

Report on an announced inspection of

HMP Winchester

16 – 20 April 2007

by HM Chief Inspector of Prisons

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ISBN: 978-1-84726-438-1

ISBN: 978-1-84726-439-8 (electronic version)

Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
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Introduction

HMP Winchester is a medium-sized Victorian local prison, with a small category C training wing. Over recent years, significant progress has been made in introducing positive elements, such as resettlement work. However, like all local prisons, it faces considerable pressures and increased demands. There was some evidence, at this inspection, that this combination was testing the prison's ability to sustain and continue improvements.

Winchester was a reasonably safe prison, and had developed good induction systems for newly-arrived prisoners. However, there was no designated first night centre, and fewer prisoners than normal said they felt safe, or had showers or phone calls, on their first night. Suicide and self-harm was managed well, though Listeners needed more support. Although there was little indication that bullying was a major problem the anti-bullying arrangements were weak, and vulnerable prisoners continued to be identifiable and to feel less safe than others.

It was disappointing to note, at this inspection, that there was evidence that the negative staff culture which had been a feature of Winchester in the past had not yet been obliterated. While we saw some staff interacting well with prisoners, most residential staff did not appear to think it was their job to provide positive support, or to engage with prisoners; and there was evidence of some unprofessional language, in both written and spoken comments. Residential staff were not involved in many of the positive aspects of prison life – such as resettlement work – and it was necessary for managers to ensure that this gulf was bridged.

Some aspects of diversity were also weak: in particular work with foreign nationals and disabled prisoners. The latter were too often held in healthcare because of inadequate facilities elsewhere. Though there were better systems to promote racial equality, many black and minority ethnic prisoners had poorer perceptions of prison life than white prisoners, particularly in relation to catering and shop products. There were still some gaps in healthcare provision, and delays in transferring severely mentally ill patients to NHS care.

There had been commendable work to increase the amount, range and quality of work and training in West Hill, the prison's category C and resettlement annex. All prisoners there had access to activity, often geared to local employment opportunities. In the main prison, however, up to half the prisoners were unemployed, and would spend around 22 hours a day in their cells. No work-based qualifications were available there, and jobs were not allocated according to need or sentence plans. Accredited training in PE had been offered but only recreational PE was available at the time of the inspection, though this was regularly used by prisoners.

Winchester had been an early pioneer in resettlement work: with a dedicated multi-disciplinary team providing reintegration advice and support in the benefits, employment, training and accommodation (BETA) team. This service continued, but it sat uneasily with the new offender management model, operated separately for the minority of prisoners – usually long-sentenced – who were in scope of the new arrangements. Offender management was itself working separately from existing probation structures. This silo working was ineffective. Services needed to be integrated, and better links established both with residential staff within the prison and with probation staff outside. Nor should the needs of the majority of prisoners in the main prison, serving short sentences, be neglected.

Winchester remains a reasonably well-performing local prison, in spite of the pressures in the prison system as a whole. However, there are some warning signs – the lack of sufficient

activity spaces in the main prison, the somewhat dislocated resettlement arrangements and, in particular, the fact that residential staff are not fully engaged in the support and rehabilitation of prisoners. These are all matters that prison managers, and the National Offender Management Service, will need to monitor closely.

Anne Owers
HM Chief Inspector of Prisons

June 2007

Fact page

Task of establishment

Main prison: category B local (male)

West Hill: category C adult male training/resettlement prison

Brief history

HMP Winchester was built in 1846 and is a typical Victorian prison of radial design. An annexe was built in 1963 and housed young offenders. This changed in 1995 when it became West Hill Prison for adult women sentenced prisoners. In 2005, it was re-roled to adult men.

Area organisation

South Central

Number held

16 April 2007: 541. Of which 139 were remand and 59 were convicted unsentenced. There were 20 in the healthcare inpatient facility.

Certified normal accommodation

Main prison: 415

West Hill: 127

This includes 22 in healthcare

Operational capacity

542 (main prison: 415 and West Hill: 127)

Last inspection

Announced: May 2002

Unannounced: December 2004

Description of residential units

A wing: induction, first night, detoxification, care and separation unit (CSU) (maximum of 81 prisoners)

B wing: convicted and remand prisoners (maximum of 173 prisoners)

C wing: closed for refurbishment

D wing: vulnerable prisoners located on Rule 45, kitchen workers, convicted (maximum of 139 prisoners)

West Hill: category C adult men

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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

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

... performing well against this healthy prison test.

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

... performing reasonably well against this healthy prison test.

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

... not performing sufficiently well against this healthy prison test.

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

... performing poorly against this healthy prison test.

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

Safety

HP3 The reception building was poorly designed but most prisoners were dealt with quickly. There were some good first night interviews but no designated first night centre to ensure new arrivals received basics such as showers and telephone calls. Induction was generally good. Most prisoners felt reasonably safe but the anti-bullying

system was ineffective and assessment, care in custody and teamwork (ACCT) procedures were poor. The care and separation unit (CSU) provided good support for prisoners and there was little use of force. Clinical support for detoxifying prisoners was adequate, but their regime was poor and they could mix with new arrivals. The prison was performing reasonably well against this healthy prison test.

- HP4 Prisoners found travelling in vans uncomfortable but few experienced long journeys. Many had long days in court and, frequently, some prisoners did not arrive at the prison until after 7pm. Escort arrangements operated effectively to ensure that prisoners arrived at court on time and the video link was well used.
- HP5 The reception building was unwelcoming and badly designed for managing the safe movement of prisoners. Little information was displayed and much of it was out of date. There was little to pass the time but prisoners moved quickly and efficiently through the reception process. Prisoners arriving in the evening received a hot meal.
- HP6 Most new arrivals were seen by stage one induction staff after reception. Good information was provided and questions were encouraged and answered. Information about prisoners' immediate needs was recorded to be dealt with the next day and our survey indicated that many received help with their problems during their first 24 hours. However, there was no dedicated first night centre and significantly fewer than the comparator in the main prison said they had felt safe on their first night or that they had been able to shower or have a free telephone call.
- HP7 Stage two of induction began the day after arrival and was well presented using a locally-produced DVD but some important topics such as race equality and anti-bullying were dealt with only superficially. Resettlement staff interviewed each man in private to add to the assessment begun the day before. There was good engagement between presenters and prisoners but little use was made of peer supporters. Vulnerable prisoners received only a short induction briefing once a week. West Hill prisoners had a full five-day induction.
- HP8 In our survey, prisoners in the main prison indicated similar perceptions of safety to other local prisons, and West Hill prisoners felt particularly safe. There was little obvious evidence that bullying was a significant problem but the anti-bullying strategy was not effective and had been in complete abeyance for almost all of 2006. A new strategy had been introduced in time for the inspection but with no training for staff. Only four incidents of alleged bullying had been identified so far in 2007, which seemed unfeasibly low, and not all of the suspected bullies were being monitored. Vulnerable prisoners on D wing were easily identified by different coloured cell cards. They felt less safe than others and the wing was not an appropriate place to hold the mix of prisoners it contained.
- HP9 There was little multidisciplinary work in assessment or review of care of those at risk and care plans were poor. Cases were managed inconsistently and recorded observations were poor. Listeners did not feel supported by residential staff, who did not always provide appropriate confidential accommodation. Most officers were issued with ligature cutters and emergency cell bells were answered promptly. Action plans from previous self-inflicted deaths were not periodically reviewed to check that agreed recommendations were still being followed.
- HP10 There were no obvious weaknesses in physical security. The security office was well run with good information systems, a monthly intelligence booklet and good links to

the wings. There was a good level of security information reports (SIRs) but it was not always possible to check whether proposed action such as target searches took place promptly. Rules were displayed on all wings.

- HP11 Staff in the CSU were professional and cared well for prisoners but all prisoners taken there were strip searched without an individual risk assessment. Allocations to the unit appeared appropriate, prisoners understood why they were there and reasonably well-attended reviews were held. Segregated prisoners had daily access to showers, telephones and a decent selection of books, and could use the gym weekly.
- HP12 The adjudications we observed were conducted fairly but records of previous hearings indicated occasional poor procedures and lack of investigation. Some punishments were for 100% loss of earnings, which could deny the prisoner the opportunity to make telephone calls to his family or other contacts. Comments in wing conduct reports were often not sufficiently objective.
- HP13 Use of force was low for a local prison, with only 37 incidents recorded in the previous six months. Prisoners were rarely held in unfurnished accommodation but the authorisations did not always include a clear explanation for the few occasions it had been used.
- HP14 Detoxification regimes were flexible during the week but there was no opiate prescribing at weekends. Prisoners on the detoxification programme had a restricted regime and no psychosocial or organised peer support. Prisoners withdrawing from drugs were held on the same wing as new receptions and remand prisoners. These were most likely to have access to drugs and this made it a difficult environment for successful detoxification.
- HP15 Mandatory drug testing (MDT) facilities in the main prison were limited and dirty but those in West Hill were good. The MDT positive rate across the whole prison was 9.8% but this figure was misleading as two-thirds of random tests were taken in West Hill and D wing where drug misuse was known to be low. Voluntary drug testing (VDT) figures indicated that A and B wings had the highest levels of substance misuse yet little suspicion testing was done there and 17 of 19 suspicion tests in the previous four months had been in West Hill.

Respect

HP16 Some staff interacted positively with prisoners but the underlying culture of landing staff was unsupportive. The personal officer scheme was undeveloped. The prison was generally clean but shared cells were too cramped. Access to showers and clean kit was poor. Food was good but shop arrangements were unsatisfactory. Race relations were reasonable but work with foreign national prisoners was just beginning and many felt vulnerable. Diversity was not fully promoted. Health services were generally satisfactory but there was insufficient primary mental healthcare and inappropriate admissions to the inpatient unit. The prison was not performing sufficiently well against this healthy prison test.

- HP17 In our survey, 70% of prisoners said most staff treated them with respect. However, only 54% of those in the main prison said they had a member of staff they could turn to for support, which was significantly lower than the comparator. Some staff clearly

did a good job and interacted well with prisoners but others had a poor attitude and were unwilling to engage with and support prisoners. A revised personal officer scheme had only recently been introduced for the main prison, although it was a little better established in West Hill. Significantly fewer than the comparators in our survey said they had met their personal officer in the first week or found them helpful. Entries in wing files were generally uninformative.

- HP18 Cells and communal areas were mostly clean but many cells designed for one were shared and too cramped, with poorly screened toilets. There were no adaptations for those with limited mobility and some key areas of the prison were inaccessible to them. The shower areas with individual cubicles were generally clean but some needed refurbishing. Access to showers was good in West Hill but only 59% of prisoners in the main prison, significantly lower than the comparator, said they were able to shower every day. Insufficient clean kit was issued and there were no laundries in the main prison.
- HP19 A new incentives and earned privileges (IEP) scheme had been introduced in February 2007 but was yet to become established and did not always operate as published. Few prisoners were placed on basic but they were not able to shower daily. Although the population was generally compliant and well behaved, fewer than in comparator prisons were on the enhanced level of the scheme and there were few incentives to motivate standard prisoners to become enhanced.
- HP20 Prisoners were generally positive about the food and this was reflected in our survey, although black and minority ethnic prisoners were less positive. A good range of food was offered and the catering manager responded well to suggestions. Fresh fruit was provided most days but it could not be bought from the prison shop. Prisoners found the range of goods offered in the shop narrow and at the time of inspection there were no specific products aimed at black and minority ethnic prisoners although this was about to change. Difficulties with the shop service were being addressed.
- HP21 There was no formal diversity policy or strategy to address the needs of minority groups and the disability policy was not well promoted or soundly based on identified need. There was little reference to special needs in wing files and no coverage of diversity issues in induction except in West Hill. Although 75% of staff had received some training, there was little evidence of awareness of wider diversity issues.
- HP22 Race relations systems were managed reasonably well. Black and minority ethnic prisoners raised few concerns about overt racism but reported some stereotyping because of a lack of cultural awareness. Our survey indicated some poorer perceptions among black and minority ethnic prisoners that needed examination. Race equality action team (REAT) meetings were well attended and included prisoner representatives but there was no involvement of external community groups. Investigations into racist incident reports were well completed and prisoners reported reasonable confidence in them but there were no specific interventions to tackle identified racist behaviour.
- HP23 A foreign national policy had been agreed weeks before the inspection but practice did not reflect it. Two foreign national prisoner representatives had been in post for less than a month but many of the 82 foreign national prisoners knew and had confidence in them. Groups with foreign national prisoners had only just begun and needed to develop to give clear information on policy and provision. In our survey, twice as many foreign national prisoners as British said they felt unsafe. Not all were

offered international calls or were aware they could apply for them. Some use was made of prisoner interpreters and a telephone interpreting service. The prison had good links with local immigration staff but experienced delays with the Criminal Casework Directorate (CCD) of the Border and Immigration Agency. Some immigration detainees had been held for extended periods due to inefficient casework by the CCD.

