Report on an unannounced inspection of

HMP/YOI Stoke Heath

12 – 22 November 2018

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HMP/YOI Stoke Heath

by HM Chief Inspector of Prisons

12–22 November 2018

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:

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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/YOI Stoke Heath in Shropshire is a category C training and resettlement prison with capacity for up to 782 adult men. Located in a rural setting with a long exposed perimeter, the prison campus contains a variety of accommodation, much of it added over the years to the older original facility first built in the early 1960s. Many of those held were allocated from local prisons in the West Midlands, with the population profile reflecting a comparatively even spread of age groups and sentence lengths.

We last inspected Stoke Heath in 2015 when we found a prison that was delivering reasonably good outcomes against all our tests of a healthy prison. At this inspection we were pleased to find a very similar picture despite some deterioration in the provision of purposeful activity.

The prison remained an overwhelmingly safe institution. The reception area had been improved and was bright and welcoming. Upon arrival, risk to individuals was properly assessed and first night arrangements were reasonable. Peer support during this time was useful, although induction arrangements needed to be more structured, comprehensive and expeditious.

In our survey, about a quarter of prisoners told us they felt unsafe, a figure similar to our findings in 2015. Violence in the prison, unlike at many other prisons, had not increased since 2015, with an encouraging decrease since the summer of 2018 following a spike earlier in the year. Work to address violence and incentivise prisoners was reasonably good and, overall, we found a prison that was ordered and under control. Use of force, however, had increased and was high. Supervision of use of force had improved but we still believed more needed to be done to ensure that there was comprehensive governance and accountability in place. Segregated prisoners were generally treated well.

Security arrangements were proportionate and effective. The combined mandatory drug testing figure of 10.6% was much better than we have seen in other prisons managing very similar risks. The supervision of mail, relationships with the local police and community, and the prison's good grip on the management of intelligence were some of the measures that seemed to be ensuring some encouraging outcomes.

Of more concern was the prison's response to self-harm, which had risen sharply. In addition, one prisoner had taken their own life since we last inspected. Recommendations made by the Prisons and Probation Ombudsman following their investigation into this death had not been implemented in full, and while prisoners in crisis told us they felt well cared for, they were often left locked up for extended periods. Some monitoring and case management arrangements were insufficient.

Prisoners expressed to us real confidence in the staff, who they saw as being in control, and work to introduce the key worker scheme and an active citizenship initiative were well advanced. The quality of cells, however, varied greatly and many were very small and cramped. Communal areas were clean and access to showers and other amenities was reasonable. Prisoners had many complaints about the quality of the food, complaints we thought were often justified. Consultation arrangements were in place but they needed to be more effective and useful. The management of complaints was inconsistent, with confidential access arrangements being a particular weakness. The promotion of equality and diversity had improved and many aspects were good, although prisoners from a black and minority ethnic background expressed several more negative perceptions about their experiences in the prison. Outcomes in health care were more mixed, with some aspects not well integrated.

A major weakness of the prison was the number of prisoners who were inactive and locked up during the working day. During checks we found about a third of prisoners in this situation. Gym and library facilities were underused and there was insufficient activity for the whole population. In addition, many wing cleaners and workers were underemployed. The range and variety of work on

offer were reasonable and in education English and mathematics were correctly prioritised. For those who attended education and vocational training, good coaching and teaching were available and, in general, quality improvement measures undertaken by the prison and providers were effective. Achievement rates for those who attended education, vocational training or work were generally good.

The prison was ensuring reasonable outcomes regarding resettlement. A useful analysis of need had taken place recently and new developments in offender management were being introduced well. Work was impacted, however, by the continuing problem of new prisoners arriving without a completed offender assessment system (OASys) assessment. The prison was working hard to clear the backlog but our review showed that many of those held had insufficient risk management plans.

Contact with key workers was regular but too often lacked focus on risk issues. Public protection arrangements, despite this, were generally sound. Prisoners were assisted with some good pre-release planning and the prison had made some recent progress in trying to ensure more accommodation was made available to those being released. Release on temporary licence (ROTL) was used well to assist the process of rehabilitation.

Overall this is an encouraging report, particularly in the context of the pressures experienced by the prison system in recent times. Stoke Heath has benefitted, in our view, from stable and competent leadership that has attended to trying to get the basics right. This is not to argue that there aren't further improvements that can be made – there are many. But Stoke Heath was dealing with the same risks and challenges that other less successful training prisons face and yet it remained a largely well-ordered place where the prisoners, for the most part, trusted the staff. Good work was being done to confront the scourge of drugs and violence. The challenge going forward is to maintain these successes and build on them in a way that also integrates improvements to the prison's regime and resettlement offer.

Peter Clarke CVO OBE QPM January 2019
HM Chief Inspector of Prisons

Fact page

Task of the establishment
A closed category C male prison with a small open category D unit; its main role is the training and resettlement of prisoners.

Certified normal accommodation and operational capacity[1]
Prisoners held at the time of inspection: 765
Baseline certified normal capacity: 662
In-use certified normal capacity: 662
Operational capacity: 782

Notable features from this inspection

Levels of violence and drug use had not increased at the rates recorded at similar category C establishments.

The Clive unit, situated just outside the prison, offered excellent resettlement opportunities for a small number of category D prisoners.

The prison managed around 5,000 release on temporary licence (ROTL) events a year.

46% of prisoners surveyed said they had a mental health problem.

Prison status (public or private) and key providers
Public

Physical health provider: Shropshire Community Health NHS Trust
Mental health provider: primary, Shropshire Community Health NHS Trust; secondary, Midlands Partnership NHS Foundation Trust
Substance use provider: Forward Trust
Learning and skills provider: Novus
Community rehabilitation company (CRC): Wales CRC
Escort contractor: GEOAmey

Prison group
West Midlands

Brief history
Stoke Heath was built in 1964 as a category C adult prison, holding both adults and young adults since July 2011. In November 2014, it began reconfiguration as a designated resettlement prison for Wales. The resettlement function was reviewed in 2017 and the prison now serves the West Midlands.

[1] Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Short description of residential units

A–E wings	–	residential units
F wing	–	designated drug treatment/ active citizenship unit
G wing	–	induction and longer-term prisoners
I wing	–	progression & ROTL unit
Clive unit	–	external unit holding up to 16 category D prisoners

Name of governor and date in post

John Huntingdon - 2009

Independent Monitoring Board chair

Val Meachin

Date of last inspection

April 2015

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.
Rehabilitation and release planning	Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. 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 and conditions for men in prisons (Version 5, 2017)*.[2] 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 the appendices.

A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.[3]

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[2] https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/

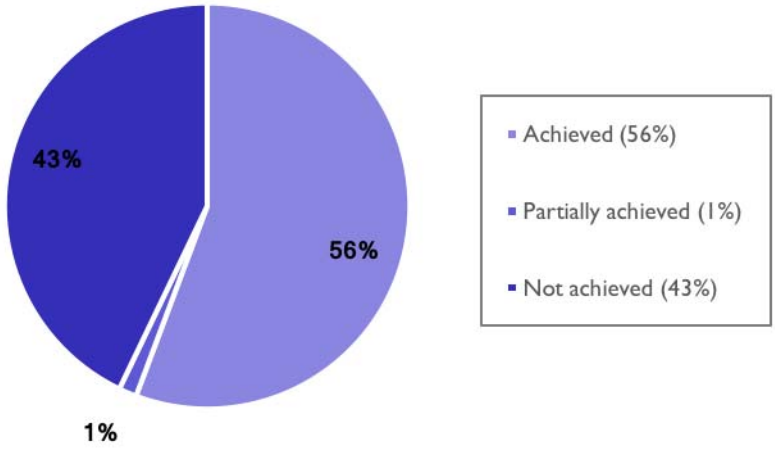
[3] The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

S1 We last inspected Stoke Heath in April 2015 and made 70 recommendations overall. The prison fully accepted 55 of the recommendations and partially (or subject to resources) accepted 11. It rejected four of the recommendations.

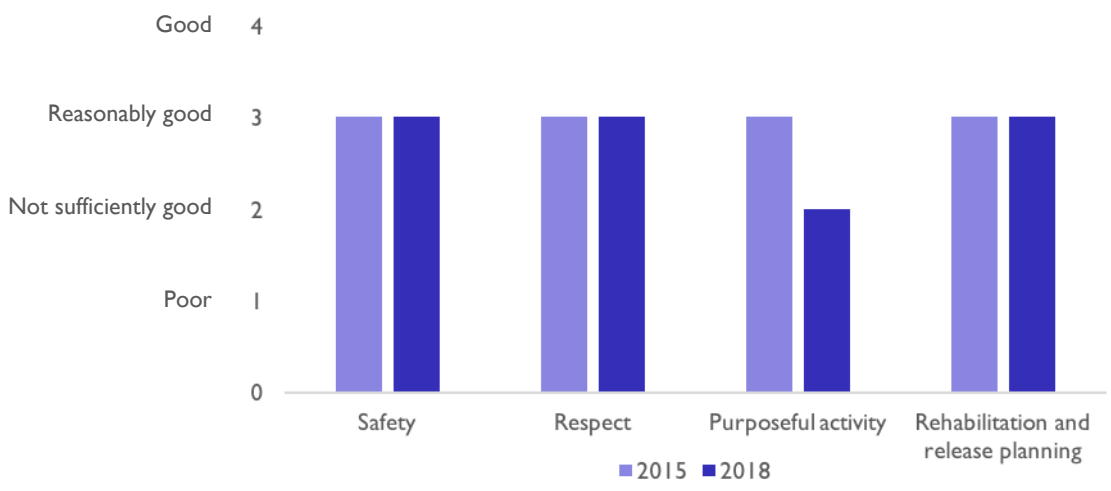
S2 At this follow up inspection we found that the prison had achieved 39 of those recommendations, partially achieved one recommendation and not achieved 30.

Figure 1: HMP Stoke Heath progress on recommendations from last inspection (n=70)



Since our last inspection, outcomes for prisoners stayed the same in all healthy prison areas, apart from purposeful activity which had declined. Outcomes were reasonably good in each healthy prison area, except for purposeful activity where outcomes were not sufficiently good.

Figure 2: HMP Stoke Heath healthy prison outcomes 2015 and 2018.[4]



[4] Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

Safety

S3 *Reception was bright and welcoming. Allocation to activities took too long following induction and prisoners spent too much time locked up after their arrival. In contrast to similar establishments, levels of violence had not risen significantly since the previous inspection. Work to reduce violence was effective and there were very few serious incidents. Management of the perpetrators of violence and support for victims were good. Incentives and opportunities to encourage positive behaviour were in place. Use of force was high and, although governance had improved, not all force was proportionate. Segregation was managed well and reintegration was effective. Drug use was relatively low and there was a proactive approach to supply reduction. The number of self-harm incidents had risen and was high.* ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S4 *At the last inspection in 2015 we found that outcomes for prisoners in Stoke Heath were reasonably good against this healthy prison test. We made 12 recommendations in the area of safety.[5] At this inspection we found that seven of the recommendations had been achieved and five had not been achieved.*

S5 The reception area had been improved and it was now bright and well presented. Reception staff and peer workers were welcoming. All new arrivals were offered a free telephone call and had a health assessment before they were moved to the induction unit. The first night officer conducted an appropriate assessment of initial risks and needs. First night cells contained all essential items but were unprepared for new arrivals. It was positive that prisoners were involved in the delivery of induction. However, the programme did not cover many important aspects of prison life, and prisoners spent long periods locked in their cells awaiting allocation to activity.

S6 One in four prisoners in our survey reported feeling unsafe, which was similar to other category C prisons. The prison was well ordered with staff who were clearly in control. Levels of violence were comparable to the previous inspection and had not increased at the rates found in similar prisons. Incidents were reducing steadily and very few were serious. Managers investigated all violent incidents brought to their attention. Some prisoners made serious allegations to inspectors about victimisation from a minority of staff; the governor committed to investigate these allegations as a matter of urgency. Management of the perpetrators of violence and support for victims were reasonably good. There was a system to manage the small number of prisoners who self-isolated, although their regime was inadequate. The monthly violence reduction meeting was not used effectively to analyse and discuss the findings from investigations or to inform strategy. However, some effective work to reduce violence was generated through other meetings. Many privileges and opportunities were open to prisoners to encourage positive behaviour. These included peer support opportunities, enhanced accommodation, release on temporary licence (ROTL) and potential progression to the prison's external category D unit.

S7 Use of force had increased and was high. Governance had improved and there were no delays or gaps in records, but officers did not always use their body-worn video cameras to record incidents. We were also concerned by the available video footage that indicated that the use of force was not always justified or proportionate, and did not demonstrate effective de-escalation.

[5] This included recommendations about substance use treatment, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison area of respect.

S8 Living conditions in the segregation unit were reasonably good and we observed positive relationships between staff and prisoners. There was a consistent regime and, subject to risk assessment, segregated prisoners could access activities off the unit. Reintegration planning was well developed and effective. The introduction of wellbeing interviews post-segregation was a positive initiative but required a more consistent approach. Governance arrangements were generally good.

S9 Security arrangements remained broadly proportionate. The management of intelligence was very good, and security-led meetings were well attended. The use of illicit substances was much lower than we see in similar establishments, and the prison's proactive approach to supply reduction was supported by an effective action plan. Relationships with the local police were good, and action to engage the local community to reduce items thrown over the perimeter was good practice.

S10 The number of self-harm incidents had risen since the previous inspection and was high. There had been one self-inflicted and two non-natural deaths since the previous inspection, and yet not all key recommendations from the Prisons and Probation Ombudsman had been implemented. Some prisoners at risk of suicide or self-harm who were on open assessment, care in custody and teamwork (ACCT) case management documents were positive about the care they received. However, too many spent long periods locked up without activity. Fortnightly complex case meetings and monthly strategic meetings were not effective or attended consistently. The Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was underused.

Respect

S11 *Staff maintained a good balance between care and control. The new key worker scheme had been implemented well, and the active citizenship initiative was promising. Living conditions had improved and most prisoners could shower every day. Prisoners had some justified complaints about the food. General complaints were handled well, and consultation arrangements were in place. Equality work had improved and was generally good. Faith provision and pastoral care were excellent. Health services had improved but lacked integration. Substance use support and treatment were good, and the recovery wing was excellent.* ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S12 At the last inspection in 2015 we found that outcomes for prisoners in Stoke Heath were reasonably good against this healthy prison test. We made 41 recommendations in the area of respect. At this inspection we found that 24 of the recommendations had been achieved, one had been partially achieved and 16 had not been achieved.

S13 In our survey, fewer prisoners than at our previous inspection reported that they were treated with respect, but most prisoners we spoke to were positive about the staff. We observed good staff-prisoner relationships and interactions in all areas. Staff maintained a good balance between care and control. Staff and prisoners were positive about the key worker scheme, which had been implemented well, and the new 'active citizenship' initiative[6] was promising.

S14 External and most communal areas remained clean and a redecoration programme was well under way. Residential units varied greatly and some cells were cramped. The cells we

[6] Active citizenship is an initiative delivered on the substance use wing to give prisoners more responsibility for their own recovery and to encourage them to help each other and to be 'active citizens' in their prison community.

inspected were clean and tidy, and toilets were now screened with a curtain. Prisoners had good access to showers, which were in a reasonable condition. Some association equipment required repair and replacement. Laundry facilities were insufficient to meet demand, and clean clothing and bedding were not always available for prisoners. Prisoners had good access to their stored property.

S15 Prisoner consultation about the food had improved but many said it was an area of weakness at Stoke Heath. Prisoners complained, with some justification, about unappetising meal choices, especially for vegans. Lunch meals were not substantial enough to compensate for inadequate breakfast portions. Supervision at serveries had improved and was good. The majority of prisoners were happy with the range of goods available from the prison shop.

S16 There were regular arrangements to consult prisoners about general prison matters. However, too many actions from these meetings were carried over and not addressed for several months, and there was a lack of change following consultation. In our survey, more prisoners than at the previous inspection said it was easy to make a complaint. The complaints process was generally good with improved responses and systematic quality assurance. However, not all confidential access complaints were addressed adequately. Legal texts were now advertised in the library, and key workers signposted prisoners to advice on legal matters. Foreign national prisoners had limited access to free legal advice.

S17 Equality work had improved since the previous inspection and was generally good. The overarching equality strategy was well supported by individual policies that covered all protected characteristics. The identification of prisoners with protected characteristics had improved and was very good. Equality and diversity action team meetings were well attended and given a high priority. The equality action plan was monitored, updated, and properly managed. There was better analysis of equality monitoring data than we often see, and analysis showed only a small number of concerns, which were investigated. Discrimination complaint investigations were good, quality assurance was effective and replies were prompt.

S18 Black and minority ethnic prisoners in our survey felt significantly less respected by staff than white prisoners, and more needed to be done to understand their negative perceptions. Foreign national prisoners were reasonably well supported but they were not consulted formally to understand some of their specific needs. Support for older prisoners, young prisoners, and those from Gypsy, Roma, Traveller communities was developing and had improved. We observed some good support for gay prisoners from residential staff, although formal support was underdeveloped. Support for prisoners with disabilities was particularly good, and the promising new 'Hard to Reach' scheme aimed to identify and meet their needs. Faith provision and pastoral care were excellent, with particularly good chaplaincy support for bereaved prisoners.

S19 Due to some complex commissioning arrangements, health services were not fully integrated. This resulted in one provider taking some clinical decisions for patients with complex needs in isolation. In our survey, only 21% of prisoners said the quality of GP support was good against the comparator of 47%. Despite this, waits for most primary health clinics were reasonable and the management of long-term conditions was good. Access to dental services was very poor but there were steps to address this. Medicines management had improved, with better use of in-possession medicine and effective oversight and control of tradable medicines. Interventions to support patients with low and moderate mental health were limited, although there was reasonable support for those with more severe mental health needs. Substance use support and treatment were good. The recovery wing offered one of the better therapeutic environments we have seen, providing a positive and supportive culture.

Purposeful activity

S20 *A third of the population were locked up during the core day, instead of being in purposeful activity, which was unacceptable. The library and gym facilities were good but underused. The range and variety of activities were adequate to meet need but there were not enough full-time work and education places for all prisoners. Attendance rates for those who were allocated to an activity were too low. English and mathematics were prioritised appropriately. The quality of teaching was generally good and prisoners made good progress on most courses. Prisoners in activities behaved well. Achievement outcomes for prisoners were good. Work to prepare prisoners for employment and training on release required improvement.* ***Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S21 *At the last inspection in 2015 we found that outcomes for prisoners in Stoke Heath were reasonably good against this healthy prison test. We made six recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved, and two had not been achieved.*

S22 During our roll checks we found an average of 33% of prisoners locked in their cells during the core day, which was not acceptable and significantly higher than at the previous inspection. We also observed some regime slippage.

S23 Library services were very good and attendance was better than at similar prisons, although the facility was still underused. The gym was a good facility but only half the population used it. New gym representatives had been appointed on residential wings to help improve access. A promising range of community-linked projects, including running and football activities, were due to start.

S24 The prison offered 572 full-time-equivalent purposeful activity places, which was sufficient to occupy only 75% of the prison population at a time. The range and variety of accredited education and training activities met most prisoners' needs. The variety of work was adequate but too many prisoners in wing jobs were not fully occupied. The activity allocation process was fair but prisoners were not started in activities quickly enough, and attendance rates once they were allocated were too low. Prison managers reviewed the performance of the education provider very effectively, and quality assurance and improvement arrangements were generally effective. The enhancement of prisoners' English and mathematics skills was prioritised, although waiting lists, particularly for mathematics, were too long. Prisoners had limited access to effective careers information, advice and guidance. There were not enough links with employers or activities to help prisoners prepare for employment and training on release.

S25 Prisoners generally received good teaching and individual coaching. Education tutors used a variety of teaching strategies to help prisoners achieve, and they generally made good or better progress in most courses. Peer mentors were well managed by tutors and helped to support prisoners' achievement. Assessment in vocational training was well planned to meet prisoner need, and the standard of completed practical and written work was generally good. Tutors usually intervened effectively where prisoners disengaged from learning, and planned appropriate strategies to help prisoners with learning support needs. In English and mathematics sessions, the level of study did not sufficiently challenge a minority of prisoners. English and mathematics skills were also not developed sufficiently in vocational training and workshops. The planning and setting of targets to aid prisoners' progress in production workshops were not always good enough.

S26 Prisoners and staff worked within a learning, skills and work environment of mutual respect, and most prisoners behaved well and demonstrated a good work ethic. Prisoners took pride in producing and showcasing their work, particularly in art. Those with learning and mental health needs were well supported in the industrial cleaning course.

S27 Most qualification achievement rates were high, and prisoners developed a high level of practical and technical skills development in vocational training. However, pass rates for construction skills certificate scheme required improvement.

Rehabilitation and release planning

S28 *Work with children and families was adequate. The strategic management of resettlement work was reasonably good. Too many prisoners arrived without an up-to-date OASys (offender assessment system) assessment but the prison was working hard to address this. Too few prisoners had a current and relevant risk management plan. The new key workers provided good support to prisoners. Recategorisation and home detention curfew (HDC) were managed well. Public protection work was given appropriate priority. There were not enough interventions to meet the identified need. Pre-release planning was reasonably good. The prison had worked hard to secure accommodation for prisoners leaving custody, and there was a good use of release on temporary licence (ROTL) to assist rehabilitation.* ***Outcomes for prisoners were reasonably good against this healthy prison test.***

S29 At the last inspection in 2015 we found that outcomes for prisoners in Stoke Heath were reasonably good against this healthy prison test. We made 11 recommendations in the area of resettlement.[7] At this inspection we found that four of the recommendations had been achieved and seven had not been achieved.

S30 Most prisoners had daily access to telephones during the core day but not late in the evening when family members were more likely to be at home. The visitors' centre and visits hall were maintained well, and visitors were generally positive about visits. A family support worker was now in post to coordinate family days and a parenting course. There was also the facility for prisoners to record stories for their children (Storybook Dads).

S31 The strategic management of resettlement work remained reasonably good, and a recent needs analysis provided a useful basis for further development. The gradual introduction of the offender management in custody (OMiC)[8] model was being negotiated well. As reported at the last inspection, prisoners continued to arrive without up-to-date OASys assessment. The prison had worked hard to reduce this backlog. The assessments completed by Stoke Heath staff were of sufficient quality. However, there was insufficient attention to reviews of existing, out-of-date OASys assessments. In the sample we looked at in detail, very few of those completed before the prisoner arrived at Stoke Heath had an up-to-date and sufficient risk management plan. Prisoners were given sentence plans through local interim arrangements and received regular support from key workers. However, the majority of prison offender manager (POM) contact with prisoners was not sufficiently focused on

[7] This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated *Expectations* (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

[8] HMPPS began to introduce a new offender management model from 2017, which is being implemented in stages, starting with new main grade prison officers. The second phase, core offender management and the introduction of prison offender managers (POM), is being introduced gradually, from 2018.

reducing risk of harm to others or the risk of reoffending. Supervision and quality assurance arrangements were not robust enough to remedy this.

