

Report on an announced inspection of

HMP & YOI Nottingham

by HM Chief Inspector of Prisons

11–12 December 2017 &

8–11 January 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 Nottingham, a local prison holding just over 1,000 adult and young adult prisoners, was inspected in early January 2018, our third such inspection since 2014. In contrast to our usual practice of arriving unannounced, this inspection and indeed the previous one in 2016 were both announced well in advance. Notice of an impending inspection provides a useful opportunity for a prison to focus on improvement or the completion of earlier recommendations. It was, therefore, extraordinary that over the course of these three inspections the prison had consistently failed to achieve standards that were sufficient in any of our four tests of a healthy prison. Most concerning of all was that at all three inspections we judged outcomes in safety to be poor, our lowest assessment, and at this inspection we found that only two out of 13 recommendations made in 2016 in the area of safety had been fully achieved. We can recall only one other occasion when we have judged safety in a prison to be poor following three consecutive inspections.

This persistent and fundamental lack of safety, taken together with an overall lack of improvement from previous poor inspections, caused me on 17 January 2018 to write to the Secretary of State for Justice (see Appendix IV) and for the first time invoke the new urgent notification protocol.¹ This letter set out, publicly, our significant concerns regarding the treatment and conditions for prisoners in Nottingham. The protocol requires the Secretary of State to respond publicly within 28 days, setting out how outcomes will be improved in both the immediate and longer term. The Secretary of State wrote to me on 12 February 2018 and his action plan was published on the same day (see Appendix IV).

As I set out in my letter of 17 January, our findings at Nottingham in recent years tell a story of dramatic decline. I also referred to the seeming intractability of problems at this prison. A concern, and sadly no surprise to me, was the very poor response by the prison to the recommendations we made in 2016. The details and consequences of this failing are referred to and evidenced throughout this report.

This prison will not become fit for purpose until it is made safe. It was clear from our evidence that many prisoners at Nottingham did not feel safe. In our survey, 40% told us they felt unsafe on their first night, 67% that they had felt unsafe at some point during their stay in Nottingham and 35% told us they felt unsafe at the time we asked them, during the inspection itself. Well over half of respondents reported bullying or victimisation in one form or another. Reported violence had not reduced since our last visit and remained high; there had, for example, been 103 assaults against staff in the preceding six months and there were numerous further reported acts of violence and poor behaviour, all of which contributed to what we considered to be an atmosphere of tension and unpredictability around the prison. Use of force had increased considerably since 2016 with, for example, nearly 500 incidents in the six months before we inspected, yet governance and supervision of such interventions were weak. The prison had been supplied with body-worn video cameras, which should have been a great support to staff, and yet because of a series of practical and administrative reasons that needed to be gripped and dealt with by managers, they were not being used.

We do not claim that the prison had been completely inactive in the face of these challenges. A new violence reduction strategy had been prepared in late 2017, there was some improved information gathering and the introduction of a key worker arrangement on E wing was showing some encouraging early signs. However, this work was fitful and had yet to have an impact.

¹ The urgent notification protocol with the Ministry of Justice states that if, during the inspection of prisons, young offender institutions and secure training centres, HM Chief Inspector of Prisons (HMCIP) identifies significant concerns regarding the treatment and conditions of those detained, HMCIP will write to the Secretary of State within seven calendar days of the end of the inspection, providing notification of and reasons for those concerns. The Secretary of State must then publish an action plan within 28 days. The protocol and the HMP & YOI Nottingham urgent notification letter can be found here: <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/urgent-notifications/>

The prison needed to do much more to tackle the problem of drugs which, as always, was inextricably linked to violence. Again, the prison had not been completely inactive and had a drug supply reduction policy, but it was not embedded and was not effective. Well over half of prisoners told us drugs were easily available and 15% indicated they had acquired a drug problem since entering the prison. Drug-testing data showed a level of positive testing at 14.2% of those tested, rising to nearly 33% when new psychoactive substances (NPS) were included. However, testing procedures were, in our view, ineffective, which could have masked an even worse problem.

Not surprisingly, in a prison which could be defined by the prevalence of drugs and violence, the level of suicide and self-harm was both tragic and appalling. Since our previous visit, eight prisoners had taken their own lives, with four of these tragedies occurring over a four-week period during the autumn of 2017. Just a few short weeks after this inspection, a ninth prisoner was believed to have taken his own life. We were concerned that some repeated criticisms related to these deaths made by the Prisons and Probation Ombudsman (PPO) had not been adequately addressed. For example, cell call bells were still not being answered promptly. Levels of self-harm were far too high with 344 occurrences recorded in the six months leading up to this inspection. Almost a third of prisoners told us they had been the subject of assessment, care in custody and teamwork (ACCT) case management at the prison, but only 38% of these felt cared for by staff. We encourage and support the initiatives that had been started by the prison to try to drive improvement, but it was clear that any such improvement was yet to take hold.

Throughout this report, we have acknowledged where positive work was taking place in HMP & YOI Nottingham. The increase in staff numbers over recent months was an example of this, as was the fact that health care was reasonably good, and there were plans to improve mental health provision. There had been some useful work to bring more predictability to daily routines and increase the amount of activity on offer. There were also some creditable efforts to prepare men for release, which were being delivered by an effective community rehabilitation company. This progress is fully recognised but, at the same time, our colleagues in Ofsted judged that the overall effectiveness of learning and skills provision 'requires improvement', and there were significant weaknesses in offender management and sentence planning.

Underpinning several of the problems within the prison was the inexperience of many staff and middle managers. We were told that about half of wing-based staff were within their first year of service. Our findings suggested prisoners held little animosity toward the staff body and we observed officers trying to be helpful and doing their best. However, too many staff were passive, lacked confidence in dealing with issues or in confronting poor behaviour, and prisoners did not yet see them as reliable or able to deal with the many daily frustrations they faced. It was clear to us that an urgent priority should be the creation of structures and initiatives that would ensure staff had the support and mentoring they needed to develop their effectiveness.

We were given assurances that the governor and his team had a grasp on the problems which they faced and I am hopeful that the urgent notification procedure I have invoked will galvanise Her Majesty's Prison and Probation Service (HMPPS) to provide the support the prison needs to make it an acceptable environment in which to hold prisoners. If this is to happen, there will need to be levels of supervision, support and accountability that have been absent in the past. The action plan drawn up in response to the urgent notification promises much that is welcome in terms of review, audit and analysis. However, this must all be translated into tangible action to improve the day-to-day experience, safety and well-being of prisoners. Unless this happens, I fear that progress will be neither substantial nor sustainable. In our report we have not sought to burden the prison with an excessive number of detailed recommendations, and would emphasise our eight main recommendations at the front of this report. These prioritise safety, including violence reduction, use of force, drugs and safeguarding issues. We look for improved support for inexperienced staff and managers, and better communication with prisoners, a far better regime and more attention to offender management.

To conclude, this was yet again a very poor inspection at Nottingham that left me with no alternative but to bring matters directly to the attention of the Secretary of State by invoking the urgent

notification procedure. The record of failure, as set out in this report, cannot be allowed to continue. For too long prisoners have been held in a dangerous, disrespectful, drug-ridden jail. My fear, which may prove to be unfounded, is that some could face it no longer and took their own lives.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

March 2018

Fact page

Task of the establishment

A category B local resettlement prison for men and young adult men.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 964 on 5 January 2018

Certified normal capacity: 718

Operational capacity: 1060

Notable features from this inspection

The prison remained unsafe, which had been the case after the previous two inspections.

It was the first prison to be referred to the Secretary of State for Justice under the urgent notification process.

Eight men had committed suicide since our inspection in February 2016.

48% of prisoners had identified mental health needs.

20% of prisoners were receiving opiate substitution treatment.

We were told that 54% of prison officers were in their probationary year and 60% had less than two years' service.

Officers had used force on 491 occasions in the previous six months.

Incidents of all types, including self-harm, were much more frequent than we would expect.

Almost all regime activities had been suspended between October 2016 and May 2017.

Prison status and key providers

Public

Physical and mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse provider: Nottinghamshire Healthcare NHS Foundation Trust

Learning and skills provider: Milton Keynes College

Community rehabilitation company (CRC): Derbyshire, Nottinghamshire, Leicestershire and Rutland

CRC owned by the Reducing Reoffending Partnership

Escort contractor: GEOAmev

Region

North Midlands

Brief history

HMP & YO1 Nottingham opened in 1890, but all that remains of the original Victorian buildings, which were demolished in 2008, is the gate lodge and part of the wall. The new prison opened in February 2010 and serves local courts in Derbyshire and Nottinghamshire.

Short description of residential units

A wing – integrated drug treatment system

B wing – general population

C wing – general population

D wing – first night centre, induction and men separated for their own protection

E wing – general population and key worker wing

F wing – general population

G wing – offence-related vulnerable prisoners

Name of governor and date in post

Tom Wheatley (June 2016)

Independent Monitoring Board chair

Keith Jamieson

Date of last inspection

February 2016

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

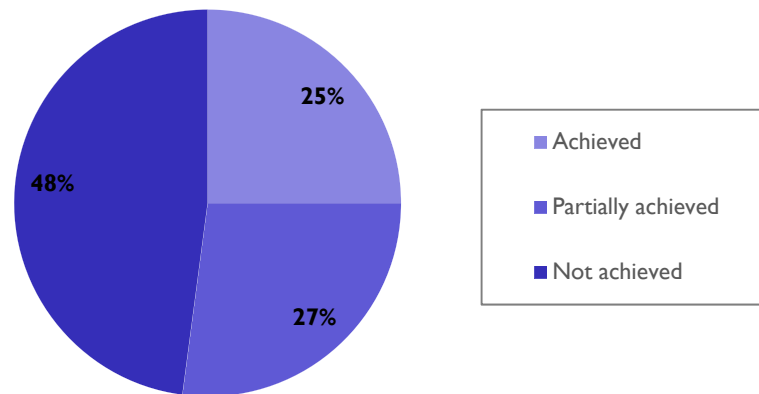
² <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

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

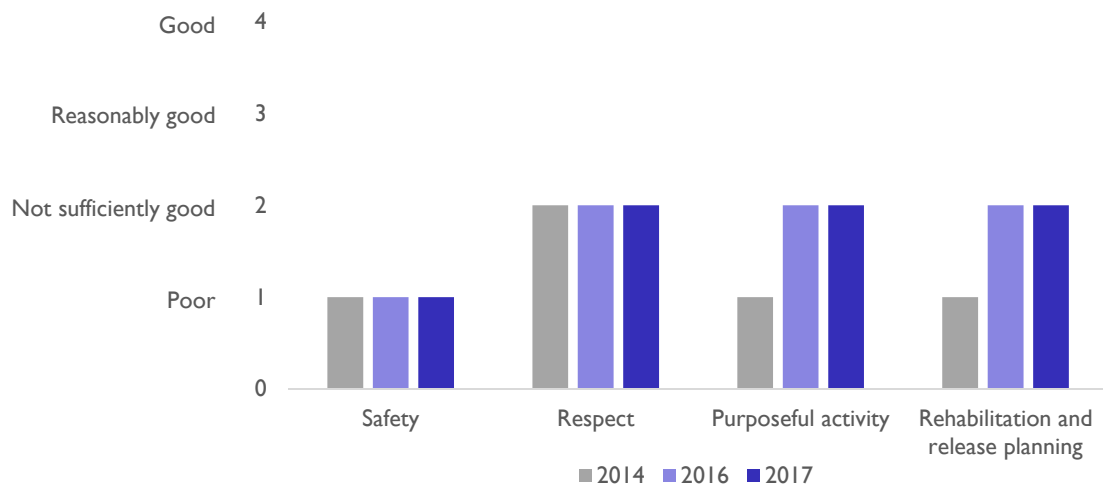
- S1 We last inspected HMP & YOI Nottingham in 2016 and made 48 recommendations overall. The prison fully accepted 31 of the recommendations and partially (or subject to resources) accepted 12. It rejected five of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 12 of those recommendations, partially achieved 13 recommendations and not achieved 23 recommendations.

Figure 1: HMP & YOI Nottingham 2018 progress on recommendations from last inspection (n=48)



- S3 Since our last inspection in 2016, outcomes for prisoners stayed the same in all healthy prison areas. Outcomes were not sufficiently good in each healthy prison area, except for safety where outcomes were poor. However, since 2014, there had only been limited improvements in purposeful activity and rehabilitation and release planning, which had both been poor. In safety and respect, there had been no change since 2014.

Figure 2: HMP & YOI Nottingham healthy prison outcomes 2014, 2016 and 2018⁴



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

S4 *The prison needed to do more to ensure prisoners had support during their early days, including an initial needs and risk assessment in private on the day of arrival. The experience of vulnerable men on D wing (the first night centre) was poor. The prison was still not safe. Levels of violence remained very high and not enough had been done to address the causes. Work had been undertaken to reduce the backlog of adjudications. Use of force was high and its management was poor. Efforts were being made to reintegrate segregated prisoners into the mainstream prison. Some responses to security intelligence were delayed or there was no response at all. While it was positive that efforts were made to prioritise the most important intelligence received for action, where reports had not been analysed there was no evidence that any required action had been taken or concerns addressed. The positive drug testing rate was high and in our survey over half of prisoners said it was easy to get drugs. There had been eight self-inflicted deaths in the previous two years, and significant external criticisms of the care provided to some of these prisoners. Work was ongoing to address these concerns but it was not yet embedded. **Outcomes for prisoners were poor against this healthy prison test.***

S5 *At the last inspection in February 2016 we found that outcomes for prisoners in Nottingham were poor against this healthy prison test. We made 13 recommendations in the area of safety.⁵ At this inspection we found that two of the recommendations had been achieved, three had been partially achieved and eight had not been achieved.*

S6 With over 100 prisoners arriving every week, the reception was busy. All prisoners were still routinely strip-searched on arrival. The reception environment was unwelcoming and prisoners who were waiting had little to keep them occupied. Procedures were slow but prisoners we spoke to were reasonably positive about how staff treated them. It was positive that Signpost orderlies (peer workers who directed prisoners to assistance and provided support) from the first night unit (D wing) worked in reception and offered good support. Arrangements on D wing were reasonable, but we were concerned that other than for health care issues, assessments of needs and risks undertaken on the first night were not carried out in private, even for prisoners in custody for the first time. In our full survey, 40% of prisoners said they did not feel safe on their first night. Vulnerable prisoners' experiences were poor. Induction arrangements were reasonable.

S7 The prison was not safe. In our survey, 67% of men said they had felt unsafe at some time, and 35% said they felt unsafe at the time of the survey. In our full survey, only 45% said they had not been bullied or victimised by other prisoners.

S8 Levels of violence were high, which was similar to our previous inspection. The rate of assaults against staff was a particular concern. Levels of general disorder were similarly high. Violent incidents were not investigated consistently or well enough and body-worn cameras were not being used. There were still no interventions to address the underlying reasons for poor behaviour and violence among prisoners. A new violence reduction strategy had been launched, but it had not been implemented.

S9 The number of adjudications was high. The evidence presented for many charges was poor, and some issues could have been dealt with more effectively using the incentives and earned privileges (IEP) scheme. Proactive work had been undertaken to reduce the backlog in adjudications, but it was still significant. Governance arrangements were becoming more robust.

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

- S10 Force was used frequently and governance was weak. In many cases staff had not completed use of force reports and when reports were completed they were often poor. Many prisoners told us about incidents in which they felt force was either unjustified or excessive. The database of incidents was not reliable and video footage was not reviewed systematically. The prison could not assure us that force was always used as a last resort or proportionately. We were not confident that a nurse was always present during planned use of force incidents.
- S11 The segregation unit had been freshly painted and was now presentable, although the exercise yards were stark. Prisoners received a daily visit from the governor and nurse and had one hour's exercise, but could only shower every other day. Individual men now received some useful multidisciplinary support from mental health, psychology and education staff. Progression management plans were in place for those who needed them, and some were very good.
- S12 Security, escort risk assessments and handcuffing arrangements were broadly proportionate. The flow of intelligence was good. However, the system for processing and analysing data was not robust enough. Intelligence reports were not dealt with systematically and there was an unacceptably large backlog. Local corruption prevention measures were effective and robust action had been taken to address staff misconduct. The prison had developed a drug supply reduction policy, but it was not being implemented effectively. In our survey, 57% of prisoners said it was easy to get illegal drugs. The average random mandatory drug testing positive rate was above the prison's target at around 14%, and 32% when synthetic cannabinoids⁶ were included. The mandatory drug testing (MDT) process was ineffective. Target searches were often carried out too long after the intelligence had been received and there had been no suspicion testing.
- S13 The number of self-harm incidents was high. The number of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was also high. In our survey, almost a third of prisoners said they had been subject to ACCT procedures, but of those who had, less than 40% said they felt cared for by staff. It was evident that many staff during the inspection were keen to make a difference to prisoners and managers were trying to drive change. However, it was too early to evaluate some of the initiatives in full because they had only recently been introduced. ACCT casework we reviewed was variable. Procedures were, in most cases, followed appropriately, but there was relatively little evidence that prisoners were being engaged. Some prisoners continued to confirm this view, although others were positive about staff's support. The self-inflicted deaths of eight men since our last inspection had raised some significant concerns – voiced by bodies such as the Prisons and Probation Ombudsman (PPO) – about procedures and practices at the prison, including delays in responding to cell call bells.
- S14 Particularly vulnerable men were generally identified well and arrangements regarding safeguarding appeared appropriate. Weekly safeguarding meetings ensured appropriate plans supported prisoners' progression. Prisoners who were isolating themselves were also identified and, where appropriate, managed through the safeguarding meeting. Although the process was relatively new, the support plans we saw appeared appropriate.

⁶ Synthetic cannabinoids are 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.

Respect

S15 *Staff-prisoner interactions were generally friendly, but many officers were inexperienced and lacked the confidence or skills to challenge poor behaviour effectively. A concerted effort had been made to ensure communal areas were clean and decent, and progress needed to be maintained. Many cells remained poor and slow responses to cell bells posed a risk. Prisoners were frustrated about many everyday issues, and communication with them needed to improve. Their frustrations were likely to have explained the large number of complaints. Support for men with protected characteristics was underdeveloped. Faith provision was strong. Health care was reasonably good overall and plans to develop it further were encouraging. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S16 *At the last inspection in February 2016 we found that outcomes for prisoners in Nottingham were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of respect. At this inspection we found that five of the recommendations had been achieved, six had been partially achieved and seven had not been achieved.*

S17 We observed staff dealing with prisoners in a friendly manner often in difficult circumstances, but, unusually, surnames were still used routinely. Too many relationships seemed fragile or superficial and it was not always evident that prisoners' unacceptable behaviour was being challenged. A large proportion of new operational staff lacked experience and prison knowledge. We were told that more than half of staff had less than one year's experience, and this appeared to limit their effectiveness, although it also presented the prison with the opportunity to develop a more enabling staff culture. The introduction of the key worker initiative on E wing (in which prisoners were allocated a named officer) was promising and there was some early evidence that prisoners benefited from it. It was encouraging to see increasingly good use being made of Signpost orderlies, although they required better supervision and support.

S18 Efforts had been made to improve the cleanliness and condition of communal areas, but many cells were unacceptable. The focus on providing decent standards needed to be redoubled. Not all prisoners could have a shower every day. Delays in responding to cell bells were unacceptable and in some cases compromised safety. The risks were exacerbated by the large number of observation panels on A and B wing that were blocked, including in cells where men were on an ACCT. We found no evidence of offensive displays.

S19 Prisoners were negative about the quality of food and complained about portion sizes. Some prisoners could eat together, but meals continued to be served too early. There was scope for microwave ovens and toasters to be introduced in some of the more stable residential areas. Shop arrangements were in line with the national prison contract, but black and minority ethnic and Muslim men were particularly negative about what was on sale.

S20 Arrangements for consulting prisoners were in the early stages of development and had not yet made any significant impact. The application system did not work efficiently and prisoners were frustrated about not being able to get things done. A review had identified a number of weaknesses and made useful recommendations about how the process could be improved. Although the number of complaints had declined since our last inspection, it was still high. Many of the issues raised could have been addressed through consultation and the application system, if they had been more effective. The complaints we examined were dealt with promptly and replies were appropriate. Legal services support was underdeveloped.

S21 The strategic management of equality and diversity had not progressed with sufficient rigour and suffered from being jointly managed with safer custody. There was little coordinated

work with specific protected characteristic groups. Investigations of discrimination incidents were reasonable, but they sometimes took too long, and discrimination incident reporting forms were not freely available to all prisoners.

- S22 Consultation with some prisoners from protected characteristic groups had recently started but did not cover all groups or result in tangible action when necessary. The prison's large number of foreign national prisoners required more support and telephone interpretation was underused. Personal emergency evacuation planning was not well managed. Men with physical disabilities received some good support. Some supportive work had been undertaken with the small number of transgender prisoners. Faith provision was good. The chaplaincy provided a good range of services and had useful links with community faith groups.
- S23 Leadership of health care was good at all levels and was supported by a wide range of clinical expertise. Governance was good overall. Health promotion was good and included the distribution of a monthly patient newsletter. Initial health screening on arrival was thorough and focused on risks, but the lack of a follow up was potentially problematic. Prisoners had reasonable access to nurses and GPs for routine issues.
- S24 Social care needs were identified well, and responsive and effective provision was offered. Despite high levels of need, mental health services were good. Funding had been approved to enhance the range of therapeutic interventions and provide a seven-day service. Some waiting times for hospital beds were too long.
- S25 The new prison drug strategy and dedicated monthly meeting were reasonably good, but overall the drug strategy had not been sufficiently embedded. Prisoners undergoing substance use stabilisation were now appropriately monitored overnight and during the day, but the environment remained unsuitable. Clinical treatment remained reasonably good, but prescriber-led reviews were still insufficiently systematic. Staff shortages meant that psychosocial provision focused on crisis and risk management to ensure prisoners were safe, but there were too few interventions.
- S26 Medicines management was reasonable, although not all men had up-to-date in-possession risk assessments and officers' supervision of drug administration was mixed. Dental services were good.

Purposeful activity

S27 *Time out of cell was insufficient, but the daily routine was at least now predictable. Some innovative provision was available through the library. There were good physical education facilities, but access to them was limited. Ofsted rated education, skills and work activities as requiring improvement overall. Progress had stalled after the last inspection, but there were signs of more recent improvements. A reasonable and developing range of provision was offered, and most men could at least participate in part-time activities. Nevertheless, allocations to activities and attendance needed to improve. The National Careers Service (NCS) provision was insufficient. Behaviour we observed in activities was generally good. Men achieved well if they stayed on courses. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S28 *At the last inspection in February 2016 we found that outcomes for prisoners in Nottingham were not sufficiently good against this healthy prison test. We made seven recommendations in the area of purposeful activity. At this inspection we found that two of the recommendations had been achieved, two had been partially achieved and three had not been achieved.*

S29 We saw wings that were routinely locked up to cope with a variety of incidents. Most men had between five and six hours out of their cell every day. Full-time workers and men on the enhanced IEP level also had evening association for 90 minutes twice a week. However, around 150 unemployed, retired or vulnerable men on D wing had no more than 2.5 hours out of their cell every day. The regime was more predictable than it had been for much of 2017. The library provided a good service, which included innovative outreach on wings. Physical education facilities were good, but they were not well used. In our survey, only 20% of prisoners said they went to the gym twice a week or more. There were no accredited courses.

S30 Managers had successfully reopened all education, work and training areas after the interruption caused by regime restrictions in 2017. Prison managers and education staff worked well together to improve the education and training provision, and course success rates had continued to rise. Allocations to activities were ineffective – a minority of education places were unused and workshop places were over-allocated. The process for ensuring men attended education, training and work needed to be improved. The prison training needs analysis made too little use of available information and data to help managers plan improvements. Self-assessment provided a fair and accurate reflection of the quality of the provision, but it could have been better supported with more analysis of information. Managers had also introduced a broader range of vocational training subjects, including some at higher levels.

S31 Education business courses included personal finance and budget management. The community rehabilitation company (CRC) did not adequately monitor prisoners' resettlement outcomes. Very little use was made of the virtual campus (internet access for prisoners to community education, training and employment opportunities).

S32 The NCS did not see all new arrivals. A number of prisoners were in education, training or work without a skills action plan. A small number of prisoners had no skills action plan prior to their transfer or release. Contract targets were being met, but the provision was insufficient to meet the needs of all prisoners. The NCS contract was due to be discontinued at the end of March 2018, but there was no strategy to introduce an alternative service.

S33 Education and vocational training provision were good, characterised by well-planned lessons that involved mixed ability groups of prisoners. Learning support assistants were used effectively. Coaching in workshops by instructors and prisoner peers supported men to

develop useful employment and personal skills. The use of skills development awards in prison workshops motivated prisoners to develop a good work ethic. However, records detailing prisoners' employment-related skills were limited. Teaching staff provided effective support for prisoners in education who declared an additional learning support need; however, it was insufficient for those in vocational training. English and maths needed to be better integrated in some industrial areas. The prison's education induction did not provide prisoners with enough information to enable them to select the most appropriate courses to meet their needs.

- S34 Behaviour we observed in education and workshops was good, including when prisoners from the main population worked alongside vulnerable prisoners in the bistro (the staff café). Prisoners told us they felt safe during activities. Most prisoners again demonstrated a good work ethic and other employment-related skills. Attendance in a small number of education classes and in all workshops, was too low and punctuality in textile workshops needed to improve.
- S35 Success rates for prisoners who completed courses were high, but too many men left before completing the course. Success rates in English and maths had risen over the previous two years and were high. Prisoners produced high standards of practical and written work. Learners in vocational training worked to good commercial standards. Most of those in education and vocational training made good progress.