- HP24 There was good access to a range of chaplains, services and faith-based activities. Supportive pastoral care was provided and a large group of volunteers participated in the work of the chaplaincy. Facilities were generally good, although the multi-faith room was too small and the chapel in the main prison was inaccessible to wheelchair users and infirm prisoners. There had been effective cooperation with the catering and regime managers in preparation for Ramadan and the celebration of Eid.
- HP25 Applications forms were easily accessible and a newly-introduced system required them to be copied and logged. Prisoners appeared reasonably content with the application system but our survey indicated dissatisfaction with the complaints system. The complaints we examined had been dealt with fairly and promptly and most replies were respectful, legible and typed. However, many recalled prisoners were frustrated about the lack of response to questions about their position.
- HP26 One trained legal services officer had allocated time of two days a week. No one was able to provide a log of cases and it was not clear how well need was met. Experienced bail information staff saw all first time remands and had had some success securing bail. The legal visits area was unsuitable and did not allow enough privacy.
- HP27 Prisoners received adequate initial healthcare screens but there was no secondary screening or well-man assessment. Dental services were improving and there was good chronic disease management for diabetes but not for other conditions. Prisoners could make healthcare appointments easily but had to wait for long periods in poor conditions before and after appointments. Mental health in-reach services were reasonable but there were no therapeutic or rehabilitative day care interventions. Some delays occurred in transferring patients with severe mental illness to NHS care. The inpatient beds were often used for prisoners who did not require inpatient care, including some older and disabled prisoners because of poor provision on the wings. Inpatients were all locked up at 5pm, which was unsatisfactory. Some areas of the health centre were in good condition and well equipped but patient areas were in a poor state. Treatment rooms on the wings of the main prison were also poor. Pharmacy arrangements were good but some medicine administration practices were unsatisfactory. There was only one trained nurse on duty at night for the whole prison.

Purposeful activity

- HP28 The average figure for time out of cell masked very poor experiences for unemployed prisoners in the main prison where too many prisoners spent too long locked up. The figures often reflected what should have happened rather than what actually happened. The position of West Hill prisoners was much better. There was a reasonable range of activities. There had been some development of accredited training but access was not managed effectively. Access to the library was good and

there were also opportunities to use the gym. The prison was performing reasonably well against this healthy prison test.

- HP29 In our survey, only 4% of prisoners in the main prison, significantly less than the comparator, said they spent 10 hours or more out of their cells during the week. Employed prisoners, just less than half of the main prison population, were likely to spend at best 8.5 hours a day out of their cells and unemployed prisoners at best 2.5 hours. This was worse on days when association was cancelled because of staff shortages, which happened often. Unemployed prisoners spent much time locked on the wings when they could have been unlocked for showers and other domestic activities. The published core day was not being achieved and there was some over-reporting of time out of cell. All prisoners were supposed to have time in the open air and a period of association each day but this did not always happen. Prisoners in West Hill spent about 15 hours a day out of their cells and most were employed or in part-time education. West Hill had a wide range of evening activities but prisoners were not allowed to use the grounds for association.
- HP30 Most accredited training took place in West Hill. Training and education was not geared to match the needs of the majority of prisoners, about a quarter of whom stayed at the prison for less than a month. Opportunities to take part in education were not as good for vulnerable prisoners as for other prisoners. Education offered some good opportunities to develop personal and social skills, and attendance and punctuality at classes was satisfactory. Achievements in literacy and numeracy were good with outreach to workshops and there were classes to meet a range of skill levels and help prisoners progress.
- HP31 Excluding education, the prison had 250 identified activity places for the main prison, which were about 80% occupied. The high number of prisoners locked up during the core day suggested that allocation to jobs needed to be more rigorously managed. There was no central management of job allocation. Activity places for vulnerable prisoners had improved with the addition of a computer recycling workshop and 30 vulnerable prisoners had full-time employment. There had been some attention to improving the range of meaningful qualifications for prisoners in West Hill, particularly in the area of construction industry training. However, most jobs in the main prison did not offer qualifications and the population turnover made this difficult. Opportunities for accredited training in areas such as the kitchen were missed by not filling those jobs with longer-term prisoners.
- HP32 The main library was well used but there was no weekend and only one evening session. West Hill had two evening sessions and one on Saturday mornings. Recreational reading books were also provided in several other locations such as the CSU. The book stock was adequate and prisoners could consult legal materials and Prison Service Orders but there were no computing facilities.
- HP33 Prisoners were positive about using the gym and 48%, significantly higher than the comparator of 36%, said they went to the gym at least twice a week. Staff shortages meant that mainly recreational physical education was provided. Facilities were good, with evening and weekend sessions for those in work and education during the day.

Resettlement

- HP34 The resettlement policy committee needed to set clearer strategic direction, clarify the role of the whole prison and ensure a more cohesive approach among those involved in resettlement activity. Offender management was just beginning and not yet fully integrated or understood. Public protection arrangements were effective. Offender assessments were up to date but there was very little custody planning for short-term prisoners. Reintegration services were generally good and developing but there was little work with families. Good drug programmes were run and there were effective links with the local drug intervention programme (DIP). The prison was performing reasonably well against this healthy prison test.
- HP35 The reducing reoffending policy had been revised in the weeks before the inspection. It concentrated on the seven resettlement pathways but had a local prison focus with little about the role of West Hill. There was no action plan or timescales for improvement. There were no nominated local owners for each of the seven resettlement pathways and not all staff were clear about what was required. Strategic ownership and drive had been weak. There had been no resettlement policy committee meetings and the first meeting was due to take place in May 2007.
- HP36 Offender management was inspected with HM Inspectorate of Probation. The model had been developed in isolation from existing probation structures and missed an opportunity to re-profile work to meet better the needs of prisoners. Offender management staff were separately located, which did not help build links with probation and public protection staff or assist the development of a more integrated approach. There was an offender management caseload of 60, with four offender supervisors. The in-scope prisoners interviewed all knew their offender supervisor and most knew their offender manager in the community. Offender supervisors found it difficult to engage local offender managers. Offender assessments were mainly up to date and were quality assured by the senior probation officer. There was little formal custody planning for those serving less than 12 months.
- HP37 A local policy and operational instructions had been developed to cover risk management and public protection. Monthly risk management meetings were chaired by the head of offender management and there was good attendance and good links to multi-agency public protection.
- HP38 A good range of reintegration services was provided by the benefits, employment, training and accommodation (BETA) team, and prisoner BETA representatives on each wing received specialist training. Some helpful links had been made with ex-service charities. Despite good accommodation services, 22% of prisoners in the previous quarter had been released without accommodation to go to, suggesting a need to address this regionally. Housing and other benefit claims were closed down at induction and financial advice given. A money management course was run in West Hill and prisoners were helped to open bank accounts. Courses were being introduced to help provide prisoners with marketable employment skills, and preparation for release courses were run. Discharge boards were held six weeks before release but a quarter of prisoners were not there for six weeks and there was a reliance on needs being identified during induction or by self-referral. Healthcare staff were not routinely involved.

- HP39 Other than drugs programmes there were no accredited programmes to challenge attitudes and behaviour. Prisoners identified as needing programmes were offered the opportunity to take the course elsewhere but many were reluctant to move because of the effect on family ties. West Hill offered a number of courses on parenting, relationships and self-development.
- HP40 There were 24 prisoners serving indeterminate sentences for public protection (IPP) and 23 mandatory and discretionary lifers, of whom seven were recalls. Multi-agency lifer risk assessment panels were organised after sentence and were well attended and documented. The lifer systems were good but communication with prisoners was poor. Lifers were concerned about the length of time they waited at Winchester before moving to a first stage lifer prison. This took an average of 12 months but some spent two years at Winchester before transfer.
- HP41 Prisoners had only limited access to telephones and they could not be used in private. There was no visits centre and visitors had to wait outside as the waiting room did not open until just before visits began, which was too late to process the number of visitors promptly. The search procedure also delayed entry. Visitors said they were generally well treated but all complained about delays in getting through to the booking line. The visits hall had uncomfortable fixed seating and limited refreshments. There was a well-equipped supervised play area but no special children's or family days were run. Visits arrangements in West Hill were more relaxed.
- HP42 The drug strategy was well developed and enthusiastically implemented. The counselling, assessment, referral, advice and throughcare (CARAT) service worked satisfactorily but only limited group work was run. An excellent analysis had demonstrated a need for alcohol rehabilitation work but there was no separate alcohol strategy or service provision. Links with the local drug intervention programme (DIP) were good. Two accredited drugs programmes, prisons addressing substance-related offending (P-ASRO) and the short duration programme (SDP), were run but vulnerable prisoners were unable to attend them. There were over 250 voluntary drug testing (VDT) compacts, which were actually a combination of compliance and voluntary testing.

Main recommendations

- HP43 Formal first night arrangements should be introduced on wings and ensure at minimum that all new prisoners have an opportunity to shower and make a free telephone call on the day of their arrival and have any urgent needs dealt with.
- HP44 Managers should develop a strategy to deal with the underlying negative staff culture at Winchester and improve relationships between staff and prisoners, consulting prisoners about what improvements could be made and providing regular feedback to all staff and prisoners.
- HP45 Personal officers should introduce themselves to prisoners, get to know their personal circumstances and record contact in wing files to build up an accurate chronological account of a man's time at Winchester and any significant events affecting him.

- HP46 Anti-bullying procedures should be improved to ensure that all staff are fully aware of the strategy, all potential bullying incidents are investigated and wing staff fully monitor suspected bullies.
- HP47 ACCT procedures should be improved to include more multidisciplinary involvement in assessment and reviews and better case management, care plans and management checks.
- HP48 A diversity policy should be agreed that outlines how the needs of all minority groups will be met, including arrangements to monitor the treatment and equality of access of black and minority ethnic, foreign national, disabled and older prisoners.
- HP49 Sufficient work, education and training should be available to allow prisoners more time out of cell and to take part in activities that will help them on release.
- HP50 The resettlement strategy should be based on an analysis of the needs of the population to ensure that the services match what is required in the prison and are integrated within the prison and linked to community provision.
- HP51 All prisoners should have a custody or sentence plan to ensure that their individual resettlement needs are identified and met.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners generally had short journeys but most found the vans uncomfortable. Population pressures meant a number arrived at Winchester after 7pm. Prisoners arrived at court on time but some had long days there. The video link was well used.
- 1.2 Relations between the escort contractor and the prison were described as good, and a senior manager from the escort company regularly attended security meetings.
- 1.3 Most prisoners had short journeys to Winchester but only 7% of respondents to our survey said the vans were comfortable. Sixty-four per cent said they had been well treated by escort staff and half described their personal safety on the journey as good. Two-thirds knew where they were going when they left court or were transferred but few had been given advance information about what to expect.
- 1.4 Of the 1,472 new arrivals received between 1 October 2006 and 31 March 2007, 125 had arrived after 7pm and 37 after 8pm. All late arrivals were seen by a stage one induction officer (see section on first days in custody). The relevant documentation was received with each prisoner.
- 1.5 Spaces in the prison were usually saved for prisoners going to court and expected to return. Prisoners arrived at court on time but some spent long days there and arrived back late. One prisoner had completed his court appearance at 12.36pm but had not arrived back at Winchester until 7.10pm. During the inspection, seven prisoners arrived back from court at 8.15pm. Some prisoners said they had not been able to shower before or after going to court (see section on residential units).
- 1.6 A video link was well used. It could support only one court appearance at a time but was also used for probation interviews. It had been used once for an inter-prison visit in the previous six months.
- 1.7 Prisoners usually received 24 hours notice of planned transfers.