S32 Recategorisation was managed well and transfers to open conditions generally took place promptly. The HDC process was well organised by the prison, although delays in finding suitable accommodation for an early release meant some prisoners spent longer in custody than was necessary. Public protection work was given appropriate priority, and the prison had introduced processes to obtain the confirmed MAPPA (multi-agency public protection arrangements) levels for prisoners in good time to inform their release planning. The risk management meeting provided suitable oversight of higher risk prisoners.

S33 The prison's needs analysis had identified the range of intervention programmes required to address the risk and needs of the population, but provision was not sufficient to meet these needs.

S34 The resettlement team provided a range of support and signposting to services for prisoners due for release. Work started when prisoners arrived at the prison, and additional support from prisoner peer advisers ensured that issues were identified early. The use of ROTL continued to be very good and clearly motivated prisoners to progress during their sentence. Prisoners could open bank accounts and access benefits advice and assistance to manage external debts, as well as assistance with the management of existing tenancies and rent arrears. Resettlement interviews held with prisoners 12 weeks before their release indicated that 44% did not have accommodation on release, but in the previous six months this had reduced to around 7% by the time of release.

Main concerns and recommendations

S35 Concern: Levels of self-harm had risen substantially since the previous inspection. Oversight of this area had not ensured that all Prisons and Probation Ombudsman recommendations were implemented. Too many prisoners at risk of self-harm spent prolonged periods locked in their cells without activity.

Recommendation: **Oversight of safer custody should ensure that Prisons and Probation Ombudsman recommendations are implemented. Prisoners at risk of self-harm should have a comprehensive care plan that includes access to activity.**

S36 Concern: There were not enough opportunities for all prisoners to participate in full-time purposeful activity. Prisoners were not allocated to activities quickly enough, and their attendance rates once allocated were too low. This resulted in too many prisoners locked in cell with no purposeful activity during the core day.

Recommendation: **There should be sufficient opportunities for all prisoners to participate in full-time purposeful activity.**

Recommendation: **Prisoners should be allocated to activities promptly.**

S37 Concern: Too few prisoners had their OASys assessments reviewed to ensure that risk management and sentence plans were up to date and reflected their current risks and needs.

Recommendation: **All prisoners should have an up-to-date OASys assessment that is reviewed regularly by the responsible prison or community offender manager to ensure sentence plans reflect current risks and needs relevant to the custodial part of their sentence**.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:
Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

1.1 While many recent arrivals had experienced relatively short journeys from Birmingham and Hewell prisons, a minority continued to arrive after long journeys from Wales and elsewhere. Prisoners reported being treated well by escort staff but, as at the previous inspection, the escort vehicles we saw were grubby and contained graffiti. Reception no longer closed over lunchtime, which addressed the problem of prisoners being left on cellular vehicles for prolonged periods.

1.2 In our survey, 81% of prisoners said they had been treated well in reception and our findings supported this view. Reception was a bright, welcoming environment, and searching was proportionate and based on risk. Staff and peer workers interacted well with prisoners throughout the process. All new arrivals were offered a hot drink before they were interviewed by an induction officer and had a health care assessment. The induction officer interview was conducted in private, and included an appropriate assessment of initial risks and needs. All new arrivals were offered a free telephone call in reception. They could buy prison shop packs in reception but could wait up to 10 days to receive their first full order (see recommendation 2.19).

1.3 In our survey, only 51% of prisoners said they spent less than two hours in reception, against 70% at the previous inspection. When we inspected the reception process, we observed that it took 2.5 hours to move five prisoners from the van to the induction landing, which was too long. Managers were aware of this and some effort had been made to mitigate the impact of the delay. The waiting room had been refurbished and painted which brightened up the environment. Managers had also assigned mentors to meet and greet new arrivals and answer any immediate questions they had about life at Stoke Heath, which helped to fill some of the time spent in reception.

1.4 New arrivals now spent their first night on G wing where they had the opportunity to shower and have a hot meal before they were locked up. First night cells contained all essential items but were not properly prepared. New arrivals had access to sufficient clothing and bedding. Those we spoke to were positive about staff on the unit.

1.5 Induction started the next working day after arrival. All new arrivals received the peer-led prison induction, but it was unstructured and did not cover all elements of prison life. The induction also included sessions delivered by education and gym staff, but overall the content was not sufficient to fill the two weeks that prisoners had to wait before they were allocated to activity. For some prisoners, allocation took longer than two weeks and they spent too much time locked up during their early days at Stoke Heath. (See main recommendation S36.)

1.6 In our survey, more prisoners than at the previous inspection said they had experienced problems on arrival, particularly in contacting family. All visitors, including those who had

been approved by other prisons, had to be approved before visits could be booked. This was meant to take no more than 72 hours but we found applications that had taken up to two weeks to process. This procedure was needlessly restrictive.

Recommendations

1.7 The induction programme should be condensed to avoid prisoners being locked up for long periods between sessions.

1.8 New arrivals should not experience delays in booking visits.

Managing behaviour

Expected outcomes:
Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

1.9 In our survey, almost a quarter of prisoners said they felt unsafe, which was similar to the comparator and the previous inspection.

1.10 In the previous six months, there had been 125 violent incidents (16 assaults on staff, 73 on prisoners and 36 fights), which was comparable to the previous inspection. Levels of violence had not increased at the rate found in similar prisons. Although there had been a spike in incidents in early 2018, there had been a gradual decrease in numbers since June, and very few were of a serious nature. We found a prison that was well ordered, with staff who were clearly in control (see paragraphs 1.32 and 2.1).

1.11 All violent incidents brought to the attention of senior managers were investigated to a reasonable standard, usually identifying the underlying causes that led to the incident. However, during the inspection some prisoners made serious allegations to us about victimisation from a minority of staff, including during use of force in the segregation unit (see paragraphs 1.25 and 1.29). We raised these allegations with the governor, who committed to investigate them as a matter of urgency.

1.12 Management of the perpetrators of violence and the support for victims were reasonably good. The prison operated a four-stage model which included measures ranging from continued observation to segregation. Perpetrators subject to formal monitoring received individualised case support. While the targets set for them were better than we see elsewhere, some remained formulaic and not sufficiently time-bound to assess improvement. Victims of violence received appropriate support and an individual care plan that was overseen by the safer custody team.

1.13 Staff were aware of the small number of prisoners who were self-isolating. Those who we spoke to told us that they felt safe. Despite the guidance in place to manage self-isolators, their regime was inadequate and lacked consistency – for example, access to showers and telephone calls was sometimes limited to once a week, and many had not taken exercise for over a month.

1.14 Since the previous inspection, the prison had introduced peer support violence reduction representatives. These prisoners were positive about their work, and there had been several instances where they had used mediation effectively to reduce the potential for violence. However, managerial support for this peer group had waned recently, and the representatives had not attended any formal violence reduction meetings.

1.15 The violence reduction strategy was underpinned by several policies which provided guidance to staff, such as those to manage self-isolation and debt management. A monthly violence reduction meeting discussed violent incidents from the previous month, analysed data and reviewed the prison's security threat assessment (see paragraph 1.33). However, analysis was not comprehensive and missed important data from other sources, such as the findings from investigations into violent incidents. Additionally, several actions were carried over and not addressed for some time, in part due to the inconsistency of attendance by key stakeholders.

1.16 Around a quarter of the population were on the enhanced regime of the incentives and earned privileges (IEP) scheme, and in our survey, 44% of prisoners said that the scheme encouraged them to behave well.

1.17 There were many opportunities open to prisoners to encourage positive behaviour, including access to trusted employment places and peer support roles. I wing, the progression unit, offered a more relaxed environment and additional association periods to enhanced prisoners. There was also the opportunity to apply for release on temporary licence (ROTL), and, for some, the potential to progress to the small external category D unit (see paragraph 4.29) and gain real employment before release.

1.18 The use of the basic level of the IEP scheme was not excessive, with only 7% of prisoners on this level at a time. In most cases, prisoners were put on to basic following a pattern of poor behaviour or a single serious incident, such as an act of violence or possession of illicit items. The regime for basic prisoners was poor and many had not been able to access telephones or showers for over 24 hours at weekends; this was addressed by senior managers promptly during the inspection. The management of individual targets and care plans for basic prisoners was inconsistent across the residential wings; documentation was often incomplete and targets were often generic, demonstrating a lack of quality assurance and inadequate governance of the IEP system.

Recommendations

1.19 The prison should be able to evidence that the underlying causes leading to self-isolation have been identified and that there is a plan in place to address these issues.

1.20 Prisoners who self-isolate should have access to a shower, telephone call and an hour's exercise each day. Records should demonstrate that these prisoners are continuously encouraged and supported to take part in some activities with their peers.

1.21 A comprehensive action plan, based on all available evidence about violence in the prison, should be robustly managed to further reduce levels of violence.

Adjudications

1.22 There had been 1,164 adjudications during the previous six months, which was high for the type of prison and higher than the 916 reported at the last inspection. Most charges were justified and related to violence and the possession of unauthorised items, but we found a few that could have been dealt with by less formal means, such as the IEP scheme.

1.23 Records of hearings we examined and those we attended showed that hearings were usually conducted well, but some charges were not investigated thoroughly enough. Adjudication standardisation meetings took place at least quarterly, and there was sufficient analysis of information to help identify issues that required attention.

Use of force

1.24 Use of force had increased since the previous inspection and was high. There had been 143 incidents during the previous six months, compared with 117 for a similar period at the previous inspection. Full control and restraint techniques had been applied in 64% of all cases. Most incidents of force were spontaneous and in response to fights or assaults. There were also a small number of occasions where proportionate force was used appropriately to prevent prisoners self-harming.

1.25 Although management and monitoring of use of force had improved since the last inspection, there remained some gaps in governance. A use of force review committee, led by the deputy governor, met weekly to oversee processes and provide oversight. It checked the relevant documentation and examined all available video records of incidents from the preceding week. However, not all force was proportionate or used as a last resort. Some accounts from officers in the paperwork that we examined did not demonstrate effective use of de-escalation. Two of the small sample of incidents we reviewed showed a poor use of de-escalation techniques and prisoners kept in locks after they had become compliant. We were also not confident that all incidents requiring further investigation had been identified or acted on (see paragraph 1.11). Some video evidence was poor quality and did not always show what was happening during the incident. Officers often carried body-worn cameras, but they were not always turned on.

Recommendation

1.26 Officers should always use de-escalation to full effect, and the prison should ensure that force is only used as a last resort.

Segregation

1.27 A total of 183 prisoners had been segregated in the previous six months, which was similar to the previous inspection. Local data indicated that around half of prisoners were located pending an adjudication, which was higher than we see elsewhere. Most stays in segregation remained short at less than seven days.

1.28 Communal areas on the segregation unit remained clean, and cell and shower areas had been improved. Cells were graffiti-free and appropriately equipped, and showers now had privacy screening. The introduction of seating and a mural in the exercise yard had made it less austere.

1.29 In our survey, only 44% of prisoners who had been segregated said that staff had treated them well (see also paragraph 1.11). We observed positive relationships between unit staff and prisoners, and all the segregated prisoners we spoke to said that staff had treated them well. For most prisoners, the regime in the unit was limited to access to a small range of books, a daily shower, telephone call and exercise, but delivery was consistent. Segregated prisoners were permitted to exercise together, subject to risk assessment, and could collect their own meals.

1.30 The unit had an effective focus on reintegration; very few prisoners (around 10%) were transferred out of the prison following a period of segregation. All newly segregated prisoners had a care plan that included individual support mechanisms. Managers reviewed prisoners regularly to assess if they could attend activities outside the unit, and this was approved for a small number of prisoners. The prison had a positive system in place to interview prisoners following their return to normal location to assess their well-being, although this did not happen consistently.

1.31 Governance of the segregation unit was generally good and overseen by a quarterly meeting attended by senior managers, including the governor. There was sufficient analysis of information such as length of stay and protected characteristics to identify issues that required attention.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

1.32 Positive staff-prisoner relationships underpinned effective dynamic security[9], and most staff struck a successful balance between care and control which made prisoners feel secure (see paragraph 2.1). Most of the physical and procedural security arrangements in place were appropriate for a category C prison but a small number of restrictions in place were disproportionate (see paragraphs 1.6 and 1.38).

1.33 The monthly security meeting was well attended and was chaired by the deputy governor. A separate tactical meeting considered a wide range of statistical data and key themes from intelligence reports that were produced by two active security analysts. The tactical meeting produced a local threat assessment that identified current security risks and objectives. A redacted version of the assessment was presented to the main security meeting and wider staff to ensure appropriate awareness of current issues.

1.34 Just under 5,000 intelligence reports had been submitted in the previous six months, which was higher than at the previous inspection and at similar prisons. The prison had successfully maintained funding for two intelligence analysts to ensure that this work was managed effectively. Intelligence was rated in priority order and there was no backlog of intelligence reports. Intelligence-led searching and suspicion drug testing was carried out promptly.

1.35 The prison had an active approach to drug supply reduction, which had had a positive effect on the stability and safety of the establishment. Managers were well sighted on the weaknesses of the physical security, which had been improved where funding permitted. They responded swiftly to intelligence and made effective use of electronic security aids,

[9] Dynamic security is where prison staff apply awareness and observation of behaviour to create a safe and secure prison.

including equipment to identify illicit items such as mobile phones, drugs and weapons. At the time of inspection, prisoners were receiving photocopies of their domestic mail rather than the original letters sent in. Managers explained that this was in response to credible intelligence that some mail coming into the prison had been impregnated with a new psychoactive substance (NPS).[10] The prison had been sensitive to the impact of this security measure and had sought to mitigate the impact through dialogue with prisoners and by ensuring that there were no delays in the delivery of the mail (see paragraph 4.1). The process was under continuous review and there was a plan to stop this restriction when the prison had an appropriate scanner in place to detect the drugs without photocopying.

1.36 The prison had effective links with local policing units, and there was impressive work to engage the community, both through informal and formal meetings with local residents to raise awareness of the risks of illicit drug use and associated criminality. This had included distributing guidance on how to inform the prison if they saw any suspicious activity around the perimeter.

1.37 Members of the substance use team were invited to the security meetings, and the security team contributed to an effective supply reduction action plan. The impact of the prison's proactive work on supply reduction was reflected in the mandatory drug test (MDT) results and the small number of medical emergencies required for suspected use of NPS. The positive MDT rate for the previous six months was 1.8%. When the use of NPS was included, the combined figure was 10.6%, which was much lower than we see in similar establishments.

1.38 At the time of inspection, nine prisoners were on closed visits. However, for three prisoners this was for non-visit-related incidents, which was not appropriate. Prisoners on closed visits were reviewed regularly, and restrictions were removed when there was no further intelligence to cause concern. The prison had imposed a disproportionate rule banning visitors from wearing padded coats into the visiting hall because some visitors had previously used such coats to smuggle contraband. This left some unsuspecting visitors exposed to bad weather when they had to leave their coats in the visitors' centre outside the prison. The prison had not considered alternative options.

Recommendation

1.39 Closed visits should only be imposed for visits-related activity.

Good practice

1.40 *Good engagement with the local community supported the supply reduction strategy.*

[10] Generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices.

Safeguarding

Expected outcomes:
The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

1.41 Self-harm had risen substantially since the previous inspection with around 260 incidents in the previous six months compared with 52 in the same period before the last inspection. The prison claimed that this was due to new reporting methods, but this did not account for the full extent of the rise. There had been one self-inflicted death and two non-natural deaths since the previous inspection. The prison had implemented an action plan that included Prisons and Probation Ombudsman (PPO) recommendations, but had not implemented repeated recommendations on calling an ambulance immediately in response to emergency codes (see recommendation 2.55). The prison investigated serious self-harm incidents to learn lessons.

1.42 The number of individuals who had self-harmed had also risen since the previous inspection, and their care was inconsistent. While some prisoners felt very well cared for and were positive about officers, too many spent long periods locked in cells without activity.

1.43 The assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm that we reviewed were reasonable and demonstrated that the care of individual prisoners was managed consistently. However, in too many cases care plans were underdeveloped and were not always completed before an ACCT was closed. During the inspection, two prisoners were on open ACCT documents in the segregation unit, both of which had 'defensible decision' logs completed to show that all other options had been considered prior to segregation.

1.44 The prison had implemented a constant watch of 19 prisoners on 24 occasions in the previous six months. However, we found that some prisoners subject to these measures did not have access to their possessions, activity or daily exercise.

1.45 Although bi-weekly multi-agency self-harm meetings were meant to manage prisoners with multiple needs, this meeting had not taken place on seven of the 13 planned occasions in the previous six months. When it did take place, attendance was inconsistent and the meeting resulted in few actions. Attendance at monthly strategic meetings was also inconsistent, and the meeting offered little analysis to understand the causes of self-harm at Stoke Heath.

1.46 In our survey, only 30% of respondents said they could speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) if needed. There were only six Listeners at the time of the inspection, and the scheme continued to be under-promoted to prisoners across the site.

Recommendation

1.47 Prisoners on open assessment, care in custody and teamwork (ACCT) documents should only be segregated in exceptional circumstances.

Protection of adults at risk[11]

1.48 There were formal arrangements to safeguard prisoners at risk. However, while staff were knowledgeable about internal processes to keep prisoners safe, many were unaware of how to make an external safeguarding referral.

[11] Safeguarding duties apply to an adult who:
- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:
Prisoners are treated with respect by staff throughout their time in custody, and are encouraged to take responsibility for their own actions and decisions.

2.1 In our survey, fewer prisoners than in 2015 or the comparator said that most staff treated them with respect. During our inspection, most of the prisoners we spoke to were positive about the majority of staff at Stoke Heath and commented that there was more control by staff than at other prisons they had been to. We observed positive relationships and good interactions in all areas, with staff maintaining a good balance between care and control.

2.2 Stoke Heath was a pilot site for the 'key worker' scheme,[12] and it had been implemented well, although only fully operational since the previous month. Staff and prisoners spoke positively about the scheme. Key workers met their prisoners every two weeks and had meaningful discussions about their development and needs (see also section on rehabilitation and release planning).

2.3 The prison had also implemented an 'active citizenship' initiative on the recovery wing (F wing) just before the inspection. The aim was to give prisoners more responsibility for their own recovery and to encourage them to help each other; to be 'active' in their prison community. This was managed by a board of prisoners who were given support and training from a psychotherapist in the substance misuse team. Up to 12 non-board member prisoner delegates could participate in the programme; they met every morning on F wing to share personal life experiences, talk through problems and receive support from other participants. The aim was to encourage this approach outside the sessions in daily life. Prisoners involved spoke highly about the sessions, saying they felt involved and encouraged. Managers intended to roll the model out to other wings, but there was not yet a strategy to identify and measure outcomes.

[12] Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POMs), is being introduced gradually from 2019.

Daily life

Expected outcomes:
Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

2.4 External areas were well maintained and the exercise yards were equipped with outdoor gym equipment. However, they were poorly lit, which limited use in the winter months.

2.5 Communal areas were clean and re-painting had started in some areas. Accommodation was in good order overall. Most cells were in reasonably good decorative order with very little graffiti or inappropriate material on display. All in-cell toilets were now appropriately screened. However, cells on A, B, C and D wings remained cramped, as were the double cells on E wing. Much of the in-cell furniture on all wings required replacing due to prolonged wear and tear.

2.6 The prison had a shortage of mattresses at the time of the inspection and many that were used were too thin. However, some prisoners had been issued with two pending delivery of more mattresses.

2.7 Showers were in reasonable condition, and 89% of prisoners who responded to our survey said they had access to showers daily. In our survey, 32% of prisoners said it took longer than five minutes for their emergency cell bell to be answered. Staff checked cell call bells every day. The system to monitor cell bells was intermittent on some wings and so managers had stopped checking these records. The records we reviewed showed that while most bells were answered in five minutes, staff sometimes took more than 30 minutes to respond.

2.8 Although there were washing machines on all wings, on some there were not enough to ensure that prisoners could have weekly access. During inspection, prisoners also experienced problems in accessing clean prison-issue clothing and bedding. Association equipment was mostly in reasonable order but some, notably on E wing, required repair and replacement.

2.9 Clive unit was an excellent facility for category D prisoners. The unit was sufficiently equipped and adequately maintained. The communal areas were practical and commensurate with the preparation of residents for release. Although the two dormitories were cramped, with up to eight prisoners in each, this did not detract from the benefits the unit offered.

2.10 During our night visit, all wings were quiet and settled. In our survey, over two-thirds of prisoners thought the wings were quiet at night time and they could get enough sleep.

Recommendations

2.11 The prison should ensure that all cells are well-furnished and have suitable mattresses, and that all prisoners have weekly access to clean prison clothing and bedding.

2.12 Staff should answer cell call bells within five minutes.

Residential services

2.13 In our survey, only 32% of prisoners said the quality of food was satisfactory and only 24% that they got enough to eat. The food we saw and tasted during the inspection was of reasonable quality and variety, although many prisoners complained to us about unappetising food choices. Vegan prisoners were particularly vociferous about their limited meal options, and a number of non-vegan prisoners spoke up in support of their vegan peers. The choice of vegan meal options we saw was neither substantial nor imaginative, and more needed to be done to cater for this group.

2.14 The kitchen was clean although the flooring required replacement. Serveries were clean and their supervision was much improved. The catering manager and head chef each visited two serveries a week to monitor standards and encourage prisoners to comment on the food.

2.15 Lunch and the evening meal were served too early, particularly at weekends. Prisoners told us the cold lunches were inadequate for their needs and, as in 2015, inadequate breakfast packs were issued the day before they were supposed to be eaten. Facilities for prisoners to eat together had improved.

2.16 The range of items in the prison shop was extensive, and included newspapers and magazines. In our survey, 71% of respondents (against the comparator of 55%) said the shop sold what they needed, but prisoners from a black and minority ethnic background were less positive than white prisoners. Orders were placed on Tuesdays and delivered on Thursdays.

2.17 Prisoners were given reception packs on arrival but had to wait up to 10 days to receive an individual order, which could lead them into debt. However, they did not have to wait as long for telephone credit top-ups. Prisoners could also shop from catalogues, but orders were subject to an administrative fee.