Rehabilitation and release planning

S36 *Children and families work was reasonable. Offender management work for high risk cases was reasonable but inadequate for low and medium risk men. The prison had made the decision not to complete offender assessment system (OASys) reports for lower risk men, even when they were required. This represented a significant omission of core offender management work. Problems with home detention curfew (HDC) processes were being addressed. Public protection arrangements were robust. Preparation for release and 'through-the-gate' work was generally good, but many men still left without sustainable accommodation. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S37 *At the last inspection in February 2016 we found that outcomes for prisoners in Nottingham were not sufficiently good against this healthy prison test. We made 10 recommendations in the area of resettlement.⁷ At this inspection we found that three of the recommendations had been achieved, two had been partially achieved and five had not been achieved.*

- S38 The visitors' centre continued to provide useful support and information for visitors but recent cuts in funding to the organisation that ran it had had an adverse effect. There were now delays in booking visits. The facilities were reasonable and the introduction of a dedicated visits manager had improved the way visits were organised. Sessions still did not always start promptly, but extra time was offered at the end. The number of family days had been increased and they were now open to all prisoners. Despite problems, prisoners appreciated having phones installed in their cells.
- S39 There was a comprehensive reducing reoffending strategy and good cooperation and coordination between different agencies working in the prison. Offender management work was reactive and focused on key dates in men's sentence, and contact between most men

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.

and their offender supervisors was inadequate. Work with high risk men was reasonable. In the cases we reviewed, risks had been identified and assessed correctly, but many sentence plans were too generic. Medium and low risk men received very little input from the offender management unit and in most cases, did not have risk management or sentence plans.

- S40 Categorisation decisions were timely, but reviews were not detailed and did not show evidence of a reduction in risks. HDC decisions were appropriate, but many were delayed and too many men were released after their eligibility date. Twelve and a half percent of men in the population had been recalled and recent advice sessions were welcome.
- S41 Public protection work was strong. Processes for identifying public protection risks were well developed and embedded. Identified risks were reviewed regularly and effectively. Communication and information-sharing with agencies inside and outside the prison were good.
- S42 Potential lifers were identified on remand, but the prison did not have the resources to support work for the increasing number of those on an indeterminate sentence.
- S43 Several short courses supporting rehabilitation and personal development were available. There were insufficient offending behaviour interventions for men staying longer at the prison. Despite housing advisers' efforts, at least a quarter of men were released with no fixed accommodation. Finance benefit and debt work was strong and prisoners had good access to a benefits adviser, debt advice and money management courses. They also received help with bank accounts.
- S44 The CRC was well embedded. Its service was accessible and better than we often see. All men were interviewed and had their needs identified, resettlement plans were good and action was followed up effectively. Practical arrangements for release were good and included a final check of men's resettlement plans.

Main concerns and recommendations

- S45 Concern: Levels of violence and disorder, some of which were serious, remained excessive. Tensions on some wings were running high and prisoners' frustrations and insecurities were evident.

Recommendation: The prison should ensure the response to violence and disorder is evidence-based, coordinated and effective, addressing both the causes and effects of the problems. There should be measurable reductions in violent incidents and measurable improvements in prisoner perceptions of safety.

- S46 Concern: Use of force was high, and governance weak. Not all use of force paperwork was being completed, which did not assure us that force was always used proportionately or as a last resort. CCTV of planned interventions was not routinely reviewed to ensure lessons could be learned, body-worn video cameras were not being used and we were not confident that nurses were always present at planned interventions or saw all prisoners after force had been used.

Recommendation: Managers should ensure that force is used proportionately. They should also promote the routine use of de-escalation techniques and reduce the frequency with which force is needed or used at the prison.

S47 Concern: The prison drug supply reduction policy was not embedded or effective. Prisoners told us that drugs were too easily available, and 15% of respondents to our survey said they had developed a problem with drugs since arriving at the prison. The combined random MDT and synthetic cannabinoids positive test rate was high. MDT and suspicion testing processes were ineffective.

Recommendation: Managers should take a strategic approach to reducing the supply of, and demand for, drugs at the prison, including ensuring testing arrangements are effective and timely.

S48 Concern: Levels of self-harm were high, and there had been eight self-inflicted deaths since the last inspection. The prison had been subject to external criticism about poor practice in the care and management of the men affected. Prisoners did not have a private interview to identify vulnerabilities on arrival, the quality of ACCT documents was variable, delays in staff responding to cell call bells were unacceptable and cell observation windows were blocked. In addition, those on open ACCTs did not feel well cared for and PPO recommendations were either still outstanding or not implemented in full. Managers had started to address some of these issues, but processes were not embedded.

Recommendation: The prison should ensure that prisoners at risk of self-harm are identified promptly and that a care plan is developed and adhered to. Prisoners at risk should be supported and feel cared for. Staff working practices should support prisoner safety.

S49 Concern: We were told that more than half of wing-based staff had less than one year's experience. Several managers had been promoted temporarily to their roles, including some senior officers, custodial managers and governors. Therefore, many of them lacked experience in the role they were undertaking and needed support and mentoring. Some new wing staff lacked the confidence and experience they needed to challenge inappropriate behaviour and ensure conditions were decent. Managers failed to tackle the problem.

Recommendation: HM Prison and Probation Service and the governor should ensure new and inexperienced staff and managers receive the mentoring and support they require to discharge their duties effectively.

S50 Concern: Prisoners were frustrated about their inability to resolve everyday issues, which lay behind many incidents. The applications process did not work effectively, and a large number of complaints were made. Consultation arrangements with prisoners needed to improve and include work with specific protected characteristic groups.

Recommendation: Consultation with prisoners should be structured, routine and meaningful and the applications process responsive.

S51 Concern: Activity allocation processes were ineffective and did not ensure all available opportunities were being used. Attendance and punctuality at activities was not good enough.

Recommendation: Allocations to activities, attendance and punctuality should be improved.

S52 Concern: Offender management support for low and medium risk men was poor, and most left the prison without an OASys being completed. This failure meant some core offender management work was not being delivered.

Recommendation: Low and medium risk prisoners should be subject to effective offender management, and have an OASys report and sentence plan completed before they are moved to a training prison.

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.

- I.1 The prison received an average of 107 men a week over the previous six months. Men arriving from court had relatively short journeys. Prisoners we spoke to said escort staff treated them appropriately and vans we saw were maintained to a reasonable standard.
- I.2 Men were not routinely handcuffed leaving vehicles, but they continued to be strip-searched routinely, even if they were being transferred from another establishment, which was inappropriate. Paperwork such as person escort records (PERs) from escort staff was reasonable and we saw staff carry out effective handovers for men identified as being at risk of self-harm.
- I.3 The reception was unwelcoming and men had little to keep them occupied while waiting in holding rooms. Staff managed prisoners we saw going through the reception process reasonably well, but it was slow and although prisoners we spoke to said staff treated them well, they found the long waits tedious and frustrating. We saw some prisoners wait over four hours from disembarkation from vans to arrival in the first night centre.
- I.4 New arrivals were offered food, a shower in reception and a phone call after seeing health care staff. They were also seen by peer advisers known as Signpost orderlies who could answer questions, direct them to sources of assistance and help put them at ease. Prisoners appreciated this contact.
- I.5 Vulnerable prisoners were managed separately but within the same facility. In our survey, however, responses suggested they were less likely than others to be offered a shower and a phone call on their first night.
- I.6 Many prisoners arrived at the prison late, often only getting to the first night and induction unit (D wing) after 7pm and their management on the wings was perfunctory. Signpost orderlies spoke to prisoners, ensured they had bedding and clothing and gave them reception packs (containing items such as biscuits, sweets and orange juice), but there were few opportunities to reassure prisoners before they were locked up for the night. First night cells we saw were often grubby and insufficiently equipped. One prisoner we spoke to on the day after his arrival said he had not had a pillow on his first night. He had never been in custody before. In our full survey, 82% of prisoners said their first night cell was dirty or very dirty.
- I.7 We were concerned that throughout the reception and first night process, prisoners were only interviewed in private by health care staff. They were not seen in a confidential setting by other staff to find out if they had any concerns or worries or if there were any risks. In our survey, 94% of prisoners said they had problems when they first arrived, 50% said they felt depressed and a quarter suicidal (see recommendation S48).

- I.8** There was nothing on wing boards to indicate which prisoners were new or in custody for the first time. Unless a specific concern had been identified, night staff did not routinely check on new prisoners. In our full survey, 40% of prisoners said they did not feel safe on their first night at Nottingham. Newly arrived vulnerable prisoners were also accommodated on D wing, on the top landing. Only 36% of vulnerable prisoners said they felt safe on their first night.
- I.9** Induction began the day after arrival. It was largely led by Signpost orderlies and was reasonably well managed. Most prisoners completed their induction within three days before being transferred elsewhere in the prison.
- I.10** Overall vulnerable prisoners had a diminished experience. Their induction was undertaken on a one-to-one basis by one of two vulnerable prisoner Signpost orderlies, but in our survey only 56% compared with 85% of prisoners in the main prison said they had received an induction. Some vulnerable prisoners had been on D wing for over four months, waiting for a space on G wing, the main vulnerable prisoner unit (see also paragraphs 1.17 and 3.2).

Recommendation

- I.11** **The reception should be welcoming, prisoners should have something to do while they are waiting and they should be managed through induction promptly and efficiently.**

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

- I.12** The prison was not safe. In our survey, prisoners were more negative about safety than the comparator: 67% of prisoners said they had felt unsafe at some time and 35% said they felt unsafe at the time of our survey. In our full survey, only 45% said they had not experienced bullying or victimisation from other prisoners.
- I.13** Levels of violence remained very high and broadly similar to our previous inspection. The number of assaults on staff – 103 in the previous six months – was particularly worrying. Over the same period, there had also been 198 incidents in which prisoners had climbed onto the safety netting between landings and 305 incidents involving prisoners under the influence of drugs. This level of disorder contributed to a tense atmosphere at the prison.
- I.14** Many violent incidents, including serious ones, were not investigated at all, and others were poorly investigated. Of 61 incidents in December 2017, paperwork had only been received for 17 incidents (28%), which meant opportunities to identify patterns and trends and to learn lessons were missed. This lack of governance supported claims by many prisoners and some staff that inappropriate behaviour was not always robustly challenged. Despite the potential benefits of body-worn cameras in de-escalating and recording incidents, technical and management problems with the system meant they were not currently used and it was not clear when this longstanding issue would be resolved.

- I.15** The local incentives and earned privileges (IEP) policy had been reviewed, but changes had not had not yet been implemented. The basic regime was being used extensively to remove privileges from men who had been involved in a single serious incident. Around 11% of the population were on the basic regime and most remained there for 28 days. It was positive that these men now had sufficient time out of cell to demonstrate an improvement in behaviour, but we saw very little evidence of any meaningful target setting and there was no quality assurance process. Men on the enhanced regime benefited from evening association twice a week, but those who worked full time struggled to have a shower every day, which was demotivating (see also paragraph 2.7).
- I.16** There were still no interventions to help men reflect on or change negative behaviour. Support for victims often involved a change of location, but we did not see any formal support systems in operation unless men were referred to the safeguarding meeting. We found nine men isolating themselves on the wings, some of whom had a formal support plan.
- I.17** Men who were vulnerable because of their offence were held on G wing, but around 40 were held on D wing upper landings. Those on G wing had a reasonable regime, although they complained of verbal abuse from prisoners in the main prison. However, those on D wing had less access to time out of cell and activities compared with other prisoners (see also paragraph 3.4).
- I.18** The strategic response to these challenges since our previous inspection had not been sufficient, but there were now signs of progress. A new violence reduction strategy had been prepared in November 2017. It looked promising and there was early evidence of a change in approach. For example, there was now a weekly safety intervention meeting, a more user-friendly incident investigation process and a new database to make it easier to analyse data. Staff also produced a useful 'heat map' every week to show how many and what kind of incidents had occurred in each part of the prison. However, plans to introduce a 'challenge, support and intervention landing' for perpetrators of violence and to appoint violence reduction peer supporters needed further development (see main recommendation S45).

Adjudications

- I.19** The number of adjudications had risen sharply since our previous inspection and was high. Many issues could have been addressed through the IEP system. In addition, the evidence presented in some charges laid was poor. Staff had worked hard to reduce the backlog of remanded adjudications, but it was still significant.
- I.20** The segregation monitoring and review group (SMARG) had met every two months since August 2017 and its approach had become more effective with each meeting. This needed to continue to ensure adjudicators' practice was consistent and prisoners had a sufficient deterrent. Adjudicators received feedback individually and as a group about the quality of their work and about the type of punishments given. The adjudication tariffs had been reviewed in November 2017 and were broadly appropriate, but we noted that adjudicators were still relatively lenient, and sanctions were not always proportionate to the offence committed. There was a reluctance to use cellular confinement when it was merited because the segregation unit was too small.

Use of force

- I.21** The use of force had increased sharply since our previous inspection. There had been 491 incidents in the previous six months, which was very high. Around 85% of them were

spontaneous and 30% involved active control and restraint techniques. Batons had been drawn on at least 33 occasions and used at least seven times.

- I.22** Use of force meetings were held every two months, usually chaired by the deputy governor. The agenda was appropriate and the available data were useful, but overall, governance was weak. Too little time was spent reviewing either the paperwork or the video footage of incidents, which meant there was little opportunity to identify areas for improvement.
- I.23** Staff regularly failed to complete use of force paperwork. Of 195 use of force incidents in October and November 2017, only 85 supervisor reports had been submitted by mid-December 2017. We reviewed a sample of reports and found them to be poor. They had insufficient detail to assure us that force was used proportionately and as a last resort. Our concerns were heightened by prisoners' many allegations, which raised concerns that force was sometimes unjustified and excessive. We identified incidents in which batons had been drawn and used, but which had not been recorded on the prison's database. We were not confident that nurses were always present during planned use of force incidents or that they always saw men after spontaneous incidents (see paragraph 2.72). Forms reporting an injury to a prisoner were often missing.
- I.24** We reviewed video footage of planned incidents and saw staff failing to communicate sufficiently with men under restraint. This was also evident during the two incidents involving restraints that we witnessed during the inspection. We identified an officer employing poor practice, which we referred to the governor. Managers did not routinely review video footage, but some disciplinary investigations had taken place following prisoner complaints about use of force.
- I.25** The special cell in the segregation unit had been used on only two occasions in the previous six months. Paperwork lacked information about full searches and the clothing worn, but stays were not excessive. We identified an incident where a mattress had been removed from an ordinary cell for five hours but where relevant special cell paperwork had not been completed.

Segregation

- I.26** The segregation unit had only 13 beds and was almost always full. The cells had been freshly painted but some toilets remained stained. The showers were adequate, but the exercise yards were stark. Around half of prisoners were held for the good order of the prison and all stays were appropriately authorised. However, all prisoners were routinely strip-searched on arrival.
- I.27** Most men remained in segregation less than seven days, but there were some long stays. Between July and September 2017, five men spent longer than 42 days in segregation, mostly because they were waiting for a space in another establishment. In each case, the appropriate authority for long-term segregation was in place.
- I.28** In the previous six months, 16 men had been held in segregation on an open assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm. In each case the reasons for the decision were carefully recorded and, in the absence of any other suitable location at Nottingham, we judged them reasonable.
- I.29** At our previous inspection, too many men in segregation had enduring mental health needs and disturbed behaviour. This problem was no longer as acute, but some men had obvious complex needs. Staff now had management plans for the men, many of which had been developed in partnership with a dedicated mental health nurse who visited the unit every

day. Some staff had received mental health training and psychologists had helped staff understand and manage the behaviour of certain men. We also saw good reintegration plans to support men returning to the main prison.

- I.30 Prisoners received a daily visit from the governor and a nurse, access to a phone and an hour's exercise every day but could only shower every other day. There was no regular access to a gym, but the education department now worked with segregated prisoners to support in-cell learning and there was a small unit library.
- I.31 The SMARG considered some useful data but pressing concerns about adjudications tended to dominate discussions.

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 misuse and effective drug supply reduction measures are in place.

- I.32 Physical security arrangements were proportionate and aligned to the risks presented by the population. Restraints used during escorts for prisoners attending appointments outside the prison were justified by an individual risk assessment. However, PERs lacked sufficient detail about prisoners' risks and behaviour.
- I.33 The security team had carried out an up-to-date risk and control assessment and a current security strategy. However, representatives from key departments did not always attend monthly security meetings.
- I.34 The flow of intelligence into the security department was good and intelligence reports (IRs) were of a reasonable standard. In the six months prior to the inspection, 4,667 IRs had been submitted, which was higher than at the last inspection. During the inspection, there was a backlog of 258 IRs, the oldest dating back five weeks prior to the inspection. Where reports had not been analysed, there was no evidence that any required action had been taken or concerns addressed.
- I.35 We found some IRs that had taken too long to process, which a number also lacked sufficient evidence to show that action had been carried out. Although the security team had commissioned 122 target searches in the six months prior to our inspection only 43 had been undertaken. In addition, they were often carried out too long after the information had been received, and as a result did not yield positive results. In the few cases where searches were conducted within 24 hours of the intelligence being received, illicit items had been recovered.
- I.36 Links with the police were good and police intelligence officers worked well with the security team. Work to tackle staff corruption was very good. Prison managers worked effectively with the police when staff wrongdoing was suspected. There was no specific work relating to gangs, but interagency work to manage extremists was sound.
- I.37 Twelve prisoners were subject to closed visits, which were reviewed regularly. Closed visits were only used in response to visits-related activities.
- I.38 The prison needed to do more to tackle the problem with drugs. There was a supply reduction policy but it was not embedded or effective. Drugs were too easily available. In

our survey, 57% of prisoners said it was easy to get illicit drugs and 27% said it was easy to get alcohol. Fifteen percent of prisoners told us they had developed a problem with drugs since arriving at the prison. In the six months prior to our inspection, of those prisoners randomly tested for drugs the positive rate was 14.2%, rising to a high 32.6% when synthetic cannabinoids⁸ were included. However, the mandatory drug testing (MDT) process was ineffective and these figures might have underrepresented the real level of drug use within the prison. Due to staffing shortages, the prison had not achieved its random testing rates during the six months prior to the inspection. There had been no suspicion testing during this period.

- I.39** The MDT suite was unsuitable. It remained next to the treatment room of the drug support unit, which was inappropriate. The suite was too small and there was no sterile searching area. However, we were told that plans were in place to relocate the suite to a more suitable area in the prison.

Recommendations

- I.40** Intelligence reports should be processed quickly and all required action should be completed promptly to ensure the process is effective.
- I.41** The MDT suite should be relocated to an appropriate waiting, searching and testing environment. (Repeated recommendation I.37)

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

- I.42** There had been eight self-inflicted deaths at Nottingham since our last inspection. Four of them had occurred in a four-week period during September and October 2017. The prison had undertaken its own review of these deaths and identified many significant shortcomings in procedures and practices. An action plan outlining work that was required was in place and being reviewed regularly. The Prisons and Probation Ombudsman's office was undertaking its own investigations.
- I.43** Levels of self-harm at Nottingham were high and 344 incidents had taken place in the six months prior to our inspection, much more than we usually see and more than at our previous inspection. The number of ACCTs was also very high (791 had been opened in the same six-month period), more than previously. Considering the recent self-inflicted deaths, it was not surprising that the number of ACCTs was high. However, there was evidence that it was returning to levels similar to those recorded six months prior to the inspection.
- I.44** The safer custody team had recently introduced several initiatives to drive forward work in this area. They included: the reintroduction of quality assurance checks by members of the

⁸ Synthetic cannabinoids are 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.

senior management team; limiting cases to three per case manager to improve continuity for those subject to ACCTs; and the introduction of ACCT champions on each wing to improve interactions with prisoners subject to ACCT processes. A weekly safety information meeting was also set up to focus on violent and self-harming men.

- I.45** Although positive initiatives, they had not yet been embedded. Quality assurance still focused too much on process and insufficiently on working with prisoners at risk of self-harm, and ACCT case management still often lacked case manager continuity. Nevertheless, such initiatives were to be encouraged.
- I.46** The prison was also pushing for more case managers to be trained. In recent weeks, 11 managers had been trained in ACCT case management and 10 were scheduled to attend training by the end of February. Eleven managers were yet to be trained. Although further standard ACCT training was also being pursued, it was disappointing that, as at the last inspection, only approximately a third of staff had received the training.
- I.47** During our inspection, the number of men on an open ACCT ranged from 26 to 35 and 30% of prisoners in our survey said they had been subject to an ACCT at some time while at the prison. Our own review of ACCT procedures saw a considerable variation in standards. In most cases, procedures were followed and identified actions implemented. However, the level of recorded interactions with prisoners was low and, where they did take place, in many cases they were perfunctory. In our survey, of those prisoners who had been subject to an ACCT, only 38% said they felt cared for during that time. This was largely reflected in what prisoners told us during the inspection, although some prisoners were more positive about support from staff.
- I.48** We were particularly concerned that, despite the recent deaths, there continued to be delays in staff responding to cell bells. Several prisoners subject to the ACCT process also blocked their observation flaps so staff were less able to monitor them (see paragraph 2.8).
- I.49** There were 11 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) which appeared to be sufficient to meet prisoners' needs. Some Listeners complained that there were sometimes delays before men in crisis could get access to them. Although there were well-maintained Listener suites on all wings, we noticed that two of them were padlocked. Although it did not prevent access, it sent out the wrong message about how seriously the prison took the support offered.
- I.50** There were four constant observation cells at the prison: two on F wing and two on A wing. Eighteen prisoners had been subject to constant watch in the six months from June to November 2017. Most processes looked broadly appropriate, but we were concerned about the care of the one man who was subject to these arrangements during our inspection. Other than the staff member observing him, staff on the wing appeared oblivious to his needs. For example, his toilet had been blocked for some time, which no one was aware of, suggesting that no one had been in to speak to him in recent days.

Protection of adults at risk⁹

- I.51** Procedures for identifying and managing prisoners at risk of harm or neglect were reasonably well embedded. A safeguarding policy was in place and an identified manager was responsible for ensuring prisoners were reviewed and action was taken.
- I.52** A weekly safeguarding meeting was well attended by staff from across the prison. Notes from minutes indicated appropriate support plans were in place. Prisoners continued to be reviewed by the group until concerns diminished. Staff on wings appeared to have a reasonable knowledge of prisoners they were responsible for.
- I.53** The prison had also recently introduced a policy on self-isolation, which appropriately established how to identify and manage men who were at risk of isolating themselves. Wing staff had informally identified several men as requiring support and cases were handled sensitively. One man was currently subject to formal arrangements through the safeguarding meeting. This involved monitoring his progress and ensuring he was offered a variety of activities each day. An identified named worker was also expected to speak with him every day, even if he rejected the contact. The initiative was still relatively new, but results were encouraging. One man was referred to the local adult safeguarding board during our inspection.
- I.54** Custody staff had easy access to defibrillators, but not all staff we spoke to knew where they were and most were not checked regularly. Forty-one per cent of operational staff were trained in first aid. Most staff we spoke to understood the code system to call for assistance in medical emergencies, although a few indicated they would use the urgent health response first, which might have delayed an ambulance being requested. There had only been 43 emergency code calls in the previous six months, which seemed low, but ambulances were called promptly.

⁹ 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, 63% of prisoners said staff treated them with respect, and only 26% said that a member of staff had talked to them about how they were getting on in the previous week. While prisoners felt little animosity towards staff, they did consistently express the view that officers' lack of experience and knowledge prevented them from carrying out their role effectively. Prison staff told us that over 50% of prison officer staff were in their first year in the role and several managers had been temporarily promoted (see main recommendation S49).
- 2.2 In most cases, we saw staff dealing with prisoners in a friendly manner and trying to be helpful, sometimes in difficult circumstances. However, we also found instances where staff seemed passive or did not appear confident about what to do. Officers often referred to prisoners by their surnames, a practice we see much less of in other prisons. Relationships that staff had with prisoners also sometimes seemed fragile or superficial, and from what we observed and what prisoners told us, it was not evident that those displaying unacceptable behaviour were always appropriately challenged or that managers ensured this happened.
- 2.3 Promising work was being carried out on E wing where key workers (named staff members allocated to individual prisoners), who were designated time to carry out planned work, were being piloted. Although not yet embedded, there were early signs that this might have helped professionalise relationships between staff and prisoners and we were advised there had been a reduction in violent incidents, self-harm and complaints as a result of the impact of key workers.
- 2.4 It was also encouraging to see increasingly good use being made of Signpost orderlies, particularly in the first night and induction area (see paragraph I.6). It was important that these prisoners continued to receive support to help them sustain and develop their role.

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

- 2.5 Considerable efforts had been made in the weeks and months preceding our inspection to improve the hygiene and general appearance of the accommodation. Communal areas were clean, but many prisoners were still living in poor conditions with badly furnished cells,

containing makeshift curtains and toilet screens. Over half of prisoners shared cells and were living in cramped conditions. There were no lockable cupboards and many prisoners did not have cell keys. Most cells we checked had working TVs, but there was a widespread problem with broken kettles.