Recommendations

- 1.8 Prisoners should be moved from court quickly after their court appearance.
- 1.9 Prisoners should be given advance information about what to expect at Winchester.
- 1.10 Prisoners should be able to shower before and/or after attending court.

First days in custody

Expected outcomes:

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

1.11 The reception was clean but unwelcoming and poorly designed. Staff were efficient but addressed all prisoners by their surnames alone. There was little to occupy prisoners in holding rooms and cell-sharing risk assessments (CSRAs) were not completed in private. New arrivals received good first night information from an induction officer. First night support did not extend to the wings and many prisoners did not receive showers or telephone calls. Most prisoners attended a good induction the day after arrival. West Hill had a separate reception and induction programme.

Main prison

Reception

- 1.12 Escort staff quickly passed on all information and prisoner property to reception staff. Reception staff were efficient and friendly but did not introduce themselves to prisoners and addressed them by their surnames alone. In our survey, 59% of prisoners in the main prison, similar to the comparator, said they had been treated well in reception.
- 1.13 The reception was clean but unwelcoming. It was poorly designed, with large amounts of office space but only limited space for prisoners. Access was via a flight of stairs, which was difficult for some less mobile prisoners. The two initial communal holding rooms had good sight lines from the main reception area. One was reserved for vulnerable prisoners. Two cramped single rooms were used for prisoners who had to be separated. A further communal room was used after searching. Rooms contained uncomfortable bench seating and little to occupy prisoners, although two had televisions. There were out-of-date notices in some. Prisoners going to court were held in rooms off a corridor linked to reception. These contained no information or anything else to pass the time and were out of sight and hearing of reception staff. There was no closed-circuit television coverage.
- 1.14 Two reception orderlies, one of whom was a Listener, worked in reception. They were expected to keep the area clean, organise prison clothing and offer refreshments and support to prisoners as necessary but had no formal role to provide information. All new arrivals received a hot meal and a drink in the evening.
- 1.15 New arrivals were given a strip search and 74% of respondents to our survey, significantly better than the comparator, said this was done in a sensitive and understanding way. Property was booked in and prisoners were given only one set of clothing.
- 1.16 CSRAs were completed but in the open staff area in hearing of other staff and possibly the orderlies. The shower in reception was rarely used and there was no telephone for prisoners. Prisoners did not stay long in reception and were quickly taken to a suite of rooms between reception and A wing to be interviewed by an induction officer.

First night

- 1.17 All new arrivals, including vulnerable prisoners, were seen in private by an induction officer to complete 'stage one induction'. Each prisoner was told what would happen that evening and the next day, and asked if he was new to custody and how he was feeling. In our survey, 51% of prisoners, much higher than the comparator, said they had received information about what was going to happen to them on their day of arrival.
- 1.18 All prisoners were given a bedding pack including a towel, plastic crockery and cutlery and a toiletry pack. All were offered a smoker's or non-smoker's pack and a copy of the local information booklet. Copies of national prisoner information books were available in 25 languages and a telephone interpreting services was used as necessary.
- 1.19 The induction officer filled out one section of a form that was fully completed the next morning by resettlement staff. This recorded personal details, sentence status and any literacy or language needs. Prisoners were asked whether their family knew where they were and about any other outstanding issues but using terminology many might not understand. They were not asked about any children or any concerns about them or their partner.
- 1.20 Induction staff did not introduce themselves or wear name badges but they were friendly and relaxed with prisoners. Prisoners were given clear information about use of cell bells, fire safety, the Listener scheme and reception visits. They were also given a menu order form, letter, envelope and pen. Any questions were answered as fully as possible and prisoners signed a general compact about their behaviour. In one observed interview with a prisoner who could not read or write, the officer explained some of the procedures but did not read out the compact details or offer to read the information booklet. He told the prisoner that a Listener would read the booklet to him if required and gave him information about 'wing readers' who could read and write letters on his behalf. An induction orderly worked in the area but had little formal involvement with new arrivals.
- 1.21 Prisoners transferred from another establishment or admitted on their previous prison number could make a short free telephone call from the office. Those new to custody were given £1 telephone credit for the wing telephones. In our survey, only 38% of prisoners, far fewer than the comparator of 53%, said they had been able to make a call on their day of arrival. Some had to wait a few days. However, it was positive that significantly more in the survey said they received help from a member of staff in contacting family in their first 24 hours.
- 1.22 In theory, new prisoners were accommodated on A wing but in practice they often went wherever there was a space. Some went directly to healthcare or occasionally the care and separation unit (CSU). There were no formal first night procedures on the wings and no standard routines to ensure that new arrivals could make a telephone call or have a shower. Only 15% of prisoners said they had been able to shower on the day of their arrival and some had been in police custody for some time without the opportunity to shower. Significantly fewer than the comparator said they had felt safe on their first night.

Induction

- 1.23 Most prisoners attended a 'stage two induction' the morning after their arrival. In our survey, 74% of prisoners, much higher than in other local prisons, said they had gone on an induction course within their first week and they were more positive about what it covered. The induction took place in the benefits, employment, training and accommodation (BETA) unit, where a

range of useful information was displayed and leaflets were freely available. An excellent DVD filmed at the prison was used to give information and prisoners could also use touch-screen information points both in the unit and around the prison. Officers were friendly and enthusiastic and the sessions were relaxed but orderly.

- 1.24 Dedicated induction officers and staff from other departments, including the counselling, assessment, referral, advice and throughcare service, probation and education, provided good information. Most presentations engaged prisoners well but they were not provided with pen and paper to make notes and peer supporters were not used to help those with literacy problems or offer advice. Information on bullying and race equality was covered in only two minutes. Prisoners were told that bullying and racism were unacceptable and how to complain but there was no discussion about forms of bullying or discrimination or wider diversity issues.
- 1.25 Prisoners were seen individually by the chaplain and bail officer and saw a resettlement officer who completed the form started in stage one induction. The resettlement officer collected information about education, training and employment, and any history of substance misuse and self-harm. Family relationships, accommodation needs and any debt problems were also covered. Where necessary, sentence planning procedures were explained and prisoners were told about the discharge board held six weeks before release.
- 1.26 Vulnerable prisoners received induction information on D wing. Sessions were held only on Wednesdays and many prisoners therefore waited several days. Their names and status as vulnerable prisoners were included on a list of those awaiting stage two induction displayed in the stage one induction office used to interview prisoners. Induction information was given individually to those in healthcare.

West Hill

- 1.27 West Hill had its own small reception where prisoners were met by officers and their possessions were booked in. Each new arrival was given information, support and a tour of the facilities by a prisoner 'meeter and greeter', and received a copy of a well-designed information booklet.
- 1.28 Reception officers opened a checklist and risk assessment document on each new arrival where receipt of bedding, identification and any literacy or other identified needs were recorded. Officers also recorded how the prisoner was feeling, if his home was secure and if his family knew where he was. One section was completed by the personal officer and included details of next of kin, partner and childcare issues, whether the prisoner wanted his family involved in sentence planning, accommodation details and substance misuse information. The personal officer also discussed available programmes and recorded current and previous offences. Another section was used by a senior officer to confirm that reception and induction procedures had been carried out and record any prisoner comment. The final section was completed on transfer or release.
- 1.29 Prisoners moving to West Hill attended a five-day rolling programme that included presentations from a range of staff. In our survey, 82% of men in West Hill, much higher than the training prison comparator of 69%, said they had attended an induction programme within their first week.

Recommendations

- 1.30 Reception and induction officers should introduce themselves to prisoners and address them by their title and surname.
- 1.31 The reception area should be redesigned and refurbished to better meet the needs of prisoners.
- 1.32 Closed-circuit television should be installed to enable staff to observe all areas including the rear holding room.
- 1.33 New arrivals should be given a minimum of two sets of clothing and two towels.
- 1.34 The cell-sharing risk assessment should be completed in private.
- 1.35 Induction and resettlement staff should ask specifically about children or other dependants.
- 1.36 The role of peer supporters should be extended and formalised in reception and induction procedures.
- 1.37 All prisoners should receive a second stage induction the day after their arrival irrespective of their location.
- 1.38 The quality and presentation of anti-bullying and race equality information at induction should be improved to reflect the importance of the topics, and wider diversity issues should be included.
- 1.39 The names and status of vulnerable prisoners should not be displayed in the stage one induction office.

Housekeeping points

- 1.40 Reading material should be provided in reception holding rooms.
- 1.41 Prisoners should be offered pens and paper to make notes during induction.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 Cells and communal areas in the main prison were generally clean. Shared cells were cramped and toilets poorly screened. There were no wing laundry facilities and prisoners complained of poor access to clean clothes. No cells were adapted for use by prisoners with disabilities. Many prisoners were unable to shower daily. The situation for West Hill prisoners was notably better.

Main prison

- 2.2 Cells and communal areas were generally clean but some needed refurbishment and decorating and not all contained noticeboards. In our survey, 75% of prisoners, against a comparator of 64%, said they could get cell cleaning materials weekly. A previous problem with rat infestation was under control. Prisoners could smoke only in their cells.
- 2.3 Many single cells had been doubled. These were cramped and toilets were only partially screened, which was unhygienic and disrespectful when all prisoners ate in their cells. Not all prisoners had their own table and chair and not all the cupboards were lockable. All prisoners had a television and the offensive displays policy was adhered to. In our survey, most prisoners, and more than in other similar prisons, said it was usually quiet enough at night.
- 2.4 Areas were effectively supervised by staff. Noticeboards were tidy and displayed information under a range of headings. Association equipment included pool and table tennis tables. Regular prisoner consultation meetings were held.
- 2.5 None of the accommodation was adapted for use by prisoners with disabilities. This had been highlighted at our last full inspection in 2002 and, while the recommended audit of the physical environment had been undertaken in 2004, the situation remained unchanged. Many areas, including the chapel, education, the library and an exercise yard on D wing, were inaccessible to those with mobility difficulties.

Hygiene

- 2.6 There were showers with curtains on all wings and prisoners could keep an adequate supply of their own personal hygiene items. The shower cubicles and recesses were generally clean, although the ceilings of the recesses on B wing were damaged by condensation. The ground floor showers on this wing were unused and three of the remaining 12 showers ran only cold water. In our survey, only 59% of prisoners, against a comparator of 74%, said they could shower daily, although this varied across wings, with responses about access to showers noticeably worse on A and B wings compared with D wing. Some staff on B wing told us that 'domestic time' was given daily to prisoners to enable them to clean cells and shower. In fact, 'domestic time' was no longer part of the core day.

- 2.7 Prisoners received clean bedding on arrival and could exchange this weekly. Mattresses were in reasonable condition and prisoners said they could be exchanged when necessary.