2.18 Prisoners were consulted and surveyed regularly about food and the shop, which had resulted in some changes. For example, splashguards had been fitted to servery hot plates to avoid the contamination of specialist food. Prisoners from black and minority ethnic backgrounds had been specifically consulted about the shop list following our visit in 2015. However, despite continued prisoner complaints about delays in receiving their monies from private prisons on transfer to Stoke Heath, no solution had been found to this problem in the way it had at other establishments.

Recommendations

2.19 **Prisoners should be able to place a shop order within 24 hours of arrival.** (Repeated recommendation 2.116)

2.20 **Prisoners should not be disadvantaged by delays in the transfer of their monies from private prisons**.

Prisoner consultation, applications and redress

2.21 Managers and prisoner representatives discussed prisoner concerns at the monthly prisoner consultative committee. However, issues were carried forward from month to month without resolution. The chair of the group rotated too frequently, and the governor or his deputy rarely attended, so the group lacked leadership.

2.22 In our survey, 72% of prisoners said it was easy to make an application, and those we spoke with said they received a response within seven days. The residential manager and a group of prisoners had reviewed the process in 2018, after an attempt to get automated kiosks had proved too costly. Resultant changes appeared to have improved the timeliness of applications; this was due to be audited.

2.23 The complaints system was managed efficiently. Prisoners had been consulted about the system and changes introduced as a result. In our survey, 64% now said it was easy to make a complaint, against 46% in 2015. Very few prisoners now waited too long for a response.

2.24 Complaint forms were available on residential units, and administrative staff collected them from dedicated complaint form boxes. An average of around a100 complaints a month were submitted, often about property and money. The replies we sampled were good. Quality assurance of complaints had improved with the senior management team monitoring trends each month. In the previous six months, 25% of appeals against initial complaints outcomes had been upheld, which demonstrated effective internal scrutiny.

2.25 The governor personally screened all confidential complaints and responses were generally satisfactory. However, a significant minority of those we sampled about alleged staff aggression or cruelty contained responses that were perfunctory, did not involve speaking to the complainant and lacked thorough robust investigation.

2.26 There were no trained legal services officers but key workers (see paragraph 2.2) were now available to signpost prisoners to sources of help. Access to legal texts and Prison Service instructions and orders in the library was prominently advertised. Legal visits and video links to legal advisers took place daily. However, foreign national prisoners told us they had very little access to legal advice on immigration matters (see paragraph 2.37).

Recommendations

2.27 Prisoner consultation should be improved and actions arising addressed within reasonable timescales.

2.28 Confidential access complaints should be properly investigated.

Equality, diversity and faith

Expected outcomes:
There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics[13] and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

2.29 Equality work had improved since the previous inspection and was generally good. The overarching equality strategy was well supported by individual policies that covered all protected characteristics and, as at the last inspection, each member of the senior

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

management team had responsibility for at least one protected characteristic. The day-to-day equality work was the responsibility of two enthusiastic and knowledgeable equality officers who were given sufficient time to cover this work.

2.30 The equality strategy and all supporting policies had been updated during 2018 and were relevant to the identified needs of the prison. A few, however, such as the sexual orientation policy, had not yet been fully implemented and many staff we spoke to, particularly on residential units, knew little about some of them.

2.31 The equality diversity action team (EDAT) met quarterly. Attendance at these meetings was very good and reflected the high priority given to the area. Prisoner representatives also attended.

2.32 Monitoring of data on ethnicity and diversity was better than we usually see, and not over-reliant on historic information provided by HM Prison and Probation Service equality monitoring data. The EDAT meeting considered a range of data across most protected characteristics, and had identified and explored some concerns to ensure there were no discriminatory practices. The action plan for equality was comprehensive, monitored regularly and kept up to date.

2.33 Systems to identify new arrivals from minority groups were very good. Prisoners were interviewed during reception and induction processes, and equality officers ensured that information about protected characteristics was recorded. However, formal consultation with minority groups was inconsistent and had declined since the last inspection; some group forums, such as those with black and minority ethnic and foreign national prisoners, had stalled altogether. Links had been made with outside LGBT support groups but community engagement was weak in most other areas. Despite these gaps, the use of peer supporters was well established and all wings had equality representatives who covered most of the protected characteristics.

2.34 Discrimination incident reporting forms (DIRFs) were available on all wings, In the previous six months, about 40 had been submitted, more than at our previous inspection. Complaints relating to discrimination had also been submitted and dealt with through the general complaints system. In a sample we examined, responses were usually swift and investigations were usually thorough and addressed the issues. A senior manager carried out effective quality checks.

Recommendation

2.35 There should be regular formal consultation arrangements for prisoners from all minority groups to raise their specific concerns and have these addressed.

Protected characteristics

2.36 About 30% of the population were from a black or minority ethnic background. In our survey, responses from this group were generally similar to white prisoners. However, they were much less positive about perceptions of treatment by staff - only 43% said that staff treated them with respect compared with 72% of white prisoners. The prison was not doing enough to explore these perceptions (see paragraph 2.33). Although staff told us that meetings were scheduled, we found that they were usually cancelled and, when held, were often poorly attended. Prisoners we spoke to said that they often did not know about them.

2.37 There were 40 foreign national prisoners, compared with only 11 at the previous inspection. There was appropriate liaison with the Home Office, and an immigration officer visited quarterly for individual meetings with foreign national prisoners. However, as at the previous inspection, there was no provision for independent legal advice on immigration matters. Prison offender managers and key workers provided the main support for foreign national prisoners, although there was no formal consultation, which was a gap (see recommendation 2.35). Courses in English for speakers of other languages (ESOL) were available in education. Foreign nationals could make free monthly international telephone calls, and all had made use of this in the previous month.

2.38 There was a better focus on younger prisoners (those under 25) than we usually see at category C prisons. There was policy that took specific consideration of their needs, and regular monitoring of this population showed that they were not over-represented in incidents of disruptive behaviour.

2.39 Older prisoners (those over 50) were identified on arrival and, as at the last inspection, reasonable support was available to them. The weekly over-50s group continued to be valued, along with gym sessions reserved for older prisoners. Prisoners who were over retirement age did not have to pay for their televisions.

2.40 In our survey, 7% of respondents said that they were from the Gypsy, Roma or Traveller community. Support for this group was better than we usually see, and included well-attended focus group meetings organised by the chaplaincy. The prisoner representative for this group of prisoners was enthusiastic and said that he received good support from staff, particularly the equality team and the chaplaincy (see paragraph 2.46).

2.41 More than a third of the population (36%) declared a disability, compared with about a quarter identified at the last inspection. As at the last inspection, most disabilities related to mental health or learning difficulty, and no prisoners required social care. Formal support for prisoners with disabilities was good and better than we usually see at similar prisons. Prisoners with disabilities who found it difficult to attend activities or mix with others were usually identified on arrival, interviewed by an equality officer, and assigned to a prisoner equality worker to help and support them day to day. The equality team monitored and tracked the progress of each individual. The 'Hard to Reach'[14] programme had recently been introduced to support prisoners with disabilities; early signs for the scheme were positive. The system for managing personal emergency evacuation plans (PEEPs) was better than we often see, and officers were aware of them. In our survey, 68% of prisoners with disabilities said that staff treated them with respect, and 71% that they had someone to turn to if they had a problem.

2.42 Formal structures to help and support gay prisoners were weak. There were no focus groups or prisoner representatives, and little contact with community organisations or support groups. However, we saw good examples of gay prisoners receiving informal support from officers on residential units. Support for transgender prisoners, on the other hand, was very good, and we saw evidence of individual planning and care. Such prisoners had access to necessary clothes and personal items to support their preferred identity.

[14] 'Hard to Reach' was a new Stoke Heath initiative designed to engage men who had withdrawn from rehabilitative activities because of learning difficulties, disabilities, health issues and other factors.

Recommendations

2.43 Prison managers should explore and address the reasons behind black and minority ethnic prisoners' negative perceptions in our survey.

2.44 There should be formal support structures for gay prisoners.

Faith and religion

2.45 Prisoners had very good access to religious services, and in our survey 93% of respondents said that they could attend religious services if they wanted to. Facilities for worship were good; the Christian chapel and multi-faith areas were spacious and provided a calm and quiet environment. Religious discussion and instruction groups were provided for major religions.

2.46 The chaplaincy met all new arrivals, and made an excellent contribution to prison life through membership of management groups and regular visits to prisoners who were ill or distressed. Chaplains provided valued support to individual prisoners who asked for pastoral care. As at the last inspection, the managing chaplain played an active role in promoting a positive culture in the prison. His team were active members of the equality action team and held regular groups with prisoners with protected characteristics, such as older prisoners and those from a Gypsy, Roma or Traveller background (see paragraph 2.40). The chaplaincy also organised a lay visitors' programme for prisoners who did not have visits from family or friends, and offered very good support for bereaved prisoners. Community groups visited the prison, and there were useful links with the community chaplaincy.

Health, well-being and social care

Expected outcomes:
Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

2.47 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)[15] and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. One area was identified that required improvement, with a subsequent notice issued by the CQC; this has been detailed in Appendix III of this report.

Strategy, clinical governance and partnerships

2.48 NHS England commissioned several different providers to deliver health care at Stoke Heath. A partnership board provided oversight of existing arrangements, but there was not enough integration between provider partners to ensure continuity in patient care. There were collective clinical governance arrangements, but the contribution from providers was variable. A health needs analysis had been completed, which had resulted in a new contract, with new investment for the lead provider to be introduced in 2019.

[15] 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.

2.49 There was good local leadership of primary care services, which were delivered by Shropshire Community NHS Trust. A patient forum was established, and representatives had been heavily involved in the development of the new contract.

2.50 Arrangements for the reporting and management of untoward incidents were mostly good, and outcomes were shared between providers. A programme of clinical audit informed practice, though there were few qualitative audits. The planned change to the service model acknowledged areas where enhanced resourcing would improve patient care, but staffing was generally appropriate. Staff had good mandatory training and access to professional development, and told us they felt very well supported. Management oversight and individual clinical supervision were good and appropriately recorded. The clinical records we looked at varied in quality but were mostly reasonable. Health care staff demonstrated a professional and consistent approach towards patients. We were advised that professional interpreting services were available for health engagements with non-English speaking prisoners, and had been used.

2.51 Clinical areas in the health care department met infection prevention and control standards, and a recent audit had identified just a few areas requiring attention. Clinical facilities on the wings were more basic and not cleaned systematically.

2.52 All health care staff were trained to provide basic life support, and resuscitation equipment was appropriate. However, there was only one resuscitation bag, which would be difficult to deploy swiftly; this concern was addressed during the inspection. Most custody staff had received first aid training and had access to automated external defibrillators (AEDs), though some staff were unsure of their location. Custody staff knew how to summon support in an emergency, but the control room still did not routinely call for external paramedic support when an emergency code was used, despite the recommendations of the PPO (see paragraph 1.41).

2.53 All health care staff had received appropriate safeguarding training, but we saw one case that should have been escalated to a more senior level, and we drew this to the attention of the health care manager.

2.54 The management of health complaints had improved since the last inspection. The complaints process was well advertised and was used appropriately, but trends were not monitored. The local responses to patient complaints that we reviewed varied in quality, with limited evidence of face-to-face resolution, and they did not inform the patient about how they could raise a formal complaint if they remained dissatisfied.

Recommendations

2.55 Emergency resuscitation equipment should be deployed around the site to enable a swift response in a medical emergency, and there should be no delay in summoning an ambulance when required.

2.56 Staff should be clear of their duty to report incidents of potential abuse, including unexplained injuries. All safeguarding incidents should be reported to the prison for review.

2.57 Responses to health complaints should attempt to resolve concerns from patients face to face, and indicate how they can make a formal complaint if they are dissatisfied with the response. Health concerns raised should be monitored to inform service improvement.

Promoting health and well-being

2.58 Prisoners could easily access health checks and immunisation programmes, as well as the 'Hench' (hormone enhancement and clinical health) project, run in a partnership between the prison and the gym, which raised awareness of the health risks of steroid use. There was a comprehensive health promotion action plan, but health promotion material, including the availability of condoms, was not well advertised. Prisoners could access smoking cessation support promptly. There was a robust system to prevent and manage communicable diseases. Active patient consultation informed current and future services, and a group of prisoner health and wellbeing champions had been recruited for training.

Good practice

2.59 *The 'Hench' project, run in partnership between the prison and the gym, raised awareness about the health risks of steroid use.*

Primary care and inpatient services

2.60 Most primary care services were delivered by Shropshire Community NHS Trust. There was effective health screening of new arrivals, although late arrivals on a Friday were sometimes seen but not fully screened until the following day. However, there were appropriate procedures and referral systems to provide access to treatment, including alcohol withdrawal support for the small remand population. All new arrivals were offered a further, more comprehensive, assessment.

2.61 The application system for health appointments worked reasonably well. Primary care staff were available 24 hours every day; clinics were mainly offered Monday to Friday, with some services delivered at weekends. A single GP directly managed medical care, including for some patients with complex physical, mental and drug-related problems that commonly involved pain management. Care for these patients was not always effectively coordinated with other health providers, which resulted in some clinical decisions taken in isolation. Although treatment for those with complex problems was appropriate, the absence of an effective pain management protocol and collective shared care arrangements had led to patient frustration. In our survey, only 21% of prisoners said the quality of GP support was good against the comparator of 47%.

2.62 Despite these issues, there was a good range of primary health services that met most need. Waiting times for a routine GP or nurse appointment compared favourably with those in the community, and protected emergency appointment slots enabled access to urgent consultations. The GP ran daily clinics from Monday to Friday, with out-of-hours cover provided by 'Shrop-Doc'.

2.63 Patients with long-term conditions were well supported by nurse practitioners with appropriate skills. Evidence-based care planning was used, and the trust provided additional specialist support as required to help manage this population.

2.64 External hospital appointments were reasonably well managed; most cancellations were due to patients declining to attend rather than an absence of escort staff.

2.65 Health care arrangements for prisoners being transferred or released were generally appropriate. Prisoners were given adequate amounts of their prescribed medicines and, where appropriate, linked into external agencies.

Recommendation

2.66 An enhanced pain management protocol and shared care process should be agreed between service providers to ensure more effective patient-centred care.

Social care

2.67 There were arrangements to refer prisoners needing social care for social services assessment, although these had not often been used. One prisoner had been assessed for occupational therapy support following surgery, and was recommended for physiotherapy support. Living aids could be obtained if required.

2.68 Two patients had received palliative care in the last year, which had been sensitive, person-centred and prompt. Health and prison staff ensured appropriate information sharing, and community transfer arrangements were facilitated. Prisoners were supported to have contact with families, who were involved in palliative care planning arrangements.

Mental health care

2.69 Mental health services were provided under two separate contracts: primary mental health through Shropshire Community NHS Trust and secondary mental health through Midlands Partnership NHS Foundation Trust. Secondary care arrangements did not effectively support patients with a personality disorder, some of who were only supported by the primary mental health team, which was not always appropriate. New pathways were due to be introduced through the new contract from April 2019, and health managers were clear on the improvements required to meet the needs of the whole population.

2.70 In our survey, 46% of prisoners said they had a mental health problem, although only 13% said it was easy to see a mental health nurse. Referrals into the service had increased by around 30% between July and September 2018 compared with the previous quarter. Primary mental health nurses had insufficient capacity to assess all referrals fully and promptly. There was a stepped care approach, but no specialist psychological interventions were offered. A counselling service was available one day a week, with waiting times of over 14 weeks. Patients with mild to moderate mental health needs were offered support through wellbeing checks by primary mental health nurses and guided self-help.

2.71 The in-reach secondary mental health service provided reasonable support for a caseload of approximately 35 patients with severe and enduring mental health needs, including access to psychiatry and regular nurse support sessions. Care plans and risk assessments were completed with patient input. There was appropriate liaison with community mental health teams. There was good patient engagement; one peer mentor currently offered support for patients accessing the in-reach team and there were plans to introduce additional peer supporters.

2.72 Patients taking mental health medicines received regular physical health checks, and substance use staff attended regular meetings with in-reach nurses. However, there were no multidisciplinary meetings between primary and secondary mental health clinicians, which was a service weakness. Of the five patients referred to secure mental health hospitals in the previous six months, three had been transferred in under four weeks, one had taken six weeks and the other six months, compared with the recommended timescale of two weeks.

Recommendations

2.73 **Prisoners should have access an integrated range of mental health provision that fully meets the needs of the population.**

2.74 **The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales.** (Repeated recommendation 2.101)

Substance use treatment[16]

2.75 The prison's strategic approach to substance use had improved, and a multi-agency steering group now oversaw the implementation of the substance use policy, which included a comprehensive supply reduction action plan.

2.76 Partnership working between the prison and substance use service providers was good, and the designated drug treatment/active citizenship unit (F wing) provided a positive, recovery-focused environment and a strong supportive culture for 145 prisoners. The recovery unit enabled prisoners to address their substance use and focus on recovery, clearly improving outcomes for prisoners, and was one of the best we have seen.

2.77 The Forward Trust delivered psychosocial support and 270 prisoners were currently engaged with the service. The team was now sufficiently resourced to offer a wide range of interventions, which included 'Living Safely' modules, the accredited eight-week 'Bridge' programme and an active peer mentor scheme. Prisoners could also access mutual aid groups, including peer mentors on F wing.

2.78 Clinical substance use services were provided by the North Staffordshire Combined NHS Trust. The number of prisoners on opiate substitute treatment had risen by over 60% since the previous inspection (from 79 to 127), and while this stretched existing resources, patients received a high quality of care. Prescribing regimes were individualised and flexible, and treatment was enhanced by a named-nurse system and the supportive environment of F wing, where controlled drug administration was safe and well controlled. However, we found insufficient integration between health service providers for the joint management of the care of patients with complex physical, mental health and substance use issues; the new integrated service model was designed to address this.

2.79 There were appropriate throughcare arrangements to facilitate treatment continuation for prisoners on release. Harm reduction information included naloxone training to treat opiate overdose in the community, and substance use services had developed good links with community drug services and residential rehabilitation centres.

Good practice

2.80 *The designated rehabilitative treatment/active citizenship unit provided a safe, positive and supportive culture that allowed prisoners to address their substance use and focus on recovery. It was an excellent example of partnership working between the prison and service providers, and clearly improved outcomes for prisoners.*

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[16] In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

Medicines optimisation and pharmacy services

2.81 Medicines were supplied promptly by a local pharmacy, and administration took place from the pharmacy and wing treatment rooms. A new pharmacist had recently been recruited but was not yet in place.

2.82 Around 60% of patients received their medicines in possession, mostly monthly, which was positive. Completed risk assessments were in place and reviewed appropriately. Patients in shared cells had nowhere secure to store their medicines. Nurses carried out random and intelligence-led cell checks, reporting any cases of missing or unauthorised medicines.

2.83 Medicines for administration were transported and stored appropriately, and over-the-counter remedies were available. Medicines were administered twice a day from the treatment rooms; patients needing a lunchtime dose could arrange to attend the pharmacy room to receive this. Evening administration could be accommodated but some sedative medicines were given too early. Supervision of medicines rounds by officers was inconsistent, and confidentiality at the pharmacy room gate was compromised as a plastic barrier made conversation difficult. We observed medicines administration in the segregation unit that was not safe practice, with the risk of patients receiving the wrong medication.

2.84 There were no pharmacy-led clinics or medicines use reviews but patients could request an appointment with pharmacy staff. Prescribing of tradeable medicines was low and was appropriate. There was a formulary tailored to the prison, which was generally adhered to. The pharmacy technician told us that in a few cases repeat prescriptions were issued before the previous prescription had finished; such overlapping prescriptions could be confusing.

2.85 Medicines management was reasonably good and had improved since our last inspection, although refrigerator temperature records were incomplete and recorded temperatures were often outside the required range with no documented remedial action. Most medicines were identified as single patient use, but some stock used was not subject to audit. On the day of the inspection, there was no glucagon in stock (to treat patients with severely low blood sugar), and replacements were not due to arrive until the next day.

2.86 Regular medicines governance meetings were well attended. Prescribing trends and clinical audit were discussed, policies and procedures were ratified, and learning points from previous incidents were shared.

Recommendations

2.87 Lockable boxes should be provided for prisoners in shared cells to store their medicines safely and securely.

2.88 The arrangements for the collection and supervision of medicines should ensure safe prescribing and administration (including dosage intervals), with practices maintaining patient confidentiality and limiting the risk of bullying and diversion.

2.89 General stock medicines should be subject to audit to ensure a suitable quantity of appropriate medicines is available for patient need.

Dental services and oral health

2.90 A full range of dental treatment and oral hygiene advice was available, but dental services were insufficient to meet the needs with waiting times of around 18 weeks for routine care.

In our survey, only 6% of prisoners said it was easy to see the dentist. Additional sessions had been agreed and funded, which would reduce waiting times.

2.91 The dental surgery was clean and equipment was well maintained, although work surfaces did not meet infection prevention control requirements. Two dental nurses supported sessions, which improved efficiency and patient safety. Feedback forms from patients were very positive. There remained opportunities to improve governance of the service, including records audits, upgrading the X-ray equipment and introducing a new clinical record system. A plan had been submitted to introduce a decontamination suite.

Recommendation

2.92 **Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community.** (Repeated recommendation 2.92).

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:
All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

3.1 Time out of cell had deteriorated since our previous inspection. The published core day provided just under nine hours on weekdays for those in full-time employment (compared with 10 hours in 2015), and just over six hours at weekends. In practice, not all prisoners had access to that length of time out of cell. During our roll checks, we found an average of 33% of prisoners locked behind their doors (compared with 7% in 2015); on some wings the proportion was as high as 45%. Our roll checks also found that unemployed or unallocated prisoners, and those on induction, could receive only one to three hours a day out of cell, which was unacceptable.

3.2 The published core day allowed for prisoners to have evening association on weekdays and daytime association at weekends. We saw few prisoners in external yards, and observed prisoners being locked up in advance of the published times.

3.3 The Shropshire County Council-run library was small but the space was well used. Access had improved and there were now 550 active users, compared with 461 in 2015. In our survey, 61% of prisoners said they attended twice a week (compared with 36% in 2015), which was good. However, regime restrictions meant there was not full capacity in library sessions. Some wings had small stocks of books, and the library offered individual support to prisoners in advanced studies. The library orderly was very helpful to his peers.

3.4 The library stock reflected the needs of the population and the display of books – including new titles – and DVDs was lively and engaging. The stock was informed by regular users' surveys, and links with health care and education. Promotion of literacy was good through the Shannon Trust reading plan. 'One to One Maths' – enabling, encouraging and supporting prisoners with good numeracy skills to mentor others with limited basic numeracy – was a positive new initiative, and a further route into assisting those with literacy needs.