- 2.6** Only remand prisoners and those on the enhanced regime could wear their own clothes. In our survey, 49% of prisoners said they had access to enough suitable clothing and 66% said they had clean sheets every week, both of which were better than at the previous inspection. However, there were still problems with the laundry. Significant amounts of kit went missing on the wing and while being washed at HMP Ranby. The wing laundries were disorganised and on one of the wings, the washing machine was faulty.
- 2.7** Only 76% of prisoners said they could have a shower every day. This was particularly a problem for men who were employed full time. We also received complaints from staff supervising prisoners in some work areas where they got dirty because they could not ensure men could have a shower when they returned to the wing.
- 2.8** Managers checked data relating to cell bell response times regularly and we were given examples of wing staff having been challenged for not ensuring more prompt action was taken. We were also aware that the governor had issued instructions to all staff about their shared responsibility to respond to cell bells. Despite this, delays in responding to cell bell alarms were still unacceptable. In our survey, only 14% of prisoners said their cell bell was answered within five minutes. A sample analysis we carried out on one wing over the course of a day revealed nine occasions when it had taken over 20 minutes for staff to respond to a cell bell and in one case 41 minutes with the longest delay being 59 minutes (see also paragraph 1.48 and main recommendation S48). The associated risks were exacerbated by the large number of observation panels that were blocked. We estimated that on A and B wings the viewing panels were blocked in half of cell doors. The problem was not as severe on the other wings, but it was still evident.
- 2.9** We found no evidence of offensive displays at this inspection and apart from outside D wing, outdoor areas were free of rubbish.

Recommendations

- 2.10** **Cells should be adequately equipped and suitably furnished.**
- 2.11** **Prisoners should be able to shower every day.**

Residential services

- 2.12** Prisoners were negative about the food, particularly about small portion sizes. In our survey, only 18% of prisoners said they had enough to eat at meal times. Breakfast packs were issued in the evening on the day before they were meant to be eaten, but some men ate them the night before because they were hungry. Prisoners selected meals from a four-week menu cycle. A reasonable range of food was available and arrangements to cater for religious, cultural and medical diets were appropriate. The kitchen and wing serveries were clean and prisoners working in these areas wore suitable protective clothing. To avoid cross contamination, separate containers and utensils were used to prepare, cook and serve halal food.
- 2.13** Food consultation arrangements were effective and the catering manager tried to make improvements, while balancing the budget. Homemade soup had recently been introduced at

lunchtime in response to requests for more hot food and there were plans to provide porridge to address complaints about breakfasts being inadequate. It was good that some prisoners ate together, but meals continued to be served much too early with lunch often at around 11.15am.

- 2.14** There was scope for microwave ovens and toasters to be introduced in some of the more stable residential areas to improve catering arrangements and provide men with the opportunity to prepare food themselves.
- 2.15** The prison shop operated in line with the national contract. The number of products available from the shop had increased since the previous inspection from around 300 to over 500. Just over half of prisoners responding to our survey said the shop provided them with the items they needed. However, despite the wider range of products available, only 27% of black and minority ethnic prisoners and 22% of Muslim prisoners said the shop sold what they needed. Both these responses were significantly poorer than their white and non-Muslim counterparts, and the reasons needed to be explored. Improvements had been made so that new prisoners could now select from a wider range of items as soon as they arrived.

Recommendation

- 2.16 Lunch should not be served before noon and the evening meal not before 5pm.**
(Repeated recommendation 2.97)

Prisoner consultation, applications and redress

- 2.17** Overall communication between staff and prisoners was inadequate. There were weaknesses in formal consultation arrangements and staff often lacked the knowledge or confidence to communicate with prisoners effectively. Matters that should have been dealt with informally or through the application system became formal complaints (see main recommendation S50).
- 2.18** Arrangements for consulting prisoners about everyday life in the prison were in the early stages of development. A number of wing-based meetings had taken place at the end of 2017, but apart from some progress in addressing prisoners' views about catering, staff did not focus on matters prisoners raised, and consultation meetings had not yet made any significant impact.
- 2.19** The application system did not work effectively and prisoners were extremely frustrated about not being able to get things done. An internal review of the process had identified several key weaknesses and made useful recommendations, but improvements were still being developed.
- 2.20** While the number of complaints had declined since our previous inspection, they remained high – 2380 over the previous six months. Many of the issues raised were about minor domestic matters that should have been dealt with informally, through effective consultation or the application system.
- 2.21** Despite prisoners expressing a lack of confidence in the complaints system in our survey, the complaints we examined were dealt with promptly and replies were appropriate. Complaints concerning staff were subject to an additional level of scrutiny by the deputy governor and confidential complaints were dealt with in an exemplary fashion by the governor. Some of the action taken by the governor to address serious staff malpractice had initially been triggered by formal complaints from prisoners.

- 2.22** There was no formal support to help prisoners exercise their legal rights. Prisoners requiring this type of assistance needed to take the initiative themselves and identify and approach a member of staff with relevant knowledge. Access to Justice laptops, which provide eligible prisoners with laptop facilities to progress legal proceedings, were available but had only been used twice in the previous two years. Probation staff had links with bail accommodation providers but could not recall a successful placement having been made. Facilities for legal advisers to meet their clients in private were good.

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 characteristics¹⁰ 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

- 2.23** The management of equality had not improved sufficiently since the last inspection. There was an equalities policy, but it had not been updated since 2015 and contained some inaccurate information. Four weeks prior to our inspection a lead staff member had been allocated to each protected characteristic, but the initiative was not embedded and staff and prisoners we spoke with were unaware of it. The prison had no plan outlining how managers intended to develop the provision either for the whole prison or for individual protected characteristics. There remained no foreign national strategy and no equality impact assessments had been completed. Prisoner equality representatives had a limited role – the two prisoner equality representatives were enthusiastic, but they needed better training and support.
- 2.24** The equality action team (EAT) met every other month and was chaired by the governor. However, attendance by staff from some key areas, including health care, substance misuse and education was inconsistent. The EAT considered HM Prison and Probation Service equalities monitoring tool data, but it was six months out of date and irrelevant by the time it was discussed. There was an equalities action plan, but it was limited and lacked information. For example, it did not have documented completion dates or contain evidence of action having been carried out. Action dating back to January 2016 had still not been implemented at the time of inspection.
- 2.25** Equality was part of the safer custody department and managers recognised that because of pressing concerns about suicide and self-harm, it had received insufficient attention and resources. Equality consultation groups involving prisoners were not systematic.
- 2.26** Discrimination incident reporting forms (DIRFs) were not freely available on wings and some prisoners continued to be unaware of the system. Nevertheless, 71 DIRFs had been completed in the six months prior to our inspection, more than at the last inspection. Prisoner equality representatives handed out and collected completed DIRF forms, which was inappropriate. While investigations were generally reasonable, some prisoners waited too long for a response. Replies were mostly polite and signed off by the deputy governor.

¹⁰ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Although attempts had been made to introduce external oversight of the process, none was available.

- 2.27** Staff had access to equality training through an e-learning package used across the Civil Service, but managers did not know how many staff had completed it.
- 2.28** The EAT had no links with community support agencies. However, some events had been celebrated, such as Black History Month, and plans were in place for a Holocaust memorial service. The equality department had published a calendar of events for the year.

Recommendation

- 2.29** **DIRFs should be freely available on all wings and submissions should be answered promptly by an appropriate manager.**

Protected characteristics

- 2.30** Black and minority ethnic men made up 21% of the prison population. In our survey, their responses were mostly similar to white prisoners, but they were more negative about shop arrangements (see paragraph 2.15). In our focus group, black and minority ethnic prisoners said some staff lacked an awareness of different cultures. They appreciated the Black History Month celebration and none of the men we met reported direct discrimination. The prison had conducted one focus group with black and minority ethnic prisoners in the six months prior to our inspection.
- 2.31** Our survey suggested that 6% of prisoners identified as being from a Gypsy, Roma, Traveller background, although the prison had only identified 1.2% suggesting under-identification. As with several other groups with protected characteristics, the prison had consulted these prisoners only once in the six months prior to the inspection and there was no specific ongoing work to support them.
- 2.32** The prison had identified that Muslim men were overrepresented on the basic level of the incentives and earned privileges (IEP) scheme, but the matter had not been explored further.
- 2.33** There were 118 foreign national prisoners. Three of them were held only under immigration powers and did not have the amenities they would have been entitled to in an immigration removal centre. Most foreign nationals told us their immigration status continued to be their main concern. Equality staff and officers in residential units lacked the expertise needed to support prisoners facing immigration problems. Late notifications of immigration detention were an ongoing problem and some men were told that their detention would be extended on the day before the end of their custodial sentence. We found an example of a foreign national prisoner who did not receive his immigration detention paperwork for five days after the prison had received it. Foreign nationals who did not receive visits could apply for a free five-minute phone call to their country of origin each month. An immigration enforcement officer attended the prison once a week, but there was no independent legal advice. Information about the prison was not available in common languages.
- 2.34** Most wings had cells with some adaptations for prisoners with physical disabilities. Staff had undertaken some good supportive work with prisoners with disabilities and there had been one focus group. The system for managing personal emergency evacuation plans (PEEPs) was inadequate and officers were unaware of them.

- 2.35** The policy for managing the prison's two transsexual prisoners was appropriate. There had been a focus group for transgender prisoners prior to our inspection and evidence of some good planning. In our survey, 4% of respondents (five men) identified as gay or bisexual. The prison was only aware of three. There had been no focus groups for these prisoners and no specific work on sexuality was carried out.
- 2.36** Thirteen percent of the prison population was over the age of 50, the oldest prisoner being 83. None of the responses in our survey suggested that those over 50 were treated less favourably than younger prisoners. Prisoners who had reached retirement age were not expected to work. However, they were not unlocked during the core day and there were no age-related activities. There had been one focus group for older prisoners.
- 2.37** In our survey, young people were more negative than prisoners over the age of 25 about the way staff treated them. However, in our survey, fewer of the same group than their over-25 counterparts said they felt unsafe at the time of the inspection. Young prisoners we spoke with supported the finding. The most recent monitoring data had shown that younger prisoners were over-represented on the basic level of the IEP scheme and in adjudications. Although the prison had identified this, it had not been explored further, and there were no interventions for this group.
- 2.38** Arrangements for prisoners to practise their religion were good. Services took place in the multi-faith area, which offered an appropriate environment. There were two multi-faith rooms, washing facilities, a pastoral care room and two small group rooms. In our survey, 86% of prisoners who had a religion said it was easy to attend a religious service if they wanted to. The managing chaplain attended a variety of meetings across prison departments. Chaplaincy team members attended assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm. The managing chaplain was a member of the senior management team.
- 2.39** A member of the team saw all new prisoners shortly after arrival and visited the segregation unit each day. The chaplaincy was in the process of introducing the official prison visitors scheme.
- 2.40** A range of faith activities included Bible studies, Muslim study groups and the Sycamore Tree victim awareness programme. The chaplaincy worked well with the catering department during celebrations of religious festivals and holy days. There was a strong and effective community engagement strategy involving volunteers, and some community group 'through-the-gate' provision was offered.

Recommendations

- 2.41** **The prison should better understand the specific concerns and issues for prisoners with protected characteristics and ensure efforts are being made to meet their needs.**
- 2.42** **Where possible foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served.**
- 2.43** **Information about the prison should be translated into common languages.**
- 2.44** **Staff, including those working at night, should be aware of the PEEP system and which prisoners on their wings need assistance in the event of an evacuation.**

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.

- 2.45** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹¹ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

- 2.46** NHS England commissioned Nottingham Healthcare NHS Foundation Trust to provide 24-hour health and social care services for prisoners. A health and social care needs assessment informed service delivery. Partnership working between commissioners, the prison and the provider was effective and representation and attendance at partnership board and health governance meetings were appropriate.
- 2.47** Leadership at all levels was strong and backed up by excellent clinical expertise and staff told us they felt supported. The prison was actively recruiting to fill staffing vacancies and regular trusted agency staff were used to cover other posts. The placement of student nurses was commendable.
- 2.48** The clinical reporting system was effective and incidents were appropriately monitored and investigated. Oversight was good, action was followed up well and lessons learned were disseminated. Compliance with mandatory staff training was effective and further specialist training took place for individual roles. Staff had regular appraisals and most had clinical supervision.
- 2.49** Clinical records were good and care plans included personal goals. Men received copies of their care plans and further information if they requested it.
- 2.50** Men had reasonable access to nurse and GP appointments, but the system of calling up men by wing required further analysis to ensure access was equitable across all wings. A separate treatment room on F and G wings enabled some men to be seen on the wing at pre-booked clinics.
- 2.51** A paramedic attended medical emergencies on week days, which was good. This work was supported by positive partnership working with the local hospital.
- 2.52** Health care staff had easy access to appropriate emergency equipment throughout the prison. The equipment was checked regularly. In the six months to December 2017, 516 (26%) of the 1963 urgent calls to the health care department were related to synthetic cannabinoids, which put a significant strain on the service.
- 2.53** Prisoner feedback from regular health forums and patient questionnaires informed a regularly reviewed action plan and the forums' main themes were published in the monthly health care newsletter.

¹¹ 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>.

- 2.54** The health care complaints system was confidential and responses to complaints were timely, but often not signed by managers. There was evidence that key areas for improvement were reviewed and identified. However, not all local concerns appeared to have been fully investigated.
- 2.55** Clinical rooms in the main centre appeared clean and well equipped. Some wing treatment rooms were not sufficiently or regularly cleaned. The main waiting area had a TV and health care information was on display. Vulnerable prisoners were sometimes reluctant to attend the health care department owing to verbal abuse from other prisoners. However, the location of their waiting room near the reception desk and where officers were present alleviated the problem.
- 2.56** The CQC found there were no breaches of the relevant regulations.

Recommendation

- 2.57 Responses to prisoners' health care complaints should show evidence of investigations having taken place and be signed by respondents.**

Promoting health and well-being

- 2.58** Prisoners had easy access to an appropriate range of health promotion literature. The monthly newsletter was excellent – it was linked to national campaigns and designed to help prisoners improve their health and well-being.
- 2.59** Support for older prisoners and access to national screening programmes were good. Access to sexual health services and support for those with blood borne viruses were also good. Condoms were easily available.
- 2.60** The prison's transition to a smoke-free environment in August 2017 was linked to a significant spike in medical emergencies related to synthetic cannabinoids. Prison intelligence indicated illicit tobacco was sought after and accessible and that in-cell electrical goods, such as kettles, were damaged by prisoners attempting to light cigarettes (see also paragraph 2.5). Prisoners could buy vaping devices and e-cigarettes from the shop. New receptions from court had prompt access to eight weeks of nicotine replacement patches and lozenges, but prescribing was not sufficiently tailored to the individual and no psychosocial support was offered.

Recommendation

- 2.61 Newly arrived prisoners who smoke should have easy access to nicotine replacement treatment and psychosocial support that meets their individual needs.**

Good practice

- 2.62** *The monthly newsletter supported positive health outcomes by giving all prisoners easy access to relevant health promotion and well-being advice.*

Primary care and inpatient services

- 2.63** Feedback from prisoners we spoke to was mixed and in our survey only 37% of prisoners said the overall quality of health services was good.
- 2.64** Reception screening focused on health risks, and prisoners' individual needs were appropriately identified, including mental health and substance misuse problems. Prisoners often arrived late in the evening and waited several hours before being seen by the nurse; we observed that men were tired, keen to settle on the wing and reluctant to disclose their concerns (see paragraphs 1.6 and 1.7).
- 2.65** There was no separate secondary health assessment, which meant opportunities to identify and address wider health issues routinely were missed, potentially putting vulnerable men at risk.
- 2.66** We saw health professionals carry out an effective handover with wing induction staff, highlighting patient concerns. However, we were concerned that there were still some weaknesses when it came to reception and health staff sharing information about risks and concerns (see paragraph 1.7 and main recommendation S48).
- 2.67** A suitable range of primary care services was available, including physiotherapy, and waiting times were short. A multidisciplinary approach to pain management, supported by evidence-based prescribing, was being developed.
- 2.68** Prisoners had reasonable access to daily nurse triage clinics. Two GPs provided eight clinic sessions from Monday to Friday. Men could wait longer than a week to see a nurse and a further two working days to see a GP. Urgent GP appointments were available on the same day. A separate GP contract provided reception and urgent cover between 7pm and 9pm from Monday to Friday and on Saturday afternoons. Telephone advice was only available between 9pm and 7am.
- 2.69** Suitably trained nurses, supported by the GPs, provided men with long-term conditions and complex health needs with effective care and treatment. A range of nurse-led clinics, including those providing wound care, and individual care plans supported treatment in line with national clinical guidance. A well-attended weekly meeting to discuss patients with complex health needs ensured the prison took an integrated approach to their care and detailed care plans were developed.
- 2.70** A palliative care pathway was in place and arrangements for prisoners being released were reasonable and included providing a summary record for their GP.
- 2.71** External hospital appointments were now rarely cancelled and support from the prison to ensure prisoners attended was good.
- 2.72** We were not confident that nurses attended all use of force incidents and we found a case in which a health professional appeared to have been unable to assess a prisoner following a witnessed fight because prison staff would not unlock the cell (see paragraph 1.23).

Recommendation

- 2.73** **Men should see a nurse promptly on arrival and receive a scheduled follow-up health assessment within the first seven days after their arrival to ensure risks and concerns can be identified.**

Good practice

- 2.74** *The health care team had developed detailed care plans for patients with long-term conditions and challenging behaviour to ensure good clinical outcomes.*

Social care

- 2.75** Prisoners with social care needs were promptly assessed by a Nottingham City Council social worker and the health care department provided care packages. There had been nine referrals in 2017, with one new referral waiting to be assessed. During the inspection, none of the prisoners were receiving a social care package, but three had equipment provided by the council.
- 2.76** Person-centred care plans helped meet needs and ensured links with occupational therapists were effective, and equipment and adaptations were provided promptly.
- 2.77** There was no memorandum of understanding between the prison and the local authority and the prison had no formal peer support or buddy scheme.

Recommendation

- 2.78** **The prison and health care department should have a memorandum of understanding with the local authority. The prison should have a formal social care referral protocol and prisoners who support others should be appropriately risk assessed and trained.**

Mental health care

- 2.79** The integrated mental health service provided a positive and responsive service to a challenging and needy population. In our survey, 52% of prisoners said they had a mental health problem.
- 2.80** The service operated between Monday and Friday, despite the prison receiving prisoners from Monday to Saturday. The team had to respond to a high population turnover with a significant proportion either remanded or serving short sentences and deal with challenges caused by staffing vacancies. Prisoners' needs were appropriately identified and the threshold for being accepted onto the caseload was substantially lower than in the community.
- 2.81** Men could refer themselves, alongside being referred by both health and prison staff. An identified mental health worker was allocated every day to complete initial assessments and participate in scheduled ACCT reviews.
- 2.82** There was a reasonable mix of staff – mental health nurses, psychiatrists, a part-time psychologist, a psychological well-being practitioner and skilled support staff. Most staff had had their caseloads increased pending recruitment. During our visit, 461 men (48% of the population) were on the team caseload – approximately 116 (25%) of them were on the psychiatrists' caseload, which was very high.
- 2.83** The team was visible across the prison because of the psychological well-being practitioner's input in the prison induction process and prisoners had informal access to the service when designated mental health nurses visited the wing on a daily basis.

- 2.84** We observed some very good consultations that focused well on risks, and care planning was supported by appropriate recording. The care programme approach (mental health services for individuals diagnosed with a mental illness) was not being used for patients with severe and enduring mental illness, but the issue was being addressed.
- 2.85** The range of available therapeutic interventions was compromised by staff vacancies and the lack of a suitable space for therapeutic work. There was also a lack of group work. During our visit, funding for a seven-day service was approved, along with further support for the ACCT process, an increase in team capacity and expertise and the development of a range of individual and group-based trauma-informed interventions.
- 2.86** In the previous year, there had been 14 transfers to hospital under the Mental Health Act 1983. Seven men had waited between six weeks and over six months from their first formal assessment until transfer. A further seven men had been transferred directly to hospital from court. During our visit, three men were waiting for a transfer, including one man who was isolating himself on the wing and had already waited eight weeks.
- 2.87** Arrangements to prepare men for release were sound and links with community mental health teams were effective.
- 2.88** Only 12 prison officers had undertaken mental health awareness training and the prison was to confirm plans to provide further sessions.

Recommendation

- 2.89 Prisoners needing a secure hospital bed should be moved promptly.**

Substance misuse treatment¹²

- 2.90** The recently updated substance misuse strategy covered supply reduction and new psychoactive substances (NPS),¹³ but it was weak when it came to demand reduction (see main recommendation S47). Monthly standalone substance misuse committee meetings had been reinstated in October 2017. Resourcing issues, including staff shortages, were inhibiting implementation of the strategy.
- 2.91** The integrated clinical and psychosocial substance misuse team worked effectively with the prison and wider health care department. Practitioners were highly skilled and motivated, but staffing shortages severely limited the psychosocial provision. The team prioritised assessments, crisis management and release planning, but there had not been any groups or comprehensive individual interventions since September 2017. The team received around 180 referrals a month and waiting times were adequate, despite high non-attendance rates. During the inspection, the team was supporting 241 prisoners. The chaplaincy ran weekly Narcotics Anonymous and Alcoholics Anonymous groups. There was only one prison substance misuse peer supporter.
- 2.92** The team's dedicated dual diagnosis workers provided prisoners with substance misuse and mental health issues with good support.

¹² In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

¹³ New psychoactive substances generally refer 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.

- 2.93** Newly arrived prisoners with substance misuse issues were identified promptly. Nurses could administer symptomatic relief for opiate withdrawals and treatment for alcohol withdrawals without a prescription when GPs were not available. Regular overnight and daytime monitoring occurred consistently but was undermined by the continued lack of dedicated stabilisation cells.
- 2.94** Clinical treatment remained flexible, but the prescribing policy was out of date. Recovery workers continued to complete many reviews alone because the two weekly nurse prescriber clinics were insufficient to complete all routine reviews.
- 2.95** During the inspection, 159 of the 191 prisoners on opiate substitution treatment (OST) were on maintenance doses. Most were located on A wing where OST administration took a long time because of the 'split' regime (where one half of the wing was unlocked separately). We observed one prisoner forced to choose between his medication and work, which was unacceptable. There was still no additional therapeutic support on the wing and no adequate group intervention facilities.
- 2.96** Pre-release planning and partnership working with community services remained very good and included face-to-face harm minimisation in reception prior to release and court attendances. Overdose training and a supply of naloxone (a drug designed to reverse an opiate overdose) on release was actively promoted for those at risk.

Recommendations

- 2.97 Prisoners with drug and/or alcohol problems should have timely access to a full range of psychosocial support interventions and regular face-to-face reviews with a prescriber.**
- 2.98 Prisoners requiring stabilisation support for drugs and/or alcohol should be in dedicated stabilisation cells that allow unrestricted observation overnight.**

Medicines optimisation and pharmacy services

- 2.99** Two national suppliers provided most medicines promptly and arrangements for delivery and receipt at the prison were suitable.
- 2.100** Prescribed medicines were reconciled effectively by confirming prescribing with community GPs. Prescribing was sound and reflected national guidance, and there was a good focus on prisoners' individual needs.
- 2.101** Over half of all men (53%) had not had a risk assessment to determine whether they should be able to keep their own medicine. Of those who had a risk assessment, 23% were considered safe to have medication in their possession. Too few risk assessments had been reviewed, most men did not have lockable cupboards in which to store their medicines and there were no spot checks to reduce the risk of diversion (see paragraph 2.5).
- 2.102** Men were expected to buy their own paracetamol from the shop. Although nurses and pharmacy technicians administered and supplied a suitable range of over-the-counter medicines, they could only provide single doses, which meant that some prisoners might not have had access to pain relief, especially at night.

- 2.103** Medicines were administered three times a day and there was a limited evening round for later doses. One man received an antipsychotic medicine, which had a sedative effect, as early as 4pm. The practice was changed during our visit.
- 2.104** Some prison officers' supervision of medicines administration was poor and on some wings, health staff had to ask men not to crowd around the hatches. OST administration was private and well supervised on A wing, but on other wings this was not always the case. Many men received symptom relief medication for alcohol withdrawal as a daily in-possession dose, which created risks of diversion, bullying and incorrect dosing.
- 2.105** We observed men in the segregation unit receiving their morning medication at the same time as a prison governor was carrying out a segregation round, which increased the risk of medication errors and compromised patient confidentiality. The arrangements for medicine storage and administration in the segregation unit were inadequate, but when we raised the issue with health managers they implemented plans to mitigate the risks while a solution was found.
- 2.106** Storage and stock management was reasonable overall and refrigerator temperatures were appropriately checked. A pharmacist did not attend the prison regularly to provide prescribing oversight, pharmacy-led clinics or medicines use reviews.
- 2.107** Prisoners going to court or being released were given a suitable supply of prescribed medication.

Recommendations

- 2.108 Prison officers should properly supervise medicine administration to ensure confidentiality and prevent bullying and diversion.**
- 2.109 A pharmacist should be at the prison regularly to provide prescribing oversight, medicines use reviews and pharmacy-led clinics to help men understand the reason for and effects of their medicines.**

Dental services and oral health

- 2.110** Time for Teeth provided eight dental sessions a week, split between triage and assessment. A full range of NHS-equivalent treatment was available.
- 2.111** Prisoners had prompt access to emergency dental treatment prioritised according to clinical need. Men waited less than five weeks for routine treatment and all prisoners had equal access. The room allowed the dentist to provide additional support for wheelchair users.
- 2.112** The dental suite and separate decontamination room were clean, well stocked, and met current infection control standards. Dentistry equipment was well maintained and serviced regularly. Governance and waste management arrangements were very good.