Clothing and possessions

- 2.8 Prisoners received only one set of prison-issue clothing on arrival (see section on first days in custody). There were no laundry facilities and prison clothing was washed in another establishment. In our survey, significantly fewer than the comparator said they received enough clean clothes for the week. Weekly clothes exchanges took place when prisoners could swap items on a one-for-one basis. Many prisoners said they tried to obtain additional prison clothing and were often successful but this was removed from them during cell searches.
- 2.9 Although contrary to Prison Rules, only unconvicted prisoners on the enhanced regime were allowed to wear their own clothes. In the absence of any laundries, unconvicted prisoners who did wear their own clothes had to wash them by hand or arrange regular exchanges with visitors.
- 2.10 Training shoes could not be brought or sent in but had to be bought from a catalogue. This was described as a security issue and the prison had no x-ray to check clothing and other items for smuggled goods.
- 2.11 Although prisoners were negative in our survey about access to stored property from reception, there were no outstanding applications for this during the inspection. Discharge clothing was available in reception but no suitable bags. Depending on how much they had, prisoners were given a bin bag or carrier bag

West Hill

- 2.12 West Hill contained single and double rooms, all of which had privacy locks. Prisoners were effectively unlocked for 24 hours a day, although they were locked behind a gated spur during staff 'patrol' states. Single rooms were large, in good repair and adequately ventilated. One cell had been adapted for use by a prisoner with disabilities. Some shared rooms were cramped, lacked lockable cupboards and had too little table space so prisoners had to sit on their beds to eat.
- 2.13 Communal areas were well maintained, although many of the showers had flaking paint and decaying flooring. Comprehensive noticeboards on both units covered key information. The offensive displays policy was adhered to. There had been two prisoner consultation meetings in the previous three months. These were well attended and action points were clearly allocated to individuals. Wing representatives were known to prisoners and minutes of meetings were displayed.
- 2.14 Lack of space meant that association facilities were limited to two pool tables and a table tennis table, which were frequently damaged.
- 2.15 Significantly fewer than the comparator for West Hill said it was quiet enough at night. This was challenged regularly by staff. West Hill was calm and quiet during our night visit.
- 2.16 The Hearn unit consisted of 40 single rooms, all of which had showers and toilets. The unit was very clean and well kept. It had a pool table, table tennis and table football but association areas were spartan and the communal dining space was not used.

Hygiene, clothing and possessions

- 2.17 Both units on West Hill had a laundry run by a full-time laundry orderly, and prisoners were able to get clean clothes. Only prisoners on Hearn unit were able to wear their own clothes. In our survey for West Hill, all prisoners said they could shower daily and 97% said they could get clean sheets every week. Most prisoners could access their property within 24 hours of making an application.

Recommendations

- 2.18 Cells should be refurbished and decorated as part of a rolling programme.
- 2.19 Single cells should not be used for two prisoners.
- 2.20 All prisoners should have a lockable cupboard.
- 2.21 Toilets in cells should be fully screened.
- 2.22 Reasonable adjustments should be made to ensure that prisoners with a disability and those with mobility problems can access all facilities and services.
- 2.23 Unconvicted prisoners should be allowed to wear their own clothes.
- 2.24 All prisoners should be able to shower daily.
- 2.25 Wing laundries should be provided.
- 2.26 All showers should be maintained in working order and refurbished as necessary.
- 2.27 All prisoners in West Hill should be allowed to wear their own clothes.

Housekeeping point

- 2.28 Discharge bags should be provided in reception.

Staff-prisoner relationships

Expected outcomes:

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

- 2.29 Prisoners said most staff treated them with respect but many also described residential staff as indifferent and unwilling to help. Some staff interacted well with prisoners but some had a negative attitude and were unwilling to engage with and support prisoners. There was good consultation with prisoners through wing representative meetings.

- 2.30 In our survey, 70% of prisoners said they were treated with respect by most staff. The figure was lower among black and minority ethnic prisoners and there was some variation between the wings. On D wing, where vulnerable prisoners were held, only 62%, compared to 73% in the rest of the prison, said that most staff treated them with respect. Only 54% in the main prison, significantly lower than the comparator, said they had a member of staff they could turn to for help, although the figure jumped to 81% among prisoners in West Hill. In a 'measuring the quality of prison life' survey (November 2006), scores for relationships with staff fell close to the bottom of the typical range, bordering on unusually low. The survey also noted that most written prisoner comments about staff were negative, with some suggesting that staff were unhelpful and did not listen to their concerns.
- 2.31 In groups, prisoners said there was no outright hostility from staff and that a minority were helpful and approachable but that wing staff generally were not. One Listener had heard a member of staff telling a colleague that he was doing too much to help other prisoners. More experienced prisoners recognised some old-fashioned attitudes whereby staff did not regard engaging with prisoners as their responsibility, and described Winchester as a backwater where cultural attitudes had not changed as much as other more high profile local prisons. In what were otherwise positive safety interviews, the issues about staff raised most often were lack of trust in them and the way they behaved with prisoners, including aggressive body language. There was relatively little interaction between staff and prisoners. In our survey, only 6%, significantly lower than the comparator, said staff spoke to them most of the time during association. This figure dropped to only 4% among prisoners in West Hill.
- 2.32 Residential staff did not actively supervise wings and many congregated in offices for much of the time. Although many prisoners spent considerable periods locked up, wing staff made no effort to ameliorate this by unlocking for showers or telephone calls during the day even though there appeared to be enough staff to manage this. Prisoners were almost always addressed by their surnames alone and we heard staff using disrespectful and unprofessional language. This included referring to vulnerable prisoners as 'muppets' and other prisoners as 'normals'. Officers did not announce themselves before entering cells.
- 2.33 Residential managers consulted regularly with prisoners through separate prisoner consultation meetings for the main prison and West Hill.

Recommendation

- 2.34 Staff on all wings should support prisoners and show respect in how they speak to, address and refer to them.

Personal officers

Expected outcomes:

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

- 2.35 The personal officer scheme in the main prison was new but the one in West Hill was a little better established. The model was reasonable but was not yet owned by many staff. Very few prisoners met their personal officers in the first week and few found them helpful. Entries in wing files were generally uninformative.

- 2.36 The personal officer scheme in West Hill was dated 2006 and that for the main prison 2007. In West Hill, prisoners were allocated a personal officer by rota while in the main prison this was by cell. The role of personal officer outlined in the policy documents was a good one but it was aspirational and a long way from reflecting the actual work taking place. Personal officers had not received specific training.
- 2.37 In the main prison, personal officers were required to introduce themselves within a week of a prisoner arriving on the wing and make a relevant comment in the prisoner's history sheet. There was little evidence that this happened routinely. In our survey, only 8% of prisoners said they had met their personal officers in the first week and only 16% said they found them helpful. There were regular management checks of wing files but it was unclear what effect these had. One principal officer had noted the need for personal officer entries but none had been made three weeks later. Another file indicated a management check but the principal officer concerned had made no comment on the lack of entries. Some detailed personal officer entries were made regularly but this was the exception. Many files contained few entries, some had considerable gaps and others simply stated 'personal officer check' weekly indicating either a fundamental misunderstanding of the role or an unwillingness to engage with the scheme. Some entries were unhelpful and unprofessional, such as 'a persistent moaner' and 'want, want, want, tends to be a drain on staff'.
- 2.38 Entries in wing files in West Hill tended to be more regular and occasionally very good. One introductory entry from a personal officer outlined the man's offence, his family background, sentence plan target and future plans but this was the exception.
- 2.39 Few files showed any evidence of personal knowledge of the prisoner, his background and family or what he was doing during his sentence. There was almost no reference to any special needs in files sampled apart from one good detailed entry explaining a prisoner's problem with reading and the need to encourage him to keep in touch with his family. This was addressed to wing staff but there was no further reference to the issue in subsequent entries by the personal officer or others.

Recommendations

- 2.40 Personal officers should receive specific training and guidance on their role and what is expected of them.
- 2.41 Prisoners with specific care needs, such as older prisoners and those with disabilities, should have regularly monitored care plans as part of their wing files.
- 2.42 Managers undertaking checks on wing files should specifically follow up those with no entries within two weeks.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 Although bullying did not appear to be a significant problem, there was no effective anti-bullying strategy and not all incidents were identified or monitored. Some staff were reluctant to engage with the safer custody issues and the safer custody manager needed more support to challenge this. Vulnerable prisoners were inappropriately accommodated with other prisoners and felt less safe.
- 3.2 A safer custody committee met monthly except there had been no meetings in August or December 2006. It was responsible for overseeing policy and practice in the areas of bullying, violence reduction and the prevention of self-harm and suicide. Most meetings were chaired by the deputy governor. Attendance was not consistent and some key players such as the escort contractors, reception managers, the chaplaincy and the counselling, assessment, referral, advice and throughcare (CARAT) service were not represented. Residential officers were also not adequately represented but there were plans to introduce wing safer custody liaison officers. Of the last six meetings, Listeners had attended only the three most recent. Violence reduction and anti-bullying was a standing agenda item but little substantial discussion was recorded and the area had received little management attention. Some meetings referred to statistics on adjudications and use of force but potential indicators of violence, such as suspicious injuries and requests for protection, were not consistently reported.
- 3.3 A new anti-bullying and violence reduction strategy had been agreed with the area manager the week before the inspection. It had been implemented some months previously but without training or publicity. There was little evidence that residential staff had taken ownership of it and little to demonstrate its effectiveness. It gave a definition of violence but there was little to describe the prison-wide approach to reducing violence. It did, however, detail comprehensive procedures for responding to bullying. These included a four-stage approach and described how staff should report, monitor and review cases. It also included personal action plans for bullies but no specific resources were available to challenge bullying-related attitudes and thinking, and there was little about support for victims. The emphasis was on punishment through the incentives and earned privileges (IEP) scheme or transfer from the prison.
- 3.4 The safer custody manager, a senior officer, had been in post for five months. He had an extensive job description but no deputy. His main task was to check the operation of safer custody strategies and compliance with local and national policy. He produced a monthly report for the safer custody committee. His was a difficult role as it required him to challenge colleagues of the same rank and influence change among a well-established group of residential managers. Half of all senior officers had been at Winchester for 11 years or more and some were reluctant to embrace an ethos of care.

- 3.5 A log was kept of safer custody-related incident reports. Some suggested that bullying could have been a factor in incidents but these had not been referred for further investigation. The under-reporting of bullying incidents had been identified at the safer custody committee. No prisoners had been monitored on the anti-bullying strategy in 2006 and only four incidents had been acted on in 2007. In the most recent incident in April, an apparent gang assault on a prisoner, the safer custody manager had placed five prisoners on monitoring. Only one of these prisoners was actually being monitored; staff on the wing where the other four prisoners were located were unaware of this and the files, when they were eventually found, contained no entries for over a week.
- 3.6 Despite the few bullying incidents identified, our survey indicated that prisoners' perceptions of safety in the main prison were similar to the comparators, while those in West Hill were more positive. In the last prison bullying survey (September 2005), 52% of the 180 respondents said they felt safe from harm by other prisoners but 55% thought their possessions were vulnerable to theft by other prisoners. Eighty per cent had never been threatened with violence and 87% had never been hit, kicked or assaulted by another prisoner.
- 3.7 Each wing notice board contained information about safer custody and the help available through the Listeners and Samaritans, and offered support for prisoners who were bullied. Similar information was included in the induction booklet.

Vulnerable prisoners

- 3.8 About 85 vulnerable prisoners were among those held on D wing and all their cells were identified by blue cell cards, although we had previously pointed out the dangers of identifying vulnerable prisoners by cell cards at our 2004 inspection. Vulnerable prisoners had a separate regime designed to avoid contact with other prisoners but some said others on the wing had shouted abuse at them. In our survey, 41% of prisoners on D wing (including the prisoners who had not asked for protection), compared to 19% on other wings, said they had been threatened or intimidated by another prisoner or group of prisoners, and 26%, compared to 14%, said they felt unsafe.