3.5 Gym facilities were good. The large main gym included a training room, sports hall and outside sports area. A second gym was also fully used, although the floor required urgent attention. The range of gym equipment and activities was good. There was also external gym equipment in most exercise yards, although we did not see prisoners use it.

3.6 The seven-day-a-week timetable for both gyms provided the opportunity for all prisoners to have access at least twice a week. However, in our survey, only 48% of prisoners said they used the gym twice a week and some prisoners complained that regime issues curtailed their attendance. The prison conducted daily monitoring of gym use by protected characteristic to assess whether all groups had access, and new gym representatives had recently been appointed on the wings to engage prisoners and encourage participation.

3.7 All new arrivals received an induction to the gym and were offered an assessment to identify their needs and preferences. Gym courses included lifestyle management, and some led to

qualifications that had resulted in employment for prisoners on release. The gym had links to health and substance use staff to offer specialist sessions, weight management programmes, remedial gym and exercises for older prisoners. Parkrun[17] and the Football Association Twinning[18] projects were starting imminently and would actively engage prisoners in community-related projects. A few prisoners continued to participate in a local football league, which was a powerful motivator.

Recommendation

3.8 Prisoners should have at least 10 hours out of cell on weekdays.

Education, skills and work activities (Ofsted)[19]

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 education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.[20]

3.9 *Ofsted made the following assessments about the education, skills and work provision:*

Overall effectiveness of education, skills and work:	***Requires improvement***
Achievements of prisoners engaged in education, skills and work:	*Good*
Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:	*Good*
Personal development and behaviour:	*Good*
Leadership and management of education, skills and work:	*Requires improvement*

Management of education, skills and work

3.10 The prison offered 572 full-time-equivalent purposeful activity places, which was only sufficient to occupy 75% of prisoners at a time. (See main recommendation S36.) There were 7.5% of prisoners unemployed at the time of our inspection. In addition, although prisoners received an informative induction to the education and vocational training available, there were often delays before they could start their activities. (See main recommendation S36.) Not all prisoners had a clear understanding of why they had been allocated to their activity,

[17] Parkrun UK is a non-profit organisation that supports more than 700 communities across the country to coordinate free volunteer-led 5k and 2k events for walkers and runners.
[18] Initiative to twin all UK football clubs and prisons to provide opportunities to help prisoners prepare for release, find employment and reduce reoffending.
[19] This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.
[20] In the previous report, reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

or how it would contribute to the achievement of their career goals. Prisoners had limited access to effective careers information, advice and guidance.

3.11 Too few prisoners attended planned sessions consistently. Prison managers had reviewed session attendance rates and the reasons for prisoners' non-participation, and had implemented remedial actions, but these had not led to a sustained improvement in participation. (See main recommendation S36.) Prisoner pay rates were low but we found no evidence that they were a disincentive to participation in activity.

3.12 Prison managers did not have sufficient links with employers to provide employment opportunities for prisoners during their sentence. However, release on temporary licence (ROTL) was used well to support resettlement for some prisoners, and there were four prisoners on ROTL during our inspection.

3.13 Prison managers had appropriately identified the need to prioritise prisoners' English and mathematics skills. However, the development of prisoner skills in this area were not always addressed sufficiently to support successful rehabilitation. For example, there was a lack of outreach skills training in work areas. Waiting lists were generally managed well but were too long for some activities, such as mathematics classes.

3.14 The range and variety of accredited courses met most prisoners' needs. Relevant accredited vocational qualifications were widely available, although none were offered in the woodwork workshop. The variety of work was adequate, and work activities usually allowed prisoners to develop the skills and knowledge they needed for successful resettlement on release. However, too many wing workers were underemployed because there were so many of them, and their supervision did not always ensure that they were working efficiently.

3.15 Prison leaders and managers worked effectively with education managers to develop the provision. Since the previous inspection, the prison had improved workshop facilities to provide a better quality of learning environment, and it had introduced higher-level training programmes. They acknowledged that a minority of progression routes needed further development to support prisoners' employment aspirations. The prison had successfully addressed most of the recommendations from the previous inspection.

3.16 Prison managers reviewed the performance of Novus, the education provider, very effectively, with good scrutiny of how well education managers' actions contributed to raising standards. They also used data well to evaluate and accelerate improvement to the provision. The quality of the education and vocational training provided by Novus was good.

3.17 Novus managers made good use of the quality assurance processes to improve the standards of teaching, learning and assessment. Outcomes from direct observation of taught sessions led to noticeable enhancements. However, a small minority of training delivered by prison instructors was not subject to the same rigorous checking.

3.18 Prison and education managers had a sound understanding of the provision's strengths and weaknesses. They used effective self-assessment procedures, and related action plans, to deliver relevant improvements that benefited prisoners.

3.19 Prisoners could attend an appropriate employability course and/or a Jobclub to prepare them for release. However, participation was relatively low and did not reflect the needs of the prison population. The prison had not exploited fully the potential of the 'virtual campus' – internet access to community education, training and employment opportunities – to support prisoners' rehabilitation and resettlement. The collection and analysis of prisoners' destination on release required improvement.

3.20 At the time of the inspection, 15 prisoners were following distance learning and Open University programmes and were effectively supported by the education provider. However, there was too little promotion to raise prisoners' awareness of the available learning opportunities.

Recommendations

3.21 Prisoners should receive effective careers information, advice and guidance.

3.22 Wing workers should be employed productively throughout the working week.

3.23 Prisoners should participate in pre-release activities that prepare them effectively for rehabilitation and resettlement.

Quality of provision

3.24 The standard of taught sessions and individual coaching was good. All tutors had a high standard of relevant subject and vocational knowledge, which they used to extend prisoners' awareness of applying their new technical knowledge to solve practical tasks. For example, prisoners in an information technology class applied their understanding to solve complex and demanding web-design tasks.

3.25 Tutors knew the prisoners well. During sessions, they skilfully adjusted planned teaching strategies to enhance prisoners' learning. Consequently, most prisoners took part in activities that challenged them effectively to improve their performance. Tutors dealt adeptly with prisoners' occasional low-level disruption.

3.26 Prisoners received an appropriate assessment of their starting points. This included information on the significant proportion of prisoners who self-identified as needing additional learning support. Most tutors used this intelligence effectively to deliver teaching that engaged prisoners to attain their potential. However, the level of education study for a few prisoners did not challenge them sufficiently, and their progress had stalled.

3.27 Tutors tracked and monitored prisoners' progress, and they usually set aptly challenging and helpful targets that helped them to improve. Prisoners usually received regular and frequent progress reviews, and so had a good understanding of their progress to date and actions they needed to implement for further success. However, the planning and checking of learning targets in production workshops were not consistently good enough. Tutors' written and verbal feedback to prisoners was constructive and helped them improve. Assessment practice was good and promoted prisoners' achievement.

3.28 Tutors managed peer mentors very effectively to accelerate prisoners' learning. Peer mentors were well-trained and skilled communicators. As a result, they performed to a good standard when in positions of considerable responsibility. They also practised and developed a wide range of pertinent personal skills that could enhance their future employment prospects.

3.29 Tutors in education classes were effective in raising most prisoners' English and mathematics skills. However, the level of study was not challenging enough for a few prisoners. In workshops, teaching and support arrangements did not ensure that prison instructors could adequately meet all prisoners' development needs.

3.30 Learning took place in appropriate venues with adequate equipment and resources to support learning. Vocational training areas, such as the welding production and motor vehicle workshop, included good-quality facilities that allowed prisoners to develop the high standard of practical and technical competence expected by employers.

Recommendations

3.31 Tutors should ensure that the level of study challenges all prisoners to achieve their potential.

3.32 Prisoners in the production workshops should receive learning target planning and checks to ensure they achieve rapidly.

3.33 English and mathematics provision should address all prisoners' needs.

Personal development and behaviour

3.34 Prisoners' behaviour was generally good, and most attended activity sessions punctually. The majority of prisoners were respectful to their peers and to staff. They were positive about their learning and recognised the significant benefits of participating fully. Most prisoners developed a good work ethic and had a relevant appreciation of how prospective employers value good attendance. Prisoners were proud of their accomplishments and development. Those in art sessions were particularly inspired to showcase their completed work.

3.35 Most prisoners were motivated to attend their planned activity place. In the few incidences where this was not the case, prisoners claimed they were repeating work because proof of prior achievement from other prisons was not available. In these cases, tutors and instructors successfully helped prisoners re-engage and quickly develop higher-level skills and knowledge.

3.36 In workshops and vocational training, prisoners gained a good breadth of vocationally relevant skills that employers look for during recruitment. This allowed prisoners to produce work of a high standard. For example, those in the computer numerical control workshop manufactured components to demanding specifications for external customers. Prisoners in industrial workshops were able to meet exacting targets that reflected industry demands. Inspectors observed prisoners routinely following appropriate health, safety and security requirements. The standard of written work produced by prisoners in education was usually good.

3.37 Prisoners showed good development of the personal and social skills needed for successful entry to work on release. For example, those in barista training enhanced their problem-solving and teamworking skills to a good level. In industrial cleaning, prisoners improved their behaviour to address their learning and mental health needs.

Outcomes and achievements

3.38 There were high achievement rates for the majority of education and vocational qualifications. Managers were aware of the few programmes where the rates needed improvement, such as the construction skills certificate scheme, and were actively addressing the performance shortfalls.

3.39 Tutors made effective use of learning support to enable prisoners with special educational needs and/or learning difficulties and disabilities to succeed. This ensured that that the majority made adequate gains in personal independence to enhance their future employment prospects. There were no significant gaps in achievement between different prisoner groups.

3.40 Achievement rates for English and mathematics courses were high at all levels. The proportion of prisoners who completed their studies was also high for most programmes. Overall, the large majority of prisoners were making the expected or better progress.

3.41 An adequate proportion of prisoners in work and vocational training gained additional qualifications. such as health and safety, customer service and accreditation through the construction skills certification scheme. Prisoners in work were usually engaged in activities that progressively enhanced their practical and interpersonal skills through participation in more demanding tasks.

Recommendation

3.42 Education managers should ensure that qualification achievement rates are consistently high for all programmes.

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:
The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

4.1 Most prisoners were able to use the telephones during the core day. However, later in the evenings when family members were more likely to be at home, prisoners were locked up and could not call home. All incoming mail (other than legally privileged mail) was photocopied before distribution to prisoners as part of the strategy to prevent illegal substances entering the prison (see paragraph 1.35). This was handled sensitively and most mail reached the residential units on the day it arrived. 'Email a prisoner' and a prisoner voicemail service were used to support family contact.

4.2 Since the previous inspection, Barnardo's had been contracted to provide a family engagement worker for 16 hours a week. Barnardo's input included supervising play areas in the visitors' centre and the visits room at some visits sessions. They also organised seven family days a year, Storybook Dads (enabling prisoners to record a story for their children) and a parenting course. PACT (Prison Advice and Care Trust) also offered a one-day workshop for prisoners approaching release to consider the practical and emotional implications for them and their families.

4.3 Prison data showed that 39% of prisoners were more than 50 miles from their home area, and in our survey only 23% of prisoners said it was easy for their families and friends to get to the prison, against the comparator of 36%. There was no prison transport for visitors from local stations. Prisoners had to apply to have visitors approved and we saw examples of delays in this process (see paragraph 1.6). Prisoners could still not exchange unused visiting orders for extra telephone credit.

4.4 Visits took place for one hour 45 minutes on six afternoons a week. Visitors we spoke to were generally positive about the experience, but said there could be longer waits to enter the prison at weekends. The visitors' centre was well maintained and had reasonable facilities. The visits room had been refurbished since the previous inspection and the atmosphere was relaxed on the visit session we observed. In our survey, only a third of prisoners said visits started on time, which was below the comparator of 50%. We saw some prisoners arrive at the visits hall later than others, and some were in the visits room before their visitors had been admitted. Drinks and snacks were available from the small coffee bar, and there were plans to add hot food.

Reducing risk, rehabilitation and progression

Expected outcomes:
Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

4.5 The strategic management of reducing reoffending remained reasonably good. The prison had a reducing reoffending action plan, which was reviewed regularly and informed by analysis of prisoner need. The most recent needs analysis had been completed shortly before the inspection and identified areas where development work was necessary. A bimonthly reducing reoffending committee was attended by representatives from most internal and external partners. This was supplemented by detailed partnership quality reviews between the prison and the resettlement services providers.

4.6 The prison's strategic planning was also informed by the phased introduction of offender management in custody (OMiC),[21] and the offender management policy reflected this. All prisoners had allocated key workers, and staff in the offender management unit (OMU) were now working as prison offender managers (POMs) rather than offender supervisors. Key workers and POMs were paired for case allocation, which reduced the number of key workers POMs had to liaise with.

4.7 Since the previous inspection, St Giles Trust had taken responsibility for delivery of resettlement services on behalf of the commissioned community rehabilitation company (CRC), Wales CRC.

4.8 The OMU was made up of a combination of seconded National Probation Service (NPS) officers and band four POMs, with an administrative support team; there was one NPS vacancy. Management was provided by a governor, a senior probation officer (SPO) for three days a week, a custodial manager and a hub manager for the administrative team. NPS officers held caseloads of around 40 prisoners each and were responsible for case management of indeterminate sentence prisoners, those subject to higher level multi-agency public protection arrangements (MAPPA), and other high and very high risk of harm prisoners. Uniformed POMs no longer held dual functions as residential unit supervisory officers but they now had high caseloads of 70 prisoners each. This inevitably affected the frequency and quality of contact they could have with all their allocated prisoners. Their responses to prisoners were reactive rather than focused on meeting identified rehabilitation needs. The responses of the prisoners we spoke to on the ease of arranging an appointment with their POM ranged from frustration at the perceived lack of response to applications to reporting regular contact as and when this was needed.

4.9 The team of NPS officers (the 'high-risk team') only had capacity to manage up to 110 prisoners out of the total population of around 760 prisoners. This left a substantial proportion of high-risk prisoners to be managed by POMs, who had not received all the training necessary to manage such a complex and demanding caseload.

4.10 POMs interviewed new arrivals and recorded their needs on an 'offender management information exchange' (known as OMD) or 'protective factors information' (PFI) form. Referrals were made as appropriate to prison support services (see section below on interventions).

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[21] Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POMs), is being introduced gradually from 2019.

4.11 In our survey, only 45% of prisoners knew they had a custody plan, which was below the comparator of 58%. Less than half of the cases we looked at in detail had an up-to-date and meaningful OASys (offender assessment system) and basic custody screening tool assessment. This was largely because prisoners had been transferred in without a current OASys assessment, which had led to a significant backlog. A dedicated POM worked hard to reduce the backlog, completing 20 OASys assessments a month, and the quality of these assessments were of decent quality. The process to chase up outstanding assessments that were the responsibility of community offender supervisors (COMs) was not always successful. While the team focused on reducing the backlog where there was no assessment, there had been insufficient focus on updating existing assessments and sentence plans, which created the risk that these sentence plans were not relevant to the prisoner's time at Stoke Heath.

4.12 The prison had established a local interim arrangement using information gathered in the OMD and PFI records and discussions with prisoners to draw up sentence plans with objectives relevant to the time spent in the prison. However, although there were electronic and paper records of these discussions, summaries of agreed sentence plan objectives were not recorded on the Prison Service IT system (P-NOMIS). This limited their usefulness in being able to inform key workers (see paragraph 2.2) and others working with prisoners to help them achieve their targets. We did not find evidence of sentence plans being reviewed or adapted as required, and some prisoners were left to drift through their sentence with little completion of offence-focused work. Prisoners described varied engagement with, and understanding of, their sentence plans. One prisoner told us that he had been told what to do but had no idea if this was in his sentence plan. Another said he had been given his sentence plan six months into his sentence. Most of the other prisoners we spoke to had been engaged with determining their sentence plan targets through the OMD interview with their POM, and told us that they had found the OMU helpful.

4.13 Arrangements for screening prisoners' risk of harm to others largely relied on initial POM interviews and completion of the OMD and PFI forms. This did not always result in a full assessment of the risk of harm to others or in the production of a clear risk of harm management plan that could be easily shared with appropriate prison and community partners. There were very few reviews at appropriate intervals or following a notable event for the prisoner. Some risk management plans we saw contained objectives related to actions to be undertaken in previous establishments or in the community, demonstrating the problems with receiving prisoners who arrived without an up-to-date OASys assessment.

4.14 There was routine management oversight of the higher risk cases managed by the NPS staff, who also had regular supervision sessions from the SPO. There was nothing comparable for the uniformed POMs, although two had recently started to work with the high-risk team to fill in for vacancies there. Initial training for the POMs was mostly limited to an OASys course when they first became offender supervisors. Their probation colleagues had provided some training in risk management, MAPPA and OASys mentoring and feedback, and countersigning of OASys assessments. OMU managers quality assured POMs' work randomly, and the SPO reviewed a small number of assessments and plans each month. However, there remained a gap in supervision of Prison Service POMs to ensure the appropriate quality in their case management of prisoners.

Recommendations

4.15 **All eligible prisoners transferred to Stoke Heath should have an up-to-date OASys assessment.**

4.16 **Prison offender managers should record all prisoner contact and assessments on P-NOMIS to aid communication across departments.** (Repeated recommendation 4.19)

4.17 **All prison offender managers should have regular professional supervision, casework reviews and appropriate training to aid personal development. This quality assurance should be extended across all offender management work to ensure consistency and effectiveness.** (Repeated recommendation 4.17)

Public protection

4.18 New arrivals were screened for indicators of harassment, child protection issues or domestic violence, and mail and telephone restrictions were applied when necessary and prisoners informed of these. Twenty-two prisoners were subject to telephone and mail monitoring. The need for monitoring was reviewed regularly and the monthly risk management meeting now had oversight of cases where monitoring had been approved for three months or longer.

4.19 The risk management meeting was well attended. Its role in overseeing the management of prisoners subject to the highest MAPPA levels (levels 2 and 3), particularly in the six months before their release, had been strengthened since the previous inspection. The prison, through the SPO, escalated to community managers any cases in which MAPPA levels were not confirmed in good time for release planning. The MAPPA F (information-sharing) reports we reviewed contained relevant information about risk and behaviour.

4.20 At the time of the inspection, 31 prisoners were serving indeterminate sentences. A current policy detailed their management and identified one residential unit as having an ethos suitable for indeterminate prisoners. In practice, life and indeterminate sentence for public protection prisoners lived across all the units. Those we spoke to felt more could be done to involve them in identifying and addressing their needs as a group.

Categorisation and transfers

4.21 There had been 167 successful home detention curfew (HDC) applications in the previous six months. Some prisoners continued to be transferred to the prison while their HDC application process was under way or was overdue to start. Others experienced delays while waiting for suitable accommodation to be available for their release. Problems in finding bail and support services accommodation resulted in some prisoners remaining in custody beyond the earliest date they could have been released.

4.22 Recategorisation reviews were timely. Prisoners could submit written representations but could only present their case for recategorisation in person if they appealed a decision. Over 10% of the reviews completed in the previous six months had resulted in recategorisation to category D. Subsequent transfers to open prisons generally took place promptly, although the lack of an OASys assessment could delay moves.

4.23 The prison had identified 85 care leavers.[22] One POM had been designated as the care leavers' champion and was developing support for the group, including quarterly meetings for any care leavers who wished to attend. Local authorities were contacted on behalf of any who were entitled to ongoing support.

Recommendation

4.24 There should be sufficient bail accommodation and support services hostel places to enable the prompt release of prisoners on home detention curfew.

Interventions

Expected outcomes:
Prisoners are able to access interventions designed to promote successful rehabilitation.

4.25 There were insufficient interventions to address the identified risk and needs of the population. The prison's needs analysis provided a good indication of what was required and had asked for additional interventions and resources based on that. Currently the prison delivered two accredited offending behaviour programmes: the Thinking Skills Programme (TSP), addressing offenders' thinking and behaviour, and Resolve, an intervention for violent offenders. An additional programme, 'New Me Strengths', suitable for prisoners with learning difficulties and challenges, was due to start in January 2019.

4.26 The combined annual target for programme completions was 34 prisoners. Over 100 prisoners were on waiting lists for Resolve and TSP. Prioritisation for places was on the basis of parole review requirements for indeterminate sentence prisoners and release dates for others. The infrequency of programmes meant some of the latter would be released without completing a programme they needed. The prison still had no provision to address offending behaviour linked to domestic violence but was continuing to pursue this.

4.27 Resettlement workers from St Giles Trust, including a housing specialist, worked with prisoners to resolve accommodation issues. Peer support workers saw all new arrivals to identify any needs (see paragraph 4.31). Resettlement workers then followed up any who needed to maintain existing tenancies or to address closing or rent arrears. Figures from the CRC indicated that in the previous six months, 44% of prisoners had said they would have 'no fixed abode' when seen 12 to 14 weeks before release. Subsequent work to secure accommodation for their day of release reduced this figure to 7%. However, the proportion of prisoners who maintained their housing after release was not monitored. There were suitable processes to notify local authorities 56 days before release that a prisoner would be returning to them as a homeless person and would require housing.

4.28 Support for prisoners with finance, benefit and debt needs was reasonably good. Up to 30 prisoners a month opened a bank account. Citizens Advice provided one-to-one advice on resolving existing debt at regular sessions; resettlement workers referred prisoners with the most pressing debt needs. Novus had introduced a money management module to its employability course, and advice on benefits was available from Jobcentre Plus.

4.29 Stoke Heath continued to make good use of release on temporary licence (ROTL) for appropriate prisoners. There had been 2,374 ROTL events, involving 21 prisoners, in the previous six months. A small category D unit (Clive unit) outside the prison provided accommodation for up to 16 prisoners who were expected to find and keep paid

[22] Person aged 25 or under who has been looked after by a local authority.

employment. There was a clear incentive and progression path to this unit, based on prisoners first completing ROTL on community and voluntary projects successfully.

Recommendation

4.30 The range and number of accredited programmes provided should meet the identified needs of prisoners at Stoke Heath.

Release planning

Expected outcomes:
The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

4.31 CRC resettlement workers made good use of peer workers who screened new arrivals to identify their immediate resettlement needs, such as housing tenancies that needed to be closed. This was not part of the contracted service, but aided early resolution of issues that would be more pressing approaching release. The peer workers were working towards information, advice and guidance and customer service qualifications and were a useful addition to the St Giles Trust team.