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 was insufficient, but the regime had run predictably since October 2017 when a new daily routine and staffing arrangements had been introduced. Some men complained about late unlocking, but we found no evidence of this. However, staff routinely locked prisoners up at short notice so they could manage incidents.
- 3.2 Most prisoners had between five and six hours out of their cell every day, but around 150 men who were unemployed, retired (see paragraph 3.35) or separated for their own protection on D wing had less – around 2.5 hours.
- 3.3 In our roll checks we found around one third of prisoners locked up, more than at our previous inspection. Most men participated in part-time activities either in the morning or afternoon. During the remaining session, they could have a shower, clean their cell, attend the gym or exercise outside. Prisoners who worked full time sometimes struggled to have a shower (see paragraph 2.7) and exercise outside every day during the week. Full-time workers and those on the enhanced regime had an additional 90 minutes' evening association twice a week.
- 3.4 Association facilities were adequate, but some wings were less well equipped than others and prisoners told us they wanted more options. Men separated for their own protection on D wing had poor facilities. Although they could use the ground floor facilities, most felt too intimidated to do so.
- 3.5 Exercise yards were bleak and depressing. Records for exercise were poor and we could not be certain whether it always took place, but few prisoners participated regularly.
- 3.6 The library was small but bright and welcoming. It was stocked with a good range of books and other media, including books for learner readers and to help prisoners manage health conditions. However, there were too few books to support vocational learning and only one computer was available. From October 2016 to May 2017, prisoners had not been able to attend the library because of a restricted regime, so librarians developed wing libraries and an outreach service, which continued. The outreach service had been formalised and librarians now visited each wing twice every other Saturday to encourage reading and take requests for books, which were delivered to the wings the following week if they were in stock. Librarians also distributed newsletters, puzzles, quizzes and colouring sheets, which supported well-being and promoted library services. Librarians delivered Storytime Dads (in which prisoners prepare a book-based gift for their children) and a G wing reading group, as well as hosting occasional visiting authors and motivational speakers.
- 3.7 The gym facilities were good. There were two main sites and an all-weather pitch, which was in regular use. However, shortages of physical education (PE) staff meant that a restricted

timetable was in place, where only one site could be used at any one time. There were also some closures and in December there was no daytime PE on five out of eight weekends.

- 3.8** Gym inductions were often cancelled and in our survey, only 20% of men said they went to the gym twice a week or more. Staff appropriately prevented prisoners from going to the gym instead of their scheduled work/education activities, but sessions were often less than half full. In the six months prior to our inspection, at least 6000 prisoner hours had not been delivered because of staff shortages. There were no accredited courses and too few sessions catered for the needs of specific population groups.

Recommendations

- 3.9 Men separated for their own protection on D wing should have time out of cell and access to activities comparable with the mainstream population.**
- 3.10 Gymnasium staff should identify the reasons for poor attendance at PE sessions and take corrective action to improve attendance.** (Repeated recommendation 3.37)

Good practice

- 3.11** *The Saturday outreach service provided by librarians encouraged prisoners to read and use their spare time constructively. It also raised awareness of the library services available and supported well-being.*

Education, skills and work activities (Ofsted)¹⁴

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.¹⁵

- 3.12** *Ofsted made the following assessments about the learning and skills and work provision:*

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

¹⁴ 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.

¹⁵ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

Management of education, skills and work

- 3.13** Severe restrictions in the prison regime had resulted in all education, training and much work being suspended for around six months in the year prior to the inspection. Prison managers had successfully reopened all education, work and training areas, which provided sufficient part-time activities for most prisoners and full-time activities for a small number of other prisoners.
- 3.14** New prison and education managers worked well together to improve the provision of education and training and, as a result, course success rates, including in English and maths, had started to rise. The education and vocational training provision provided by Milton Keynes College was good.
- 3.15** The operational management of education, skills and work required further improvement. Allocations to activities were ineffective; some education places were unfilled, while places in the three textile workshops were over-allocated. Prisoners could attend full-time education or work, but could not attend part-time education alongside part-time work.
- 3.16** Prison managers needed to ensure that more prisoners attended education, training and work. Attendance rates had increased in recent months, but too many activity places were still not being used (see main recommendation S51).
- 3.17** A training needs analysis for the prison had been carried out, but too little use of the available information and data had been made to inform plans for improving activities and meeting the population's needs.
- 3.18** The prison self-assessment process provided a fair and accurate reflection of the quality of the provision. Education managers observed lessons routinely and evaluated accurately the impact of tutors' teaching and assessment practices on learning. Consequently, tutors knew what they had to do to improve. However, prison managers did not monitor regularly the quality of learning that prisoners received in prison work.
- 3.19** A broader range of vocational training courses had been introduced, including some at level 2. For example, the prison had recently established accredited training in construction, waste recycling and textiles. Managers had also increased the range of activities for vulnerable prisoners, which now included work and training in the staff bistro.
- 3.20** The prison recognised that the pay policy was inequitable. It did not state clearly how prisoners could progress to the higher pay grade in each workshop and prisoners frequently did the same work for different rates of pay.
- 3.21** Partnership working between Jobcentre Plus, the National Careers Service (NCS), Milton Keynes College and prison staff had improved prisoners' chances of a successful resettlement. Staff supported many prisoners on remand or those on short sentences to restart their employment after release. However, only a small proportion of prisoners who were due for release attended the disclosure letter or CV writing courses. Too few prisoners used the virtual campus (internet access for prisoners to community education, training and employment opportunities) to look for education or jobs.
- 3.22** The quality of the NCS provided by Futures Advice, Skills and Employment, required improvement. Futures staff did not see all new arrivals and several prisoners were in education, training or work without a relevant skills action plan. Contract targets were being met, but the contract was not sufficient to meet the population's needs. The NCS contract was to be discontinued at the end of March 2018, but there was no strategy for providing an alternative service.

Recommendation

- 3.23 Managers should utilise the needs analysis and other available data to improve the education, skills and work provision.**

Quality of provision

- 3.24** The education and vocational training provision was good, characterised by well-planned lessons that engaged mixed ability groups of prisoners. Learning support assistants were used effectively.
- 3.25** Instructors and prisoner peers provided effective coaching in workshops, which supported prisoners to develop useful employment and personal skills, particularly in the bistro and in the construction and bicycle repair workshops.
- 3.26** Prison managers had introduced skills development awards in prison workshops, which motivated prisoners to develop a good work ethic and other employment-related skills. However, instructors did not record prisoners' skills and ability level when they arrived and therefore did not accurately gauge prisoners' progress.
- 3.27** Tutors in education supported those with an additional learning support needs effectively and planned their teaching, helping them to become more independent over time and make good progress. However, a small number of prisoners on vocational training courses who required additional learning support did not receive it.
- 3.28** Tutors and peer mentors provided prisoners with detailed feedback on the quality of their work. They ensured that prisoners knew what they had done well and what they should do to improve further. However, instructors failed to provide prisoners at work with sufficient guidance on how to improve their work-related English and maths skills.
- 3.29** Education induction was used to assess prisoners' English and maths skills rather than to offer advice and guidance on available education and training opportunities. As a result, a few prisoners were on courses that did not support their long-term employment aspirations.
- 3.30** Tutors and instructors deftly challenged prisoners who used foul language and routinely promoted tolerance and respect.

Recommendations

- 3.31 Instructors should recognise and accurately record the skills that prisoners develop in prison work.**
- 3.32 Prisoners should be provided with appropriate learning support to help them make good progress and succeed in their learning.**

Personal development and behaviour

- 3.33** Prisoners behaved well and were respectful in education and at work, especially in the bistro where vulnerable prisoners were well integrated with prisoners from the main population. Prisoners said they felt safe in education and training areas and most felt safe while at work.

- 3.34** The majority of prisoners demonstrated good employment-related skills and arrived at education and many workshops on time. However, in the three textile workshops attendance was poor and prisoners often arrived late.
- 3.35** Prisoners in education and vocational training made good progress in developing their English and maths skills. Prisoners with poor English and maths skills needed to achieve level 1 qualifications in these subjects as a priority, in line with senior managers' agreed policy. However, a significant minority of prisoners in work, had not completed the relevant courses. Prisoners working in areas without associated vocational training made insufficient progress in developing their English and maths skills.
- 3.36** Most prisoners spoke confidently and had clear and realistic plans for their employment on release from custody. A majority of prisoners also demonstrated an adequate understanding of the values of tolerance and respect and the dangers of radicalisation.

Recommendation

- 3.37** **Prisoners should receive support to improve their English and maths skills in their workplaces.**

Outcomes and achievements

- 3.38** Prisoners who attended education and training made good progress and were successful. In 2016–17, qualification success rates were very high on education courses, including in English and maths. Success rates on most vocational training courses were high. However, almost a quarter of prisoners who started cleaning courses in 2016–17 left before finishing their training.
- 3.39** Success rates for prisoners with identified additional learning support needs were also high, with no significant variations in achievement between different groups of prisoners. Of those who stayed for the duration of their courses, a large proportion achieved their qualifications.
- 3.40** Prisoners produced high standards of practical and written work. Learners in vocational training worked to good commercial standards. Most of those in education and vocational training made good progress. A small number of prisoners working in areas without associated vocational training made limited progress in developing their English and maths skills (see paragraph 3.35).
- 3.41** Senior prison managers had very little information about prisoners entering employment or training after their release. Over 2,000 prisoners were released in the previous year, but only 153 were shown to be in employment or training.

Recommendation

- 3.42** **Managers should collect accurate data about the employment and training destinations of all prisoners on release.**

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 The visitors' centre continued to provide visitors with helpful guidance and advice, although the level of provision had been reduced since the previous inspection owing to funding cuts, and play workers were no longer available in the crèche in the visits hall. While visitors we spoke to were generally content with the facilities and the way they were treated, they complained that it had recently become difficult to book visits over the phone. During the inspection, prisoners also raised the issue, which appeared to be linked to staff shortages in the visitors' centre. Managers agreed to address the problem promptly.
- 4.2 Visits were available three days a week and at weekends in the morning and afternoon. The visiting facilities were reasonable – there were two well-equipped halls each catering for about 30 prisoners. Vulnerable prisoners shared the same visiting space as mainstream prisoners, which we were informed did not create problems.
- 4.3 The introduction of a dedicated visits manager had improved the way visits were organised. She was present at all sessions and provided a degree of consistent oversight. We observed the visits manager introducing herself to visitors, so she could provide guidance and advice. Visit sessions still did not always start as scheduled, particularly at the weekend when there were fewer staff, but sessions were extended when this happened.
- 4.4 The number of family days had been increased to 12 since the previous inspection and special visits had also been introduced for long-term prisoners. Opportunities were open to men regardless of their incentives and earned privileges status.
- 4.5 Prisoners still had to wear bibs during visits, which was unnecessary.
- 4.6 There were no programmes or specialist interventions to help prisoners improve or re-establish relationships with family members.
- 4.7 Phones had recently been installed in all cells, which was good and which prisoners appreciated. There had been some problems with the technology, but the main concern revolved around prisoners' ability to manage their finances as a result of the new initiative. Prisoners could also maintain contact with their families by email.

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.

- 4.8** The strategic management of rehabilitation work remained good. The needs analysis was comprehensive and was updated regularly and the detailed reducing reoffending strategy incorporated an action plan. Two monthly resettlement strategy meetings and monthly information-sharing meetings were well attended and focused. Joint working between the offender management unit (OMU), the Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company and other agencies providing services were effective. Departments and organisations understood each other's remits and shared information appropriately. The community rehabilitation company (CRC) was well embedded across the prison and we saw evidence of wing staff making appropriate referrals to its service. OMU work was less well understood, but senior staff were addressing the issue through regular briefings to staff in other departments.
- 4.9** The number of prisoners being released was high and averaged 212 per month. Prison staff found it hard to ensure that those on short sentences or 14- or 28-day fixed period recall had sufficient plans for their release. In our survey, only 20% of prisoners said someone was helping them prepare for release.
- 4.10** Offender management was under-resourced, which had a negative effect on prisoners' outcomes. Significant redeployments and the prison's inability to recruit prison offender supervisors had left the department struggling to maintain core tasks. There were 12 designated prison offender supervisor positions, but out of the four who were employed, only two were usually available to undertake offender management work.
- 4.11** OMU managers had made a strategic decision to focus offender management work on immediate risks and remove caseloads from prison staff. This meant that offender assessment system (OASys) processes and sentence planning were not undertaken for low and medium risk prisoners. Instead resources were focused on higher risk prisoners (about a quarter of the population) and public protection. As a result, most of the population had almost no offender management input.
- 4.12** All cases were allocated to three full-time and three part-time probation officer offender supervisors, which meant they held extremely large caseloads (around 200 men) which was not sustainable. They prioritised work with high risk prisoners and focusing on immediate queries, managing risks and parole reports. The prison officer offender supervisors carried out initial screenings with prisoners on reception. They also conducted categorisation reviews and ensured that prisoners were notified of and understood any public protection, immigration or recall paperwork.
- 4.13** Newly recruited prison officer offender supervisors worked alongside probation officers and were expected in the future to take on a caseload. There were also plans to recruit more offender supervisors, including civilian offender supervisors who could not be deployed elsewhere in the prison for operational duties. However, having a trained full staff team in place was a longer-term solution.
- 4.14** Offender supervisors were not expected to have routine contact with prisoners. The lack of input and information from the OMU was frustrating for many who had queries about possible release or sentence progression. Following sentencing, many prisoners had little information about what to expect during their sentence. Contact, even with higher risk men

was infrequent and focused almost exclusively on key trigger dates in their sentence. As there were no interventions for those held for longer periods, it was difficult for this group to remain motivated and engaged. While the OMU was reasonably well integrated into the prison, time constraints made joint working difficult and many new staff on the wings did not know enough to be able to answer general queries about sentence progression. OMU wing surgeries had started the week of the inspection and the one we observed was effective and informative.

- 4.15** Around 240 prisoners were assessed as high risk and work with them was reasonable. The OASys documents we reviewed that were completed by external probation officers were adequate. OASys risk management plans were sufficiently good. Sentence plan targets were too generic and did not always take account of the resources available at Nottingham or in the prison estate generally.
- 4.16** We could not review cases for lower or medium risk prisoners because offender management work did not take place. Many of these prisoners arrived at the prison without an OASys or pre-sentence report having been completed in the community, which meant that prisoners were moving to other prisons with no detailed assessment of their risks (see main recommendation S52).
- 4.17** Categorisation decisions were timely. Reviews were not detailed, showed little evidence of the prisoners' reduced risks and did not sufficiently explain the reason for the decision. However, processes for transferring prisoners were well organised. Category C men who were not convicted of sex offences were transferred promptly. It was harder to place category B prisoners, lifers needing specific interventions and those convicted of sex offences and therefore, some waited too long for a transfer. During the inspection 125 prisoners had been waiting over six months for a transfer and 45 of them for over a year.
- 4.18** A large number of prisoners arrived from court, which meant that OMU case administrative staff focused on processing court documents and calculating sentences. This work had taken priority over home detention curfew (HDC) processes. Paperwork was not always completed on time and in the sample of cases we looked at, half of prisoners were released after their earliest eligibility date. HDC decisions were reasonable but too few wing staff had contributed to the decision-making process. A new national policy designed to streamline the HDC process had been introduced and the department had implemented new monitoring processes. It was too soon to assess its impact.
- 4.19** During the inspection, 12% of prisoners at Nottingham were recalled to prison for breaching their licence conditions. Lack of information on arrival and a national backlog of three weeks in producing recall packs exacerbated prisoners' frustrations and confusion about this process. When recall notifications came in, they were issued promptly and offender supervisors explained the process to prisoners, which was good. The OMU department had just started recall advice sessions where a probation officer met recalled prisoners on request to discuss their cases. We observed the first session, which was good.
- 4.20** Public protection work was good. Initial screenings on reception identified any concerns or contact restrictions. Reviews were thorough and timely and we saw evidence of systematic work to resolve issues. Records on P-Nomis (the Prison Service IT system) notified staff that a risk review had been completed. The well-attended monthly inter-departmental risk management team meeting was effective and discussed those posing risks in the prison and prior to release. Prisoners subject to multi-agency public protection arrangements (MAPPA) were identified appropriately. MAPPA F reports (information-sharing reports) were adequate but some were too brief because the offender supervisor had only limited contact with the prisoner concerned. It was good that probation officers attended MAPPA meetings in the community.

- 4.21** There were two integrated offender management teams (IOMs) (a cross-agency response to reoffending, involving police and civilian staff) working at the prison, one for Nottinghamshire and the other for Derbyshire. They monitored and shared information about prolific offenders and each had a caseload of about 40. They had good working relationships with the OMU and CRC and provided essential information to relevant outside bodies, particularly local police forces.
- 4.22** Only one member of OMU staff could use the violent and sex offender register because Her Majesty's Prison and Probation Service (HMPPS) did not provide sufficient training or vetting opportunities. Supportive relationships with police colleagues in the IOM ensured that the database was updated, but the OMU did not have sufficient access.
- 4.23** The number of lifers and indeterminate sentenced prisoners had increased since our last inspection to around 60. Many of these prisoners were recalled or had been returned from open conditions. Parole processes were efficient and documents and reports were completed on time. No interventions were available for this group and it could take a long time to arrange a transfer. Apart from family visits for long-term prisoners, there was no specific support for indeterminate sentenced prisoners. However, it was positive that those on remand who were potentially facing a life sentence were identified and offered support.

Recommendations

- 4.24** **There should be a strategy for managing prisoners staying at the prison for longer periods. It should include resources for appropriate interventions and timely transfer arrangements.**
- 4.25** **All prisoners eligible for HDC should be assessed and those approved should be released on their earliest eligibility date.**
- 4.26** **There should be more systematic support and information for prisoners who have been recalled.**

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.27** Nottingham was not resourced to provide HMPPS accredited offending behaviour courses. Several shorter interventions were available, including the Sycamore programme, Foundations of Rehabilitation and Focusing on Resettlement. Advanced Personnel Management (APM), an organisation supporting people into employment, provided short courses focusing on relationships, building self-esteem, personal development and employability. They were available for prisoners who were assessed as needing additional support to resettle successfully. One-to-one work and longer term interventions were still unavailable for those spending more time at the prison waiting for progressive transfers.
- 4.28** The CRC employed specialist housing workers. The rate of prisoners leaving with permanent accommodation was higher than we usually see, suggesting that work on sustaining tenancies and accessing housing benefits was effective. Accommodating men who had come into prison homeless was far more problematic. The data we saw demonstrated that despite staff efforts, around a quarter of prisoners discharged left with no fixed address. All men received housing referrals, which the CRC followed up and a fortnightly workshop focused on their housing options. However, the challenges of housing prisoners with multiple

needs, chaotic behaviour and histories of non-compliance in hostel or social housing were immense and accommodation providers would not allocate housing to this group prior to release. Prisoners who were released homeless were given appointments to attend housing offices on the day of release to be assessed for temporary accommodation. Outcomes for prisoners post-release were not followed up systematically.

- 4.29** The finance, benefit and debt pathway was well resourced. Full-time Department of Work and Pensions staff worked in the prison providing support with benefits applications. Debt advice and money management courses were available through the CRC. Men could also apply for bank accounts.
- 4.30** CRC staff asked all prisoners whether they had experienced trauma, sexual abuse or domestic violence during the screening interview. When the interview was not in a confidential setting, CRC staff asked men to read the questions and arranged private interview space later. They could then be referred to local specialist organisations. Few prisoners identified as having these needs and the lack of confidential interview space did not support the disclosure process.

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 services were well promoted. CRC workers ran weekly drop-in sessions on the wings, where prisoners could raise queries and check their progress on their resettlement plans. The CRC also ran a resettlement fair quarterly. All prisoners due for release in the following three months were invited and about a third of eligible men participated in the event we observed. Twenty agencies were present and prisoners could talk to representatives and learn about their services. Overall, the CRC delivered a good service. However, it was constrained by a lack of access to private interview space – we heard prisoners had been interviewed through their cell doors because access to them could not be facilitated any other way.
- 4.32** All men had their resettlement needs identified, including those who arrived at the prison with less than 12 weeks to serve. We found a basic custody screening resettlement assessment in every pre-release case we looked at. Prisoners were involved in developing their resettlement plans, but they did not receive updates promptly enough to ensure they understood what was happening.
- 4.33** Resettlement plans were good. There was some evidence of action being followed up and implemented. CRC staff were aware of risks and of safeguarding issues in the community, and information was shared well with the OMU and external offender managers. There were also records on P-Nomis, including evidence showing that referrals had been made to providers, which meant the work could be seen by other departments. Mentors who met men at the gate were available but very few prisoners asked for them.
- 4.34** Practical arrangements for the day of release were good. Men could have their clothes from storage washed if they put in an application prior to release. They could charge mobile phones and unmarked bags were provided if necessary. Arrangements for property and valuables to be handed back to prisoners were efficient. The senior officer ran through

licence conditions and checked they were understood. CRC staff also checked the resettlement plan and reminded prisoners of any forthcoming appointments.

Recommendation

- 4.35 There should be adequate interview space for OMU and CRC staff to carry out confidential interviews.**

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 recommendation

To the governor and HMPPS

- 5.1** HM Prison and Probation Service and the governor should ensure new and inexperienced staff and managers receive the mentoring and support they require to discharge their duties effectively. (S49)

Main recommendations

To the governor

- 5.2** The prison should ensure the response to violence and disorder is evidence-based, coordinated and effective, addressing both the causes and effects of the problems. There should be measurable reductions in violent incidents and measurable improvements in prisoner perceptions of safety. (S45)
- 5.3** Managers should ensure that force is used proportionately. They should also promote the routine use of de-escalation techniques and reduce the frequency with which force is needed or used at the prison. (S46)
- 5.4** Managers should take a strategic approach to reducing the supply of, and demand for, drugs at the prison, including ensuring testing arrangements are effective and timely. (S47)
- 5.5** The prison should ensure that prisoners at risk of self-harm are identified promptly and that a care plan is developed and adhered to. Prisoners at risk should be supported and feel cared for. Staff working practices should support prisoner safety. (S48)
- 5.6** Consultation with prisoners should be structured, routine and meaningful and the applications process responsive. (S50)
- 5.7** Allocations to activities, attendance and punctuality should be improved. (S51)
- 5.8** Low and medium risk prisoners should be subject to effective offender management, and have an OASys report and sentence plan completed before they are moved to a training prison. (S52)

Recommendation

To HMPPS

Reducing risk, rehabilitation and progression

- 5.9** There should be a strategy for managing prisoners staying at the prison for longer periods. It should include resources for appropriate interventions and timely transfer arrangements. (4.24)

Recommendations

To the governor

Early days in custody

- 5.10** The reception should be welcoming, prisoners should have something to do while they are waiting and they should be managed through induction promptly and efficiently. (1.11)

Security

- 5.11** Intelligence reports should be processed quickly and all required actions should be completely promptly to ensure the process is effective. (1.40)
- 5.12** The MDT suite should be relocated to an appropriate waiting, searching and testing environment. (1.41, repeated recommendation 1.37)

Daily life

- 5.13** Cells should be adequately equipped and suitably furnished. (2.10)
- 5.14** Prisoners should be able to shower every day. (2.11)
- 5.15** Lunch should not be served before noon and the evening meal not before 5pm. (2.16, repeated recommendation 2.97)

Equality, diversity and faith

- 5.16** DIRFs should be freely available on all wings and submissions should be answered promptly by an appropriate manager. (2.29)
- 5.17** The prison should better understand the specific concerns and issues for prisoners with protected characteristics and ensure efforts are being made to meet their needs. (2.41)
- 5.18** Where possible foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (2.42)
- 5.19** Information about the prison should be translated into common languages. (2.43)
- 5.20** Staff, including those working at night, should be aware of the PEEP system and which prisoners on their wings need assistance in the event of an evacuation. (2.44)

Health, well-being and social care

- 5.21** Responses to prisoners' health care complaints should show evidence of investigations having taken place and be signed by respondents. (2.57)
- 5.22** Newly arrived prisoners who smoke should have easy access to nicotine replacement treatment and psychosocial support that meets their individual needs. (2.61)
- 5.23** Men should see a nurse promptly on arrival and receive a scheduled follow-up health assessment within the first seven days after their arrival to ensure risks and concerns can be identified. (2.73)

- 5.24** The prison and health care department should have a memorandum of understanding with the local authority. The prison should have a formal social care referral protocol and prisoners who support others should be appropriately risk assessed and trained. (2.78)
- 5.25** Prisoners needing a secure hospital bed should be moved promptly. (2.89)
- 5.26** Prisoners with drug and/or alcohol problems should have timely access to a full range of psychosocial support interventions and regular face-to-face reviews with a prescriber. (2.97)
- 5.27** Prisoners requiring stabilisation support for drugs and/or alcohol should be in dedicated stabilisation cells that allow unrestricted observation overnight. (2.98)
- 5.28** Prison officers should properly supervise medicine administration to ensure confidentiality and prevent bullying and diversion. (2.108)
- 5.29** A pharmacist should be at the prison regularly to provide prescribing oversight, medicines use reviews and pharmacy-led clinics to help men understand the reason for and effects of their medicines. (2.109)

Time out of cell

- 5.30** Men separated for their own protection on D wing should have time out of cell and access to activities comparable with the mainstream population. (3.9)
- 5.31** Gymnasium staff should identify the reasons for poor attendance at PE sessions and take corrective action to improve attendance. (3.10, repeated recommendation 3.37)