Recommendations

- 3.9 Attendance at the safer custody committee should be improved and should include representatives from key areas of prisoner safety.
- 3.10 The safer custody committee should analyse all indicators of violence and bullying to inform policy and strategy.
- 3.11 Interventions to challenge bullying and support victims of bullying should be developed.
- 3.12 Training in the anti-bullying and violence reduction strategy should be developed and should emphasise the important role of wing managers in promoting it.
- 3.13 The safer custody manager should be at least at principal officer level to allow sufficient management authority to challenge staff.
- 3.14 Wing-based safer custody liaison officers should be established and given profiled time for the task.

- 3.15 Vulnerable prisoners should not be identified by their cell cards.
- 3.16 Vulnerable prisoners who have asked for protection should be held separately from other prisoners.

Self-harm and suicide

Expected outcomes:

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

- 3.17 Assessment, care in custody and teamwork (ACCT) procedures were insufficiently multidisciplinary. Action plans from previous deaths in custody were not periodically reviewed. Listeners did not have adequate facilities and did not feel properly supported.
- 3.18 The suicide prevention policy, last reviewed in April 2005, outlined clear ACCT procedures and described the roles of various staff. Winchester had been one of the earlier prisons to adopt ACCT procedures. While there had been no ACCT training in the previous six months, over 90% of staff had completed some training and regular notices to staff about ACCT procedures had been issued during 2006.
- 3.19 The safer custody manager provided a monthly statistical report on incidents of self-harm to the safer custody committee. This included the location and type of self-harm, and highlighted some short-term trends such as an increase in drug overdoses. The report also commented on the operation of ACCT procedures. Individual cases were brought to the attention of staff. We met prisoners who felt vulnerable due to a lack of information about their recall to prison or the implications of an indeterminate sentence for public protection but there was no indication that they had been identified as particularly risky groups.
- 3.20 There had been four self-inflicted deaths in 2003 and one in 2005. Progress had been made on many of the recommendations arising from the subsequent investigations but action plans were not maintained as live documents or periodically reviewed. There were no established prison-based procedures to investigate serious near-fatal incidents of self-harm. On average, there were 12 incidents of self-harm and around 24 ACCT forms opened each month. A central log recording all open ACCT forms had been held in the centre office but had not been kept up to date and had recently been moved to the control room.
- 3.21 Ten prisoners, seven of whom were in the healthcare centre, were on open ACCT forms. Healthcare staff found it difficult to persuade some residential managers to agree to such prisoners returning from the healthcare centre (see section on healthcare). Since January 2007, the prison had been included in an Oxford University research study into prisoners who seriously self-harm but none had yet been identified.
- 3.22 The 12 ACCT assessors were officer grades. One had a healthcare background but none were chaplains or drugs workers and two probation officers had been withdrawn from this task. Most ACCT forms contained little evidence of multidisciplinary work in assessments or reviews.

Appropriate departments were not always involved in reviews. Sometimes only the senior officer was present and one ACCT form had been closed by the senior officer who was the only member of staff to attend. In one case involving a prisoner with mental health problems, there was no contribution from healthcare and no one from activities to help develop a meaningful care plan. The prisoner spent most of his day in his cell with nothing to do despite the fact that ACCT reviews had acknowledged the importance of keeping him occupied. The action plan developed following the last death in custody claimed that reviews were multidisciplinary. Concerns that they were not had been noted by the safer custody committee in January 2007.

- 3.23 There was little continuity of case management. In one ACCT, opened for just over three months, 10 different case managers had been responsible for chairing reviews. Most daily entries recorded only observations rather than any interaction or evidence that prisoners were asked about their well being. Care plans were poor and too little attention was paid to the importance of prisoners being occupied, although some good mental health support was available through the community mental health team. There was no psychology or day centre provision for those at risk. Managers regularly checked the supervision case record but did not always comment on the quality of entries. The safer custody manager reviewed each closed ACCT form but this was not recorded.
- 3.24 In West Hill, there had been no incidents of self-harm and only two ACCT forms had been opened in the previous year. Prisoners deemed at risk of self-harm were transferred to the main prison, where they could be more effectively supervised at night. This could inhibit prisoners disclosing their vulnerability.
- 3.25 Three landings on A wing contained reduced risk cells where most obvious ligature points had been removed. There were three similar cells in the care and separation unit (CSU), and the healthcare centre had two gated cells for constant observation of prisoners at high risk but there was no record of their use. There was no evidence that strip conditions had been used for prisoners at risk.
- 3.26 Although there was some confusion about the number of Listeners, the safer custody manager believed there were eight trained Listeners with training for more planned. None were resident on A wing or immediately available to prisoners in the healthcare centre. One Listener supported vulnerable prisoners and the reception orderly was a Listener. Listeners did not provide a direct input at induction. A rota had recently been established but some staff preferred to use whichever Listener was closest to the caller and sometimes untrained prisoners had been used. In a group, most Listeners said governors supported their work but some landing officers did not. They said some officers limited the time they spent with prisoners and did not always facilitate requests to see a Listener, particularly at night. Concerns about this had been raised at the safer custody meetings. Listeners in the CSU were routinely asked to listen outside cell doors without an individual risk assessment to justify this.
- 3.27 Rather than care suites, Listeners used two 'centre boxes' that were very small and offered little confidentiality. Listener suites in healthcare and on A wing had been used as store rooms for several months. The suite on A wing had been cleared as a result of representations from Listeners but was still not adequately equipped for two Listeners to support a prisoner overnight. There was no agreed protocol or log of its use. The safer custody manager acted as the Listener liaison officer and provided a link between Listeners and the Samaritans. Most Listeners met weekly with the local Samaritans but minutes of the safer custody meeting noted that a Listener from West Hill was not always able to attend due to lack of escorts. The Samaritans also saw Listeners individually, provided training and attended the monthly safer custody meetings.

- 3.28 On two of the three main residential wings, the portable telephones with direct lines to the Samaritans were broken. This had been raised at the safer custody meeting in July 2006 but the situation was unchanged. We were told that the telephone on D wing had not worked for two years. The telephones were mentioned in the induction booklet but their availability was not well advertised. Prisoners could call the Samaritans using landing telephones but these could not be used in private and the calls were charged. Posters on each wing and information in the induction booklet advertised the support available from Listeners and Samaritans.
- 3.29 The majority of officers had been issued with ligature cutters and most wore them on their belts. In our overall survey, 45% of prisoners, significantly higher than the comparator, said their cell bell was answered within five minutes. There were clear radio alerts indicating the severity and nature of self-harm incidents. Wing senior officers were responsible for checking first aid and first response boxes but there was no audit of these checks. Few residential officers were first aid trained and there were no arrangements to ensure that one would be on duty at night.

Recommendations

- 3.30 There should be increased awareness of the need to support prisoners who have been recalled or have indeterminate sentences for public protection.
- 3.31 Actions plans developed following death in custody investigations should be periodically reviewed by the safer custody committee.
- 3.32 Residential managers and healthcare staff should work together more closely to improve the care and management of those at risk of self-harm.
- 3.33 Procedures should be developed to investigate serious, near-fatal incidents of self-harm to establish what lessons could be learned.
- 3.34 Alternatives to returning 'at risk' prisoners in West Hill to the main prison should be developed.
- 3.35 Listeners should be readily available to prisoners in areas of the prison such as A wing and healthcare where vulnerability and risks are greater, and should not be required to listen outside cell doors unless a risk assessment indicates otherwise.
- 3.36 Residential managers should ensure that all Listeners feel supported and valued. In particular, limits should not be imposed on time spent with prisoners at risk, the use of Listener suites should be encouraged and managers should ensure that prisoners have access to Listeners at all times.
- 3.37 All direct telephone lines to the Samaritans from residential units should work and the facility be advertised to prisoners.
- 3.38 Calls to the Samaritans from landing telephones should be free of charge.
- 3.39 At least one first aid trained member of staff should be detailed to work each night.

Housekeeping points

- 3.40 The central ACCT log should be kept up to date.
- 3.41 Protocols should be developed for the use of Listener suites.
- 3.42 Auditable checks should be made of first aid and first response boxes in wing offices.

Diversity

Expected outcomes: All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.43 There was a full-time diversity manager but no overarching diversity policy describing how the needs of minority groups would be identified and met. The disability equality policy was displayed on all wings but was not informed by a needs assessment and did not include an action plan. There was no formal monitoring or analysis of disabled, older or other minority groups of prisoners to ensure that their needs were addressed or that they were not unnecessarily excluded from any activity.
- 3.44 In our survey, 1% of prisoners described themselves as transgender or transsexual and 3% described themselves as gay or bisexual. Seven prisoners said they were registered disabled and 15% considered themselves to have a disability.
- 3.45 There was no diversity policy to describe how the needs of minority groups would be met. A full-time diversity manager was also the disability equality officer. An equal opportunity meeting was chaired by the governor but this covered staff rather than prisoner issues. There was no monitoring to ensure that prisoners from minority groups were not victimised or excluded from any activity. There were no officer or prisoner diversity leads on the wings. Some wing staff believed that wing race equality officers and prisoner representatives were also diversity leads but this was not the case.
- 3.46 All new arrivals completed a disability questionnaire and these were sent to the diversity manager. He had been collating the information since November 2006 and produced monthly statistics for senior managers but these were not used to inform policy decisions or actions. Information about disability was also sent to the offender assessment system (OASys) clerk. Wing staff knew who had a permanent or temporary disability but this information was not passed to the fire officer. There was no regular and formal monitoring to ensure that the needs of disabled and older prisoners were identified and met.
- 3.47 The diversity manager saw some but not all prisoners with disabilities. He included an informative note in their wing files about their situation and needs and worked with healthcare staff to develop care plans. There were no adapted cells or special aids to help prisoners with mobility problems (see section on residential units). The diversity manager could provide cutlery grips as required and was working with community occupational therapists to develop a protocol for assessing prisoner need. Older and disabled prisoners were not consulted about their individual needs or care, although this was being planned and a patients' forum was being developed.

- 3.48 A published disability equality policy was displayed on all wings. This included details of the diversity manager's role, disabled prisoners' rights and types of discrimination and defined relevant terms. However, it did not include a strategy for action, was not based on a needs assessment and did not indicate how disabled prisoners had been or would be involved in its development or how the impact of policies and practices would be assessed.
- 3.49 The diversity manager provided staff training in diversity and disability awareness, and challenging behaviour. All workshop staff had been trained in supporting prisoners with dyslexia, learning difficulties, attention deficit hyperactivity disorder and Asperger's syndrome. Seventy-five per cent of staff had received diversity training but there was little evidence of awareness of wider diversity issues among many staff. Twenty staff had attended disability awareness training and seven challenging behaviour training.
- 3.50 The diversity manager gave a presentation to new arrivals in West Hill but not in the main prison.

Recommendations

- 3.51 All prisoners who identify that they have a disability should have their needs assessed and a care plan drawn up.
- 3.52 Prisoners with disabilities and older prisoners should be consulted about their needs and care.
- 3.53 The disability equality policy should include an action plan and be based on an assessment of prisoner need.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

3.54 Race relations structures were reasonably well managed but some black and minority ethnic prisoners reported a lack of cultural awareness. Investigations into racist incident complaints were mostly prompt and thorough. Race equality action team (REAT) meetings were regular and well attended but did not examine issues in sufficient depth or systematically follow up identified problems.