4.32 The prison had released around 80 prisoners a month over the previous six months. Resettlement plan reviews usually took place 12 -14 weeks before release, and included those being released early on HDC. The reviews were recorded on OASys and P-NOMIS, and community and prison offender managers were informed by email. Some prisoners had been transferred to Stoke Health within three months of their release, which decreased the time available for resettlement planning and services - for example, eight weeks were needed to open a bank account. It also meant that other prisoners were not seen as early as they should have been.

4.33 Practical release arrangements were reasonable. Reception had some clothing for prisoners leaving prison and plain bags for their possessions. Through-the-gate support was available for some prisoners through a PACT project that worked with complex and challenging prisoners at risk of social exclusion, and for other prisoners through CRC links with community groups.

Recommendation

4.34 Prisoners should be transferred to Stoke Heath in good time to allow for comprehensive resettlement work.

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 governor

5.1 **Concern:** Levels of self-harm had risen substantially since the previous inspection. Oversight of this area had not ensured that all Prisons and Probation Ombudsman recommendations were implemented. Too many prisoners at risk of self-harm spent prolonged periods locked in their cells without activity.

Recommendation: Oversight of safer custody should ensure that Prisons and Probation Ombudsman recommendations are implemented. Prisoners at risk of self-harm should have a comprehensive care plan that includes access to activity. (S35)

5.2 **Concern:** There were not enough opportunities for all prisoners to participate in full-time purposeful activity. Prisoners were not allocated to activities quickly enough, and their attendance rates once allocated were too low. This resulted in too many prisoners locked in cell with no purposeful activity during the core day.

Recommendation: There should be sufficient opportunities for all prisoners to participate in full-time purposeful activity. (S36)

Recommendation: Prisoners should be allocated to activities promptly. (S36)

5.3 **Concern:** Too few prisoners had their OASys assessments reviewed to ensure that risk management and sentence plans were up to date and reflected their current risks and needs.

Recommendation: All prisoners should have an up-to-date OASys assessment that is reviewed regularly by the responsible prison or community offender manager to ensure sentence plans reflect current risks and needs relevant to the custodial part of their sentence. (S37)

Recommendations

To HMPPS

5.4 All eligible prisoners transferred to Stoke Heath should have an up-to-date OASys assessment. (4.15)

5.5 There should be sufficient bail accommodation and support services hostel places to enable the prompt release of prisoners on home detention curfew. (4.24)

5.6 Prisoners should be transferred to Stoke Heath in good time to allow for comprehensive resettlement work. (4.34)

Recommendations

To the governor

Early days in custody

5.7 The induction programme should be condensed to avoid prisoners being locked up for long periods between sessions. (1.7)

5.8 New arrivals should not experience delays in booking visits. (1.8)

Managing behaviour

5.9 The prison should be able to evidence that the underlying causes leading to self-isolation have been identified and that there is a plan in place to address these issues. (1.19)

5.10 Prisoners who self-isolate should have access to a shower, telephone call and an hour's exercise each day. Records should demonstrate that these prisoners are continuously encouraged and supported to take part in some activities with their peers. (1.20)

5.11 A comprehensive action plan, based on all available evidence about violence in the prison, should be robustly managed to further reduce levels of violence. (1.21)

5.12 Officers should always use de-escalation to full effect, and the prison should ensure that force is only used as a last resort. (1.26)

Security

5.13 Closed visits should only be imposed for visits-related activity. (1.39)

Safeguarding

5.14 Prisoners on open assessment, care in custody and teamwork (ACCT) documents should only be segregated in exceptional circumstances. (1.47)

Daily life

5.15 The prison should ensure that all cells are well-furnished and have suitable mattresses, and that all prisoners have weekly access to clean prison clothing and bedding. (2.11)

5.16 Staff should answer cell call bells within five minutes. (2.12)

5.17 Prisoners should be able to place a shop order within 24 hours of arrival. (2.19, repeated recommendation 2.116)

5.18 Prisoners should not be disadvantaged by delays in the transfer of their monies from private prisons. (2.20)

5.19 Prisoner consultation should be improved and actions arising addressed within reasonable timescales. (2.27)

5.20 Confidential access complaints should be properly investigated. (2.28)

Equality, diversity and faith

5.21 There should be regular formal consultation arrangements for prisoners from all minority groups to raise their specific concerns and have these addressed. (2.35)

5.22 Prison managers should explore and address the reasons behind black and minority ethnic prisoners' negative perceptions in our survey. (2.43)

5.23 There should be formal support structures for gay prisoners. (2.44)

Health, well-being and social care

5.24 Emergency resuscitation equipment should be deployed around the site to enable a swift response in a medical emergency, and there should be no delay in summoning an ambulance when required. (2.55)

5.25 Staff should be clear of their duty to report incidents of potential abuse, including unexplained injuries. All safeguarding incidents should be reported to the prison for review. (2.56)

5.26 Responses to health complaints should attempt to resolve concerns from patients face to face, and indicate how they can make a formal complaint if they are dissatisfied with the response. Health concerns raised should be monitored to inform service improvement. (2.57)

5.27 An enhanced pain management protocol and shared care process should be agreed between service providers to ensure more effective patient-centred care. (2.66)

5.28 Prisoners should have access an integrated range of mental health provision that fully meets the needs of the population. (2.73)

5.29 The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales. (2.74, repeated recommendation 2.101)

5.30 Lockable boxes should be provided for prisoners in shared cells to store their medicines safely and securely. (2.87)

5.31 The arrangements for the collection and supervision of medicines should ensure safe prescribing and administration (including dosage intervals), with practices maintaining patient confidentiality and limiting the risk of bullying and diversion. (2.88)

5.32 General stock medicines should be subject to audit to ensure a suitable quantity of appropriate medicines is available for patient need. (2.89)

5.33 Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community. (2.92, repeated recommendation 2.92).

Time out of cell

5.34 Prisoners should have at least 10 hours out of cell on weekdays. (3.8)

Education, skills and work activities

5.35 Prisoners should receive effective careers information, advice and guidance. (3.21)

5.36 Wing workers should be employed productively throughout the working week. (3.22)

5.37 Prisoners should participate in pre-release activities that prepare them effectively for rehabilitation and resettlement. (3.23)

5.38 Tutors should ensure that the level of study challenges all prisoners to achieve their potential. (3.31)

5.39 Prisoners in the production workshops should receive learning target planning and checks to ensure they achieve rapidly. (3.32)

5.40 English and mathematics provision should address all prisoners' needs. (3.33)

5.41 Education managers should ensure that qualification achievement rates are consistently high for all programmes. (3.42)

Reducing risk, rehabilitation and progression

5.42 Prison offender managers should record all prisoner contact and assessments on P-NOMIS to aid communication across departments. (4.16, repeated recommendation 4.19)

5.43 All prison offender managers should have regular professional supervision, casework reviews and appropriate training to aid personal development. This quality assurance should be extended across all offender management work to ensure consistency and effectiveness. (4.17, repeated recommendation 4.17)

Interventions

5.44 The range and number of accredited programmes provided should meet the identified needs of prisoners at Stoke Heath. (4.30)

Examples of good practice

5.45 Good engagement with the local community supported the supply reduction strategy. (1.40)

5.46 The 'Hench' project, run in partnership between the prison and the gym, raised awareness about the health risks of steroid use. (2.59)

5.47 The designated rehabilitative treatment/active citizenship unit provided a safe, positive and supportive culture that allowed prisoners to address their substance use and focus on recovery. It was an excellent example of partnership working between the prison and service providers, and clearly improved outcomes for prisoners. (2.80)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Angela Johnson	Inspector
Angus Mulready-Jones	Inspector
Gordon Riach	Inspector
Paul Tarbuck	Inspector
David Foot	Inspector (Shadowing)
David Owens	Inspector (Shadowing)
Esra Sari	Inspector (Shadowing)
Sharlene Andrew	Researcher
Emma Seymour	Researcher
Catherine Shaw	Researcher
Holly Tuson	Researcher
Steve Eley	Lead health and social care inspector
Sigrid Engelen	Health and social care inspector
Shaun Thomson	Health and social care inspector (Shadowing)
Helen Boniface	Pharmacist
Joanne MacDonald	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Keith Hughes	Ofsted inspector
Tony Gallagher	Ofsted inspector
Tony Kirk	Offender management 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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2015, following a change in role, a large percentage of the prison's population was now from Wales. For most prisoners, journeys to reach the prison were long, but their escort, reception and first night experiences were mostly positive. While first night and induction arrangements were good, not all new arrivals were seen by health care staff. There was a high number of violent incidents, but the prison did not do enough to understand or address this issue. Significant quantities of illegal alcohol and illicit substances were regularly found. While the prison had made inroads into addressing these concerns, more was needed. Prisoners in crisis were well supported. Security and disciplinary procedures were broadly proportionate. Governance of use of force was mostly good and the special cell had not been used since 2011. The segregation unit offered a very basic regime but staff support was good. Substance use services required some improvement. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The violence reduction strategy should be revised and data collation improved so that the prison can draw meaningful conclusions about safety and take action to address this. The strategy should include consultation with prisoners to understand their perceptions of safety and an analysis of disciplinary activity, including use of force and segregation, to reduce its use. (S43)
Achieved

Recommendations

Arriving prisoners should not experience delays in disembarking from escort vehicles. (1.3)
Achieved

Prisoners being escorted on long journeys should be offered toilet breaks. (1.4)
Achieved

The prison should take effective action to identify and monitor perpetrators of violence, and to support victims from the earliest opportunity. (1.17)
Not achieved

The Listener scheme should be promoted, young adults should be trained as Listeners and the Listener suites should be clean and adequately prepared. (1.24)
Not achieved

There should be sufficient staffing to respond to security intelligence and complete target-led searches and suspicion drug tests within reasonable timescales. (1.32)
Achieved

The incentives and earned privileges scheme should be applied consistently. (1.37)
Not achieved

Targets set for prisoners on the basic incentives and earned privileges (IEP) level should acknowledge their individual circumstances, be specific about the behaviour expected and be measurable. (1.38, repeated recommendation 1.61)
Not achieved

All disciplinary charges should be fully investigated, with clear reasons given for the decisions reached, and the quality assurance of adjudication records should be improved. (1.42)
Achieved

The conditions in some cells and the quality of the regime in the separation and reintegration unit should be improved. (1.55)
Achieved

The prison's strategic approach to substance misuse should be sufficiently well resourced to meet the needs of the population. (1.65)
Achieved

There should be a protocol to ensure consistency in the prescribing of pain relief for prisoners on opiate substitution treatment. (1.66)
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2015, the standards of residential accommodation varied and many areas were worn. Staff-prisoner relationships were good. There were equality and diversity management structures but consultation with minority groups was underdeveloped. Complaints were managed efficiently but there were delays in some responses. Health care provision was not sufficiently good. The food was satisfactory and consultation was responsive. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

There should be regular forums and management information for each protected characteristic, data from equality monitoring should be addressed at equality committee meetings, and there should be arrangements for prisoners from all minority groups to raise their specific concerns and have these addressed. (S44)
Not achieved

New arrivals should be health screened on reception and offered a routine secondary follow up within 72 hours, with any decline of this recorded. (S45)
Achieved

Recommendations

Wings communal areas and cells should be kept clean and maintained to a reasonable standard. In particular cells should be free of offensive displays, and contain adequate furniture. Toilets should be clean and adequately screened. (2.9)
Achieved

Cells on F and G wings should be single occupancy only. (2.10, repeated recommendation 2.11)
Not achieved

Staff should respond to cell call bells promptly. (2.11)
Not achieved

Prisoners should receive suitable prison clothing each week. (2.12)
Not achieved

All applications should be responded to promptly. (2.13)
Achieved

Named officers should be encouraged to make regular quality entries on their prisoners' electronic case notes that include the behaviour of the prisoner, acknowledge sentence plan issues or progress, and also consider the family and other support in place. (2.17, repeated recommendation 2.20)
Achieved

Prisoner equality representatives should receive training for their role. (2.26)
Achieved

Immigration detainees should not be held in prisons other than in exceptional circumstances following risk assessment. (2.36)
Not achieved

Foreign nationals should have access to independent immigration advice. (2.37)
Not achieved

There should be a paid carer and a care plan for prisoners who need this support. (2.38)
Achieved

The prison should develop support networks for those prisoners identified as armed forces veterans. (2.39)
Not achieved

All staff should be made aware of prisoners with personal emergency evacuation plans and their needs in an emergency. (2.40)
Achieved

All complaints should be responded to promptly. (2.49)
Achieved

Clinical supervision should be available for all clinical staff. (2.62)
Achieved

All custody staff should receive regular first aid and resuscitation training, there should be sufficient trained staff to use emergency equipment, and such equipment should also be located on wings. (2.63)
Achieved

There should be a programme to promote prisoner health and well-being, including easier access to barrier protection. (2.64)
Not achieved

All clinical environments and assessment/treatment rooms should comply with infection prevention standards and be subject to regular audit. (2.65)
Achieved

Prisoners should be able to make a confidential complaint directly to health providers and these should be dealt with appropriately. (2.66)
Achieved

There should be a dedicated patient health forum that meets regularly and can raise issues for action by the health providers. (2.67)
Achieved

There should be sufficient health care staffing to facilitate timely prisoner access to the full range of essential services. (2.73)
Achieved

Prisoners should be routinely involved in discussions about their clinical care and this should be recorded in the clinical record. (2.74)
Not achieved

Prisoners with lifelong conditions should receive regular reviews leading to an evidence-based care plan delivered by appropriately trained and well-supervised staff. (2.75)
Achieved

Waiting times for smoking cessation services should be equivalent to those in the community. (2.76)
Achieved

There should be greater administration of in-possession medication, which should be risk assessed and appropriately documented. (2.83)
Achieved

The number of patient group directions should be increased to enable nurses to supply a greater range of more potent medications. (2.84)
Achieved

There should be an out-of-hours medicines policy. (2.85)
Achieved

Wing treatment rooms should have facilities to store medicines to avoid routine transport of medications through the prison. (2.86)
Achieved

Waiting times for prisoners to be assessed for dental treatment should be in line with those in the community. (2.92)
Not achieved (recommendation repeated, 2.92)

Dental equipment should be maintained in line with national standards, there should be separate areas for decontamination of equipment. (2.93)
Partially achieved

There should be a formal shared care protocol between the mental health in-reach team and primary care services. (2.99)
Not achieved

There should be regular mental health awareness training for prison staff. (2.100, repeated recommendation 2.105)
Achieved

The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales. (2.101)
Not achieved (recommendation repeated, 2.74)

More prisoners should be able to eat meals communally. (2.110)
Achieved

Main meals should not be served before 12 noon and 5pm, and breakfast packs should be issued on the day they are to be eaten. (2.111)
Not achieved

Unit serveries should be supervised to ensure that prisoner workers are dressed appropriately and that all prisoners receive adequate food portions. (2.112)
Achieved

Prisoners should be able to place a shop order within 24 hours of arrival. (2.116)
Not achieved (recommendation repeated, 2.19)

Consultation about the prison shop should involve prisoners from minority groups. (2.117)
Achieved

The prison should investigate whether there are delays in the transfer of prisoners' money from private prisons, share the findings with prisoners and resolve any outstanding difficulties. (2.118)
Not achieved

Prisoners should not be charged a fee for catalogue purchases. (2.119, repeated recommendation 2.121)
Not achieved

Purposeful activity

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

At the last inspection, in 2015, time out of cell was reasonable for most prisoners and very good for those who were fully employed. The number of activity places had improved significantly but we found too many prisoners on wings who were not purposefully engaged. The range of vocational training and classroom courses was good. Strategic planning and partnership working on learning, skills and work were particularly good. Attendance in education and vocational training was generally good. Success rates had improved and were high in most subjects, including functional skills. Library provision was good but too few prisoners visited it. Gym facilities were good and access was adequate. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

There should be sufficient opportunities for all prisoners to participate in full-time purposeful activity, and managers should ensure that employed prisoners have enough work to keep them fully occupied. (S46)
Not achieved

Recommendations

The prison should further develop links with employers to provide employment opportunities for prisoners. (3.9)
Not achieved

The prison should ensure that Welsh language provision was available to meet the needs of the population. (3.13)
Achieved

The prison should monitor the effectiveness of the revised induction and additional learning needs strategies. (3.24)
Achieved

The prison should strengthen and formalise links between the library and education department to provide a better and more responsive service to prisoners. (3.31)
Achieved

Records of attendance in PE activities should be improved to identify use by different groups of prisoners and to take appropriate action to ensure equitable participation. (3.36)
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 2015, strategic arrangements for resettlement and offender management work were satisfactory and plans for the introduction of 'Through The Gate' resettlement services were appropriate, offender management outcomes were affected by the number of prisoners who arrived without an up-to-date OASys (offender assessment system) assessment. Offender supervisors had regular contact with prisoners but did not focus enough on work to reduce risk. Public protection arrangements were sound but there were some concerns about late identification of risk management levels before release. Resettlement pathway provision was generally good and the arrangements for temporary release and the resettlement unit were impressive. There was no work to address domestic violence. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendations

Offender supervisors should have a clearly defined role, including how they support prisoners to address their offending behaviour, achieve sentence plan targets and measure progress, especially for those prisoners who do not meet the specific criteria to attend available offending behaviour programmes. (S47)
Achieved

Work should be developed to address domestic violence. (S48)
Not achieved

Recommendations

There should be an up-to-date needs analysis of the prison population, and identified needs should be met through offender management and resettlement pathways. (4.6)
Not achieved

Prisoners should not be transferred to Stoke Heath without an up-to-date OASys (offender assessment system) assessment or while they are applying for home detention curfew. (4.15)
Not achieved

Sentence planning and OASys assessments should be informed by contributions from all relevant departments, clearly indicate the work that prisoners need to do and set targets that are measurable. (4.16)
Achieved

All offender supervisors should have regular professional supervision, casework reviews and appropriate training to aid personal development, and quality assurance should be extended across all offender management work to ensure consistency and effectiveness. (4.17)
Not achieved (recommendation repeated, 4.17)

The prison should develop a clear protocol to ensure community offender managers meet report and information deadlines and that the quality of this work is of an appropriate standard. (4.18)
Not achieved

Offender supervisors should record all prisoner contact and assessments on P-NOMIS to aid communication across departments. (4.19)
Not achieved (recommendation repeated, 4.16)

There should be effective management oversight of all public protection arrangements and procedures, and the prison should ensure that all multi-agency public protection arrangements (MAPPA) management levels are identified six months in advance of prisoners' release dates, when they should be reviewed by the inter departmental risk management team. (4.22)
Achieved

The prison should ensure that all aspects of a prisoner's release is collated and shared with offender managers via the OMU to ensure effective pre-release planning. (4.28)
Achieved

Prisoners should be allowed to exchange unused visiting orders for additional telephone credit. (4.39, repeated recommendation 4.47)
Not achieved

Appendix III: Care Quality Commission Requirement Notice

Requirement Notices

Provider: Shropshire Community Health NHS Trust
Location: HMP/ YOI Stoke Heath
Location ID: R1DX7

This section is primarily information for the provider	
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 they are going to take to meet these regulations.	
Regulated Activity	Regulation 12 (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of patients. There was only one full emergency bag provided for an expansive prison site which meant that staff's response and the provision of treatment could be delayed. A significant injury to a prisoner had not been escalated or reported despite the nature of the injuries and associated incident. The registered person did not ensure the proper and safe management of medicines. • There had been no audits of stock medicines to ensure appropriate medicines were available. • The administration of medicines in the segregation and reintegration unit was unsafe and not in line with professional guidance. • Refrigerator temperatures were recorded as below the recommended safe minimum for medicine storage on 27 occasions in October and November. None of these variations had been reported by staff or acted upon.

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	41	596	83.3
Recall	3	101	13.6
Remand	0	1	0.1
Immigration detainee	0	1	0.1
Indeterminate sentence	0	21	2.7
Civil	0	1	0.1
Total	**44**	**721**	**100**

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	2	0.3
Less than 6 months	0	18	2.4
6 months to less than 12 months	0	44	5.8
12 months to less than 2 years	3	87	11.8
2 years to less than 4 years	22	205	56.7
4 years to less than 10 years	18	291	40.4
10 years and over (not life)	1	43	5.8
ISPP (indeterminate sentence for public protection)	0	18	2.4
Life	0	13	4.1
Total	**44**	**721**	**100**

Age	Number of prisoners	%
Under 21 years	44	5.8
21 years to 29 years	291	38
30 years to 39 years	274	35.8
40 years to 49 years	108	14.1
50 years to 59 years	42	5.5
60 years to 69 years: *maximum age=69*	6	0.8
Total	**765**	**100**

Nationality	18–20 yr olds	21 and over	%
British	39	683	94.4
Foreign nationals	5	38	5.6
Total	**44**	**721**	**100**

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	1	0.1
Uncategorised sentenced	0	1	0.1
Category C	2	686	89.9
Category D	0	24	3.1
YOI closed	42	9	6.7
Total	**44**	**721**	**100**

Ethnicity	18–20 yr olds	21 and over	%
White			
British	22	484	66.1
Irish	1	8	1.2
Gypsy/Irish Traveller	1	18	2.5
Other white	2	13	2.0
Mixed			
White and black Caribbean	5	37	5.5
White and black African	0	2	0.3
White and Asian	0	2	0.3
Other mixed	0	10	1.3
Asian or Asian British			
Indian	1	19	2.6
Pakistani	2	27	3.8
Bangladeshi	1	9	1.3
Other Asian	2	7	1.2
Black or black British			
Caribbean	3	57	7.8
African	2	13	2.0
Other black	2	10	1.6
Other ethnic group	0	2	0.4
Not stated	0	3	0.4
Total	**44**	**721**	**100**

Religion	18–20 yr olds	21 and over	%
Church of England	1	61	8.1
Roman Catholic	8	119	16.6
Other Christian denominations	9	141	19.6
Muslim	12	94	13.9
Sikh	1	8	1.2
Hindu	0	2	0.3
Buddhist	0	7	0.9
Jewish	0	6	0.8
Other	1	13	1.8
No religion	12	270	36.9
Total	**44**	**721**	**100**

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	**%**	**Number**	**%**
Less than 1 month	4	*0.5*	154	20.1
1 month to 3 months	15	*2.0*	169	22.1
3 months to 6 months	6	*0.8*	155	20.3
6 months to 1 year	17	*2.2*	126	16.5
1 year to 2 years	2	*0.3*	91	11.9
2 years to 4 years	0	*0.0*	22	2.9
4 years or more	0	*0.00*	2	0.3
Total	**44**	***5.8***	**719**	**94**

Unsentenced prisoners only

Length of stay	**21 and over**	
	Number	**%**
Less than 1 month	1	50
3 months to 6 months	1	50
Total	**2**	**100**

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.[23]

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.[24] In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. [25] Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 12 November 2018 the prisoner population at HMP/YOI Stoke Heath was 772. Using the sampling method described above, questionnaires were distributed to 209 prisoners. We received a total of 170 completed questionnaires, a response rate of 81%. This included one questionnaire completed via face-to-face interviews. Eighteen prisoners declined to participate in the survey and 21 questionnaires were either not returned at all, or returned blank.