Education, skills and work activities

- 5.32** Managers should utilise the needs analysis and other available data to improve the education, skills and work provision. (3.23)
- 5.33** Instructors should recognise and accurately record the skills that prisoners develop in prison work. (3.31)
- 5.34** Prisoners should be provided with appropriate learning support to help them make good progress and succeed in their learning. (3.32)
- 5.35** Prisoners should receive support to improve their English and maths skills in their workplaces. (3.37)
- 5.36** Managers should collect accurate data about the employment and training destinations of all prisoners on release. (3.42)

Reducing risk, rehabilitation and progression

- 5.37** All prisoners eligible for HDC should be assessed and those approved should be released on their earliest eligibility date. (4.25)
- 5.38** There should be more systematic support and information for prisoners who have been recalled. (4.26)

Release planning

- 5.39** There should be adequate interview space for OMU and CRC staff to carry out confidential interviews. (4.35)

Examples of good practice

- 5.40** The monthly newsletter supported positive health outcomes by giving all prisoners easy access to relevant health promotion and well-being advice. (2.62)
- 5.41** The health care team had developed detailed care plans for patients with long-term conditions and challenging behaviour to ensure good clinical outcomes. (2.74)
- 5.42** The Saturday outreach service provided by librarians encouraged prisoners to read and use their spare time constructively. It also raised awareness of the library services available and supported well-being. (3.11)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Francesca Cooney	Inspector
Jeanette Hall	Inspector
Ian Macfadyen	Inspector
Keith McInnis	Inspector
Tamara Pattinson	Inspector
Joe Simmonds	Researcher
Emily Spilman	Researcher
Patricia Taflan	Researcher
Beth Wilson	Researcher
Nicola Rabjohns	Lead health and social care inspector
Majella Pearce	Health and social care inspector
Malcolm Irons	Specialist pharmacist inspector, Care Quality Commission
Lynda Day	Care Quality Commission inspector
Jo MacDonald	Care Quality Commission inspector
Gerard McGrath	Ofsted lead inspector
John Grimmer	Ofsted inspector
Sheena Maberley	Ofsted inspector
Martyn Griffiths	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 2016, there were some long waits in court cells before prisoners were transferred to the prison but journeys were usually short. Despite significant efforts and some progress, the prison was still not safe. Delays in reception remained lengthy. Early days support had improved but offence related vulnerable prisoners on the induction wing had a poor regime. Despite a more strategic approach to addressing violence, levels remained far too high and many incidents were serious. Better support was needed for prisoners who self-harmed but there was now a good focus on prisoners requiring safeguarding. Security arrangements were good but there were significant challenges in managing illicit drug use. Backlogs of adjudication cases had been reduced but were still evident. The segregation unit was an inappropriate place to hold men with severe mental health problems. Use of force was very high and its governance was not strong enough. Some aspects of substance misuse support were inadequate. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

NOMS should ensure that the next governor of Nottingham has sufficient time in post to build upon the recent progress made to ensure the prison provides safe and decent outcomes for the men held. (S55)

Partially achieved

A broader range of interventions should be introduced to address the underlying reasons for poor behaviour and violence among some prisoners, and support for the victims of violence should improve. (S56)

Not achieved

There should be a therapeutic area or inpatient unit to cater for the high level of men with significant mental health needs in the prison, with appropriate risk assessed admission and discharge criteria. (S57)

Not achieved

Recommendations

All new arrivals should have a speedy, comprehensive and efficient reception, including prompt access to a GP and privacy for confidential interviews. (1.8)

Not achieved

Prisoners should only be strip-searched following an individual risk assessment. (1.9)

Not achieved

Arrangements for vulnerable men on D wing should be reviewed. They should remain there for a short period only and should have equal access to services and facilities. (1.17)

Not achieved

All acts of self-harm should be recorded and prisoners subject to ACCT procedures should receive appropriate care from well trained staff, all of which should be well documented. (1.22)

Partially achieved

Prisoners on ACCT procedures should only be held in the segregation unit in exceptional circumstances and as a last resort. (1.23)

Achieved

The MDT suite should be relocated to an appropriate waiting, searching and testing environment. (1.37)

Not achieved (recommendation repeated, 1.41)

The regime for prisoners on basic level should provide opportunities for prisoners to demonstrate positive changes in behaviour. (1.43)

Achieved

All use of force incidents, including written records from all officers involved and video recordings of planned incidents, should be scrutinised by senior managers and emerging issues addressed promptly. (1.52)

Not achieved

Prisoners with drug and/or alcohol problems should have access to a supportive environment and a range of recovery-focused interventions which meet their needs. (1.66)

Not achieved

The prison and the health care provider should ensure that prisoners requiring stabilisation or detoxification should receive this promptly on arrival, that appropriate 24-hour observation and monitoring takes place and that regular treatment reviews take place. (1.67)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2016, efforts were being made to ensure the decency of the living environment, although this remained a challenge and prisoners faced significant frustration in accessing many everyday items. Staff-prisoner relationships remained varied and too many wing-based staff had low expectations of men in their care. Much equality and diversity work was embryonic and some needs were not being met. Faith provision was good. The management of general complaints was reasonable, although some complaints against staff needed to be taken more seriously. Legal services support was inadequate. Health care provision was reasonable overall. Good support was provided to the significant number of men with mental health problems, although those with acute problems needed more therapeutic care. Prisoners were very negative about the food. There were delays in prisoners receiving their first canteen order. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Determined efforts should be made to ensure that all wing staff treat prisoners with decency and respect, provide support when needed, acknowledge good behaviour, challenge poor behaviour and actively supervise the wings. (S58)

Not achieved

Recommendations

Prisoners should have ready access to basic items, including clean bedding, clothes and cleaning materials. (2.8)

Partially achieved

Applications procedures should be improved and monitored to ensure that responses are timely and appropriate. (2.9)

Not achieved

The equality and diversity strategy should be developed. There should be effective external oversight of the strategy and discrimination incident report forms should be promoted, adequately investigated and quality assured. (2.17)

Partially achieved

Greater attention should be given to meeting the needs and concerns presented by the protected characteristic groups and there should be regular opportunities for them to provide feedback and influence provision. (2.28)

Not achieved

Prisoners' complaints about staff should be investigated thoroughly and appropriate action taken. (2.38)

Achieved

Prisoners should be supported to exercise their legal rights, including the use of an 'access to justice' scheme laptop. (2.41)

Not achieved

The automated external defibrillators (AEDs) available to prison staff should be regularly checked and all staff on duty should know the location of the nearest AED. (2.56)

Partially achieved

All clinical areas should meet infection control standards. (2.57)

Partially achieved

Waiting times for primary care services, including the optician and dentist, should not exceed clinically accepted waiting times in the community. The high rate of non-attendance for some clinics should be investigated and action taken to address this. (2.65)

Achieved

External hospital appointments should not be cancelled and custody escort arrangements should be adequate to meet the health care needs of the population effectively. (2.66)

Achieved

There should be adequate supervision of all medicines administration by custody staff to ensure confidentiality and prevent diversion, and prisoners should have secure storage for medication. (2.76)

Partially achieved

A wider range of medicines should be available for nurses and pharmacy staff to administer without a prescription when clinically appropriate. (2.77)

Achieved

The flooring in the dental surgery should be replaced to meet infection control standards. (2.81)

Achieved

All discipline staff should have regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems, with segregation unit staff prioritised for this. (2.89)

Not achieved

Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines. (2.90)

Not achieved

Lunch should not be served before noon and the evening meal not before 5pm. (2.97)

Not achieved (recommendation repeated, 2.16)

Prisoners should be able to access a full canteen order within 72 hours of arrival. (2.101)

Partially achieved

Purposeful activity

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

At the last inspection, in 2016, time out of cell had improved and the regime was more reliable and predictable. Slippage and lock-downs still occurred, but improved delivery of the regime was helping to stabilise the prison. Overall, Ofsted rated learning and skills provision as requiring improvement. However, a number of aspects had progressed since the last inspection and leadership and management were now much more focused on improvement. There were enough part- and full-time activities for the population, and they were managed more efficiently. While attendance at activities had improved, this still needed to be much better and the range and level of provision needed further development. Much teaching and learning was good and achievements were improving. Access to the library was inadequate but opportunities for PE were reasonable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Prison and college managers should continue to identify the reasons for poor attendance and take corrective action. (S59)

Not achieved

Recommendations

The curriculum should provide a wider range of vocational training courses, some at higher levels. (3.8)

Achieved

Teachers and instructors should have consistently high expectations of learners and written feedback on assessed work should contain clear guidance to support improvement. Prisoners in workshops should receive more instruction to enable them to develop their skills and achieve qualifications. (3.21)

Partially achieved

Opportunities should be provided for prisoners to achieve a qualification relevant to their work. (3.26)

Partially achieved

Library staff should provide more information about the library and its services to improve access, particularly for men working full time in prison industries. (3.33)

Achieved

Gymnasium staff should identify the reasons for poor attendance at PE sessions and take corrective action to improve attendance. (3.37)

Not achieved (recommendation repeated, 3.10)

A wider range of vocational qualifications related to physical education should be provided. (3.38)

Not achieved

Resettlement

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

At the last inspection, in 2016, strategic management of resettlement had improved considerably and resettlement provision reflected a needs analysis. Partnership working was good, although links between resettlement and wing staff remained limited. Offender management had improved overall, but the quality of work still varied and management oversight was inadequate. Public protection work was now good but we had significant concerns about the re-categorisation process. Through-the-gate resettlement work had developed considerably and reasonable resettlement pathway support was provided. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendation

Managers should carry out regular oversight and quality assurance of offender supervisor and case administrator work to ensure all elements of offender management are delivered to the required standard. (S60)

Partially achieved

Recommendations

A sufficiently resourced offender management unit should ensure that all relevant prisoners receive prompt and effective OASys assessments, sentence planning and reviews, supported by meaningful input from offender supervisors and offender managers which is recorded and accessible to other staff, to enable them to progress through their sentence. (4.11)

Not achieved

Prisoners approved for home detention curfew should be released on the earliest eligible date. (4.12)

Not achieved

Offender supervisors should provide information and support to men on remand, who are likely to receive an indeterminate sentence. (4.19)

Achieved

Assessments undertaken by the CRC should be conducted in a private setting to maintain confidentiality. (4.23)

Not achieved

The work of the resettlement team and the range of services provided should be better promoted to ensure that prisoners are aware of how to access relevant services. (4.24)

Achieved

All prisoners nearing their release date should receive careers advice and guidance. (4.29)

Not achieved

All visits should start on time. (4.41)

Partially achieved

All prisoners should have access to family days, subject to risk assessment and public protection considerations. (4.42)

Achieved

Appropriate programmes or one-to-one interventions should be available for prisoners who remain at Nottingham for long periods. (4.45)

Not achieved

Appendix III: 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	36	519	57.5%
Recall	6	107	11.7%
Convicted unsentenced	9	78	9%
Remand	14	188	20.9%
Civil prisoners	0	0	0%
Detainees	0	3	0.3%
Other	0	5	0.5%
Total	65	900	100%

Sentence	18–20 yr olds	21 and over	%
Unsentenced	23	288	32.2%
Less than 6 months	7	122	13.4%
6 months to less than 12 months	10	95	10.9%
12 months to less than 2 years	9	59	7%
2 years to less than 4 years	5	108	11.7%
4 years to less than 10 years	8	123	13.6%
10 years and over (not life)	0	48	5%
ISPP (indeterminate sentence for public protection)	0	26	2.7%
Life	3	31	3.4%
Total	65	900	100%

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	65	6.7%
21 years to 29 years	314	32.5%
30 years to 39 years	301	31.2%
40 years to 49 years	165	17.1%
50 years to 59 years	75	7.8%
60 years to 69 years	29	3%
70 plus years	16	1.7%
Please state maximum age here: 80		
Total	965	100%

Nationality	18–20 yr olds	21 and over	%
British	56	802	88.9%
Foreign nationals	9	92	10.5%
Not stated	0	6	0.6%
Total	65	900	100%

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	1	19	2.1%
Uncategorised sentenced	26	292	33%
Category A	0	0	0%
Category B	0	91	9.4%
Category C	1	474	49.2%
Category D	0	20	2.1%
YOI closed	35	4	4%
YOI open	2	0	0.2%
Other			
Total			

Ethnicity	18–20 yr olds	21 and over	%
White	48	710	78.5%
British	46	647	71.8%
Irish	0	4	0.4%
Gypsy/Irish Traveller	0	10	1%
Other white	2	49	5.3%
Mixed	10	45	5.7%
White and black Caribbean	4	35	4%
White and black African	2	1	0.3%
White and Asian	2	3	0.5%
Other mixed	2	6	0.8%
Asian or Asian British	1	61	6.4%
Indian	1	19	2.1%
Pakistani	0	20	2.1%
Bangladeshi	0	2	0.2%
Chinese	0	1	0.1%
Other Asian	0	19	2%
Black or black British	5	73	8.1%
Caribbean	2	50	5.4%
African	2	14	1.7%
Other black	1	9	1%
Other ethnic group	1	7	0.8%
Arab	0	1	0.1%
Other ethnic group	1	6	0.7%
Not stated	0	4	0.4%
Total	65	900	100%

Religion	18–20 yr olds	21 and over	%
Baptist	0	1	0.1%
Church of England	4	136	14.5%
Roman Catholic	6	130	14.1%
Other Christian denominations	15	185	20.7%
Muslim	8	99	11.1%
Sikh	0	8	0.8%
Hindu	1	1	0.2%
Buddhist	1	14	1.6%
Jewish	0	7	0.7%
Other	0	19	1.9%
No religion	30	300	34.2%
Total	65	900	100%

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	Not available		
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	15	1.6%	163	16.9%
1 month to 3 months	16	1.7%	216	22.4%
3 months to 6 months	5	0.5%	115	11.9%
6 months to 1 year	4	0.4%	75	7.8%
1 year to 2 years	2	0.2%	40	4.1%
2 years to 4 years	0	0%	3	0.3%
4 years or more	0	0%	0	0%
Total	42	4.4%	612	63.4%

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	3	0.3%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		339	
Total			

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	8	2.6%	101	32.5%
1 month to 3 months	8	2.6%	91	29.3%
3 months to 6 months	4	1.3%	69	22.2%
6 months to 1 year	3	1%	24	7.7%
1 year to 2 years	0	0%	3	1%
2 years to 4 years	0	0%	0	0%
4 years or more	0	0%	0	0%
Total	23	2.4%	288	29.8%

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

Appendix IV: Urgent notification documents



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HM Chief Inspector of Prisons
PETER CLARKE CVO OBE QPM

Date : 17 January 2018

The Rt Hon David Gauke MP
Justice Secretary
Ministry of Justice
9th floor
102 Petty France
London SW1H 9AJ

Dear

Re: Urgent Notification : HM Prison Nottingham

In accordance with the Protocol between HM Chief Inspector of Prisons and the Ministry of Justice dated 30 November 2017, I am writing to you to invoke the Urgent Notification (UN) process in respect of HM Prison Nottingham.

An announced inspection of HM Prison Nottingham took place during the week of 8 January 2018. An earlier survey of prisoners was conducted on 11 and 12 December 2017. This inspection identified a number of significant concerns with regard to the treatment and conditions of prisoners. As required by the process, I am therefore writing to give you formal notification of my decision to invoke it. At this stage I shall also set out an indication of the evidence that underpins that decision, and the rationale for why I believe it is necessary. I also attach a summary note which details all the main judgements that followed this inspection and, includes the priorities addressed in this letter. The document is drawn from a similar document provided to the Governor at the end of the inspection last week. He has been informed of my intention to invoke the UN process. I shall, as usual, publish a full inspection report in due course.

The UN process requires me to summarise in this letter the judgements that have led to significant concerns concerning an establishment, and to identify those issues that require improvement. A decision to invoke the UN process is determined by my judgement, informed by relevant factors during the inspection that, as set out in the Protocol, may include:

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- Poor healthy prison test assessments (HMI Prisons' inspection methodology is outlined in the HMI Prisons Inspection Framework);
- The pattern of the healthy prison test judgements;
- Repeated poor assessments;
- The type of prison and the risks presented;
- The vulnerability of those detained;
- The failure to achieve recommendations;
- The Inspectorate's confidence in the prison's capacity for change and improvement.

The Protocol sets out that this letter will be placed in the public domain, and that the Secretary of State commits to publicly respond to the concerns raised within 28 calendar days. The response will explain how outcomes for prisoners in the institution will be improved in both the immediate and longer term.

The principal reason I have decided to issue an Urgent Notification in respect of HMP Nottingham following this most recent inspection is because for the third time in a row HMI Prisons has found the prison to be fundamentally unsafe.

Inspection findings at HMP Nottingham tell a story of dramatic decline since 2010. In 2014, our assessment of safety in Nottingham following an unannounced inspection was 'poor', our lowest grading. As a result of this we carried out an announced inspection in February 2016 and again found that outcomes for prisoners in the area of safety were poor. Our most recent inspection has yet again found safety to be at the lowest possible grading. As an inspectorate we can recall only one previous occasion when the safety of a prison has been assessed as poor following three consecutive inspections and this alone could justify invoking the UN process. In addition, our findings in areas other than safety, (Respect, Purposeful Activity, and Preparation for Release and Resettlement) although not in the lowest possible grading, have produced outcomes that have consistently been 'not sufficiently good'. The failings at HMP Nottingham have been widespread.

Most seriously, in the two years since our last inspection, levels of self-harm have risen very significantly and eight prisoners are understood to have taken their own lives (some cases are still subject to a coroner's inquest). Despite these shocking facts, there have been repeated failures to achieve or embed improvements following previous recommendations made by the Prisons and Probation Ombudsman (PPO).

Irrefutable evidence of the failure to respond to HMI Prisons' inspection findings at Nottingham can be seen not only in the gradings given as a result of the latest inspection, but also in the progress made in implementing previous recommendations. Following the February 2016 inspection we made a total of 48 recommendations, 13 of which were in the crucial area of Safety. Of those 13, a mere 2 had been fully achieved, and 2 partially achieved. Overall, 12 of the 48 recommendations were fully achieved, 23 were not achieved and 13 partially achieved. As the last two inspections have been announced in advance, to give the prison the opportunity to focus on the areas where improvement was urgently needed before the inspections took place, it is extraordinary that there has

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not been a more robust response. An action plan was drawn up to guide the implementation of recommendations, but has obviously not received consistent focused attention nor close monitoring from HMPPS senior leadership.

It appears that the problems at Nottingham are intractable and that staff there are unable to improve safety despite the fact that this failing increases the vulnerability both of those who are held in the prison and of those who work there.

Overall the prison is not short of staff and has been very successful in recruiting significant numbers of new officers over the last two years. This was positive and presented an opportunity for improvement. However, more than half the staff had less than one year's experience and this clearly showed in their dealings with prisoners. Although many staff were enthusiastic and willing, prisoners were frustrated at their inability to get simple things done and it was evident to us that staff could not always be relied upon to get the basics right.

The lack of confidence the prisoners had in the staff undermined the well-being and stability of the prison. It is highly likely that many of the incidents of violence, disorder and self-harm arose to some extent out of prisoners' frustrations about not being able to get things done.

Work was being done to support staff but it was not yet embedded or effecting sufficient improvement. This lack of experience extended to managers, some of whom were temporarily promoted and new to Nottingham. However, the leadership team was enthusiastic, committed and well intentioned.

HMI Prisons' methodology includes a survey of prisoners using fully validated research methods. These survey results are used to inform judgements made by inspectors who speak to prisoners and staff, observe behaviours and study data and other documents. At this inspection our judgements combine to paint a troubling picture of persistent, and in some cases increasing, violence, disorder and self-harm that is indicative of a lack of control.

Key findings from the inspection include:

- Over two thirds of the men we surveyed in HMP Nottingham told us they had felt unsafe at some point during their stay at the prison.
- Over a third reported they felt unsafe at the time of the inspection.
- Newly arrived prisoners did not have a private interview with staff that was specifically intended to address vulnerabilities before they were locked up for the night.
- Only 14% of prisoners said that their cell call bell was normally answered within five minutes and we found examples of very long delays. The safety implications of these failures are obvious.
- 57% of prisoners told us it was easy to obtain illicit drugs and mandatory drug testing suggested a positive rate of 14%, rising to over 30% when psychoactive substances were included in the data.

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- Levels of violence overall were higher than in comparable prisons and had not reduced since our last inspection.
- In the six months prior to our inspection, the prison had recorded more than 200 assaults, about half of them against staff. We estimated the rate of assaults against staff to be over twice the rate we normally see in similar prisons.
- Other indicators were similarly concerning. The number of fights was much higher than similar prisons, force had been used nearly 500 times in 6 months which we estimate to be more than twice as much as normally seen in similar prisons, and staff had drawn batons at least 33 times.
- Supervision and accountability in respect of use of force was poor. Inexplicably, staff were failing to use the body-worn video camera system held by the prison.
- Levels of self-harm remained very high and had increased since our previous inspection. In our survey, 30% of prisoners said they had been subject to case management interventions (ACCT) at some point during their stay, but too many prisoners felt the support and engagement offered was either insufficient or inconsistent.

HMI Prisons has a clear view that a lack of continuity amongst governors at Nottingham in recent years has not been beneficial, and that yet more change at senior level is not the answer to lifting the prison out of its current dangerous state. It seems to us that managers and staff at Nottingham are doing their best but need urgent support from HMPPS to build up competence, capability and resilience. It would be a mistake simply to rely on the fact that there are now more staff at HMP Nottingham to deliver improvement. There needs to be an unwavering focus on making the prison safe and insisting that basic procedures that enhance safety for prisoners and staff alike are followed. If this does not happen, further tragedies and unacceptably high levels of violence will continue to blight HMP Nottingham.

If there is any further information that would be of help to you in framing your response to this Urgent Notification, please do not hesitate to contact me.

Yours sincerely

PETER CLARKE

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Peter Clarke CVO OBE QPM
 HM Chief Inspector of Prisons
 5thFloor, Clive House
 70 Petty France
 London SW1H 9EX

The Right Honourable
David Gauke MP
 Lord Chancellor & Secretary of
 State for Justice

12 February 2018

Dear Peter,

URGENT NOTIFICATION – HMP NOTTINGHAM

Thank you for your letter dated 17th January 2018 by way of an Urgent Notification of the particular concerns the Inspectorate has following the inspection at HMP Nottingham. As set out in the Protocol between you and my Department, I am committed to provide you with a response within 28 days of your letter.

I take very seriously the issues raised by the Inspectorate and we are committed to following up recommendations made in the report.

The prison has been in Special Measures for some time and this has meant that steps were already being taken to support the prison to address safety as your report recognised. For example, a comprehensive assessment of the prison's violence reduction strategy, policies and operating arrangements has taken place to ensure that good practice guidelines are followed. The revised policies were introduced in November 2017; but more needs to be done to improve the situation.

Below I set out the immediate actions we have prioritised to address the most serious and urgent issues which we must fix to deliver effective and sustained improvement in the longer term. I also enclose an action plan providing more detail on the specific actions that have been completed or are underway.

Safety

An urgent safety audit has been carried out and safety specialists will be deployed to provide intensive support to the prison in a range of areas in need of improvement. They have contacted the Prisons and Probation Ombudsman, in advance of publication, to understand and implement the learning from the more recent deaths at the prison. The self-inflicted death of a prisoner at Nottingham last week further underlines the importance of this and related work at Nottingham.

A private space will be created at the prison for reception interviews.

Additional resource will be provided to reduce the backlog of violence incident investigations and security intelligence reports.

I can confirm that the issues with the Body Worn Camera operating system, which meant they were not fully in use at the time of the inspection, has been resolved and the system is operational again across the prison.

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An early assessment will be carried out at the prison by the HMPPS Drug Taskforce to identify any areas of vulnerability so that action can be taken to tackle drugs supply, prior to a 'deep dive' diagnostic review across all aspects of drug strategy.

To help stabilise the prison, the decision has been taken that HMP Nottingham will not hold young adult offenders for a temporary period and we are removing the current group of young offenders either directly or at their next court appearance. We have also made the decision to prioritise moving category B prisoners out of HMP Nottingham into the long term high security estate where their needs will be better met.

Inexperienced Staff

You also found that the lack of confidence prisoners had in staff was having an adverse impact on the prison's stability. It is inevitable when increasing prison officer numbers that you do increase inexperience and we need to address this.

The prison will undertake a training needs analysis for staff at all levels and build a comprehensive plan to be delivered over the coming months with dedicated HR support. We will enhance mentoring for new recruits so that experienced staff can offer further support.

HMP Nottingham has a number of staff in post who have been trained as key workers, as part of the commitments in the White Paper, and who have been specifically trained to engage positively, but also appropriately challenge, prisoners. This will help motivate prisoners to make the most effective use of their time in custody and to assist them in accessing appropriate help whilst in custody.

Leadership and management grip

I am pleased that you found the leadership team to be enthusiastic and committed, which in itself is important for driving performance improvement. They have also demonstrated their ongoing commitment through the development of these further plans, which I welcome, and are keen to continue to build this culture across the prison.

From April 2018 changes will be made to the Prison Group structures meaning that Group Directors will have smaller commands to increase their oversight and provide enhanced management grip. Nottingham will be one of only four prisons in the new North Midlands Group. This will support increased oversight in the delivery of the action plans developed in response to the HMIP reports. Central oversight of this by the HMPPS scrutiny unit will also add an additional layer of assurance to this process.