3.55 Black and minority ethnic prisoners constituted approximately 16% (84) of the population. In groups and interviews, prisoners raised few concerns about overt racism by staff, although they did cite stereotyping and carelessly ignorant behaviour. However, black and minority ethnic prisoners in our survey reported worse perceptions than white prisoners against a range of indicators. Some were clearly evidenced problems, such as a lack of suitable products in the canteen; others, such as the unsupported perception that more black and minority ethnic than white prisoners felt unfairly treated under the incentives and earned privileges (IEP) scheme, suggested a need for prison staff to build greater confidence in prison and race relations systems.

- 3.56 There was a part-time race equality officer (REO) and a full-time assistant race equality officer (AREO) who also had some responsibility for foreign national prisoners. Race relations boards had recently been put up in prominent places around the prison. These contained pictures of race relations staff and some prisoner representatives, and included information on how to make racist complaints. Race relations prisoner representatives had been appointed and most black and minority ethnic prisoners could name one or more. They provided reasonably effective support for prisoners and met regularly with the AREO. Race relations staff and prisoner representatives had made particular attempts to identify and assist travellers, including distributing copies of a national travellers' magazine. Three-quarters of staff had received diversity training and four had completed race relations management team training.
- 3.57 The REAT meetings were well attended and normally chaired by the deputy governor. Prisoner representatives attended and were invited to contribute but there were no representatives from the outside community. The minutes showed that a wide range of areas were covered but that issues were often only shallowly examined. For example, the minutes simply recorded the numbers of racist incident reporting forms (RIRFs) investigated. Issues, trends and learning points were not explored. Systematic follow up of concerns raised was also lacking. The REO accepted this and considered that meetings were designed to meet audit baselines rather than ensure full consideration of relevant issues.
- 3.58 Ethnic monitoring was efficiently completed and discussed at REAT meetings but the level of follow up was unclear and there was little evidence of appropriate investigations into the disparities identified. One set of monitoring figures showed that only four of 98 wing workers were from black and minority ethnic groups, and the head of learning and skills was to be asked to comment. Minutes of the next meeting, however, simply quoted an unspecified source that 'there is no discrimination on the wings. All prisoners treated fairly'. This was unlikely to inspire confidence among prisoners.

Managing racist incidents

- 3.59 There were on average approximately 10 RIRFs each month. RIRF forms were freely available to prisoners and staff, and post-boxes for completed forms were on the wings. Investigations were usually thorough, with relevant people, including witnesses, interviewed and feedback letters sent to the victim and alleged perpetrator. Cases were followed up after closure and the RIRF updated to show what had happened.
- 3.60 In some cases, however, racist behaviour was not addressed. In one case, the REO of another prison had written to warn that a prisoner was a risk to Asians. Winchester staff appropriately updated his cell-sharing risk assessment (CSRA), warned staff of his potential risk and warned the prisoner that appropriate behaviour was expected. However, the prisoner's attitudes were not challenged and there was no available resource or guidance on this to assist staff.
- 3.61 A race relations helpline was advertised on the display boards but did not make clear that it was only for visitors. Cards with the telephone number were distributed in the visits area but simply connected to the AREO's answerphone, which did not relay a specific message. The AREO could remember very few calls and even these were general queries rather than race-related issues.

Race equality duty

- 3.62 Some impact assessments had been completed in 2006 and were shortly due to be reviewed. Many of the concerns identified during the inspection were highlighted in the assessments.

Progress had been slow but some changes had been made, including the introduction of a canteen list for Muslim prisoners. The impact assessment on access to work had identified important issues and action points, including the need to be open with prisoners about selection procedures and to oversee the work allocation procedures more effectively to counteract favouritism. There was little evidence of any action on this. An establishment action plan incorporated the Commission for Racial Equality's identified failure areas and the recommendations of previous inspectorate reports as well as the results of impact assessments. A review of this was overdue.

- 3.63 There were no racially diverse displays.

Recommendations

- 3.64 Black and minority ethnic prisoners' forums should be established to allow prisoners and staff to investigate and discuss the different experiences and perceptions of black and minority ethnic prisoners.
- 3.65 The race equality action team meetings should include representatives from the outside community.
- 3.66 Race equality action team meetings should identify and examine in depth issues of core importance to good race relations outcomes in the prison. Discussions and progress on action points should be reflected in the minutes.
- 3.67 The race equality action plan should be updated, record progress or lack of it, and specify further actions to be taken.
- 3.68 Any disparities identified by ethnic monitoring should be systematically investigated and reported back to the race equality action team meeting and prisoner forums. The details of investigations and outcomes should be recorded.
- 3.69 Interventions should be in place to address the attitudes and beliefs underlying identified racist behaviour.
- 3.70 Pictures and displays should reflect the racial diversity of the establishment.

Housekeeping points

- 3.71 The race relations helpline should announce itself as such and invite information. It should either be made accessible to prisoners or clearly indicate that it is for external callers only.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.72 Provision for the significant foreign national prisoner population was recent. Foreign national prisoner representatives had been appointed and were providing useful assistance, and prisoner groups had just started. Despite good relations with local immigration staff, people were being held under Immigration Act detention for long periods. Substantially more foreign national than British prisoners felt unsafe and this appeared to be linked to uncertainties about their immigration position.
- 3.73 About 15% (82) of the population was identified as being of foreign nationality. In our survey, 60% of foreign national prisoners compared to 32% of British prisoners said they had felt unsafe at some point in Winchester, and 33%, compared to 15% of British prisoners, currently felt unsafe. Subsequent discussions with prisoners suggested that the uncertainty surrounding immigration cases was the most common reason for feelings of insecurity.
- 3.74 The clerk responsible for immigration detainees diligently informed the Border and Immigration Agency's Criminal Casework Directorate (CCD) of foreign nationals in the prison. She also passed details of detainees and potential detainees to two immigration officers who visited the prison weekly. The immigration officers, from offices in Southampton and Portsmouth, reviewed cases regularly and had seen all detainees in the prison. They contacted the CCD as necessary.
- 3.75 The prison was holding four people solely under immigration powers. One became a detainee during the inspection but the others had been detained for substantial periods of nine, five and four months. The reason for the slow progress was unclear but in at least one case there was evidence of poor case-working by the CCD in Croydon. With regard to the man detained for over nine months, the immigration officers had contacted the CCD two months into his detention to complain of inaction. At one point, his file was also misplaced by the CCD. It had taken almost nine months for a decision to deport to be served. The visiting immigration staff were capable and had good access to the prison but were not able to give independent immigration advice or significantly assist prisoners challenging immigration decisions. The prison did not have links with an independent advice agency.
- 3.76 Two foreign national prisoner representatives had been in post for less than a month and, unlike the race relations representatives, had no specific job description. Many foreign national prisoners knew who they were and held them in high regard. One had designed a basic assessment form for all new arrivals covering issues such as whether they needed to see an immigration officer or needed monthly international telephone calls. As with most aspects of foreign national provision, this initiative was too recent for its effectiveness to be judged.
- 3.77 Some foreign national groups had been held by the AREO the week before the inspection. Prisoners had interpreted for others and helped each other to ask questions. Minutes for one of these groups indicated that it was a useful way for prisoners to ask questions about their own situations but did not provide general information on basic policies and provision.
- 3.78 A foreign national committee had also been set up the month before the inspection and was chaired by the residential governor responsible. It had no prisoner representatives and did not consider wider strategic oversight of foreign national prisoner issues, focusing only on immigration case updates. The new foreign national policy was basic and contained some out-of-date information such as on how deportation decisions could be appealed. There was no action plan to show how and when it was to be implemented.
- 3.79 Foreign national prisoners were not routinely offered international telephone cards in exchange for visits as described in the policy. Many either had no knowledge of this provision or had not

received a call for many months. We were told that the telephone system was about to change so that foreign nationals would receive separate accounts for their monthly calls with the cost of making a call to their declared home country credited to it. The AREO offered to take photographs of foreign national prisoners and send them to families but this was not systematic.

- 3.80 A list of prisoner interpreters was kept by the prisoner representatives and they were sometimes used. Reasonable use was made of the telephone interpreting service. The service was also used across the prison, mainly by residential and healthcare staff but also by the offender management and bail information department.
- 3.81 Resources were not always put to best use. For example, funding had been obtained to translate menu sheets but these were changed immediately after the translations were produced, making them redundant. Six multi-lingual touch screens were positioned around the prison. They contained a range of information but some of it was out of date and the six languages available did not cover all needs. No information on usage was available.
- 3.82 The AREO was effectively the foreign national coordinator and did most of the prisoner contact work. He was reasonably well known but had little knowledge of foreign national issues and wanted guidance.

Recommendations

- 3.83 The prison should make links with an independent immigration advice agency to assist immigration detainees and potential detainees.
- 3.84 Foreign national information and support groups should continue to take place weekly.
- 3.85 The foreign national committee should include prisoner representatives and have a wider strategic oversight of foreign national prisoner issues.
- 3.86 The foreign national policy should be revised and have an accompanying action plan.
- 3.87 Foreign nationals should be able routinely to obtain a free monthly international telephone call and should be informed of this provision.
- 3.88 The foreign national coordinator should be enabled to develop knowledge and appropriate skills for the role.
- 3.89 Immigration casework should be progressed speedily and information conveyed to prisoners and detainees regularly and in good time.

Housekeeping points

- 3.90 The foreign national prisoner representatives should have a job description.
- 3.91 The information and available languages on the multi-lingual touch screens should be updated in line with the needs of the population.

Contact with the outside world

Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.92 Telephones could not be used in private and access was poor. Visitors reported difficulties getting through to the telephone booking line. Preliminary procedures began too late to allow visits to start on time. There was no visitors' centre and very limited shelter in bad weather. Visits furniture was fixed and uncomfortable and toilet facilities were poor. Closed visits arrangements were inadequate. The supervised play area was well equipped but fathers were not able to join their children there.
- 3.93 There was no restriction on the amount of mail prisoners could send and receive. All post was opened by operational support grade staff. Cash, cheques and postal orders were removed and recorded and the amount received recorded on the envelope. Post room staff read any post targeted by security, including all the post of prisoners subject to public protection procedures. They also randomly read 20 letters in and out, and any legal letters opened in error were recorded. Although in our survey significantly fewer than the comparator said they had problems with mail or with staff opening legal post, at 44% and 37% respectively this was clearly an issue for prisoners.
- 3.94 The telephone system and call monitoring procedures were explained to new arrivals. Each wing and West Hill had four telephones while Hearn unit had two. On B and D wings, this did not represent one telephone to every 20 prisoners. Telephones were not enclosed in booths and could not be used in private. Thirty-seven per cent of prisoners, including 25% of men in West Hill, said they had problems accessing the telephones. There were significant differences between the other wings and prisoners on B wing reported most difficulty. Telephones were activated only during association, which often took place during the day when children and other family members were likely to be at school or work. There were no telephones for prisoners to use at their workplaces off the wings. Evening association was often cancelled with little or no notice, further reducing the opportunity to make a telephone call.
- 3.95 New arrivals in the main prison were automatically given a reception visiting order the day after their arrival. This was completed and given to visits booking staff. Visitors could book a first visit by telephone without waiting to receive the visiting order. Visitors for unconvicted prisoners did not need a visiting order to book a visit. Visiting orders included information about identification and the Assisted Prison Visits Scheme. Visitors were informed that no jewellery except wedding rings could be worn at visits, which was unnecessarily restrictive.
- 3.96 Visits ran every day between 2pm and 3.45pm but the times given in the prisoner information booklet were wrong. Enhanced prisoners were allowed two extra visits a month and Listeners one extra. Most visits were booked by telephone. Visitors could use a telephone provided in the waiting room to book their next visit. The booking line was open every morning and afternoon. All visitors we spoke to complained that it was difficult to get through to the booking clerk. We rang three times and got through immediately on one occasion but waited some minutes without a response on the other two. Visitors could not leave a message asking to be called back.