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[23] Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

[24] 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

[25] For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP/YOI Stoke Heath. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared. [26] Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP/YOI Stoke Heath 2018[27] compared with those from other HMI Prisons surveys[28]

- Survey responses from HMP/YOI Stoke Heath in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP/YOI Stoke Heath in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP/YOI Stoke Heath in 2018 compared with survey responses from HMP/YOI Stoke Heath in 2015.

Comparisons between different residential locations within HMP/YOI Stoke Heath 2018

- Responses of prisoners on the induction unit (G South wing) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP/YOI Stoke Heath 2018[29]

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.[30]

In the comparator analyses, statistically significant differences are indicated by shading.[31] Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

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[26] Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

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

[28] These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

[29] These analyses are carried out on summary data from selected survey questions only.

[30] A minimum of 10 responses which must also represent at least 10% of the total response.

[31] 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. In order to appropriately adjust p-values in light of multiple testing, $p<0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

1.1 What wing or house block are you currently living on?

House block A	17 (10%)
House block B	14 (8%)
House block C	18 (11%)
House block D	15 (9%)
House block E	27 (16%)
House block F	25 (15%)
House block G South	17 (10%)
House block G North	16 (9%)
House block I	16 (9%)
Clive Unit	3 (2%)
Segregation unit	2 (1%)

1.2 How old are you?

Under 21	8 (5%)
21 - 25	26 (15%)
26 - 29	36 (21%)
30 - 39	68 (40%)
40 - 49	20 (12%)
50 - 59	8 (5%)
60 - 69	2 (1%)
70 or over	0 (0%)

1.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	109 (65%)
White - Irish	5 (3%)
White - Gypsy or Irish Traveller	6 (4%)
White - any other White background	2 (1%)
Mixed - White and Black Caribbean	11 (7%)
Mixed - White and Black African	0 (0%)
Mixed - White and Asian	2 (1%)
Mixed - any other Mixed ethnic background	1 (1%)
Asian/ Asian British - Indian	2 (1%)
Asian/ Asian British - Pakistani	9 (5%)
Asian/ Asian British - Bangladeshi	3 (2%)
Asian/ Asian British - Chinese	0 (0%)
Asian - any other Asian Background	0 (0%)
Black/ Black British - Caribbean	11 (7%)
Black/ Black British - African	3 (2%)
Black - any other Black/ African/ Caribbean background	2 (1%)
Arab	1 (1%)
Any other ethnic group	0 (0%)

1.4 How long have you been in this prison?

Less than 6 months	80 (49%)
6 months or more	84 (51%)

1.5	**Are you currently serving a sentence?**	
	Yes	138 (82%)
	Yes - on recall	30 (18%)
	No - on remand or awaiting sentence	0 (0%)
	No - immigration detainee	0 (0%)
1.6	**How long is your sentence?**	
	Less than 6 months	7 (4%)
	6 months to less than 1 year	20 (12%)
	1 year to less than 4 years	62 (37%)
	4 years to less than 10 years	59 (35%)
	10 years or more	17 (10%)
	IPP (indeterminate sentence for public protection)	3 (2%)
	Life	0 (0%)
	Not currently serving a sentence	0 (0%)

Arrival and reception

2.1	**Were you given up-to-date information about this prison before you came here?**	
	Yes	24 (14%)
	No	142 (85%)
	Don't remember	2 (1%)
2.2	**When you arrived at this prison, how long did you spend in reception?**	
	Less than 2 hours	86 (51%)
	2 hours or more	78 (46%)
	Don't remember	4 (2%)
2.3	**When you were searched in reception, was this done in a respectful way?**	
	Yes	131 (79%)
	No	28 (17%)
	Don't remember	6 (4%)
2.4	**Overall, how were you treated in reception?**	
	Very well	36 (21%)
	Quite well	100 (60%)
	Quite badly	18 (11%)
	Very badly	8 (5%)
	Don't remember	6 (4%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	52 (32%)
Contacting family	55 (34%)
Arranging care for children or other dependants	5 (3%)
Contacting employers	2 (1%)
Money worries	20 (12%)
Housing worries	16 (10%)
Feeling depressed	41 (25%)
Feeling suicidal	11 (7%)
Other mental health problems	34 (21%)
Physical health problems	18 (11%)
Drug or alcohol problems (e.g. withdrawal)	15 (9%)
Problems getting medication	33 (20%)
Needing protection from other prisoners	6 (4%)
Lost or delayed property	31 (19%)
Other problems	11 (7%)
Did not have any problems	41 (25%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes	41 (25%)
No	80 (49%)
Did not have any problems when I first arrived	41 (25%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	120 (72%)
Toiletries / other basic items	46 (28%)
A shower	53 (32%)
A free phone call	126 (76%)
Something to eat	116 (70%)
The chance to see someone from health care	95 (57%)
The chance to talk to a Listener or Samaritans	28 (17%)
Support from another prisoner (e.g. Insider or buddy)	30 (18%)
Wasn't offered any of these things	8 (5%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	6 (4%)
Quite clean	56 (33%)
Quite dirty	48 (29%)
Very dirty	53 (32%)
Don't remember	5 (3%)

3.3 Did you feel safe on your first night here?

Yes	121 (73%)
No	39 (23%)
Don't remember	6 (4%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	34 (21%)	120 (75%)	6 (4%)
Free PIN phone credit?	109 (69%)	46 (29%)	4 (3%)
Numbers put on your PIN phone?	71 (45%)	80 (51%)	7 (4%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	74 (44%)
No	86 (51%)
Have not had an induction	7 (4%)

On the wing

4.1 Are you in a cell on your own?

Yes	90 (54%)
No, I'm in a shared cell or dormitory	78 (46%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	52 (32%)
No	79 (48%)
Don't know	33 (20%)
Don't have a cell call bell	0 (0%)

4.3 Please answer the following questions about the wing or house block you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	111 (67%)	52 (31%)	3 (2%)
Can you shower every day?	148 (89%)	17 (10%)	1 (1%)
Do you have clean sheets every week?	138 (85%)	22 (13%)	3 (2%)
Do you get cell cleaning materials every week?	83 (51%)	75 (46%)	5 (3%)
Is it normally quiet enough for you to relax or sleep at night?	115 (70%)	47 (29%)	2 (1%)
Can you get your stored property if you need it?	39 (24%)	76 (47%)	48 (29%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or house block (landings, stairs, wing showers etc.)?

Very clean	23 (14%)
Quite clean	97 (58%)
Quite dirty	35 (21%)
Very dirty	11 (7%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	5 (3%)
Quite good	48 (29%)
Quite bad	61 (37%)
Very bad	50 (30%)

5.2 Do you get enough to eat at mealtimes?

Always	12 (7%)
Most of the time	28 (17%)
Some of the time	68 (41%)
Never	59 (35%)

5.3 Does the shop / canteen sell the things that you need?

Yes	117 (70%)
No	46 (28%)
Don't know	3 (2%)

Relationships with staff

6.1	**Do most staff here treat you with respect?**	
	Yes	105 (64%)
	No	59 (36%)
6.2	**Are there any staff here you could turn to if you had a problem?**	
	Yes	109 (68%)
	No	52 (32%)
6.3	**In the last week, has any member of staff talked to you about how you are getting on?**	
	Yes	58 (35%)
	No	107 (65%)
6.4	**How helpful is your personal or named officer?**	
	Very helpful	35 (22%)
	Quite helpful	37 (23%)
	Not very helpful	18 (11%)
	Not at all helpful	21 (13%)
	Don't know	17 (11%)
	Don't have a personal / named officer	33 (20%)
6.5	**How often do you see prison governors, directors or senior managers talking to prisoners?**	
	Regularly	5 (3%)
	Sometimes	27 (16%)
	Hardly ever	116 (70%)
	Don't know	17 (10%)
6.6	**Do you feel that you are treated as an individual in this prison?**	
	Yes	68 (42%)
	No	94 (58%)
6.7	**Are prisoners here consulted about things like food, canteen, health care or wing issues?**	
	Yes, and things sometimes change	19 (12%)
	Yes, but things don't change	58 (36%)
	No	61 (37%)
	Don't know	25 (15%)

Faith

7.1	**What is your religion?**	
	No religion	50 (31%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	70 (44%)
	Buddhist	1 (1%)
	Hindu	0 (0%)
	Jewish	1 (1%)
	Muslim	29 (18%)
	Sikh	1 (1%)
	Other	8 (5%)
7.2	**Are your religious beliefs respected here?**	
	Yes	75 (47%)
	No	21 (13%)
	Don't know	14 (9%)
	Not applicable (no religion)	50 (31%)

7.3	**Are you able to speak to a chaplain of your faith in private, if you want to?**	
	Yes	87 (53%)
	No	5 (3%)
	Don't know	21 (13%)
	Not applicable (no religion)	50 (31%)
7.4	**Are you able to attend religious services, if you want to?**	
	Yes	104 (64%)
	No	2 (1%)
	Don't know	6 (4%)
	Not applicable (no religion)	50 (31%)

Contact with family and friends

8.1	**Have staff here encouraged you to keep in touch with your family / friends?**	
	Yes	41 (25%)
	No	125 (75%)
8.2	**Have you had any problems with sending or receiving mail (letters or parcels)?**	
	Yes	82 (50%)
	No	82 (50%)
8.3	**Are you able to use a phone every day (if you have credit)?**	
	Yes	134 (82%)
	No	30 (18%)
8.4	**How easy or difficult is it for your family and friends to get here?**	
	Very easy	10 (6%)
	Quite easy	28 (17%)
	Quite difficult	38 (23%)
	Very difficult	73 (45%)
	Don't know	15 (9%)
8.5	**How often do you have visits from family or friends?**	
	More than once a week	2 (1%)
	About once a week	26 (16%)
	Less than once a week	66 (41%)
	Not applicable (don't get visits)	68 (42%)
8.6	**Do visits usually start and finish on time?**	
	Yes	30 (34%)
	No	59 (66%)
8.7	**Are your visitors usually treated respectfully by staff?**	
	Yes	62 (71%)
	No	25 (29%)

Time out of cell

9.1 Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?

Yes, and these times are usually kept to	104 (62%)
Yes, but these times are not usually kept to	42 (25%)
No	21 (13%)

9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?

Less than 2 hours	23 (14%)
2 to 6 hours	74 (45%)
6 to 10 hours	46 (28%)
10 hours or more	8 (5%)
Don't know	14 (8%)

9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?

Less than 2 hours	106 (64%)
2 to 6 hours	44 (27%)
6 to 10 hours	8 (5%)
10 hours or more	2 (1%)
Don't know	5 (3%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	2 (1%)
1 or 2	28 (17%)
3 to 5	46 (28%)
More than 5	77 (46%)
Don't know	13 (8%)

9.5 How many days in a typical week do you get association, if you want it?

None	1 (1%)
1 or 2	7 (4%)
3 to 5	31 (19%)
More than 5	115 (70%)
Don't know	11 (7%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	6 (4%)
1 or 2	15 (9%)
3 to 5	27 (16%)
More than 5	101 (62%)
Don't know	15 (9%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	77 (48%)
About once a week	29 (18%)
Less than once a week	16 (10%)
Never	39 (24%)

9.8 Typically, how often do you go to the library?

Twice a week or more	13 (8%)
About once a week	85 (52%)
Less than once a week	26 (16%)
Never	38 (23%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	78 (50%)
No	39 (25%)
Don't use the library	38 (25%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	118 (72%)
No	34 (21%)
Don't know	12 (7%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	65 (43%)	69 (46%)	16 (11%)
Are applications usually dealt with within 7 days?	44 (29%)	92 (61%)	16 (11%)

10.3 Is it easy for you to make a complaint?

Yes	106 (64%)
No	33 (20%)
Don't know	26 (16%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	31 (20%)	70 (45%)	54 (35%)
Are complaints usually dealt with within 7 days?	19 (13%)	78 (52%)	54 (36%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	37 (24%)
No	80 (52%)
Not wanted to make a complaint	38 (25%)

10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	54 (34%)	39 (24%)	39 (24%)	29 (18%)
Attend legal visits?	57 (37%)	19 (12%)	46 (30%)	32 (21%)
Get bail information?	17 (11%)	32 (21%)	53 (35%)	51 (33%)

10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	74 (47%)
No	42 (26%)
Not had any legal letters	43 (27%)

Health care

11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	9 (6%)	31 (19%)	59 (36%)	46 (28%)	17 (10%)
Nurse	21 (13%)	59 (36%)	41 (25%)	24 (15%)	19 (12%)
Dentist	2 (1%)	8 (5%)	32 (20%)	102 (62%)	20 (12%)
Mental health workers	5 (3%)	16 (10%)	34 (21%)	52 (33%)	52 (33%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	8 (5%)	26 (16%)	39 (24%)	54 (34%)	33 (21%)
Nurse	16 (10%)	65 (41%)	27 (17%)	15 (9%)	37 (23%)
Dentist	7 (4%)	26 (16%)	22 (14%)	33 (20%)	73 (45%)
Mental health workers	10 (6%)	24 (15%)	28 (17%)	23 (14%)	76 (47%)

11.3 Do you have any mental health problems?

Yes	75 (46%)
No	89 (54%)

11.4 Have you been helped with your mental health problems in this prison?

Yes	21 (13%)
No	54 (33%)
Don't have any mental health problems	89 (54%)

11.5 What do you think of the overall quality of the health services here?

Very good	8 (5%)
Quite good	42 (26%)
Quite bad	54 (33%)
Very bad	35 (21%)
Don't know	25 (15%)

Other support needs

12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?

Yes	59 (36%)
No	103 (64%)

12.2 If you have a disability, are you getting the support you need?

Yes	9 (6%)
No	45 (29%)
Don't have a disability	103 (66%)

12.3 Have you been on an ACCT in this prison?

Yes	18 (11%)
No	145 (89%)

12.4 If you have been on an ACCT in this prison, did you feel cared for by staff?

Yes	7 (4%)
No	9 (6%)
Have not been on an ACCT in this prison	145 (90%)

12.5	**How easy or difficult is it for you to speak to a Listener, if you need to?**	
	Very easy	24 (15%)
	Quite easy	25 (15%)
	Quite difficult	11 (7%)
	Very difficult	12 (7%)
	Don't know	90 (55%)
	No Listeners at this prison	2 (1%)

Alcohol and drugs

13.1	**Did you have an alcohol problem when you came into this prison?**	
	Yes	29 (17%)
	No	138 (83%)
13.2	**Have you been helped with your alcohol problem in this prison?**	
	Yes	17 (10%)
	No	12 (7%)
	Did not / do not have an alcohol problem	138 (83%)
13.3	**Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?**	
	Yes	51 (31%)
	No	116 (69%)
13.4	**Have you developed a problem with illicit drugs since you have been in this prison?**	
	Yes	20 (12%)
	No	146 (88%)
13.5	**Have you developed a problem with taking medication not prescribed to you since you have been in this prison?**	
	Yes	12 (7%)
	No	154 (93%)
13.6	**Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?**	
	Yes	36 (23%)
	No	16 (10%)
	Did not / do not have a drug problem	108 (68%)
13.7	**Is it easy or difficult to get illicit drugs in this prison?**	
	Very easy	54 (33%)
	Quite easy	26 (16%)
	Quite difficult	8 (5%)
	Very difficult	14 (8%)
	Don't know	64 (39%)
13.8	**Is it easy or difficult to get alcohol in this prison?**	
	Very easy	21 (13%)
	Quite easy	16 (10%)
	Quite difficult	16 (10%)
	Very difficult	20 (12%)
	Don't know	93 (56%)

Safety

14.1	**Have you ever felt unsafe here?**	
	Yes	74 (44%)
	No	93 (56%)
14.2	**Do you feel unsafe now?**	
	Yes	39 (24%)
	No	126 (76%)
14.3	**Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)**	
	Verbal abuse	45 (29%)
	Threats or intimidation	39 (25%)
	Physical assault	21 (13%)
	Sexual assault	4 (3%)
	Theft of canteen or property	26 (17%)
	Other bullying / victimisation	26 (17%)
	Not experienced any of these from prisoners here	100 (64%)
14.4	**If you were being bullied / victimised by other prisoners here, would you report it?**	
	Yes	39 (25%)
	No	117 (75%)
14.5	**Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)**	
	Verbal abuse	54 (34%)
	Threats or intimidation	46 (29%)
	Physical assault	26 (17%)
	Sexual assault	4 (3%)
	Theft of canteen or property	18 (11%)
	Other bullying / victimisation	29 (18%)
	Not experienced any of these from staff here	88 (56%)
14.6	**If you were being bullied / victimised by staff here, would you report it?**	
	Yes	69 (44%)
	No	89 (56%)

Behaviour management

15.1	**Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?**	
	Yes	71 (44%)
	No	68 (42%)
	Don't know what the incentives / rewards are	24 (15%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?

Yes	57 (35%)
No	75 (46%)
Don't know	19 (12%)
Don't know what this is	12 (7%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	22 (13%)
No	142 (87%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	3 (2%)
No	18 (11%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	142 (87%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?

Yes	23 (14%)
No	140 (86%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	10 (43%)	13 (57%)
Could you shower every day?	13 (59%)	9 (41%)
Could you go outside for exercise every day?	13 (57%)	10 (43%)
Could you use the phone every day (if you had credit)?	13 (59%)	9 (41%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	117 (74%)	21 (13%)	20 (13%)	1 (1%)
Vocational or skills training	72 (47%)	44 (29%)	35 (23%)	2 (1%)
Prison job	72 (46%)	59 (37%)	25 (16%)	2 (1%)
Voluntary work outside of the prison	12 (8%)	52 (34%)	70 (46%)	19 (12%)
Paid work outside of the prison	11 (7%)	48 (32%)	70 (47%)	20 (13%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	73 (48%)	53 (35%)	25 (17%)
Vocational or skills training	76 (51%)	34 (23%)	40 (27%)
Prison job	46 (32%)	66 (45%)	34 (23%)
Voluntary work outside of the prison	30 (21%)	26 (18%)	86 (61%)
Paid work outside of the prison	32 (23%)	23 (16%)	87 (61%)

16.3 Do staff encourage you to attend education, training or work?

Yes	100 (63%)
No	54 (34%)
Not applicable (e.g. if you are retired, sick or on remand)	5 (3%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	72 (45%)
No	88 (55%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	61 (87%)
No	6 (9%)
Don't know what my objectives or targets are	3 (4%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	40 (56%)
No	28 (39%)
Don't know what my objectives or targets are	3 (4%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	26 (41%)	5 (8%)	32 (51%)
Other programmes	24 (39%)	5 (8%)	33 (53%)
One to one work	14 (25%)	6 (11%)	37 (65%)
Being on a specialist unit	6 (11%)	5 (9%)	46 (81%)
ROTL - day or overnight release	10 (17%)	5 (8%)	45 (75%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	54 (33%)
No	95 (58%)
Don't know	15 (9%)

18.2 How close is this prison to your home area or intended release address?

Very near	4 (8%)
Quite near	15 (28%)
Quite far	16 (30%)
Very far	18 (34%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	32 (63%)
No	19 (37%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	20 (38%)	17 (33%)	15 (29%)
Getting employment	4 (8%)	27 (53%)	20 (39%)
Setting up education or training	4 (8%)	17 (35%)	27 (56%)
Arranging benefits	9 (18%)	27 (54%)	14 (28%)
Sorting out finances	10 (21%)	15 (31%)	23 (48%)
Support for drug or alcohol problems	15 (31%)	9 (19%)	24 (50%)
Health / mental health support	12 (24%)	18 (36%)	20 (40%)
Social care support	6 (13%)	12 (25%)	30 (63%)
Getting back in touch with family or friends	5 (10%)	11 (22%)	34 (68%)

More about you

19.1 Do you have children under the age of 18?

Yes	105 (63%)
No	61 (37%)

19.2 Are you a UK / British citizen?

Yes	157 (95%)
No	9 (5%)

19.3 Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	12 (7%)
No	154 (93%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	6 (4%)
No	159 (96%)

19.5 What is your gender?

Male	165 (99%)
Female	0 (0%)
Non-binary	1 (1%)
Other	1 (1%)

19.6 How would you describe your sexual orientation?

Straight / heterosexual	160 (96%)
Gay / lesbian / homosexual	2 (1%)
Bisexual	4 (2%)
Other	0 (0%)

19.7 Do you identify as transgender or transsexual?

Yes	3 (2%)
No	156 (98%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	14 (9%)
Less likely to offend	79 (50%)
Made no difference	65 (41%)

HMP & YOI Stoke Heath 2018

Survey responses compared with those from other HMIP surveys of category C training prisons and with those from the previous survey

In this table summary statistics from HMP & YOI Stoke Heath 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other category C training prisons (39 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.

- Summary statistics from surveys of category C training prisons conducted since the introduction of the new questionnaire in September 2017 (15 prisons). Please note that this does not include all category C training prisons.

- Summary statistics from HMP & YOI Stoke Heath in 2018 are compared with those from HMP & YOI Stoke Heath in 2015. Please note that we do not have comparable data for the new questions introduced in September 2017.