Living conditions and regime activity

All of the above will be underpinned by a concerted effort to ensure the basics are in place including appropriate standards of cleanliness, repairs that are completed quickly, observation panels that are unblocked and cell bells that are answered swiftly. Regime improvements will enhance prisoners' opportunity to take up regime activity.

A further plan responding to all your recommendations will begin to be developed as soon as we receive your draft report and recommendations. We plan to publish this to coincide with the publication of your

full inspection report, outlining our long-term strategy to deliver sustained improvements at HMP Nottingham.

I hope that this letter reassures you that we are taking seriously the outcomes of the inspection and that action is appropriately being taken by the prison and the wider system to address those actions over the coming weeks and months.

RT HON DAVID GAUKE MP



HM Prison &
Probation Service

Nottingham Urgent Notification: Initial Response Action Plan

Priority Action	No	Overview	Date Due
Safety Suicide Prevention, Self-Harm Reduction, Violence Reduction and Drugs Strategy	1	The national Operational System and Assurance Group, with input from the national Prison Safety Team, will conduct a comprehensive safety audit at HMP Nottingham, with a focus on the operational arrangements related to violence reduction, suicide prevention and self-harm reduction.	7 th Feb 2018
	2	<p>Following the above audit, the national Prison Safety Team will ensure the deployment of a Safety Taskforce of specialist safety staff into the prison to work intensively for several weeks with the establishment and the Regional Safer Custody team, developing a package of measures to address the establishment's safety needs. While the details will be developed following the audit, a range of known areas for improvement will be included in the package as follows:</p> <ul style="list-style-type: none"> • The national Prison Safety Team will provide information on best practice in local prisons on reception and early days in custody, with particular reference to vulnerable prisoners, and will work with Nottingham staff to implement best practice and ensure it is embedded. • The Challenge, Support and Intervention Plan (CSIP) case management of prisoners at raised risk of harming others will be introduced. • Additional resources will be provided to the establishment immediately to clear the backlog of security intelligence reports. • The Prison Safety Team will ensure recommendations from the Prisons and Probation Ombudsman are implemented. (Compliance issues will be addressed by improving assurance systems, management grip and staffing - see also actions 7 to 11). • A concerted effort to ensure that basic procedures are followed reliably in relation to the timely answering of cell bells; removing blockages to observation panels; use of body worn video cameras; and effective operation of the incentives and earned privileges scheme, and the 	Mid-February to end of March 2018 Mid-February to end of March 2018 31 st March 2018 21 st March 2018 14 th Feb 2018



HM Prison &
Probation Service

Nottingham Urgent Notification: Initial Response Action Plan

Priority Action	No	Overview	Date Due
Safety Suicide Prevention, Self-Harm Reduction, Violence Reduction and Drugs Strategy		prisoner complaints and applications processes. (Compliance issues will be addressed by improving assurance systems, management grip and staffing - see also actions 7 to 11).	From mid-March and ongoing.
	3	Capital Funding has been provided to create two private interview rooms within the prison's reception area; Amey have been issued an instruction to complete this work. The work is programmed to commence in March and be completed for this financial year. We will improve stability by:	01 st April 2018
	4	<ul style="list-style-type: none"> Removing the 50 Young Adult offenders currently at Nottingham following their next court appearance or earlier, and temporarily realigning the court catchment designations so that young adult offenders are not allocated to HMP Nottingham directly from court; the period this arrangement will apply will be subject to review, with the first review to take place in June 2018. Prioritising HMP Nottingham in the allocation of sentenced Category B prisoners to the Long Term High Security Estate. 	From 7 th February 2018 From 7 th February 2018
	5	Local leadership, supported by the national drugs taskforce, local partners, and national and prison group resources, will undertake: <ul style="list-style-type: none"> a vulnerability threat assessment to identify immediate action to reduce drug supply. a full, 'deep-dive' diagnostic process which will identify action on supply and demand reduction, treatment and recovery, and continuity of care. enhanced searching of prisoners on recall to custody and of staff attending for work, with an initial increase supported by national resources and a plan for sustained increases through local capability building. 	14 th March 2018 31 st March 2018 21 st March 2018



HM Prison &
Probation Service

Nottingham Urgent Notification: Initial Response Action Plan

Priority Action	No	Overview	Date Due
	6	Health commissioners to provide additional funding of approximately £200k/year to enhance 7 day a week mental healthcare.	1 st April 2018
Inexperienced Staff	7	<p>We will provide intensive support through an additional dedicated 2.5 Human Resources Business Partners, for a minimum of 5 weeks, to include:</p> <ul style="list-style-type: none"> • A Training Needs Analysis to be completed. • Embed the staff retention toolkit into business as usual. • Utilise the best practice from other establishments in managing a high number of inexperienced staff. • Enhance levels of mentoring support for prison officers. 	<p>Mid-February to mid-March 2018</p> <p>12th February 2018</p> <p>28th February 2018</p> <p>28th February 2018</p> <p>28th February 2018</p>
Leadership and Management Grip	8	To increase the support and oversight offered to HMP Nottingham, the establishment will move to the new, smaller North Midlands prisons group, which contains just four prisons under the leadership of a single Prison Group Director.	1 st April 2018
	9	We will strengthen the senior management team at Nottingham by filling vacancies with substantive appointments, identifying and appointing appropriately skilled and experienced managers, as well as deploying managers on a temporary basis to provide immediate support.	28 th February 2018
	10	We will deliver coaching sessions for the Senior Management Team.	1 st March 2018
	11	We will conduct a review of the assurance processes in place and work with the Governor, Senior Management Team and Prison Group Director to further develop the Assurance Framework and	



HM Prison &
Probation Service

Nottingham Urgent Notification:
Initial Response Action Plan

Priority Action	No	Overview	Date Due
		Governance structure. This will improve the oversight of priority systems and the delivery of the HMIP action plan.	28 th February 2018
	12	Introduce a single point of contact for all absence management cases for a temporary period and ensure a dedicated Human Resources Case Manager is based at HMP Nottingham for a period of 12 weeks.	Immediate
Use of Force	13	We will use national expertise to review the reporting procedures of Use of Force and governance pertaining to Use of Force over the last six months.	30 th March 2018
	14	National expertise will provide practical support to improve Use of Force practice and adherence to procedure in the prison. (Compliance issues will be addressed by improving assurance systems, management grip and staffing – see also actions 7 to 11).	30 th March 2018
Living Conditions	15	We will strengthen systems to log and track maintenance work, eradicate the maintenance backlog and ensure repairs are completed within the required timescales.	Ongoing
	16	We will improve living conditions by providing adequate cell furniture to replace damaged furniture and ensure standards of cleanliness are maintained throughout the prison.	1 st March 2018
Activity allocation and attendance	17	National expertise will be provided to improve local systems for activity allocation and attendance, with a view to maximising the take up of activity places by prisoners.	21 st Feb 2018

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.¹⁶

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 power calculation, HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.¹⁷ 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.¹⁸ 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 11 December 2017 the prisoner population at HMP & YOI Nottingham was 974. Using the sampling method described above, questionnaires were distributed to 217 prisoners. We received a total of 177 completed questionnaires, a response rate of 82%. This included one questionnaire completed via face-to-face interview. Thirteen prisoners declined to participate in the survey and 27 questionnaires were either not returned at all, or returned blank.

¹⁶ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹⁷ 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

¹⁸ 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/hmiprison/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 Nottingham. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.¹⁹ Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

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 Nottingham 2017²⁰ compared with those from other HMI Prisons surveys²¹

- Survey responses from HMP & YOI Nottingham in 2017 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP & YOI Nottingham in 2017 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP & YOI Nottingham in 2017 compared with survey responses from HMP & YOI Nottingham in 2016.

Comparisons between different residential locations within HMP & YOI Nottingham 2017

- Responses of prisoners on the vulnerable prisoner unit (G wing) compared with those from the rest of the establishment.
- Responses of prisoners on the key worker wing (E wing) compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP & YOI Nottingham 2017²²

- White prisoners’ responses compared with those of prisoners from black or minority ethnic groups.
- Muslim prisoners’ responses compared with those of non-Muslim prisoners.
- Disabled prisoners’ responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.
- Responses of prisoners who have served in the armed forces compared with those who have not.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.²³

¹⁹ Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

²⁰ 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.

²¹ 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.

²² These analyses are carried out on summary data from selected survey questions only.

²³ A minimum of 10 responses which must also represent at least 10% of the total response.

In the comparator analyses, statistically significant differences are indicated by shading.²⁴ 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.

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.

²⁴ 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.

Background information

I.1	What wing or houseblock are you currently living on?	
	A Wing.....	28 (16%)
	B Wing	33 (19%)
	C Wing.....	14 (8%)
	D Wing.....	23 (13%)
	E Wing	31 (18%)
	F Wing	18 (10%)
	G Wing	28 (16%)
	Segregation unit.....	2 (1%)
I.2	How old are you?	
	Under 21	11 (6%)
	21 - 25.....	27 (15%)
	26 - 29.....	24 (14%)
	30 - 39.....	67 (38%)
	40 - 49.....	24 (14%)
	50 - 59.....	13 (7%)
	60 - 69.....	9 (5%)
	70 or over.....	1 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British	119 (70%)
	White - Irish.....	6 (4%)
	White - Gypsy or Irish Traveller.....	3 (2%)
	White - any other White background	8 (5%)
	Mixed - White and Black Caribbean	8 (5%)
	Mixed - White and Black African	1 (1%)
	Mixed - White and Asian	0 (0%)
	Mixed - any other Mixed ethnic background	2 (1%)
	Asian/ Asian British - Indian.....	1 (1%)
	Asian/ Asian British - Pakistani.....	3 (2%)
	Asian/ Asian British - Bangladeshi.....	0 (0%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background	4 (2%)
	Black/ Black British - Caribbean.....	8 (5%)
	Black/ Black British - African	2 (1%)
	Black - any other Black/ African/ Caribbean background.....	3 (2%)
	Arab.....	0 (0%)
	Any other ethnic group	3 (2%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	123 (71%)
	6 months or more	50 (29%)
I.5	Are you currently serving a sentence?	
	Yes	110 (64%)
	Yes - on recall.....	26 (15%)
	No - on remand or awaiting sentence.....	34 (20%)
	No - immigration detainee.....	2 (1%)

1.6	How long is your sentence?	
	Less than 6 months.....	42 (24%)
	6 months to less than 1 year.....	17 (10%)
	1 year to less than 4 years.....	32 (18%)
	4 years to less than 10 years.....	22 (13%)
	10 years or more.....	11 (6%)
	IPP (indeterminate sentence for public protection).....	9 (5%)
	Life.....	5 (3%)
	Not currently serving a sentence.....	36 (21%)
Arrival and reception		
2.1	Were you given up-to-date information about this prison before you came here?	
	Yes.....	14 (8%)
	No.....	153 (86%)
	Don't remember.....	10 (6%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours.....	36 (21%)
	2 hours or more.....	128 (74%)
	Don't remember.....	9 (5%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes.....	129 (73%)
	No.....	44 (25%)
	Don't remember.....	3 (2%)
2.4	Overall, how were you treated in reception?	
	Very well.....	22 (12%)
	Quite well.....	101 (57%)
	Quite badly.....	35 (20%)
	Very badly.....	17 (10%)
	Don't remember.....	2 (1%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers.....	90 (52%)
	Contacting family.....	85 (49%)
	Arranging care for children or other dependants.....	13 (7%)
	Contacting employers.....	13 (7%)
	Money worries.....	44 (25%)
	Housing worries.....	53 (30%)
	Feeling depressed.....	87 (50%)
	Feeling suicidal.....	43 (25%)
	Other mental health problems.....	51 (29%)
	Physical health problems.....	35 (20%)
	Drug or alcohol problems (e.g. withdrawal).....	48 (28%)
	Problems getting medication.....	55 (32%)
	Needing protection from other prisoners.....	24 (14%)
	Lost or delayed property.....	37 (21%)
	Other problems.....	36 (21%)
	Did not have any problems.....	11 (6%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes.....	40 (24%)
	No.....	113 (69%)
	Did not have any problems when I first arrived.....	11 (7%)

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.....			125 (73%)
	Toiletries / other basic items			98 (57%)
	A shower.....			77 (45%)
	A free phone call			101 (59%)
	Something to eat			126 (73%)
	The chance to see someone from health care			112 (65%)
	The chance to talk to a Listener or Samaritans.....			35 (20%)
	Support from another prisoner (e.g. Insider or buddy).....			35 (20%)
	Wasn't offered any of these things			9 (5%)
3.2	On your first night in this prison, how clean or dirty was your cell?			
	Very clean			2 (1%)
	Quite clean			26 (15%)
	Quite dirty			49 (29%)
	Very dirty			91 (53%)
	Don't remember			3 (2%)
3.3	Did you feel safe on your first night here?			
	Yes			96 (56%)
	No.....			68 (40%)
	Don't remember			7 (4%)
3.4	In your first few days here, did you get:			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	53 (31%)	110 (64%)	9 (5%)
	Free PIN phone credit?	80 (47%)	78 (46%)	12 (7%)
	Numbers put on your PIN phone?	47 (27%)	112 (64%)	16 (9%)
3.5	Did your induction cover everything you needed to know about this prison?			
	Yes			62 (37%)
	No.....			72 (43%)
	Have not had an induction.....			32 (19%)

On the wing

4.1	Are you in a cell on your own?		
	Yes		56 (33%)
	No, I'm in a shared cell or dormitory.....		116 (67%)
4.2	Is your cell call bell normally answered within 5 minutes?		
	Yes		25 (14%)
	No.....		141 (81%)
	Don't know.....		8 (5%)
	Don't have a cell call bell.....		0 (0%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	85 (49%)	84 (49%)	3 (2%)
Can you shower every day?	128 (76%)	38 (22%)	3 (2%)
Do you have clean sheets every week?	114 (66%)	52 (30%)	6 (3%)
Do you get cell cleaning materials every week?	78 (45%)	87 (51%)	7 (4%)
Is it normally quiet enough for you to relax or sleep at night?	83 (48%)	85 (49%)	4 (2%)
Can you get your stored property if you need it?	25 (15%)	104 (62%)	39 (23%)

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

Very clean	16 (9%)
Quite clean	59 (35%)
Quite dirty	53 (31%)
Very dirty	43 (25%)

Food and canteen

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

Very good.....	6 (3%)
Quite good	45 (26%)
Quite bad	61 (35%)
Very bad	60 (35%)

5.2 Do you get enough to eat at mealtimes?

Always.....	9 (5%)
Most of the time.....	22 (13%)
Some of the time.....	68 (39%)
Never	75 (43%)

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

Yes	94 (55%)
No.....	69 (40%)
Don't know.....	9 (5%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	108 (63%)
No.....	63 (37%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	114 (67%)
No.....	55 (33%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	45 (26%)
No.....	129 (74%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	11 (7%)
	Quite helpful.....	13 (8%)
	Not very helpful	11 (7%)
	Not at all helpful.....	17 (10%)
	Don't know.....	31 (19%)
	Don't have a personal / named officer	80 (49%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	9 (5%)
	Sometimes.....	24 (14%)
	Hardly ever.....	119 (72%)
	Don't know.....	14 (8%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	54 (32%)
	No.....	114 (68%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	19 (11%)
	Yes, but things don't change.....	46 (27%)
	No.....	71 (42%)
	Don't know.....	35 (20%)

Faith

7.1	What is your religion?	
	No religion.....	61 (35%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	78 (45%)
	Buddhist.....	4 (2%)
	Hindu.....	1 (1%)
	Jewish	1 (1%)
	Muslim.....	18 (10%)
	Sikh	1 (1%)
	Other	10 (6%)
7.2	Are your religious beliefs respected here?	
	Yes.....	69 (41%)
	No.....	19 (11%)
	Don't know.....	21 (12%)
	Not applicable (no religion).....	61 (36%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	70 (40%)
	No.....	13 (8%)
	Don't know.....	29 (17%)
	Not applicable (no religion).....	61 (35%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	94 (55%)
	No.....	9 (5%)
	Don't know.....	7 (4%)
	Not applicable (no religion).....	61 (36%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	31 (18%)
	No	138 (82%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	99 (57%)
	No	74 (43%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	142 (83%)
	No	30 (17%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	16 (9%)
	Quite easy	66 (38%)
	Quite difficult	33 (19%)
	Very difficult	42 (24%)
	Don't know	16 (9%)
8.5	How often do you have visits from family or friends?	
	More than once a week	5 (3%)
	About once a week	24 (14%)
	Less than once a week	66 (38%)
	Not applicable (don't get visits)	78 (45%)
8.6	Do visits usually start and finish on time?	
	Yes	37 (41%)
	No	53 (59%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	63 (72%)
	No	24 (28%)

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	59 (35%)
	Yes, but these times are not usually kept to	87 (51%)
	No	25 (15%)
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	67 (40%)
	2 to 6 hours	70 (41%)
	6 to 10 hours	17 (10%)
	10 hours or more	6 (4%)
	Don't know	9 (5%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	104 (60%)
	2 to 6 hours	54 (31%)
	6 to 10 hours	10 (6%)
	10 hours or more	0 (0%)
	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	8 (5%)	
	1 or 2	33 (19%)	
	3 to 5.....	39 (23%)	
	More than 5.....	77 (45%)	
	Don't know.....	13 (8%)	
9.5	How many days in a typical week do you get association, if you want it?		
	None	9 (5%)	
	1 or 2	23 (13%)	
	3 to 5.....	31 (18%)	
	More than 5.....	95 (56%)	
	Don't know.....	13 (8%)	
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None	9 (5%)	
	1 or 2	20 (11%)	
	3 to 5.....	39 (22%)	
	More than 5.....	91 (52%)	
	Don't know.....	15 (9%)	
9.7	Typically, how often do you go to the gym?		
	Twice a week or more	34 (20%)	
	About once a week.....	32 (19%)	
	Less than once a week.....	26 (15%)	
	Never	78 (46%)	
9.8	Typically, how often do you go to the library?		
	Twice a week or more	11 (6%)	
	About once a week.....	43 (25%)	
	Less than once a week.....	28 (16%)	
	Never	88 (52%)	
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes	35 (22%)	
	No.....	38 (24%)	
	Don't use the library	88 (55%)	

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....	118 (68%)		
	No.....	46 (26%)		
	Don't know.....	10 (6%)		
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?	50 (31%)	96 (59%)	17 (10%)
	Are applications usually dealt with within 7 days?	24 (15%)	116 (74%)	17 (11%)

10.3	Is it easy for you to make a complaint?				
	Yes			87 (50%)	
	No			55 (31%)	
	Don't know			33 (19%)	
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?	22 (13%)	82 (50%)	59 (36%)	
	Are complaints usually dealt with within 7 days?	14 (9%)	87 (54%)	59 (37%)	
10.5	Have you ever been prevented from making a complaint here when you wanted to?				
	Yes			41 (25%)	
	No			85 (52%)	
	Not wanted to make a complaint			36 (22%)	
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?	61 (37%)	63 (38%)	31 (19%)	11 (7%)
	Attend legal visits?	79 (50%)	33 (21%)	35 (22%)	12 (8%)
	Get bail information?	18 (11%)	70 (44%)	46 (29%)	26 (16%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?				
	Yes				83 (49%)
	No				62 (37%)
	Not had any legal letters				23 (14%)

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	4 (2%)	24 (14%)	46 (26%)	73 (42%)	28 (16%)
	Nurse	10 (6%)	46 (27%)	38 (22%)	48 (28%)	29 (17%)
	Dentist	4 (2%)	17 (10%)	35 (21%)	76 (45%)	38 (22%)
	Mental health workers	10 (6%)	34 (20%)	27 (16%)	52 (30%)	48 (28%)
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	13 (8%)	53 (31%)	40 (24%)	22 (13%)	42 (25%)
	Nurse	18 (11%)	60 (35%)	36 (21%)	23 (13%)	34 (20%)
	Dentist	9 (5%)	30 (18%)	30 (18%)	26 (15%)	73 (43%)
	Mental health workers	15 (9%)	33 (20%)	28 (17%)	22 (13%)	69 (41%)
11.3	Do you have any mental health problems?					
	Yes					86 (51%)
	No					81 (49%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					30 (18%)
	No					58 (34%)
	Don't have any mental health problems					81 (48%)

11.5	What do you think of the overall quality of the health services here?	
	Very good.....	9 (5%)
	Quite good	53 (32%)
	Quite bad	48 (29%)
	Very bad	40 (24%)
	Don't know.....	18 (11%)
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	72 (42%)
	No.....	98 (58%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	15 (9%)
	No.....	53 (32%)
	Don't have a disability	98 (59%)
12.3	Have you been on an ACCT in this prison?	
	Yes	50 (30%)
	No.....	115 (70%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	18 (11%)
	No.....	30 (18%)
	Have not been on an ACCT in this prison.....	115 (71%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy.....	15 (9%)
	Quite easy.....	33 (20%)
	Quite difficult	19 (11%)
	Very difficult	13 (8%)
	Don't know.....	84 (50%)
	No Listeners at this prison	5 (3%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	41 (24%)
	No.....	131 (76%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	23 (14%)
	No.....	15 (9%)
	Did not / do not have an alcohol problem	131 (78%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	57 (34%)
	No.....	113 (66%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	26 (15%)
	No.....	145 (85%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	20 (12%)
	No	151 (88%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	29 (18%)
	No	34 (21%)
	Did not / do not have a drug problem.....	102 (62%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	69 (41%)
	Quite easy	26 (15%)
	Quite difficult	3 (2%)
	Very difficult	8 (5%)
	Don't know.....	62 (37%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	18 (11%)
	Quite easy	26 (16%)
	Quite difficult	16 (10%)
	Very difficult	23 (14%)
	Don't know.....	83 (50%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	115 (67%)
	No	57 (33%)
14.2	Do you feel unsafe now?	
	Yes	59 (35%)
	No	110 (65%)
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	65 (39%)
	Threats or intimidation.....	69 (42%)
	Physical assault.....	46 (28%)
	Sexual assault.....	4 (2%)
	Theft of canteen or property.....	56 (34%)
	Other bullying / victimisation	38 (23%)
	Not experienced any of these from prisoners here.....	75 (45%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	46 (28%)
	No	121 (72%)

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	58 (35%)
	Threats or intimidation.....	38 (23%)
	Physical assault.....	19 (12%)
	Sexual assault.....	5 (3%)
	Theft of canteen or property.....	16 (10%)
	Other bullying / victimisation	23 (14%)
	Not experienced any of these from staff here.....	93 (57%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	70 (42%)
	No.....	95 (58%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	56 (33%)
	No.....	72 (42%)
	Don't know what the incentives / rewards are	43 (25%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	49 (28%)
	No.....	68 (39%)
	Don't know.....	16 (9%)
	Don't know what this is	40 (23%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	30 (17%)
	No.....	144 (83%)

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	4 (2%)
	No.....	23 (13%)
	Don't remember	1 (1%)
	Not been restrained here in last 6 months	144 (84%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	11 (6%)
	No.....	160 (94%)

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?	4 (40%)	6 (60%)
	Could you shower every day?	6 (60%)	4 (40%)
	Could you go outside for exercise every day?	5 (50%)	5 (50%)
	Could you use the phone every day (if you had credit)?	4 (44%)	5 (56%)

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	77 (46%)	36 (21%)	50 (30%)	6 (4%)
Vocational or skills training	33 (20%)	52 (32%)	65 (40%)	12 (7%)
Prison job	53 (33%)	65 (40%)	39 (24%)	6 (4%)
Voluntary work outside of the prison	3 (2%)	45 (28%)	59 (37%)	53 (33%)
Paid work outside of the prison	4 (2%)	46 (28%)	58 (36%)	54 (33%)

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	54 (35%)	41 (26%)	60 (39%)
Vocational or skills training	44 (28%)	38 (24%)	77 (48%)
Prison job	46 (29%)	72 (45%)	42 (26%)
Voluntary work outside of the prison	27 (17%)	28 (18%)	101 (65%)
Paid work outside of the prison	31 (20%)	23 (15%)	104 (66%)

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

Yes	55 (33%)
No.....	97 (59%)
Not applicable (e.g. if you are retired, sick or on remand)	13 (8%)

Planning and progression

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

Yes	41 (23%)
No.....	135 (77%)

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

Yes	28 (74%)
No.....	6 (16%)
Don't know what my objectives or targets are.....	4 (11%)

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

Yes	10 (29%)
No.....	21 (60%)
Don't know what my objectives or targets are.....	4 (11%)

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	7 (21%)	4 (12%)	23 (68%)
Other programmes	7 (21%)	6 (18%)	20 (61%)
One to one work	9 (27%)	4 (12%)	20 (61%)
Being on a specialist unit	4 (12%)	3 (9%)	26 (79%)
ROTL - day or overnight release	4 (13%)	2 (6%)	25 (81%)

Preparation for release

18.1	Do you expect to be released in the next 3 months?		
	Yes		70 (40%)
	No		77 (45%)
	Don't know		26 (15%)
18.2	How close is this prison to your home area or intended release address?		
	Very near		15 (22%)
	Quite near		33 (48%)
	Quite far		13 (19%)
	Very far		8 (12%)
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?		
	Yes		14 (20%)
	No		55 (80%)
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	15 (22%)	31 (46%) 21 (31%)
	Getting employment	9 (14%)	28 (42%) 29 (44%)
	Setting up education or training	6 (10%)	21 (34%) 35 (56%)
	Arranging benefits	12 (18%)	32 (48%) 22 (33%)
	Sorting out finances	7 (11%)	28 (44%) 29 (45%)
	Support for drug or alcohol problems	14 (21%)	21 (32%) 31 (47%)
	Health / mental health support	9 (14%)	32 (49%) 24 (37%)
	Social care support	5 (8%)	27 (42%) 32 (50%)
	Getting back in touch with family or friends	6 (9%)	26 (40%) 33 (51%)