- 3.97 There was no visitors' centre and visitors waited outside the main gate. The shelter provided was inadequate and there were no toilets. The waiting room did not open until 1.45pm. This contained lockers, toilet and baby change facilities and seating. It was clean but displayed only a small amount of information. Three operational support grades checked identification and visiting orders, dealing with visitors for unconvicted prisoners first. All visitors went through an electronic portal and received a rub-down search. There was nowhere to lay a baby while the carer was searched. Visitors were searched one at a time so most had to wait for a group to form before moving on to the drug dog search area. Anyone indicated by the dog was offered a closed visit or the option of leaving and no other security intelligence was required. The procedures delayed visitors' arrival in the visits room. Some visitors who had been waiting outside the prison before the waiting room opened at 1.45pm did not arrive in the visits room until 2.20pm.
- 3.98 The visits room was clean with lots of local and national information displayed. The furniture was fixed and uncomfortable and allowed a maximum of three visitors per prisoner plus children under 10. Children over 10 were counted as adults which was unreasonable and had the potential to impact on family contact. It was designed to prevent easy contact between prisoners and visitors, and conversations could be overheard by those at surrounding tables. Prisoners wore coloured bibs, had identified seats and had to remain seated. Visitors were issued coloured wrist bands. Prisoners whose visitors did not turn up could return to their wing and would be brought back if the visitor arrived before 3.30pm.
- 3.99 Visitors said they were generally well treated. Supervision was not excessive and the atmosphere was relaxed. Officers were aware of prisoners subject to child and public protection procedures. The only immediately accessible toilet was for visitors with disabilities. Other visitors had to use the toilets in the waiting area and the visit came to an end if the prisoner needed the toilet.
- 3.100 A well equipped play area managed by the Kids VIP charity was supervised by two volunteers at all visit sessions. Prisoners were not allowed to join their children in the play areas or take any drawings done by their children back to their cells. Another two volunteers staffed a refreshment bar offering a limited selection of hot and cold drinks, biscuits and sweets. Tap water was charged at five pence a glass.
- 3.101 Prisoners and visitors using the closed visits area could be seen by everyone in the visits room. Closed visits were not held in separate booths and there was little privacy if more than one was taking place.
- 3.102 West Hill had separate visits facilities. The visits room contained 11 tables with fixed furniture and a small play area. There was capacity for three closed visits but these were not used. Prisoners had to wear bibs but were not restricted to where they sat. Staffing shortages meant that West Hill visits were sometimes transferred to the main prison.

Recommendations

- 3.103 Prisoners should have daily opportunities to use telephones to make social and official calls.
- 3.104 Telephones should be placed in booths. Additional telephones should be provided on B and D wings to meet prisoner need.
- 3.105 The ban on visitors wearing jewellery should be lifted.

- 3.106 Visits procedures should be carried out efficiently so that visits are not delayed.
- 3.107 Closed visits should be authorised only when there is significant risk justified by security intelligence.
- 3.108 Children under the age of 10 should not be considered as adults for the purpose of visits.
- 3.109 A visitors' centre should be provided outside the establishment to provide support and information to prisoners' families.
- 3.110 The visits waiting room should open at least one hour before and after visits.
- 3.111 Access to the visits booking line should be improved and callers should be able to leave a message to be called back when no one is available.
- 3.112 Prisoners and visitors should have access to toilets in the visits room.
- 3.113 Prisoners and visitors using the closed visit facility should be able to do so in private.
- 3.114 The fixed seating in the visits room should be made more comfortable.
- 3.115 Prisoners should be able to play with their children in the play area.

Housekeeping points

- 3.116 The prisoner information booklet should contain the correct visiting times.
- 3.117 The display of information for visitors in the waiting room should be improved.
- 3.118 Search staff should have somewhere safe to lay a baby during searching.
- 3.119 Prisoners should be able to take their children's drawings back to their cells.
- 3.120 Tap water in the visits room should be provided free of charge.

Applications and complaints

Expected outcomes:

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

- 3.121 Application forms were readily available and most prisoners said applications were dealt with fairly. They were less positive about formal complaint procedures. Both processes were managed efficiently and complaints were answered quickly. There was no analysis of wing-based application forms, although a new system had been introduced to improve tracking and accountability.

- 3.122 In our survey, most prisoners said it was easy or very easy to get a general application and a complaints form and half said applications were sorted out fairly. Prisoners in West Hill were more positive than those in the main prison. Prisoners across the prison were less positive about the complaints procedures. The reason for the poor perceptions was unclear, although many prisoners complained about recall processes and were dissatisfied with how these were dealt with.
- 3.123 About 15 to 20 applications were received in West Hill every day and up to 30 per wing in the main prison. All were logged in wing registers. Under a new system in the main prison, application forms were produced in triplicate to stop them from going missing. This was in the early stages but was working well.
- 3.124 Complaints procedures were well advertised in West Hill and incorporated in the main wing compacts. Information on how to make an application and complaint was well advertised and complaint boxes were visible on all wings. Information was reinforced through the touch-screen information centres. There was little information about contacting the Prisons and Probation Ombudsman, and fewer prisoners than the comparator knew how to do this.
- 3.125 A total of 1,205 complaint forms had been submitted in the previous year. The main topics of complaint were canteen, property and transfer issues. Most were dealt with within the correct timescales. Some replies were typed and most were detailed and respectful. Efforts were made to rectify issues promptly. Complaints that were sent outside the establishment, such as to the NHS trust or other establishments, were not tracked and there was no evidence that replies had been received (see section on health services). Information was routinely analysed for trends and ethnicity.

Recommendations

- 3.126 A question and answer document for queries relating to recall processes should be available to residential staff.
- 3.127 Information about contacting the Prisons and Probation Ombudsman and external bodies should be reinforced through additional wing notices.
- 3.128 External complaints should be subject to monitoring and tracking for timeliness of reply.

Legal rights

Expected outcomes:

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

3.129 The legal visits area was small and did not allow sufficient privacy. Some applications to the legal services officer were not dealt with quickly or personally. Experienced bail information staff provided a good service.

3.130 In our survey, significantly fewer prisoners than the comparator said it was easy to communicate with their solicitors and only 48%, against a comparator of 62%, said it was easy to attend legal visits.

- 3.131 The trained legal services officer (LSO) was given two days a week for his duties but some staff and prisoners were unaware of the level of service available. Legal services information was included in the prisoner information booklet and covered at induction.
- 3.132 There was no evidence of a log to track legal applications and staff on duty did not think there was one. It was not therefore possible to determine how many were received but it appeared that most were dealt with quickly and efficiently. However, some matters that could more easily have been dealt with in person were unnecessarily delayed by the LSO's reliance on written replies. Some responses also lacked sensitivity, including one that made no reference to the fact that a prisoner's family member had a serious illness. Some applications appeared to be held up for several weeks on the wings. One asking for help with completing adoption forms had been written on 6 March and signed as received by the wing officer on 8 March but had not arrived with the LSO until after 16 April.
- 3.133 Two experienced part-time probation service officers provided a good bail information service. They routinely saw all those remanded for the first time. They received about 50 applications a month and kept a spreadsheet to record outcomes, a reasonable number of which were the granting of bail. During a recent month, 61 of 64 eligible men were seen by one of the bail information officers, resulting in 43 completed reports and 10 referrals to hostels. Six were bailed with reports and four bailed without.
- 3.134 The legal visits area comprised six rooms and was open from 8.30am to 11.30am and from 1.30pm to 4.30pm. It was small and stuffy and the walls were too thin to allow sufficient privacy.

Recommendations

- 3.135 Staff should be made aware of the available legal services so that they know where to refer prisoners.
- 3.136 Urgent queries should be dealt with in person and due note should be taken of extra information provided in legal services applications, and personal officers and other staff informed as necessary.
- 3.137 Wing staff should pass applications to the legal services officer quickly.
- 3.138 A well-ventilated and more spacious legal visits area that allows sufficient privacy should be provided.

Housekeeping point

- 3.139 A single accessible log of applications for legal services should be kept by all staff dealing with legal services and reviewed regularly by managers to check that resources meet need.

Substance use

Expected outcomes:

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

3.140 A comprehensive and flexible clinical provision was available, with one landing dedicated to such support. The landing was not separated from others and there was no psychosocial provision. Mandatory drug testing (MDT) rates across the prison were fairly low but areas with the greatest likely drug misuse were under-represented in the number of prisoners tested.

Clinical management

- 3.141 Winchester had developed a dedicated detoxification unit on the top landing of A wing. The 34-bed unit was staffed by specialist nurses consisting of a team leader and deputy along with three others. Provision was available for prisoners experiencing dependence on opiates, tranquilisers and/or alcohol.
- 3.142 All prisoners were subject to an initial healthcare screen on arrival and, where appropriate, access to one of the detoxification nurses. Specialist provision was available until 7pm during the week and prisoners arriving outside this time were offered symptomatic relief if necessary prior to accessing one of the drug clinics available each weekday. At the weekend, prisoners requiring support saw a general practitioner (GP). Methadone and buprenorphine (subutex) regimes were available but at weekends prisoners were usually given lofexidine, a non-opiate medication, until they could access the specialist service on the Monday. In our survey, 55%, against a comparator of 51%, said they had received support for their drug problems within 24 hours and 53%, against a comparator of 40%, had received help for alcohol problems.
- 3.143 The detoxification unit had a monthly target of 50 programmes, which it rarely failed to achieve. At the inspection, 28 prisoners were subject to some form of clinical support. Most were held on A4 landing, three of the six receiving alcohol detoxification were in healthcare and two vulnerable prisoners were on D wing. New arrivals were allocated cells wherever spaces were available and this meant that some prisoners who were not withdrawing from drugs and did not require clinical support were living on the detoxification landing. The landing was not segregated from the rest of the wing and allowed free movement throughout. Voluntary testing figures and anecdotal reports indicated that A wing was one of the most prolific drug-using wings and those trying to remain drug-free were therefore subject to fairly consistent temptation. While we were subsequently told that a small number of staff on the wing had received some general drug awareness training, other than the clinically trained and dedicated staff, none had received any training in treatment awareness which would have helped them support men withdrawing from drugs.
- 3.144 The drug treatment available was fairly flexible and the opportunity for a maintenance programme of either methadone or buprenorphine was available for prisoners who were likely to be released within a month. Four prisoners were on maintenance programmes.
- 3.145 Prisoners on the detoxification unit spoke positively of their experiences, although a few complained of lack of activity. The regime on A4 landing was limited to clinical support. Prisoners on the programme could not work or attend education and most were locked in their cells for much of the day. No psychosocial programme or peer support was available and contact with the counselling, assessment, referral, advice and throughcare (CARAT) service was inconsistent. Prisoners who finished detoxification were moved to any of the other wings. There was no voluntary testing unit.

Drug testing

- 3.146 The year-to-date random MDT rate for the previous 12 months across the whole prison was 9.8%. Figures broken down by wing were available only for the previous four months. Throughout those four months, 65% of all such tests had been undertaken in West Hill or D wing. D wing contained a significant proportion of vulnerable prisoners who tend not to misuse drugs, and all prisoners in West Hill were expected to be drug-free as a condition of residence. Consequently, the overall random figure was unlikely to have been an accurate reflection of drug misuse at the prison. This was reinforced by the fact that only 15% of all voluntary testing positive results were generated from these two locations, even though West Hill accounted for over half of all such compacts (see section on resettlement pathways). In our survey, 36% said it was easy or very easy to get illegal drugs in the main prison while only 8%, significantly lower than the comparator of 28%, said the same in West Hill.
- 3.147 The main prison and West Hill had separate MDT facilities. Those in the main prison had been relocated to the basement while C wing was refurbished. The area was very poor and dirty with no holding cells, which meant only one prisoner at a time could be tested. Testing in West Hill was relatively easy. Thirty prisoners from a random list of 55 were selected for testing each month and, given the problems in the main prison, prisoners in West Hill were usually selected first.
- 3.148 Suspicion testing also appeared disproportionately biased towards West Hill. In the previous four months, 17 of the 19 tests undertaken had been in West Hill, with a positive rate of only 26% (5). Twelve requests for suspicion tests in the main prison, dating back as far as mid-January, had not been completed and were effectively out of date. No frequent testing programmes were available and no reception testing was undertaken.
- 3.149 The prison had a reasonable strategy for reducing supply of illicit drugs. The security department was represented on the main drug strategy group and had an agreed information-sharing protocol with the CARAT service. There was one active and one passive dog with another three dogs in training. Drug finds remained quite low with little opportunity for packages to be thrown over the perimeter. Only three visitors were on closed visits.