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** less than 1% probability that the difference is due to chance*

			HMP & YOI Stoke Heath 2018	All other category C training prisons	HMP & YOI Stoke Heath 2018	All other category C training prisons surveyed since September 2017	HMP & YOI Stoke Heath 2018	HMP & YOI Stoke Heath 2015
	Number of completed questionnaires returned		170	6,700	170	2,612	170	162
		n=number of valid responses to question (HMP & YOI Stoke Heath 2018)						
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	*n=168*	5%	4%	5%	7%	5%	4%
	Are you 25 years of age or younger?	*n=168*	20%		20%	29%	20%	
	Are you 50 years of age or older?	*n=168*	6%	18%	6%	11%	6%	2%
	Are you 70 years of age or older?	*n=168*	0%	2%	0%	1%	0%	1%
1.3	Are you from a minority ethnic group?	*n=167*	27%	27%	27%	33%	27%	14%
1.4	Have you been in this prison for less than 6 months?	*n=164*	49%		49%	34%	49%	
1.5	Are you currently serving a sentence?	*n=168*	100%	100%	100%	100%	100%	98%
	Are you on recall?	*n=168*	18%	8%	18%	8%	18%	9%
1.6	Is your sentence less than 12 months?	*n=168*	16%	6%	16%	7%	16%	11%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	*n=168*	2%	7%	2%	3%	2%	3%
7.1	Are you Muslim?	*n=160*	18%	14%	18%	17%	18%	6%
11.3	Do you have any mental health problems?	*n=164*	46%		46%	42%	46%	
12.1	Do you consider yourself to have a disability?	*n=162*	36%	28%	36%	33%	36%	21%
19.1	Do you have any children under the age of 18?	*n=166*	63%	48%	63%	49%	63%	58%
19.2	Are you a foreign national?	*n=166*	5%	11%	5%	10%	5%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	*n=166*	7%	4%	7%	5%	7%	4%
19.4	Have you ever been in the armed services?	*n=165*	4%	7%	4%	6%	4%	8%
19.5	Is your gender female or non-binary?	*n=167*	1%		1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	*n=166*	4%	4%	4%	4%	4%	0%
19.7	Do you identify as transgender or transsexual?	*n=159*	2%		2%	2%	2%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	*n=168*	14%		14%	16%	14%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	*n=168*	51%	54%	51%	48%	51%	70%
2.3	When you were searched in reception, was this done in a respectful way?	*n=165*	79%	85%	79%	83%	79%	88%
2.4	Overall, were you treated very / quite well in reception?	*n=168*	81%		81%	86%	81%	

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	Number of completed questionnaires returned		170	6,700	170	2,612	170	162
	n=number of valid responses to question (HMP & YOI Stoke Heath 2018)							
2.5	When you first arrived, did you have any problems?	*n=154*	75%	66%	75%	72%	75%	57%
2.5	Did you have problems with:							
	- Getting phone numbers?	*n=164*	32%	19%	32%	25%	32%	12%
	- Contacting family?	*n=164*	34%	22%	34%	26%	34%	15%
	- Arranging care for children or other dependents?	*n=164*	3%		3%	2%	3%	
	- Contacting employers?	*n=164*	1%	2%	1%	2%	1%	0%
	- Money worries?	*n=164*	12%	14%	12%	17%	12%	13%
	- Housing worries?	*n=164*	10%	12%	10%	13%	10%	11%
	- Feeling depressed?	*n=164*	25%		25%	29%	25%	
	- Feeling suicidal?	*n=164*	7%		7%	9%	7%	
	- Other mental health problems?	*n=164*	21%		21%	20%	21%	
	- Physical health problems?	*n=164*	11%	14%	11%	14%	11%	10%
	- Drugs or alcohol (e.g. withdrawal)?	*n=164*	9%		9%	11%	9%	
	- Getting medication?	*n=164*	20%		20%	20%	20%	
	- Needing protection from other prisoners?	*n=164*	4%	5%	4%	6%	4%	3%
	- Lost or delayed property?	*n=164*	19%	21%	19%	23%	19%	16%
	For those who had any problems when they first arrived:							
2.6	Did staff help you to deal with these problems?	*n=121*	34%	35%	34%	32%	34%	35%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	*n=166*	72%	65%	72%	65%	72%	88%
	- Toiletries / other basic items?	*n=166*	28%	52%	28%	51%	28%	35%
	- A shower?	*n=166*	32%	34%	32%	44%	32%	23%
	- A free phone call?	*n=166*	76%	40%	76%	43%	76%	77%
	- Something to eat?	*n=166*	70%	62%	70%	75%	70%	43%
	- The chance to see someone from health care?	*n=166*	57%	67%	57%	60%	57%	61%
	- The chance to talk to a Listener or Samaritans?	*n=166*	17%	32%	17%	27%	17%	22%
	- Support from another prisoner (e.g. Insider or buddy)?	*n=166*	18%		18%	23%	18%	
	- None of these?	*n=166*	5%		5%	7%	5%	
3.2	On your first night in this prison, was your cell very / quite clean?	*n=168*	37%		37%	36%	37%	
3.3	Did you feel safe on your first night here?	*n=166*	73%	77%	73%	72%	73%	87%
3.4	In your first few days here, did you get:							
	- Access to the prison shop / canteen?	*n=160*	21%	32%	21%	40%	21%	18%
	- Free PIN phone credit?	*n=159*	69%		69%	44%	69%	
	- Numbers put on your PIN phone?	*n=158*	45%		45%	47%	45%	
3.5	Have you had an induction at this prison?	*n=167*	96%	92%	96%	94%	96%	94%
	For those who have had an induction:							
3.5	Did your induction cover everything you needed to know about this prison?	*n=160*	46%		46%	56%	46%	

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ON THE WING							
4.1	Are you in a cell on your own? *n=168*	54%		54%	64%	54%	
4.2	Is your cell call bell normally answered within 5 minutes? *n=164*	32%	33%	32%	29%	32%	30%
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week? *n=166*	67%	69%	67%	66%	67%	60%
	- Can you shower every day? *n=166*	89%	88%	89%	88%	89%	91%
	- Do you have clean sheets every week? *n=163*	85%	67%	85%	61%	85%	84%
	- Do you get cell cleaning materials every week? *n=163*	51%	62%	51%	57%	51%	50%
	- Is it normally quiet enough for you to relax or sleep at night? *n=164*	70%	69%	70%	67%	70%	58%
	- Can you get your stored property if you need it? *n=163*	24%	26%	24%	26%	24%	19%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean? *n=166*	72%		72%	59%	72%	
FOOD AND CANTEEN							
5.1	Is the quality of the food in this prison very / quite good? *n=164*	32%		32%	37%	32%	
5.2	Do you get enough to eat at meal-times always / most of the time? *n=167*	24%		24%	33%	24%	
5.3	Does the shop / canteen sell the things that you need? *n=166*	71%	55%	71%	59%	71%	58%
RELATIONSHIPS WITH STAFF							
6.1	Do most staff here treat you with respect? *n=164*	64%	75%	64%	69%	64%	82%
6.2	Are there any staff here you could turn to if you had a problem? *n=161*	68%	72%	68%	70%	68%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on? *n=165*	35%	31%	35%	28%	35%	29%
6.4	Do you have a personal officer? *n=161*	80%		80%	82%	80%	
	For those who have a personal officer:						
6.4	Is your personal or named officer very / quite helpful? *n=128*	56%		56%	43%	56%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners? *n=165*	3%		3%	10%	3%	
6.6	Do you feel that you are treated as an individual in this prison? *n=162*	42%		42%	42%	42%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues? *n=163*	47%		47%	50%	47%	
	If so, do things sometimes change? *n=77*	25%		25%	31%	25%	
FAITH							
7.1	Do you have a religion? *n=160*	69%	70%	69%	69%	69%	54%
	For those who have a religion:						
7.2	Are your religious beliefs respected here? *n=110*	68%		68%	70%	68%	
7.3	Are you able to speak to a chaplain of your faith in private, if you want to? *n=113*	77%		77%	70%	77%	
7.4	Are you able to attend religious services, if you want to? *n=112*	93%		93%	87%	93%	

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CONTACT WITH FAMILY AND FRIENDS								
8.1	Have staff here encouraged you to keep in touch with your family / friends?	*n=166*	25%		25%	26%	25%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	*n=164*	50%	47%	50%	58%	50%	40%
8.3	Are you able to use a phone every day (if you have credit)?	*n=164*	82%		82%	87%	82%	
8.4	Is it very / quite easy for your family and friends to get here?	*n=164*	23%		23%	36%	23%	
8.5	Do you get visits from family/friends once a week or more?	*n=162*	17%		17%	16%	17%	
	For those who get visits:							
8.6	Do visits usually start and finish on time?	*n=89*	34%		34%	50%	34%	
8.7	Are your visitors usually treated respectfully by staff?	*n=87*	71%		71%	75%	71%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	*n=167*	87%		87%	91%	87%	
	For those who know what the unlock and lock-up times are supposed to be:							
9.1	Are these times usually kept to?	*n=146*	71%		71%	55%	71%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	*n=165*	14%	14%	14%	18%	14%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	*n=165*	5%	15%	5%	8%	5%	13%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	*n=165*	64%		64%	21%	64%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	*n=165*	1%		1%	3%	1%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	*n=166*	46%		46%	56%	46%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	*n=165*	70%		70%	63%	70%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	*n=164*	62%		62%	64%	62%	
9.7	Do you typically go to the gym twice a week or more?	*n=161*	48%		48%	52%	48%	
9.8	Do you typically go to the library once a week or more?	*n=162*	61%	47%	61%	49%	61%	36%
	For those who use the library:							
9.9	Does the library have a wide enough range of materials to meet your needs?	*n=117*	67%	60%	67%	55%	67%	65%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	*n=164*	72%	79%	72%	73%	72%	76%
	For those who have made an application:							
10.2	Are applications usually dealt with fairly?	*n=134*	49%	56%	49%	50%	49%	50%
	Are applications usually dealt with within 7 days?	*n=136*	32%	39%	32%	36%	32%	33%
10.3	Is it easy for you to make a complaint?	*n=165*	64%	60%	64%	62%	64%	46%
	For those who have made a complaint:							
10.4	Are complaints usually dealt with fairly?	*n=101*	31%	32%	31%	30%	31%	32%
	Are complaints usually dealt with within 7 days?	*n=97*	20%	27%	20%	26%	20%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	*n=117*	32%		32%	27%	32%	

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** less than 1% probability that the difference is due to chance*

			HMP & YOI Stoke Heath 2018	All other category C training prisons	HMP & YOI Stoke Heath 2018	All other category C training prisons surveyed since September 2017	HMP & YOI Stoke Heath 2018	HMP & YOI Stoke Heath 2015
	Number of completed questionnaires returned		170	6,700	170	2,612	170	162
	n=number of valid responses to question (HMP & YOI Stoke Heath 2018)							
	For those who need it, is it easy to:							
10.6	Communicate with your solicitor or legal representative?	*n=132*	41%		41%	38%	41%	
	Attend legal visits?	*n=122*	47%		47%	46%	47%	
	Get bail information?	*n=102*	17%		17%	16%	17%	
	For those who have had legal letters:							
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	*n=116*	64%	51%	64%	56%	64%	53%
HEALTH CARE								
11.1	Is it very / quite easy to see:							
	- Doctor?	*n=162*	25%		25%	31%	25%	
	- Nurse?	*n=164*	49%		49%	52%	49%	
	- Dentist?	*n=164*	6%		6%	15%	6%	
	- Mental health workers?	*n=159*	13%		13%	23%	13%	
11.2	Do you think the quality of the health service is very / quite good from:							
	- Doctor?	*n=160*	21%		21%	47%	21%	
	- Nurse?	*n=160*	51%		51%	56%	51%	
	- Dentist?	*n=161*	21%		21%	34%	21%	
	- Mental health workers?	*n=161*	21%		21%	28%	21%	
11.3	Do you have any mental health problems?	*n=164*	46%		46%	42%	46%	
	For those who have mental health problems:							
11.4	Have you been helped with your mental health problems in this prison?	*n=75*	28%		28%	41%	28%	
11.5	Do you think the overall quality of the health services here is very / quite good?	*n=164*	31%		31%	42%	31%	
OTHER SUPPORT NEEDS								
12.1	Do you consider yourself to have a disability?	*n=162*	36%	28%	36%	33%	36%	21%
	For those who have a disability:							
12.2	Are you getting the support you need?	*n=54*	17%		17%	32%	17%	
12.3	Have you been on an ACCT in this prison?	*n=163*	11%		11%	16%	11%	
	For those who have been on an ACCT:							
12.4	Did you feel cared for by staff?	*n=16*	44%		44%	42%	44%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	*n=164*	30%		30%	40%	30%	
ALCOHOL AND DRUGS								
13.1	Did you have an alcohol problem when you came into this prison?	*n=167*	17%	15%	17%	14%	17%	18%
	For those who had / have an alcohol problem:							
13.2	Have you been helped with your alcohol problem in this prison?	*n=29*	59%	59%	59%	51%	59%	89%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	*n=167*	31%	25%	31%	28%	31%	31%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	*n=166*	12%	13%	12%	18%	12%	12%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	*n=166*	7%		7%	11%	7%	
	For those who had / have a drug problem:							
13.6	Have you been helped with your drug problem in this prison?	*n=52*	69%	55%	69%	44%	69%	55%
13.7	Is it very / quite easy to get illicit drugs in this prison?	*n=166*	48%		48%	50%	48%	
13.8	Is it very / quite easy to get alcohol in this prison?	*n=166*	22%		22%	32%	22%	

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		HMP & YOI Stoke Heath 2018	All other category C training prisons	HMP & YOI Stoke Heath 2018	All other category C training prisons surveyed since September 2017	HMP & YOI Stoke Heath 2018	HMP & YOI Stoke Heath 2015
	Number of completed questionnaires returned	170	6,700	170	2,612	170	162
	n=number of valid responses to question (HMP & YOI Stoke Heath 2018)						
SAFETY							
14.1	Have you ever felt unsafe here? *n=167*	44%	43%	44%	47%	44%	37%
14.2	Do you feel unsafe now? *n=165*	24%	19%	24%	23%	24%	18%
14.3	Have you experienced any of the following from other prisoners here:						
	- Verbal abuse? *n=157*	29%		29%	33%	29%	
	- Threats or intimidation? *n=157*	25%		25%	30%	25%	
	- Physical assault? *n=157*	13%		13%	18%	13%	
	- Sexual assault? *n=157*	3%		3%	2%	3%	
	- Theft of canteen or property? *n=157*	17%		17%	25%	17%	
	- Other bullying / victimisation? *n=157*	17%		17%	17%	17%	
	- Not experienced any of these from prisoners here *n=157*	64%		64%	54%	64%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it? *n=156*	25%		25%	33%	25%	
14.5	Have you experienced any of the following from staff here:						
	- Verbal abuse? *n=157*	34%		34%	30%	34%	
	- Threats or intimidation? *n=157*	29%		29%	23%	29%	
	- Physical assault? *n=157*	17%		17%	10%	17%	
	- Sexual assault? *n=157*	3%		3%	2%	3%	
	- Theft of canteen or property? *n=157*	12%		12%	9%	12%	
	- Other bullying / victimisation? *n=157*	19%		19%	15%	19%	
	- Not experienced any of these from staff here *n=157*	56%		56%	59%	56%	
14.6	If you were being bullied / victimised by staff here, would you report it? *n=158*	44%		44%	48%	44%	
BEHAVIOUR MANAGEMENT							
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well? *n=163*	44%		44%	39%	44%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison? *n=163*	35%		35%	37%	35%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months? *n=164*	13%	10%	13%	13%	13%	9%
	For those who have been restrained in the last 6 months:						
15.4	Did anyone come and talk to you about it afterwards? *n=21*	14%		14%	20%	14%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months? *n=163*	14%		14%	9%	14%	
	For those who have spent one or more nights in the segregation unit in the last 6 months:						
15.6	Were you treated well by segregation staff? *n=23*	44%		44%	58%	44%	
	Could you shower every day? *n=22*	59%		59%	77%	59%	
	Could you go outside for exercise every day? *n=23*	57%		57%	78%	57%	
	Could you use the phone every day (if you had credit)? *n=22*	59%		59%	65%	59%	

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		HMP & YOI Stoke Heath 2018	All other category C training prisons	HMP & YOI Stoke Heath 2018	All other category C training prisons surveyed since September 2017	HMP & YOI Stoke Heath 2018	HMP & YOI Stoke Heath 2015
	Number of completed questionnaires returned	170	6,700	170	2,612	170	162
	n=number of valid responses to question (HMP & YOI Stoke Heath 2018)						
	EDUCATION, SKILLS AND WORK						
16.1	In this prison, is it easy to get into the following activities:						
	- Education? *n=159*	74%		74%	58%	74%	
	- Vocational or skills training? *n=153*	47%		47%	38%	47%	
	- Prison job? *n=158*	46%		46%	45%	46%	
	- Voluntary work outside of the prison? *n=153*	8%		8%	4%	8%	
	- Paid work outside of the prison? *n=149*	7%		7%	4%	7%	
16.2	In this prison, have you done the following activities:						
	- Education? *n=151*	83%	81%	83%	79%	83%	77%
	- Vocational or skills training? *n=150*	73%	74%	73%	68%	73%	73%
	- Prison job? *n=146*	77%	85%	77%	81%	77%	78%
	- Voluntary work outside of the prison? *n=142*	39%		39%	33%	39%	
	- Paid work outside of the prison? *n=142*	39%		39%	32%	39%	
	For those who have done the following activities, do you think they will help you on release:						
	- Education? *n=126*	58%	59%	58%	61%	58%	57%
	- Vocational or skills training? *n=110*	69%	61%	69%	66%	69%	55%
	- Prison job? *n=112*	41%	43%	41%	40%	41%	42%
	- Voluntary work outside of the prison? *n=56*	54%		54%	54%	54%	
	- Paid work outside of the prison? *n=55*	58%		58%	58%	58%	
16.3	Do staff encourage you to attend education, training or work? *n=154*	65%		65%	58%	65%	
	PLANNING AND PROGRESSION						
17.1	Do you have a custody plan? *n=160*	45%		45%	58%	45%	
	For those who have a custody plan:						
17.2	Do you understand what you need to do to achieve your objectives or targets? *n=70*	87%		87%	82%	87%	
17.3	Are staff helping you to achieve your objectives or targets? *n=71*	56%		56%	41%	56%	
17.4	In this prison, have you done:						
	- Offending behaviour programmes? *n=63*	49%		49%	46%	49%	
	- Other programmes? *n=62*	47%		47%	40%	47%	
	- One to one work? *n=57*	35%		35%	36%	35%	
	- Been on a specialist unit? *n=57*	19%		19%	18%	19%	
	- ROTL - day or overnight release? *n=60*	25%		25%	13%	25%	
	For those who have done the following, did they help you to achieve your objectives or targets:						
	- Offending behaviour programmes? *n=31*	84%		84%	69%	84%	
	- Other programmes? *n=29*	83%		83%	64%	83%	
	- One to one work? *n=20*	70%		70%	66%	70%	
	- Being on a specialist unit? *n=11*	55%		55%	46%	55%	
	- ROTL - day or overnight release? *n=15*	67%		67%	37%	67%	

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		HMP & YOI Stoke Heath 2018	All other category C training prisons	HMP & YOI Stoke Heath 2018	All other category C training prisons surveyed since September 2017	HMP & YOI Stoke Heath 2018	HMP & YOI Stoke Heath 2015
	Number of completed questionnaires returned	170	6,700	170	2,612	170	162
	n=number of valid responses to question (HMP & YOI Stoke Heath 2018)						
PREPARATION FOR RELEASE							
18.1	Do you expect to be released in the next 3 months? *n=164*	33%		33%	25%	33%	
	For those who expect to be released in the next 3 months:						
18.2	Is this prison very / quite near to your home area or intended release address? *n=53*	36%		36%	41%	36%	
18.3	Is anybody helping you to prepare for your release? *n=51*	63%		63%	57%	63%	
18.4	Do you need help to sort out the following for when you are released:						
	- Finding accommodation? *n=52*	71%		71%	61%	71%	
	- Getting employment? *n=51*	61%		61%	62%	61%	
	- Setting up education or training? *n=48*	44%		44%	49%	44%	
	- Arranging benefits? *n=50*	72%		72%	66%	72%	
	- Sorting out finances? *n=48*	52%		52%	57%	52%	
	- Support for drug or alcohol problems? *n=48*	50%		50%	42%	50%	
	- Health / mental Health support? *n=50*	60%		60%	47%	60%	
	- Social care support? *n=48*	38%		38%	35%	38%	
	- Getting back in touch with family or friends? *n=50*	32%		32%	40%	32%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation? *n=37*	54%		54%	36%	54%	
	- Getting employment? *n=31*	13%		13%	24%	13%	
	- Setting up education or training? *n=21*	19%		19%	25%	19%	
	- Arranging benefits? *n=36*	25%		25%	26%	25%	
	- Sorting out finances? *n=25*	40%		40%	23%	40%	
	- Support for drug or alcohol problems? *n=24*	63%		63%	48%	63%	
	- Health / mental Health support? *n=30*	40%		40%	29%	40%	
	- Social care support? *n=18*	33%		33%	23%	33%	
	- Getting back in touch with family or friends? *n=16*	31%		31%	31%	31%	
FINAL QUESTION ABOUT THIS PRISON							
20.1	Do you think your experiences in this prison have made you less likely to offend in the future? *n=158*	50%		50%	50%	50%	

HMP & YOI Stoke Heath 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners
Please note that these analyses are based on summary data from selected survey questions only.

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	45	122	29	131
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2 Are you under 25 years of age?	38%	14%	39%	13%
Are you 50 years of age or older?	2%	7%	4%	6%
1.3 Are you from a minority ethnic group?			89%	13%
7.1 Are you Muslim?	60%	3%		
11.3 Do you have any mental health problems?	28%	51%	18%	52%
12.1 Do you consider yourself to have a disability?	17%	43%	11%	42%
19.2 Are you a foreign national?	7%	4%	3%	6%
19.3 Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	9%	0%	9%
ARRIVAL AND RECEPTION				
2.3 When you were searched in reception, was this done in a respectful way?	67%	84%	59%	83%
2.4 Overall, were you treated very / quite well in reception?	73%	84%	72%	82%
2.5 When you first arrived, did you have any problems?	82%	72%	83%	75%
For those who had any problems when they first arrived:				
2.6 Did staff help you to deal with these problems?	22%	40%	17%	39%
FIRST NIGHT AND INDUCTION				
3.3 Did you feel safe on your first night here?	59%	78%	50%	79%
3.5 Have you had an induction at this prison?	98%	96%	97%	95%
For those who have had an induction:				
3.5 Did your induction cover everything you needed to know about this prison?	34%	51%	36%	46%
ON THE WING				
4.2 Is your cell call bell normally answered within 5 minutes?	27%	34%	10%	37%
4.3 On the wing or houseblock you currently live on:				
- Do you normally have enough clean, suitable clothes for the week?	58%	71%	59%	69%
- Can you shower every day?	96%	87%	93%	88%
- Do you have clean sheets every week?	80%	87%	79%	86%
- Do you get cell cleaning materials every week?	44%	53%	52%	52%
- Is it normally quiet enough for you to relax or sleep at night?	69%	71%	69%	70%
- Can you get your stored property if you need it?	19%	26%	26%	22%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	45	122	29	131
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	22%	25%	17%	25%
5.3 Does the shop / canteen sell the things that you need?	51%	79%	48%	74%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	43%	72%	38%	70%
6.2 Are there any staff here you could turn to if you had a problem?	61%	72%	46%	73%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	32%	37%	24%	37%
6.6 Do you feel that you are treated as an individual in this prison?	30%	47%	31%	44%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	59%	73%	59%	73%
7.3 Are you able to speak to a chaplain of your faith in private, if you want to?	88%	70%	90%	74%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	11%	30%	10%	28%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	60%	45%	59%	47%
8.3 Are you able to use a phone every day (if you have credit)?	82%	83%	83%	82%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	59%	78%	74%	70%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	7%	16%	0%	17%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	6%	4%	5%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	46%	76%	41%	74%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	61%	76%	62%	73%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	26%	58%	28%	54%
10.3 Is it easy for you to make a complaint?	64%	64%	66%	63%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	23%	34%	11%	35%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	32%	31%	33%	31%

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	Black and minority ethnic	White	Muslim	Non-Muslim
Number of completed questionnaires returned	45	122	29	131
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	27%	23%	32%	23%
- Nurse?	50%	48%	50%	49%
- Dentist?	7%	6%	7%	6%
- Mental health workers?	11%	13%	15%	12%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	23%	30%	20%	28%
11.5 Do you think the overall quality of the health services here is very / quite good?	30%	31%	19%	33%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	33%	15%	33%	16%
SAFETY				
14.1 Have you ever felt unsafe here?	58%	39%	62%	39%
14.2 Do you feel unsafe now?	31%	20%	38%	20%
14.3 Not experienced bullying / victimisation by other prisoners	66%	64%	57%	68%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	21%	27%	18%	26%
14.5 Not experienced bullying / victimisation by members of staff	44%	61%	39%	60%
14.6 If you were being bullied / victimised by staff here, would you report it?	40%	46%	30%	48%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	43%	44%	46%	43%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	20%	41%	14%	41%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	24%	9%	17%	12%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	23%	11%	19%	14%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	56%	69%	44%	70%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	46%	45%	40%	46%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	42%	62%	60%	58%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	36%	70%	17%	74%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	54%	50%	52%	50%

HMP & YOI Stoke Heath 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners who reported that they had a disability compared with those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.
Please note that these analyses are based on summary data from selected survey questions only.