More about you

19.1	Do you have children under the age of 18?		
	Yes		85 (50%)
	No		86 (50%)
19.2	Are you a UK / British citizen?		
	Yes		158 (91%)
	No		16 (9%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?		
	Yes		10 (6%)
	No		162 (94%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?		
	Yes		18 (11%)
	No		153 (89%)
19.5	What is your gender?		
	Male		169 (98%)
	Female		1 (1%)
	Non-binary		3 (2%)
	Other		0 (0%)

19.6	How would you describe your sexual orientation?	
	Straight / heterosexual.....	166 (97%)
	Gay / lesbian / homosexual.....	3 (2%)
	Bisexual.....	2 (1%)
	Other.....	1 (1%)
19.7	Do you identify as transgender or transsexual?	
	Yes.....	7 (4%)
	No.....	161 (96%)

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.....	26 (16%)
	Less likely to offend.....	67 (40%)
	Made no difference.....	74 (44%)

HMP Nottingham 2017

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Nottingham 2017 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (3 prisons) Please note that this does not include all local prisons.
- Summary statistics from HMP Nottingham in 2017 are compared with those from HMP Nottingham in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	<i>n=176</i>	6%	5%	6%	2%	6%	3%
	Are you 25 years of age or younger?	<i>n=176</i>	22%		22%	18%	22%	
	Are you 50 years of age or older?	<i>n=176</i>	13%	12%	13%	12%	13%	8%
	Are you 70 years of age or older?	<i>n=176</i>	1%	2%	1%	2%	1%	2%
1.3	Are you from a minority ethnic group?	<i>n=171</i>	21%	24%	21%	15%	21%	19%
1.4	Have you been in this prison for less than 6 months?	<i>n=173</i>	71%		71%	64%	71%	
1.5	Are you currently serving a sentence?	<i>n=172</i>	79%	70%	79%	71%	79%	59%
	Are you on recall?	<i>n=172</i>	15%	10%	15%	14%	15%	11%
1.6	Is your sentence less than 12 months?	<i>n=174</i>	34%	20%	34%	23%	34%	25%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=174</i>	5%	3%	5%	3%	5%	4%
7.1	Are you Muslim?	<i>n=174</i>	10%	12%	10%	8%	10%	12%
11.3	Do you have any mental health problems?	<i>n=167</i>	52%		52%	53%	52%	
12.1	Do you consider yourself to have a disability?	<i>n=170</i>	42%	31%	42%	42%	42%	31%
19.1	Do you have any children under the age of 18?	<i>n=171</i>	50%	53%	50%	58%	50%	60%
19.2	Are you a foreign national?	<i>n=174</i>	9%	12%	9%	5%	9%	14%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=172</i>	6%	5%	6%	3%	6%	4%
19.4	Have you ever been in the armed services?	<i>n=171</i>	11%	6%	11%	6%	11%	9%
19.5	Is your gender female or non-binary?	<i>n=173</i>	2%		2%	1%	2%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=172</i>	4%	3%	4%	4%	4%	4%
19.7	Do you identify as transgender or transsexual?	<i>n=168</i>	4%		4%	2%	4%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=177</i>	8%		8%	19%	8%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=173</i>	21%	42%	21%	38%	21%	19%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=176</i>	73%	77%	73%	79%	73%	77%
2.4	Overall, were you treated very / quite well in reception?	<i>n=177</i>	70%		70%	77%	70%	

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2.5	When you first arrived, did you have any problems?	n=174	94%	80%	94%	86%	94%	82%
2.5	Did you have problems with:							
	- Getting phone numbers?	n=174	52%	34%	52%	45%	52%	37%
	- Contacting family?	n=174	49%	37%	49%	46%	49%	40%
	- Arranging care for children or other dependents?	n=174	8%		8%	4%	8%	
	- Contacting employers?	n=174	8%	6%	8%	7%	8%	4%
	- Money worries?	n=174	25%	24%	25%	30%	25%	26%
	- Housing worries?	n=174	31%	24%	31%	26%	31%	23%
	- Feeling depressed?	n=174	50%		50%	47%	50%	
	- Feeling suicidal?	n=174	25%		25%	17%	25%	
	- Other mental health problems?	n=174	29%		29%	28%	29%	
	- Physical health problems	n=174	20%	19%	20%	21%	20%	23%
	- Drugs or alcohol (e.g. withdrawal)?	n=174	28%		28%	28%	28%	
	- Getting medication?	n=174	32%		32%	35%	32%	
	- Needing protection from other prisoners?	n=174	14%	10%	14%	11%	14%	11%
	- Lost or delayed property?	n=174	21%	17%	21%	16%	21%	15%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=153	26%	32%	26%	31%	26%	23%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	n=172	73%	71%	73%	80%	73%	73%
	- Toiletries / other basic items?	n=172	57%	58%	57%	53%	57%	55%
	- A shower?	n=172	45%	28%	45%	50%	45%	62%
	- A free phone call?	n=172	59%	51%	59%	57%	59%	62%
	- Something to eat?	n=172	73%	71%	73%	79%	73%	71%
	- The chance to see someone from health care?	n=172	65%	65%	65%	66%	65%	65%
	- The chance to talk to a Listener or Samaritans?	n=172	20%	30%	20%	26%	20%	21%
	- Support from another prisoner (e.g. Insider or buddy)?	n=172	20%		20%	23%	20%	
	- None of these?	n=172	5%		5%	5%	5%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=171	16%		16%	27%	16%	
3.3	Did you feel safe on your first night here?	n=171	56%	65%	56%	62%	56%	62%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	n=172	31%	24%	31%	41%	31%	25%
	- Free PIN phone credit?	n=170	47%		47%	59%	47%	
	- Numbers put on your PIN phone?	n=175	27%		27%	41%	27%	
3.5	Have you had an induction at this prison?	n=166	81%	77%	81%	85%	81%	70%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=134	46%		46%	51%	46%	

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ON THE WING								
4.1	Are you in a cell on your own?	n=172	33%		33%	24%	33%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=174	14%	22%	14%	18%	14%	10%
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	n=172	49%	47%	49%	55%	49%	33%
	- Can you shower every day?	n=169	76%	73%	76%	80%	76%	67%
	- Do you have clean sheets every week?	n=172	66%	59%	66%	52%	66%	46%
	- Do you get cell cleaning materials every week?	n=172	45%	48%	45%	41%	45%	44%
	- Is it normally quiet enough for you to relax or sleep at night?	n=172	48%	53%	48%	52%	48%	36%
	- Can you get your stored property if you need it?	n=168	15%	18%	15%	25%	15%	16%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=171	44%		44%	62%	44%	
FOOD AND CANTEEN								
5.1	Is the quality of the food in this prison very / quite good?	n=172	30%		30%	30%	30%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=174	18%		18%	25%	18%	
5.3	Does the shop / canteen sell the things that you need?	n=172	55%	49%	55%	69%	55%	43%
RELATIONSHIPS WITH STAFF								
6.1	Do most staff here treat you with respect?	n=171	63%	72%	63%	67%	63%	64%
6.2	Are there any staff here you could turn to if you had a problem?	n=169	68%	68%	68%	71%	68%	61%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=174	26%	28%	26%	30%	26%	22%
6.4	Do you have a personal officer?	n=163	51%		51%	62%	51%	
	<i>For those who have a personal officer:</i>							
6.4	Is your personal or named officer very / quite helpful?	n=83	29%		29%	52%	29%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=166	5%		5%	7%	5%	
6.6	Do you feel that you are treated as an individual in this prison?	n=168	32%		32%	37%	32%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=171	38%		38%	39%	38%	
	If so, do things sometimes change?	n=65	29%		29%	35%	29%	
FAITH								
7.1	Do you have a religion?	n=174	65%	69%	65%	67%	65%	72%
	<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	n=109	63%		63%	63%	63%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=112	63%		63%	67%	63%	
7.4	Are you able to attend religious services, if you want to?	n=110	86%		86%	82%	86%	

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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=169	18%		18%	27%	18%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=173	57%	49%	57%	54%	57%	52%
8.3	Are you able to use a phone every day (if you have credit)?	n=172	83%		83%	80%	83%	
8.4	Is it very / quite easy for your family and friends to get here?	n=173	47%		47%	50%	47%	
8.5	Do you get visits from family/friends once a week or more?	n=173	17%		17%	27%	17%	
<i>For those who get visits:</i>								
8.6	Do visits usually start and finish on time?	n=90	41%		41%	51%	41%	
8.7	Are your visitors usually treated respectfully by staff?	n=87	72%		72%	76%	72%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=171	85%		85%	81%	85%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>								
9.1	Are these times usually kept to?	n=146	40%		40%	49%	40%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=169	40%	30%	40%	31%	40%	35%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=169	4%	8%	4%	9%	4%	5%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=173	60%		60%	60%	60%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=173	0%		0%	2%	0%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=170	45%		45%	43%	45%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=171	56%		56%	48%	56%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=174	52%		52%	42%	52%	
9.7	Do you typically go to the gym twice a week or more?	n=170	20%		20%	38%	20%	
9.8	Do you typically go to the library twice a week or more?	n=170	7%	6%	7%	12%	7%	4%
<i>For those who use the library:</i>								
9.9	Does the library have a wide enough range of materials to meet your needs?	n=73	48%	52%	48%	54%	48%	48%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	n=174	68%	70%	68%	64%	68%	72%
<i>For those who have made an application:</i>								
10.2	Are applications usually dealt with fairly?	n=146	34%	46%	34%	45%	34%	27%
	Are applications usually dealt with within 7 days?	n=140	17%	31%	17%	28%	17%	14%
10.3	Is it easy for you to make a complaint?	n=175	50%	48%	50%	54%	50%	51%
<i>For those who have made a complaint:</i>								
10.4	Are complaints usually dealt with fairly?	n=104	21%	26%	21%	28%	21%	22%
	Are complaints usually dealt with within 7 days?	n=101	14%	21%	14%	21%	14%	20%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=126	33%		33%	33%	33%	

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For those who need it, is it easy to:						
10.6	Communicate with your solicitor or legal representative?	n=155	39%		39%	38%
	Attend legal visits?	n=147	54%		54%	57%
	Get bail information?	n=134	13%		13%	16%
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=145	57%	48%	57%	49%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=175	16%		16%	16%
	- Nurse?	n=171	33%		33%	43%
	- Dentist?	n=170	12%		12%	8%
	- Mental health workers?	n=171	26%		26%	16%
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=170	39%		39%	30%
	- Nurse?	n=171	46%		46%	48%
	- Dentist?	n=168	23%		23%	24%
	- Mental health workers?	n=167	29%		29%	25%
11.3	Do you have any mental health problems?	n=167	52%		52%	53%
For those who have mental health problems:						
11.4	Have you been helped with your mental health problems in this prison?	n=88	34%		34%	33%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=168	37%		37%	29%
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=170	42%	31%	42%	42%
For those who have a disability:						
12.2	Are you getting the support you need?	n=68	22%		22%	24%
12.3	Have you been on an ACCT in this prison?	n=165	30%		30%	22%
For those who have been on an ACCT:						
12.4	Did you feel cared for by staff?	n=48	38%		38%	37%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=169	28%		28%	50%
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=172	24%	22%	24%	23%
For those who had / have an alcohol problem:						
13.2	Have you been helped with your alcohol problem in this prison?	n=38	61%	54%	61%	56%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=170	34%	35%	34%	35%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=171	15%	12%	15%	19%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=171	12%		12%	12%
For those who had / have a drug problem:						
13.6	Have you been helped with your drug problem in this prison?	n=63	46%	56%	46%	51%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=168	57%		57%	58%
13.8	Is it very / quite easy to get alcohol in this prison?	n=166	27%		27%	31%

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

Number of completed questionnaires returned

HMP Nottingham 2017	All other local prisons	HMP Nottingham 2017	Local prisons surveyed since September 2017	HMP Nottingham 2017	HMP Nottingham 2016
177	6,029	177	584	177	205

n=number of valid responses to question (HMP Nottingham 2017)

SAFETY								
14.1	Have you ever felt unsafe here?	n=172	67%	53%	67%	63%	67%	61%
14.2	Do you feel unsafe now?	n=169	35%	25%	35%	30%	35%	28%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=165	39%		39%	41%	39%	
	- Threats or intimidation?	n=165	42%		42%	38%	42%	
	- Physical assault?	n=165	28%		28%	19%	28%	
	- Sexual assault?	n=165	2%		2%	2%	2%	
	- Theft of canteen or property?	n=165	34%		34%	29%	34%	
	- Other bullying / victimisation?	n=165	23%		23%	20%	23%	
	- Not experienced any of these from prisoners here	n=165	46%	66%	46%	47%	46%	56%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=167	28%		28%	36%	28%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=164	35%		35%	35%	35%	
	- Threats or intimidation?	n=164	23%		23%	27%	23%	
	- Physical assault?	n=164	12%		12%	14%	12%	
	- Sexual assault?	n=164	3%		3%	1%	3%	
	- Theft of canteen or property?	n=164	10%		10%	11%	10%	
	- Other bullying / victimisation?	n=164	14%		14%	19%	14%	
	- Not experienced any of these from staff here	n=164	57%	67%	57%	54%	57%	64%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=165	42%		42%	46%	42%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=171	33%		33%	42%	33%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=173	28%		28%	37%	28%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=174	17%	12%	17%	12%	17%	12%
<i>For those who have been restrained in the last 6 months:</i>								
15.4	Did anyone come and talk to you about it afterwards?	n=28	14%		14%	21%	14%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=171	6%	19%	6%	8%	6%	16%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>								
15.6	Were you treated well by segregation staff?	n=10	40%		40%	51%	40%	
	Could you shower every day?	n=10	60%		60%	50%	60%	
	Could you go outside for exercise every day?	n=10	50%		50%	55%	50%	
	Could you use the phone every day (if you had credit)?	n=9	44%		44%	47%	44%	

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Number of completed questionnaires returned

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177	6,029	177	584	177	205

n=number of valid responses to question (HMP Nottingham 2017)

EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=169	46%		
	- Vocational or skills training?	n=162	20%		
	- Prison job?	n=163	33%		
	- Voluntary work outside of the prison?	n=160	2%		
	- Paid work outside of the prison?	n=162	3%		
16.2	In this prison, have you done the following activities:				
	- Education?	n=155	61%	68%	
	- Vocational or skills training?	n=159	52%	56%	
	- Prison job?	n=160	74%	72%	
	- Voluntary work outside of the prison?	n=156	35%		
	- Paid work outside of the prison?	n=158	34%		
For those who have done the following activities, do you think they will help you on release:					
	- Education?	n=95	57%	48%	
	- Vocational or skills training?	n=82	54%	42%	
	- Prison job?	n=118	39%	38%	
	- Voluntary work outside of the prison?	n=55	49%		
	- Paid work outside of the prison?	n=54	57%		
16.3	Do staff encourage you to attend education, training or work?				
	n=152	36%			
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?				
	n=176	23%			
For those who have a custody plan:					
17.2	Do you understand what you need to do to achieve your objectives or targets?				
	n=38	74%			
17.3	Are staff helping you to achieve your objectives or targets?				
	n=35	29%			
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=34	32%		
	- Other programmes?	n=33	39%		
	- One to one work?	n=33	39%		
	- Been on a specialist unit?	n=33	21%		
	- ROTL - day or overnight release?	n=31	19%		
For those who have done the following, did they help you to achieve your objectives or targets:					
	- Offending behaviour programmes?	n=11	64%		
	- Other programmes?	n=13	54%		
	- One to one work?	n=13	69%		
	- Being on a specialist unit?	n=7	57%		
	- ROTL - day or overnight release?	n=6	67%		

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Number of completed questionnaires returned

HMP Nottingham 2017	All other local prisons	HMP Nottingham 2017	Local prisons surveyed since September 2017	HMP Nottingham 2017	HMP Nottingham 2016
177	6,029	177	584	177	205

n=number of valid responses to question (HMP Nottingham 2017)

PREPARATION FOR RELEASE								
18.1	Do you expect to be released in the next 3 months?	n=173	41%		41%	35%	41%	
<i>For those who expect to be released in the next 3 months:</i>								
18.2	Is this prison very / quite near to your home area or intended release address?	n=69	70%		70%	59%	70%	
18.3	Is anybody helping you to prepare for your release?	n=69	20%		20%	49%	20%	
18.4	Do you need help to sort out the following for when you are released:							
	- Finding accommodation?	n=67	69%		69%	62%	69%	
	- Getting employment?	n=66	56%		56%	63%	56%	
	- Setting up education or training?	n=62	44%		44%	45%	44%	
	- Arranging benefits?	n=66	67%		67%	69%	67%	
	- Sorting out finances?	n=64	55%		55%	55%	55%	
	- Support for drug or alcohol problems?	n=66	53%		53%	50%	53%	
	- Health / mental Health support?	n=65	63%		63%	63%	63%	
	- Social care support?	n=64	50%		50%	41%	50%	
	- Getting back in touch with family or friends?	n=65	49%		49%	39%	49%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:							
	- Finding accommodation?	n=46	33%		33%	36%	33%	
	- Getting employment?	n=37	24%		24%	18%	24%	
	- Setting up education or training?	n=27	22%		22%	18%	22%	
	- Arranging benefits?	n=44	27%		27%	26%	27%	
	- Sorting out finances?	n=35	20%		20%	19%	20%	
	- Support for drug or alcohol problems?	n=35	40%		40%	48%	40%	
	- Health / mental Health support?	n=41	22%		22%	22%	22%	
	- Social care support?	n=32	16%		16%	21%	16%	
	- Getting back in touch with family or friends?	n=32	19%		19%	27%	19%	
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=167	40%		40%	50%	40%	

HMP Nottingham 2017

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.

Shading is used to indicate statistical significance*, as follows:

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Number of completed questionnaires returned

	BME	White
	35	136

	Muslim	Non-Muslim
	18	156

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	9%	5%	17%	5%
	Are you 50 years of age or older?	9%	14%	0%	15%
1.3	Are you from a minority ethnic group?			72%	14%
7.1	Are you Muslim?	38%	4%		
11.3	Do you have any mental health problems?	42%	55%	33%	53%
12.1	Do you consider yourself to have a disability?	30%	46%	39%	42%
19.2	Are you a foreign national?	15%	7%	22%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	6%	6%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	71%	75%	67%	75%
2.4	Overall, were you treated very / quite well in reception?	60%	73%	67%	71%
2.5	When you first arrived, did you have any problems?	94%	93%	100%	93%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	28%	26%	18%	27%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	52%	57%	44%	57%
3.5	Have you had an induction at this prison?	84%	81%	88%	80%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	33%	50%	29%	48%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	15%	14%	11%	15%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	47%	48%	39%	51%
	- Can you shower every day?	67%	78%	72%	76%
	- Do you have clean sheets every week?	61%	67%	61%	67%
	- Do you get cell cleaning materials every week?	36%	47%	33%	47%
	- Is it normally quiet enough for you to relax or sleep at night?	52%	46%	56%	48%
	- Can you get your stored property if you need it?	15%	14%	17%	15%

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Number of completed questionnaires returned

BME	White
35	136

Muslim	Non-Muslim
18	156

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	15%	19%
5.3	Does the shop / canteen sell the things that you need?	27%	62%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	46%	68%
6.2	Are there any staff here you could turn to if you had a problem?	55%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	18%	28%
6.6	Do you feel that you are treated as an individual in this prison?	28%	33%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	63%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	48%	66%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	19%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	44%	60%
8.3	Are you able to use a phone every day (if you have credit)?	71%	86%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	80%	70%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	25%	43%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	4%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	22%	57%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	71%	68%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	29%	36%
10.3	Is it easy for you to make a complaint?	47%	49%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	17%	23%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	32%	32%

11%	18%
22%	59%
41%	66%
56%	69%
17%	27%
24%	33%
67%	63%
61%	63%
12%	19%
50%	58%
61%	86%
50%	75%
35%	40%
6%	3%
25%	51%
61%	69%
24%	36%
44%	50%
13%	23%
31%	33%

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Number of completed questionnaires returned

BME	White
35	136

Muslim	Non-Muslim
18	156

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	15% 17%
	- Nurse?	24% 36%
	- Dentist?	15% 12%
	- Mental health workers?	16% 28%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	21% 37%
11.5	Do you think the overall quality of the health services here is very / quite good?	38% 36%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	38% 20%
SAFETY		
14.1	Have you ever felt unsafe here?	62% 69%
14.2	Do you feel unsafe now?	36% 35%
14.3	Not experienced bullying / victimisation by other prisoners	44% 45%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	27% 27%
14.5	Not experienced bullying / victimisation by members of staff	55% 57%
14.6	If you were being bullied / victimised by staff here, would you report it?	47% 41%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	34% 33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	21% 31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	27% 15%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	12% 5%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	25% 39%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	34% 21%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	20% 29%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	27% 18%
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?	52% 37%

6%	17%
18%	34%
12%	12%
12%	28%
33%	35%
22%	39%
29%	22%
61%	68%
35%	35%
47%	45%
28%	28%
47%	58%
61%	40%
35%	33%
22%	29%
41%	14%
18%	5%
19%	39%
17%	24%
50%	27%
20%	20%
77%	36%

HMP Nottingham 2017

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems.
- Disabled prisoners' responses are compared with those of prisoners who do not have a disability.

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Mental health problems	No mental health problems	Have a disability	Do not have a disability
86	81	72	98

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	5%	9%	7%	6%
	Are you 50 years of age or older?	8%	20%	14%	12%
1.3	Are you from a minority ethnic group?	17%	24%	14%	25%
7.1	Are you Muslim?	7%	15%	10%	11%
11.3	Do you have any mental health problems?			79%	32%
12.1	Do you consider yourself to have a disability?	64%	19%		
19.2	Are you a foreign national?	6%	12%	4%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	6%	7%	5%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	62%	84%	68%	78%
2.4	Overall, were you treated very / quite well in reception?	63%	78%	63%	77%
2.5	When you first arrived, did you have any problems?	98%	89%	97%	91%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	25%	29%	25%	27%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	49%	64%	46%	65%
3.5	Have you had an induction at this prison?	82%	77%	77%	83%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	42%	49%	48%	45%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	12%	16%	10%	16%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	38%	60%	44%	52%
	- Can you shower every day?	70%	81%	77%	76%
	- Do you have clean sheets every week?	61%	72%	69%	66%
	- Do you get cell cleaning materials every week?	46%	43%	51%	40%
	- Is it normally quiet enough for you to relax or sleep at night?	46%	51%	46%	51%
	- Can you get your stored property if you need it?	14%	15%	13%	16%

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
86	81

Have a disability	Do not have a disability
72	98

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	18%	17%
5.3	Does the shop / canteen sell the things that you need?	58%	49%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	55%	71%
6.2	Are there any staff here you could turn to if you had a problem?	64%	72%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	31%	20%
6.6	Do you feel that you are treated as an individual in this prison?	34%	31%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	52%	75%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	66%	59%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	18%	18%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	56%	57%
8.3	Are you able to use a phone every day (if you have credit)?	81%	84%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	64%	80%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	47%	30%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	4%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	54%	41%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	65%	74%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	29%	42%
10.3	Is it easy for you to make a complaint?	47%	53%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	15%	26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	42%	22%

10%	22%
57%	52%
61%	65%
62%	72%
28%	24%
24%	39%
62%	68%
71%	57%
19%	18%
51%	60%
81%	85%
60%	80%
46%	34%
3%	4%
45%	50%
65%	71%
32%	36%
46%	53%
13%	28%
44%	25%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	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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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

Mental health problems	No mental health problems
86	81

Have a disability	Do not have a disability
72	98

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	17%	15%
	- Nurse?	38%	28%
	- Dentist?	17%	9%
	- Mental health workers?	31%	19%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	33%	
11.5	Do you think the overall quality of the health services here is very / quite good?	35%	40%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	22%	
SAFETY			
14.1	Have you ever felt unsafe here?	77%	56%
14.2	Do you feel unsafe now?	45%	24%
14.3	Not experienced bullying / victimisation by other prisoners	35%	55%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	24%	33%
14.5	Not experienced bullying / victimisation by members of staff	43%	71%
14.6	If you were being bullied / victimised by staff here, would you report it?	36%	49%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	32%	32%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	31%	25%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	20%	14%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	4%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	31%	42%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	21%	22%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	24%	29%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	22%	19%
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?	34%	46%

17%	15%
40%	27%
19%	8%
35%	19%
39%	26%
36%	38%
22%	
78%	58%
41%	29%
34%	52%
30%	25%
45%	66%
46%	40%
43%	25%
35%	23%
20%	16%
6%	7%
36%	36%
19%	25%
25%	29%
20%	22%
46%	35%

HMP Nottingham 2017

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.
- Responses of prisoners aged 50 and over are compared with those of prisoners under 50.

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	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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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

25 and under	Over 25
38	138

50 and over	Under 50
23	153

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	28%	19%	14%	22%
7.1	Are you Muslim?	19%	8%	0%	12%
11.3	Do you have any mental health problems?	47%	53%	30%	55%
12.1	Do you consider yourself to have a disability?	40%	43%	46%	42%
19.2	Are you a foreign national?	11%	9%	0%	11%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	6%	6%	14%	5%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	63%	76%	83%	72%
2.4	Overall, were you treated very / quite well in reception?	55%	73%	78%	68%
2.5	When you first arrived, did you have any problems?	95%	93%	91%	94%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	25%	26%	30%	25%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	70%	52%	35%	59%
3.5	Have you had an induction at this prison?	91%	78%	59%	84%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	50%	45%	15%	49%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	3%	17%	9%	15%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	51%	49%	64%	47%
	- Can you shower every day?	81%	74%	86%	74%
	- Do you have clean sheets every week?	73%	64%	74%	65%
	- Do you get cell cleaning materials every week?	49%	44%	52%	44%
	- Is it normally quiet enough for you to relax or sleep at night?	54%	46%	52%	47%
	- Can you get your stored property if you need it?	8%	16%	14%	15%

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

Number of completed questionnaires returned

25 and under	Over 25
38	138

50 and over	Under 50
23	153

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	16%	18%
5.3	Does the shop / canteen sell the things that you need?	57%	54%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	42%	69%
6.2	Are there any staff here you could turn to if you had a problem?	62%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	22%	27%
6.6	Do you feel that you are treated as an individual in this prison?	34%	31%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	74%	61%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	63%	62%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	19%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	70%	54%
8.3	Are you able to use a phone every day (if you have credit)?	81%	83%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	74%	71%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	46%	38%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	3%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	46%	48%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	70%	67%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	27%	36%
10.3	Is it easy for you to make a complaint?	54%	48%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	10%	26%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	47%	28%

22%	17%
61%	53%
78%	61%
64%	68%
26%	25%
29%	32%
69%	62%
41%	66%
5%	20%
59%	57%
91%	81%
86%	71%
32%	41%
0%	4%
25%	50%
87%	65%
43%	32%
57%	48%
17%	22%
12%	36%

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

Number of completed questionnaires returned

25 and under	Over 25
38	138

50 and over	Under 50
23	153

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	22%	15%
	- Nurse?	26%	35%
	- Dentist?	14%	12%
	- Mental health workers?	25%	25%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	31%	35%
11.5	Do you think the overall quality of the health services here is very / quite good?	33%	37%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	23%	22%
SAFETY			
14.1	Have you ever felt unsafe here?	58%	70%
14.2	Do you feel unsafe now?	14%	41%
14.3	Not experienced bullying / victimisation by other prisoners	51%	43%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	17%	30%
14.5	Not experienced bullying / victimisation by members of staff	37%	62%
14.6	If you were being bullied / victimised by staff here, would you report it?	31%	46%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	31%	33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	35%	27%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	30%	14%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	8%	6%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	32%	37%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	22%	23%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	29%	26%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	25%	20%
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?	49%	37%

17%	16%
30%	33%
5%	14%
18%	26%
43%	33%
47%	35%
25%	22%
83%	65%
52%	32%
44%	45%
32%	26%
71%	54%
50%	42%
55%	30%
30%	28%
4%	19%
4%	7%
37%	36%
22%	23%
0%	30%
25%	20%
50%	38%

HMP Nottingham 2017

Comparison of survey responses between sub-populations of prisoners

In this table responses of prisoners who have served in the armed forces are compared with those of prisoners who have not.

Please note that this analysis is based on summary data from selected survey questions only.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Veterans	Non-veterans
18	153

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	7%
	Are you 50 years of age or older?	22%	11%
1.3	Are you from a minority ethnic group?	17%	20%
7.1	Are you Muslim?	11%	11%
11.3	Do you have any mental health problems?	47%	53%
12.1	Do you consider yourself to have a disability?	53%	42%
19.2	Are you a foreign national?	22%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	17%	4%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	61%	74%
2.4	Overall, were you treated very / quite well in reception?	67%	70%
2.5	When you first arrived, did you have any problems?	94%	93%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	19%	28%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	24%	59%
3.5	Have you had an induction at this prison?	77%	81%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	31%	48%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	11%	15%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	47%	49%
	- Can you shower every day?	63%	77%
	- Do you have clean sheets every week?	59%	67%
	- Do you get cell cleaning materials every week?	39%	46%
	- Is it normally quiet enough for you to relax or sleep at night?	28%	51%
	- Can you get your stored property if you need it?	12%	16%

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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

Veterans	Non-veterans
18	153

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	11%	19%
5.3	Does the shop / canteen sell the things that you need?	50%	55%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	50%	64%
6.2	Are there any staff here you could turn to if you had a problem?	65%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	33%	25%
6.6	Do you feel that you are treated as an individual in this prison?	24%	33%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	62%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	54%	64%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	27%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	58%
8.3	Are you able to use a phone every day (if you have credit)?	71%	83%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	67%	72%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	35%	41%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	4%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	63%	47%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	61%	68%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	40%	33%
10.3	Is it easy for you to make a complaint?	33%	52%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	20%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	29%	32%

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
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	Grey shading indicates that we have no valid data for this question

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

Number of completed questionnaires returned

	Veterans	Non-veterans
	18	153

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	11%	16%
	- Nurse?	29%	33%
	- Dentist?	12%	13%
	- Mental health workers?	47%	23%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	63%	30%
11.5	Do you think the overall quality of the health services here is very / quite good?	35%	36%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	11%	22%
SAFETY			
14.1	Have you ever felt unsafe here?	89%	63%
14.2	Do you feel unsafe now?	35%	33%
14.3	Not experienced bullying / victimisation by other prisoners	25%	49%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	31%	27%
14.5	Not experienced bullying / victimisation by members of staff	47%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	53%	41%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	39%	32%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	28%	29%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	28%	15%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	22%	5%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	23%	37%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	22%	22%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	25%	30%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	0%	21%
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?	24%	42%

HMP Nottingham 2017

Comparison of survey responses from different residential locations

In this table responses from key worker wing (E wing) are compared with those from the rest of the establishment.

Shading is used to indicate statistical significance*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
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* less than 1% probability that the difference is due to chance

	Key worker wing (E Wing)	Rest of the establishment
Number of completed questionnaires returned	31	144

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	16%	4%
	Are you 25 years of age or younger?	26%	20%
	Are you 50 years of age or older?	10%	14%
	Are you 70 years of age or older?	0%	1%
1.3	Are you from a minority ethnic group?	28%	19%
1.4	Have you been in this prison for less than 6 months?	81%	69%
1.5	Are you currently serving a sentence?	69%	82%
	Are you on recall?	10%	16%
1.6	Is your sentence less than 12 months?	39%	33%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	6%
7.1	Are you Muslim?	20%	9%
11.3	Do you have any mental health problems?	55%	50%
12.1	Do you consider yourself to have a disability?	37%	43%
19.1	Do you have any children under the age of 18?	52%	49%
19.2	Are you a foreign national?	13%	9%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	6%
19.4	Have you ever been in the armed services?	3%	12%
19.5	Is your gender female or non-binary?	0%	3%
19.6	Are you homosexual, bisexual or other sexual orientation?	3%	4%
19.7	Do you identify as transgender or transsexual?	3%	4%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	7%	8%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	21%	20%
2.3	When you were searched in reception, was this done in a respectful way?	74%	73%
2.4	Overall, were you treated very / quite well in reception?	68%	70%

Shading is used to indicate statistical significance*, as follows:

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	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

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

	Key worker wing (E Wing)	Rest of the establishment
Number of completed questionnaires returned	31	144

2.5	When you first arrived, did you have any problems?	93%	94%
2.5	Did you have problems with:		
	- Getting phone numbers?	57%	51%
	- Contacting family?	67%	46%
	- Arranging care for children or other dependents?	13%	6%
	- Contacting employers?	20%	4%
	- Money worries?	27%	25%
	- Housing worries?	33%	30%
	- Feeling depressed?	47%	51%
	- Feeling suicidal?	20%	25%
	- Other mental health problems?	30%	29%
	- Physical health problems?	20%	20%
	- Drugs or alcohol (e.g. withdrawal)?	17%	30%
	- Getting medication?	37%	31%
	- Needing protection from other prisoners?	23%	11%
	- Lost or delayed property?	23%	20%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	30%	26%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	67%	74%
	- Toiletries / other basic items?	53%	59%
	- A shower?	37%	47%
	- A free phone call?	63%	58%
	- Something to eat?	77%	73%
	- The chance to see someone from health care?	53%	68%
	- The chance to talk to a Listener or Samaritans?	17%	21%
	- Support from another prisoner (e.g. Insider or buddy)?	13%	22%
	- None of these?	7%	5%
3.2	On your first night in this prison, was your cell very / quite clean?	17%	16%
3.3	Did you feel safe on your first night here?	53%	58%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	30%	31%
	- Free PIN phone credit?	37%	49%
	- Numbers put on your PIN phone?	26%	27%
3.5	Have you had an induction at this prison?	86%	79%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	52%	46%

Shading is used to indicate statistical significance*, as follows:

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	Blue shading shows results that are significantly more negative than the comparator
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	Grey shading indicates that we have no valid data for this question

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

Key worker wing (E Wing)	Rest of the establishment
31	144

Number of completed questionnaires returned

ON THE WING			
4.1	Are you in a cell on your own?	17%	35%
4.2	Is your cell call bell normally answered within 5 minutes?	0%	18%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	37%	52%
	- Can you shower every day?	59%	80%
	- Do you have clean sheets every week?	67%	66%
	- Do you get cell cleaning materials every week?	23%	50%
	- Is it normally quiet enough for you to relax or sleep at night?	50%	49%
	- Can you get your stored property if you need it?	3%	18%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	37%	46%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	27%	31%
5.2	Do you get enough to eat at meal-times always / most of the time?	13%	18%
5.3	Does the shop / canteen sell the things that you need?	57%	54%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	63%	63%
6.2	Are there any staff here you could turn to if you had a problem?	61%	69%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	30%	24%
6.4	Do you have a personal officer?	72%	47%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	33%	27%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	0%	6%
6.6	Do you feel that you are treated as an individual in this prison?	33%	32%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	27%	40%
	If so, do things sometimes change?	25%	30%
FAITH			
7.1	Do you have a religion?	67%	64%
	<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	42%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	62%
7.4	Are you able to attend religious services, if you want to?	79%	88%

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Number of completed questionnaires returned

Key worker wing (E Wing)	Rest of the establishment
31	144

CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	10%	20%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	67%	55%
8.3	Are you able to use a phone every day (if you have credit)?	80%	83%
8.4	Is it very / quite easy for your family and friends to get here?	47%	48%
8.5	Do you get visits from family/friends once a week or more?	17%	17%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	24%	46%
8.7	Are your visitors usually treated respectfully by staff?	63%	76%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	94%	84%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	36%	42%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	35%	41%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	4%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	73%	57%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	40%	47%
9.5	Do you get association more than 5 days in a typical week, if you want it?	59%	55%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	37%	55%
9.7	Do you typically go to the gym twice a week or more?	13%	22%
9.8	Do you typically go to the library twice a week or more?	10%	6%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	21%	54%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	60%	70%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	21%	37%
	Are applications usually dealt with within 7 days?	0%	21%
10.3	Is it easy for you to make a complaint?	33%	53%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	13%	23%
	Are complaints usually dealt with within 7 days?	12%	15%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	42%	30%

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	Key worker wing (E Wing)	Rest of the establishment
Number of completed questionnaires returned	31	144

<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	19%	44%
	Attend legal visits?	48%	55%
	Get bail information?	13%	14%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	69%	54%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	13%	16%
	- Nurse?	10%	37%
	- Dentist?	3%	14%
	- Mental health workers?	17%	26%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	33%	40%
	- Nurse?	43%	46%
	- Dentist?	17%	24%
	- Mental health workers?	21%	29%
11.3	Do you have any mental health problems?	55%	50%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	13%	37%
11.5	Do you think the overall quality of the health services here is very / quite good?	28%	39%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	37%	43%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	10%	25%
12.3	Have you been on an ACCT in this prison?	29%	30%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	13%	42%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	21%	30%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	17%	24%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	25%	66%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	24%	35%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	3%	18%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	3%	13%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	13%	52%
13.7	Is it very / quite easy to get illicit drugs in this prison?	55%	56%
13.8	Is it very / quite easy to get alcohol in this prison?	17%	28%

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	Key worker wing (E Wing)	Rest of the establishment
	31	144

SAFETY			
14.1	Have you ever felt unsafe here?	60%	68%
14.2	Do you feel unsafe now?	30%	36%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	30%	41%
	- Threats or intimidation?	40%	41%
	- Physical assault?	23%	28%
	- Sexual assault?	3%	2%
	- Theft of canteen or property?	30%	34%
	- Other bullying / victimisation?	10%	25%
	- Not experienced any of these from prisoners here	50%	45%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	21%	29%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	29%	37%
	- Threats or intimidation?	11%	25%
	- Physical assault?	7%	12%
	- Sexual assault?	4%	3%
	- Theft of canteen or property?	7%	10%
	- Other bullying / victimisation?	11%	14%
	- Not experienced any of these from staff here	64%	56%
14.6	If you were being bullied / victimised by staff here, would you report it?	33%	44%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	24%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	17%	31%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	21%	16%
<i>For those who have been restrained in the last 6 months:</i>			
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%	7%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?		25%
	Could you shower every day?		63%
	Could you go outside for exercise every day?		38%
	Could you use the phone every day (if you had credit)?		29%

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Key worker wing (E Wing)	Rest of the establishment
31	144

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EDUCATION, SKILLS AND WORK				
16.1	In this prison, is it easy to get into the following activities:			
	- Education?		52%	45%
	- Vocational or skills training?		14%	22%
	- Prison job?		36%	32%
	- Voluntary work outside of the prison?		4%	2%
	- Paid work outside of the prison?		4%	2%
16.2	In this prison, have you done the following activities:			
	- Education?		70%	59%
	- Vocational or skills training?		52%	52%
	- Prison job?		74%	73%
	- Voluntary work outside of the prison?		35%	36%
	- Paid work outside of the prison?		33%	35%
<i>For those who have done the following activities, do you think they will help you on release:</i>				
	- Education?		79%	51%
	- Vocational or skills training?		79%	49%
	- Prison job?		50%	35%
	- Voluntary work outside of the prison?		78%	44%
	- Paid work outside of the prison?		89%	51%
16.3	Do staff encourage you to attend education, training or work?		23%	40%
PLANNING AND PROGRESSION				
17.1	Do you have a custody plan?		27%	23%
<i>For those who have a custody plan:</i>				
17.2	Do you understand what you need to do to achieve your objectives or targets?		88%	70%
17.3	Are staff helping you to achieve your objectives or targets?		0%	36%
17.4	In this prison, have you done:			
	- Offending behaviour programmes?		14%	37%
	- Other programmes?		43%	39%
	- One to one work?		17%	44%
	- Been on a specialist unit?		29%	19%
	- ROTL - day or overnight release?		17%	20%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>				
	- Offending behaviour programmes?		0%	70%
	- Other programmes?		67%	50%
	- One to one work?		100%	67%
	- Being on a specialist unit?		100%	40%
	- ROTL - day or overnight release?		100%	60%

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Number of completed questionnaires returned	31	144

PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	50%	38%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	67%	70%
18.3	Is anybody helping you to prepare for your release?	29%	19%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	60%	71%
	- Getting employment?	47%	58%
	- Setting up education or training?	36%	45%
	- Arranging benefits?	43%	73%
	- Sorting out finances?	40%	58%
	- Support for drug or alcohol problems?	33%	58%
	- Health / mental Health support?	57%	64%
	- Social care support?	29%	55%
	- Getting back in touch with family or friends?	43%	50%

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Number of completed questionnaires returned	31	144

18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	44%	31%
	- Getting employment?	29%	24%
	- Setting up education or training?	40%	19%
	- Arranging benefits?	33%	27%
	- Sorting out finances?	33%	18%
	- Support for drug or alcohol problems?	40%	41%
	- Health / mental Health support?	25%	22%
	- Social care support?	50%	11%
	- Getting back in touch with family or friends?	50%	12%
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?	40%	39%

HMP Nottingham 2017

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner unit (G wing) are compared with those from the rest of the establishment.

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Vulnerable prisoner unit (G wing)	Rest of the establishment
28	147

Number of completed questionnaires returned

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	7%	6%
	Are you 25 years of age or younger?	14%	23%
	Are you 50 years of age or older?	39%	8%
	Are you 70 years of age or older?	4%	0%
1.3	Are you from a minority ethnic group?	19%	21%
1.4	Have you been in this prison for less than 6 months?	46%	76%
1.5	Are you currently serving a sentence?	86%	78%
	Are you on recall?	25%	13%
1.6	Is your sentence less than 12 months?	4%	40%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	5%
7.1	Are you Muslim?	7%	11%
11.3	Do you have any mental health problems?	36%	54%
12.1	Do you consider yourself to have a disability?	50%	40%
19.1	Do you have any children under the age of 18?	36%	52%
19.2	Are you a foreign national?	4%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	6%
19.4	Have you ever been in the armed services?	21%	9%
19.5	Is your gender female or non-binary?	4%	2%
19.6	Are you homosexual, bisexual or other sexual orientation?	7%	3%
19.7	Do you identify as transgender or transsexual?	7%	4%
ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	7%	8%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	18%	21%
2.3	When you were searched in reception, was this done in a respectful way?	79%	73%
2.4	Overall, were you treated very / quite well in reception?	75%	69%

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	Vulnerable prisoner unit (G wing)	Rest of the establishment
Number of completed questionnaires returned	28	147

2.5	When you first arrived, did you have any problems?	89%	94%
2.5	Did you have problems with:		
	- Getting phone numbers?	50%	52%
	- Contacting family?	43%	51%
	- Arranging care for children or other dependents?	7%	8%
	- Contacting employers?	7%	7%
	- Money worries?	21%	26%
	- Housing worries?	21%	32%
	- Feeling depressed?	54%	49%
	- Feeling suicidal?	25%	24%
	- Other mental health problems?	14%	32%
	- Physical health problems?	21%	20%
	- Drugs or alcohol (e.g. withdrawal)?	7%	31%
	- Getting medication?	14%	35%
	- Needing protection from other prisoners?	14%	13%
	- Lost or delayed property?	18%	21%
	<i>For those who had any problems when they first arrived:</i>		
2.6	Did staff help you to deal with these problems?	25%	27%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	64%	75%
	- Toiletries / other basic items?	50%	59%
	- A shower?	14%	51%
	- A free phone call?	29%	65%
	- Something to eat?	57%	77%
	- The chance to see someone from health care?	54%	68%
	- The chance to talk to a Listener or Samaritans?	11%	23%
	- Support from another prisoner (e.g. Insider or buddy)?	14%	22%
	- None of these?	7%	5%
3.2	On your first night in this prison, was your cell very / quite clean?	25%	15%
3.3	Did you feel safe on your first night here?	36%	61%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	22%	33%
	- Free PIN phone credit?	29%	51%
	- Numbers put on your PIN phone?	25%	27%
3.5	Have you had an induction at this prison?	56%	85%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	27%	50%

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Vulnerable prisoner unit (G wing)	Rest of the establishment
28	147

Number of completed questionnaires returned

ON THE WING			
4.1	Are you in a cell on your own?	32%	32%
4.2	Is your cell call bell normally answered within 5 minutes?	14%	15%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	71%	45%
	- Can you shower every day?	93%	73%
	- Do you have clean sheets every week?	100%	59%
	- Do you get cell cleaning materials every week?	64%	42%
	- Is it normally quiet enough for you to relax or sleep at night?	57%	47%
	- Can you get your stored property if you need it?	21%	14%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	57%	42%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	30%	30%
5.2	Do you get enough to eat at meal-times always / most of the time?	21%	17%
5.3	Does the shop / canteen sell the things that you need?	50%	56%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	71%	61%
6.2	Are there any staff here you could turn to if you had a problem?	67%	68%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	14%	27%
6.4	Do you have a personal officer?	37%	55%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	30%	29%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	4%	5%
6.6	Do you feel that you are treated as an individual in this prison?	32%	32%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	43%	37%
	If so, do things sometimes change?	17%	33%
FAITH			
7.1	Do you have a religion?	50%	67%
	<i>For those who have a religion:</i>		
7.2	Are your religious beliefs respected here?	64%	63%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	57%	63%
7.4	Are you able to attend religious services, if you want to?	86%	86%

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Vulnerable prisoner unit (G wing)	Rest of the establishment
28	147

CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	25%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	58%
8.3	Are you able to use a phone every day (if you have credit)?	93%	80%
8.4	Is it very / quite easy for your family and friends to get here?	46%	48%
8.5	Do you get visits from family/friends once a week or more?	18%	17%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	20%	46%
8.7	Are your visitors usually treated respectfully by staff?	73%	73%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	96%	83%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	33%	43%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	19%	44%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	4%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	36%	64%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	0%
9.4	Do you have time to do domestics more than 5 days in a typical week?	54%	44%
9.5	Do you get association more than 5 days in a typical week, if you want it?	68%	53%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	46%	53%
9.7	Do you typically go to the gym twice a week or more?	18%	21%
9.8	Do you typically go to the library twice a week or more?	11%	6%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	56%	47%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	86%	65%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	44%	32%
	Are applications usually dealt with within 7 days?	15%	18%
10.3	Is it easy for you to make a complaint?	64%	47%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	33%	18%
	Are complaints usually dealt with within 7 days?	15%	14%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	22%	34%

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Vulnerable prisoner unit (G wing)	Rest of the establishment
28	147

		Vulnerable prisoner unit (G wing)	Rest of the establishment
<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	44%	39%
	Attend legal visits?	60%	53%
	Get bail information?	10%	14%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	44%	60%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	18%	15%
	- Nurse?	29%	33%
	- Dentist?	14%	11%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	36%	39%
	- Nurse?	39%	47%
	- Dentist?	25%	23%
11.3	- Mental health workers?	32%	23%
	Do you have any mental health problems?	36%	54%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	50%	30%
11.5	Do you think the overall quality of the health services here is very / quite good?	43%	36%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	50%	40%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	23%	23%
12.3	Have you been on an ACCT in this prison?	37%	28%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	50%	33%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	39%	26%
ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	11%	25%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	67%	61%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	7%	39%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	0%	18%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	4%	13%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	33%	48%
13.7	Is it very / quite easy to get illicit drugs in this prison?	43%	59%
13.8	Is it very / quite easy to get alcohol in this prison?	14%	29%

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Vulnerable prisoner unit (G wing)	Rest of the establishment
28	147

SAFETY			
14.1	Have you ever felt unsafe here?	79%	64%
14.2	Do you feel unsafe now?	21%	37%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	61%	34%
	- Threats or intimidation?	54%	39%
	- Physical assault?	36%	25%
	- Sexual assault?	4%	2%
	- Theft of canteen or property?	36%	33%
	- Other bullying / victimisation?	32%	20%
	- Not experienced any of these from prisoners here	29%	50%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	50%	23%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	39%	34%
	- Threats or intimidation?	18%	23%
	- Physical assault?	11%	11%
	- Sexual assault?	0%	4%
	- Theft of canteen or property?	7%	10%
	- Other bullying / victimisation?	18%	13%
	- Not experienced any of these from staff here	57%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	68%	37%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	52%	29%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	43%	26%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	7%	19%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	0%	16%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	4%	6%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?	0%	29%
	Could you shower every day?	0%	71%
	Could you go outside for exercise every day?	0%	43%
	Could you use the phone every day (if you had credit)?	0%	33%

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EDUCATION, SKILLS AND WORK		
16.1	In this prison, is it easy to get into the following activities:	
	- Education?	61% 44%
	- Vocational or skills training?	35% 18%
	- Prison job?	48% 30%
	- Voluntary work outside of the prison?	8% 1%
	- Paid work outside of the prison?	7% 2%
16.2	In this prison, have you done the following activities:	
	- Education?	63% 61%
	- Vocational or skills training?	50% 52%
	- Prison job?	86% 71%
	- Voluntary work outside of the prison?	33% 36%
	- Paid work outside of the prison?	31% 35%
<i>For those who have done the following activities, do you think they will help you on release:</i>		
	- Education?	65% 55%
	- Vocational or skills training?	69% 51%
	- Prison job?	54% 34%
	- Voluntary work outside of the prison?	56% 48%
	- Paid work outside of the prison?	63% 57%
16.3	Do staff encourage you to attend education, training or work?	48% 34%

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PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	25%	23%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	57%	77%
17.3	Are staff helping you to achieve your objectives or targets?	14%	32%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	50%	29%
	- Other programmes?	50%	37%
	- One to one work?	50%	37%
	- Been on a specialist unit?	14%	23%
	- ROTL - day or overnight release?	0%	24%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	67%	63%
	- Other programmes?	67%	50%
	- One to one work?	67%	70%
	- Being on a specialist unit?	100%	50%
	- ROTL - day or overnight release?		67%

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PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	7%	47%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	100%	68%
18.3	Is anybody helping you to prepare for your release?	50%	20%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	50%	69%
	- Getting employment?	50%	56%
	- Setting up education or training?	50%	42%
	- Arranging benefits?	100%	65%
	- Sorting out finances?	50%	54%
	- Support for drug or alcohol problems?	0%	54%
	- Health / mental Health support?	50%	63%
	- Social care support?	0%	51%
	- Getting back in touch with family or friends?	0%	50%
18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	100%	32%
	- Getting employment?	100%	23%
	- Setting up education or training?	100%	20%
	- Arranging benefits?	50%	27%
	- Sorting out finances?	100%	18%
	- Support for drug or alcohol problems?		41%
	- Health / mental Health support?	100%	21%
	- Social care support?		16%
	- Getting back in touch with family or friends?		19%
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?	64%	34%