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		Have a disability	Do not have a disability		Mental health problems	No mental health problems
	Number of completed questionnaires returned	59	103		75	89
	DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	16%	21%		18%	20%
	Are you 50 years of age or older?	5%	5%		4%	8%
1.3	Are you from a minority ethnic group?	12%	34%		16%	35%
7.1	Are you Muslim?	5%	25%		7%	27%
11.3	Do you have any mental health problems?	78%	26%			
12.1	Do you consider yourself to have a disability?				64%	15%
19.2	Are you a foreign national?	5%	5%		3%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	12%	5%		11%	5%
	ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	79%	81%		82%	80%
2.4	Overall, were you treated very / quite well in reception?	78%	82%		78%	83%
2.5	When you first arrived, did you have any problems?	85%	69%		86%	67%
	For those who had any problems when they first arrived:					
2.6	Did staff help you to deal with these problems?	38%	33%		39%	28%
	FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	71%	76%		74%	74%
3.5	Have you had an induction at this prison?	93%	97%		96%	96%
	For those who have had an induction:					
3.5	Did your induction cover everything you needed to know about this prison?	42%	51%		32%	58%
	ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	36%	30%		36%	27%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	66%	69%		66%	69%
	- Can you shower every day?	86%	92%		89%	90%
	- Do you have clean sheets every week?	91%	82%		89%	82%
	- Do you get cell cleaning materials every week?	40%	58%		43%	58%
	- Is it normally quiet enough for you to relax or sleep at night?	64%	75%		66%	74%
	- Can you get your stored property if you need it?	20%	27%		19%	27%

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** less than 1% probability that the difference is due to chance*

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	59	103	75	89
FOOD AND CANTEEN				
5.2 Do you get enough to eat at meal-times always / most of the time?	24%	23%	24%	23%
5.3 Does the shop / canteen sell the things that you need?	72%	71%	71%	73%
RELATIONSHIPS WITH STAFF				
6.1 Do most staff here treat you with respect?	68%	64%	57%	71%
6.2 Are there any staff here you could turn to if you had a problem?	71%	69%	66%	71%
6.3 In the last week, has any member of staff talked to you about how you are getting on?	33%	38%	30%	40%
6.6 Do you feel that you are treated as an individual in this prison?	44%	43%	32%	50%
FAITH				
For those who have a religion:				
7.2 Are your religious beliefs respected here?	69%	68%	68%	67%
7.3 Are you able to speak to a chaplain of your faith in private, if you want to?	74%	80%	71%	81%
CONTACT WITH FAMILY AND FRIENDS				
8.1 Have staff here encouraged you to keep in touch with your family / friends?	31%	21%	27%	23%
8.2 Have you had any problems with sending or receiving mail (letters or parcels)?	54%	48%	52%	47%
8.3 Are you able to use a phone every day (if you have credit)?	83%	81%	82%	81%
For those who get visits:				
8.7 Are your visitors usually treated respectfully by staff?	65%	77%	59%	79%
TIME OUT OF CELL				
9.2 Do you usually spend less than 2 hours out of your cell on a typical weekday?	16%	14%	12%	15%
Do you usually spend 10 hours or more out of your cell on a typical weekday?	2%	7%	1%	8%
For those who use the library:				
9.9 Does the library have a wide enough range of materials to meet your needs?	73%	65%	71%	65%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1 Is it easy for you to make an application?	75%	71%	79%	69%
For those who have made an application:				
10.2 Are applications usually dealt with fairly?	49%	49%	48%	51%
10.3 Is it easy for you to make a complaint?	68%	62%	69%	62%
For those who have made a complaint:				
10.4 Are complaints usually dealt with fairly?	36%	27%	31%	28%
10.5 Have you ever been prevented from making a complaint here when you wanted to?	36%	27%	45%	21%

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** less than 1% probability that the difference is due to chance*

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
Number of completed questionnaires returned	59	103	75	89
HEALTH CARE				
11.1 Is it very / quite easy to see:				
- Doctor?	23%	27%	19%	30%
- Nurse?	54%	47%	51%	47%
- Dentist?	5%	7%	6%	7%
- Mental health workers?	15%	13%	19%	8%
For those who have mental health problems:				
11.4 Have you been helped with your mental health problems in this prison?	33%	~~22%~~	29%	
11.5 Do you think the overall quality of the health services here is very / quite good?	29%	32%	26%	34%
OTHER SUPPORT NEEDS				
For those who have a disability:				
12.2 Are you getting the support you need?	17%		17%	17%
SAFETY				
14.1 Have you ever felt unsafe here?	53%	39%	53%	36%
14.2 Do you feel unsafe now?	32%	18%	30%	17%
14.3 Not experienced bullying / victimisation by other prisoners	56%	70%	57%	69%
14.4 If you were being bullied / victimised by other prisoners here, would you report it?	33%	22%	29%	24%
14.5 Not experienced bullying / victimisation by members of staff	48%	62%	43%	68%
14.6 If you were being bullied / victimised by staff here, would you report it?	47%	44%	44%	45%
BEHAVIOUR MANAGEMENT				
15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	47%	41%	39%	45%
15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	38%	35%	38%	35%
15.3 Have you been physically restrained by staff in this prison, in the last 6 months?	15%	12%	19%	7%
15.5 Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	11%	14%	19%	7%
EDUCATION, SKILLS AND WORK				
16.3 Do staff encourage you to attend education, training or work?	69%	63%	67%	65%
PLANNING AND PROGRESSION				
17.1 Do you have a custody plan?	50%	45%	46%	47%
For those who have a custody plan:				
17.3 Are staff helping you to achieve your objectives or targets?	52%	59%	41%	69%
PREPARATION FOR RELEASE				
For those who expect to be released in the next 3 months:				
18.3 Is anybody helping you to prepare for your release?	76%	60%	75%	58%
FINAL QUESTION ABOUT THIS PRISON				
20.1 Do you think your experiences in this prison have made you less likely to offend in the future?	50%	52%	41%	58%

HMP & YOI Stoke Heath 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
- responses of prisoners aged 25 and under are compared with those of prisoners over 25
Please note that these analyses are based on summary data from selected survey questions only.

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** less than 1% probability that the difference is due to chance*

		25 and under	Over 25
	Number of completed questionnaires returned	34	134
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	24%	
	Are you 50 years of age or older?		8%
1.3	Are you from a minority ethnic group?	50%	21%
7.1	Are you Muslim?	39%	13%
11.3	Do you have any mental health problems?	42%	46%
12.1	Do you consider yourself to have a disability?	30%	38%
19.2	Are you a foreign national?	3%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	8%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	70%	82%
2.4	Overall, were you treated very / quite well in reception?	67%	85%
2.5	When you first arrived, did you have any problems?	68%	76%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	22%	38%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	55%	77%
3.5	Have you had an induction at this prison?	100%	95%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	42%	48%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	27%	33%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	55%	71%
	- Can you shower every day?	82%	91%
	- Do you have clean sheets every week?	79%	86%
	- Do you get cell cleaning materials every week?	47%	51%
	- Is it normally quiet enough for you to relax or sleep at night?	65%	72%
	- Can you get your stored property if you need it?	24%	24%

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** less than 1% probability that the difference is due to chance*

	25 and under	Over 25
Number of completed questionnaires returned	34	134

		25 and under	Over 25
FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	12%	27%
5.3	Does the shop / canteen sell the things that you need?	67%	72%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	47%	69%
6.2	Are there any staff here you could turn to if you had a problem?	44%	74%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	28%	37%
6.6	Do you feel that you are treated as an individual in this prison?	28%	46%
FAITH			
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	63%	69%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	69%	80%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	38%	22%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	75%	43%
8.3	Are you able to use a phone every day (if you have credit)?	72%	85%
	For those who get visits:		
8.7	Are your visitors usually treated respectfully by staff?	65%	73%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	19%	13%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	5%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	39%	71%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	60%	74%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	40%	51%
10.3	Is it easy for you to make a complaint?	58%	66%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	32%	31%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	39%	30%

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** less than 1% probability that the difference is due to chance*

	25 and under	Over 25
Number of completed questionnaires returned	34	134

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	32%	23%
	- Nurse?	42%	50%
	- Dentist?	7%	6%
	- Mental health workers?	17%	12%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	33%	26%
11.5	Do you think the overall quality of the health services here is very / quite good?	33%	30%
OTHER SUPPORT NEEDS			
	For those who have a disability:		
12.2	Are you getting the support you need?	38%	13%
SAFETY			
14.1	Have you ever felt unsafe here?	64%	39%
14.2	Do you feel unsafe now?	41%	19%
14.3	Not experienced bullying / victimisation by other prisoners	54%	66%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	17%	27%
14.5	Not experienced bullying / victimisation by members of staff	37%	60%
14.6	If you were being bullied / victimised by staff here, would you report it?	24%	48%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	45%	43%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	18%	40%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	28%	10%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	24%	12%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	50%	69%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	48%	44%
	For those who have a custody plan:		
17.3	Are staff helping you to achieve your objectives or targets?	36%	63%
PREPARATION FOR RELEASE			
	For those who expect to be released in the next 3 months.		
18.3	Is anybody helping you to prepare for your release?	62%	65%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	47%	51%

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Comparison of survey responses from different residential locations

In this table responses from the induction wing (G South) are compared with those from the rest of the establishment.

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** less than 1% probability that the difference is due to chance*

		Induction wing (G South)	Rest of the establishment
	Number of completed questionnaires returned	17	151
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	5%
	Are you 25 years of age or younger?	12%	21%
	Are you 50 years of age or older?	6%	6%
	Are you 70 years of age or older?	0%	0%
1.3	Are you from a minority ethnic group?	19%	27%
1.4	Have you been in this prison for less than 6 months?	88%	45%
1.5	Are you currently serving a sentence?	100%	100%
	Are you on recall?	25%	17%
1.6	Is your sentence less than 12 months?	31%	15%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	1%
7.1	Are you Muslim?	7%	19%
11.3	Do you have any mental health problems?	19%	49%
12.1	Do you consider yourself to have a disability?	13%	39%
19.1	Do you have any children under the age of 18?	88%	61%
19.2	Are you a foreign national?	12%	5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	7%
19.4	Have you ever been in the armed services?	0%	4%
19.5	Is your gender female or non-binary?	6%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	6%	3%
19.7	Do you identify as transgender or transsexual?	0%	2%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	19%	13%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	69%	49%
2.3	When you were searched in reception, was this done in a respectful way?	94%	78%
2.4	Overall, were you treated very / quite well in reception?	94%	79%

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** less than 1% probability that the difference is due to chance*

		Induction wing (G South)	Rest of the establishment
	Number of completed questionnaires returned	17	151
2.5	When you first arrived, did you have any problems?	69%	76%
2.5	Did you have problems with:		
	- Getting phone numbers?	38%	31%
	- Contacting family?	38%	33%
	- Arranging care for children or other dependents?	0%	3%
	- Contacting employers?	0%	1%
	- Money worries?	13%	12%
	- Housing worries?	6%	10%
	- Feeling depressed?	6%	27%
	- Feeling suicidal?	0%	8%
	- Other mental health problems?	0%	23%
	- Physical health problems?	0%	12%
	- Drugs or alcohol (e.g. withdrawal)?	0%	10%
	- Getting medication?	13%	21%
	- Needing protection from other prisoners?	0%	4%
	- Lost or delayed property?	19%	19%
	For those who had any problems when they first arrived:		
2.6	Did staff help you to deal with these problems?	18%	35%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	63%	74%
	- Toiletries / other basic items?	19%	28%
	- A shower?	19%	32%
	- A free phone call?	88%	75%
	- Something to eat?	75%	70%
	- The chance to see someone from health care?	69%	56%
	- The chance to talk to a Listener or Samaritans?	19%	17%
	- Support from another prisoner (e.g. Insider or buddy)?	19%	18%
	- None of these?	0%	5%
3.2	On your first night in this prison, was your cell very / quite clean?	56%	35%
3.3	Did you feel safe on your first night here?	88%	71%
3.4	In your first few days here, did you get:		
	- Access to the prison shop / canteen?	19%	20%
	- Free PIN phone credit?	73%	68%
	- Numbers put on your PIN phone?	31%	46%
3.5	Have you had an induction at this prison?	100%	95%
	For those who have had an induction:		
3.5	Did your induction cover everything you needed to know about this prison?	69%	44%

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	Induction wing (G South)	Rest of the establishment
Number of completed questionnaires returned	17	151

ON THE WING			
4.1	Are you in a cell on your own?	56%	53%
4.2	Is your cell call bell normally answered within 5 minutes?	13%	33%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	73%	66%
	- Can you shower every day?	88%	89%
	- Do you have clean sheets every week?	67%	86%
	- Do you get cell cleaning materials every week?	50%	51%
	- Is it normally quiet enough for you to relax or sleep at night?	63%	71%
	- Can you get your stored property if you need it?	25%	23%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	88%	71%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	44%	31%
5.2	Do you get enough to eat at meal-times always / most of the time?	6%	25%
5.3	Does the shop / canteen sell the things that you need?	81%	70%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	69%	63%
6.2	Are there any staff here you could turn to if you had a problem?	73%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	50%	33%
6.4	Do you have a personal officer?	44%	83%
	For those who have a personal officer:		
6.4	Is your personal or named officer very / quite helpful?	71%	55%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	0%	3%
6.6	Do you feel that you are treated as an individual in this prison?	40%	41%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	50%	48%
	If so, do things sometimes change?	13%	26%
FAITH			
7.1	Do you have a religion?	64%	69%
	For those who have a religion:		
7.2	Are your religious beliefs respected here?	89%	66%
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	82%	76%
7.4	Are you able to attend religious services, if you want to?	100%	92%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	6%	27%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	47%	50%
8.3	Are you able to use a phone every day (if you have credit)?	81%	82%
8.4	Is it very / quite easy for your family and friends to get here?	19%	23%
8.5	Do you get visits from family/friends once a week or more?	25%	17%
	For those who get visits:		
8.6	Do visits usually start and finish on time?	50%	31%
8.7	Are your visitors usually treated respectfully by staff?	75%	71%

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	Induction wing (G South)	Rest of the establishment
Number of completed questionnaires returned	17	151

TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	94%	87%
	For those who know what the unlock and lock-up times are supposed to be:		
9.1	Are these times usually kept to?	67%	71%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	19%	14%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	13%	3%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	63%	65%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	50%	47%
9.5	Do you get association more than 5 days in a typical week, if you want it?	63%	70%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	69%	60%
9.7	Do you typically go to the gym twice a week or more?	40%	49%
9.8	Do you typically go to the library once a week or more?	40%	63%
	For those who use the library:		
9.9	Does the library have a wide enough range of materials to meet your needs?	71%	66%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	60%	74%
	For those who have made an application:		
10.2	Are applications usually dealt with fairly?	54%	48%
	Are applications usually dealt with within 7 days?	31%	33%
10.3	Is it easy for you to make a complaint?	56%	65%
	For those who have made a complaint:		
10.4	Are complaints usually dealt with fairly?	27%	30%
	Are complaints usually dealt with within 7 days?	30%	19%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	18%	33%

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** less than 1% probability that the difference is due to chance*

		Induction wing (G South)	Rest of the establishment
	Number of completed questionnaires returned	17	151
	For those who need it, is it easy to:		
10.6	Communicate with your solicitor or legal representative?	50%	40%
	Attend legal visits?	42%	47%
	Get bail information?	10%	18%
	For those who have had legal letters:		
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	58%	65%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	27%	24%
	- Nurse?	33%	50%
	- Dentist?	6%	6%
	- Mental health workers?	20%	13%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	13%	22%
	- Nurse?	50%	50%
	- Dentist?	6%	22%
	- Mental health workers?	13%	22%
11.3	Do you have any mental health problems?	19%	49%
	For those who have mental health problems:		
11.4	Have you been helped with your mental health problems in this prison?	33%	28%
11.5	Do you think the overall quality of the health services here is very / quite good?	19%	31%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	13%	39%
	For those who have a disability:		
12.2	Are you getting the support you need?	50%	15%
12.3	Have you been on an ACCT in this prison?	7%	12%
	For those who have been on an ACCT:		
12.4	Did you feel cared for by staff?	100%	40%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	20%	31%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	6%	19%
	For those who had / have an alcohol problem:		
13.2	Have you been helped with your alcohol problem in this prison?	100%	57%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	19%	32%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	6%	13%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	0%	8%
	For those who had / have a drug problem:		
13.6	Have you been helped with your drug problem in this prison?	75%	69%
13.7	Is it very / quite easy to get illicit drugs in this prison?	38%	50%
13.8	Is it very / quite easy to get alcohol in this prison?	6%	24%

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Blue shading shows results that are significantly more negative than the comparator

Orange shading shows significant differences in demographics and background information

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	Induction wing (G South)	Rest of the establishment
Number of completed questionnaires returned	17	151

SAFETY			
14.1	Have you ever felt unsafe here?	38%	46%
14.2	Do you feel unsafe now?	13%	25%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	18%	30%
	- Threats or intimidation?	18%	26%
	- Physical assault?	18%	13%
	- Sexual assault?	6%	2%
	- Theft of canteen or property?	18%	17%
	- Other bullying / victimisation?	12%	17%
	- Not experienced any of these from prisoners here	82%	61%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	23%	26%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	19%	37%
	- Threats or intimidation?	19%	31%
	- Physical assault?	13%	17%
	- Sexual assault?	6%	2%
	- Theft of canteen or property?	19%	11%
	- Other bullying / victimisation?	25%	18%
	- Not experienced any of these from staff here	69%	54%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	43%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	41%	44%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	25%	37%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	13%	12%
	For those who have been restrained in the last 6 months:		
15.4	Did anyone come and talk to you about it afterwards?	0%	19%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	15%
	For those who have spent one or more nights in the segregation unit in the last 6 months:		
15.6	Were you treated well by segregation staff?		38%
	Could you shower every day?		55%
	Could you go outside for exercise every day?		52%
	Could you use the phone every day (if you had credit)?		55%

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	Induction wing (G South)	Rest of the establishment
Number of completed questionnaires returned	17	151

EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	71%	74%
	- Vocational or skills training?	53%	46%
	- Prison job?	56%	44%
	- Voluntary work outside of the prison?	7%	7%
	- Paid work outside of the prison?	7%	8%
16.2	In this prison, have you done the following activities:		
	- Education?	81%	84%
	- Vocational or skills training?	71%	73%
	- Prison job?	80%	76%
	- Voluntary work outside of the prison?	29%	41%
	- Paid work outside of the prison?	29%	40%
	For those who have done the following activities, do you think they will help you on release:		
	- Education?	39%	60%
	- Vocational or skills training?	70%	68%
	- Prison job?	33%	42%
	- Voluntary work outside of the prison?	25%	55%
	- Paid work outside of the prison?	25%	60%
16.3	Do staff encourage you to attend education, training or work?	57%	66%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	38%	47%
	For those who have a custody plan:		
17.2	Do you understand what you need to do to achieve your objectives or targets?	100%	86%
17.3	Are staff helping you to achieve your objectives or targets?	50%	57%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	25%	51%
	- Other programmes?	25%	48%
	- One to one work?	25%	36%
	- Been on a specialist unit?	25%	19%
	- ROTL - day or overnight release?	25%	25%
	For those who have done the following, did they help you to achieve your objectives or targets:		
	- Offending behaviour programmes?	0%	87%
	- Other programmes?	0%	86%
	- One to one work?	0%	74%
	- Being on a specialist unit?	0%	60%
	- ROTL - day or overnight release?	0%	71%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	50%	32%
	For those who expect to be released in the next 3 months:		
18.2	Is this prison very / quite near to your home area or intended release address?	13%	40%
18.3	Is anybody helping you to prepare for your release?	50%	65%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	88%	68%
	- Getting employment?	88%	56%
	- Setting up education or training?	63%	40%
	- Arranging benefits?	88%	69%
	- Sorting out finances?	63%	50%
	- Support for drug or alcohol problems?	57%	49%
	- Health / mental Health support?	43%	63%
	- Social care support?	43%	37%
	- Getting back in touch with family or friends?	14%	35%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	29%	60%
	- Getting employment?	0%	17%
	- Setting up education or training?	20%	19%
	- Arranging benefits?	43%	21%
	- Sorting out finances?	40%	40%
	- Support for drug or alcohol problems?	75%	60%
	- Health / mental Health support?	67%	37%
	- Social care support?	33%	33%
	- Getting back in touch with family or friends?	100%	27%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	47%	50%



HM Inspectorate of Prisons is a member of the UK's National Preventive Mechanism, a group of organisations which independently monitor all places of detention to meet the requirements of international human rights law.