Recommendations

- 3.150 The detoxification landing should be segregated to reduce and restrict potential contamination of those subject to support.
- 3.151 Psychosocial support, including peer support and group work, should be developed for prisoners subject to clinical management.
- 3.152 The prison should create a voluntary testing wing to offer appropriate post-detoxification support.
- 3.153 All staff on A wing should be trained in drug awareness and treatment awareness to help facilitate their role in supporting men withdrawing from drugs.
- 3.154 The prison should ensure that prisoners identified for mandatory drug testing random tests are an accurate reflection of the prison population.

3.155 Mandatory drug testing should be appropriately staffed to ensure that all testing, including suspicion and frequent testing, is carried out appropriately within identified timescales.

Section 4: Health services

Expected outcomes:

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

4.1 Some improvements in the provision of healthcare had been made but some aspects of care had not kept pace with advances in standards of health service provision. Dental services were good, as were pharmacy arrangements. There were inadequate therapeutic and rehabilitative day care options for people with mental health problems. Prisoners who did not require 24-hour care were held in the inpatient beds. There was inadequate nursing cover at night. Wing-based treatments and medicines administration facilities were poor. Much of the healthcare accommodation was unsuitable and the poor state of some patient areas created a negative and unwelcoming impression.

General

- 4.2 Nurse-led primary care, inpatient care and a pharmacy service were provided by the prison. Primary medical care services were provided by a local general practice. Mental health services including in-reach, psychiatry and medium secure services were provided by the local mental health trust. Health services were commissioned by the recently-formed Hampshire Primary Care Trust (PCT). No service level agreements were available. Relationships with the local NHS were reportedly good but the two most recent prison health partnership board meetings had been cancelled following recent NHS reorganisation. A multi-agency group was acting on the findings of a 2006 comprehensive health needs assessment that included an assessment of mental health needs.
- 4.3 The health centre was separate from the main wings and included the inpatient unit. The pharmacy, dental and treatment rooms were well equipped and furnished. In addition to consulting rooms, there was a servery for prisoners, telephones, resources for education and leisure activities including a small kitchen area, computing facilities and a pool table.
- 4.4 The inpatient unit had 22 beds in 10 single cells, one three-bed cell, one two-bed safer cell, a single safer cell (usually reserved for short-term observation as it had no electricity), a larger single cell with en suite shower for prisoners needing close observation, and a dormitory for up to five prisoners. The latter had a shower, toilet and sink but the adjoining bath area was in a poor condition. A Listener suite had never been used.
- 4.5 There was a lift suitable for wheelchairs but no adapted toilet. One former cell had been converted into a waiting room for vulnerable prisoners and another small room was used as the main waiting room. Both were bare and poorly decorated with inadequate seating. The main waiting room smelled strongly of smoke and the window had been bolted shut.
- 4.6 Some healthcare and treatment took place in wing-based treatment facilities on A and B wings and a temporary room (C2) adjoining D wing. These rooms, particularly the one on C2, were small and cluttered. Medicines were properly stored and separated, although some medicines on C2 had been left out of a locked cupboard over lunch and the fridges on B wing and C2 were not locked. A new, larger but still temporary treatment room to replace C2 was nearing

completion. West Hill had two treatment and consultation rooms, one of which was too small and had emergency equipment on the floor.

- 4.7 A prison health promotion committee was implementing a prison-wide action plan. Progress was being made in areas such as smoking cessation and links with the gym. A health fair for prisoners was to be held the following week. Health noticeboards on the wings contained health-related information, and there were some health promotion leaflets in the health centre waiting room but these were not well displayed. The dentists provided a range of appropriate oral health promotion material as part of their consultations.
- 4.8 In our survey, 33% of prisoners in the main prison, similar to the local prison comparator, said the overall quality of the service was good or very good. In West Hill, only 30% of prisoners agreed, which was significantly lower than the training prison comparator of 44%. Dissatisfaction expressed appeared to be mainly because they did not know what was happening to their case rather than poor treatment. A patients' health services forum was expected to start imminently.

Clinical governance

- 4.9 Healthcare staff were represented on a range of prison committees. A prison clinical governance committee met regularly and included representatives from all health service providers, the PCT and the governor. Deaths in custody, complaints and untoward incidents were discussed and staff had made changes after a self-inflicted death in 2005. Drug prescription and administration errors were monitored and investigated. However, there were no untoward incident policies or procedures in place and no mechanism to monitor trends or identify when an incident or injury needed further review. Copies of injuries and self-harm forms were kept in one file. Over the previous four months, 31 forms had been completed but in over a third the body diagram had not been completed to show the injury location. Only five forms had been countersigned by a doctor and a further two had a doctor's stamp, which was inadequate.
- 4.10 Complaints about health services were made through the general complaints system, which was not confidential. These were passed by complaints staff to the deputy head of healthcare, who investigated and responded promptly in writing, although sometimes used language that the complainant might not understand. Complaints about services not provided by the prison were passed on, with the prisoner's agreement, to the relevant service head. Healthcare did not systematically review the nature of the complaints made or the quality of replies to prisoners. A policy specified that the NHS complaints procedure was to be used but there was no easy-to-understand information about this on display.
- 4.11 Ethnicity was not routinely recorded in clinical notes but staff had just started entering the ethnicity of patients attending the health centre in the appointments book using local inmate database system data. The proposed new electronic clinical record system was not due to include a field for recording ethnic origin, which was unfortunate. Staff reported using telephone interpretation services and face-to-face interpreting. One of the touch-screen centres with information in other languages was available in healthcare.
- 4.12 The head of healthcare had a background in mental health nursing and had been in post for two years. Her deputy acted as clinical nurse manager and lead for the care of older people. Administrative support was provided by one temporary full-time and two part-time administrators. A full-time senior healthcare officer led a team of officer staff, and a clinical team leader (0.5 whole time equivalent F grade mental health nurse) led a team of nurses and

officers. Both reported to the clinical nurse manager. A recently agreed reprofile had led to an increase in the staff establishment and recruitment was underway. Eight of the 14 discipline officers had prison healthcare qualifications, two had recently completed nursing training and three were away on full-time nursing training. Vacancies, including the practice nurse post, were covered to some extent by bank staff and one agency nurse.

- 4.13 The full-time pharmacist reported directly to the head of healthcare. She managed one full-time and one part-time pharmacy assistant. The head of the substance misuse team also reported to the head of healthcare. A dedicated mental health in-reach team of a team leader (mental health nurse), 2.5 mental health nurses, a 0.4 whole-time equivalent consultant forensic psychiatrist and an administrator was based at the prison. Specialist registrars in psychiatry provided two sessions a week under the supervision of the consultant. Some visiting health professionals, including GPs, dentists, podiatrist, optician and consultant diabetologist, held regular sessions.
- 4.14 Staff had taken up a range of training opportunities. Some had been trained in history-taking and were starting to use triage guidelines. All nurses were up to date on essential resuscitation training but this was not the case for all other health staff. Pharmacy staff were encouraged to spend time at local hospitals and other prisons to gain wider experience. Most primary care nursing staff were not receiving external clinical supervision and were unsure who they could ask to do this.
- 4.15 Automatic external defibrillators, oxygen and emergency bags were available in healthcare, C2 and West Hill and were independently calibrated and checked. Although refrigerator temperatures for storing thermolabile products were checked, these were too high on B wing but no action had been taken. General cleaning of the health centre was done by two prison orderlies housed in the health centre. Wing treatment room floors were grubby. Clinical waste disposal was done by external contractors. No one could remember the last infection control audit and there was no infection control policy or action plan specific to the prison. There was documentation relating to the management of influenza and tuberculosis but again no prison specific communicable disease policy or outbreak procedures.
- 4.16 Arrangements for clinical information-sharing within the prison and the guardianship of confidentiality were unclear and there were no appropriate policies and some evidence of inconsistent practice. Standard written prisoner clinical records were used but cabling had been installed for an electronic clinical record system. Current clinical records were kept securely in lockable filing cabinets. Clinical records of released prisoners were also appropriately stored. Dental records were stored securely in the dental room and completed to a good standard. Standard prescription administration charts were used for both homely remedies and prescriptions. Some charts included photographs of prisoners. Prescriptions were correctly written and medicines administered by nurses correctly entered.

Primary care

- 4.17 New arrivals were seen in reception by a nurse or healthcare officer using the standard prison reception screening form. A prisoner could see the GP within 24 hours if necessary. Referral to the counselling, assessment, referral, advice and throughcare (CARAT) service, mental health in-reach and detoxification was made from reception. Prisoners were given a leaflet about healthcare services and how to access them. They were invited to sign a medication compact and consent to access previous medical history. No separate secondary health screening was done and there was no input from healthcare during induction, which meant that prisoners' healthcare and health promotion needs were not fully assessed.

- 4.18 Access to healthcare was by written application. The arrangements for obtaining a form in the main prison did not allow adequate confidentiality, although completed forms were posted in dedicated locked boxes, collected by healthcare staff and prisoners allocated to the relevant clinic list. Prisoners had direct access to a primary care nurse, a GP, a mental health nurse, an optician, a podiatrist, a dentist or a sexual health nurse, although nurses also ran a triage clinic when needed and when staffing allowed. Prisoners were told of their appointment on a slip put under their cell door. They were escorted in groups and had to wait for lengthy periods before and after their appointment. At times, waiting rooms were too crowded for safety.
- 4.19 Wing treatment times were 8.30am on A and D wings and 11.30am on B and D wings. The sessions covered medicines administration, those reporting sick and general queries. If needed, a nurse arranged to return to see a prisoner in his cell, which was a welcome and flexible approach given the unsuitability of the treatment rooms. However, as most cells were shared, confidentiality could still be compromised. A nurse usually attended West Hill daily to pick up applications and answer queries but the official treatment sessions were confined to Thursdays when the practice nurse was there all day and a GP attended in the afternoon. West Hill and Hearn unit prisoners could be seen in the health centre at other times by arrangement but it was not clear whether this was adequate.
- 4.20 Apart from in West Hill, prisoners usually saw a nurse the same or following day and waited less than a week to see a GP. An optician visited for a day every three months. He had attended the week before the inspection and seen 22 patients. Thirty people were on the waiting list and some had waited just over two months. By the time they were seen at the optician's next visit, they would have been waiting five months. The podiatrist also attended every three months but had cancelled the planned visit the previous week. Thirty-seven people were on the waiting list, with the longest time being seven months. These waiting times were too long. Access to dentistry had much improved recently. About 65 patients a week were seen and there were very few failures to attend. Waiting times for routine treatment had fallen from over three months to about six weeks. At the current rate of treatment, these were likely to fall to an acceptable level of about a month.
- 4.21 All eight GP practice partners took turns to run a morning session every weekday from 9am to 1pm. The former prison doctor attended all day on Thursdays and Saturdays, the latter to cover prisoners arriving late on Friday, including those requiring detoxification. The GPs visited inpatients and prisoners in the care and separation unit (CSU) on request. Outside these sessions, the practice provided daytime telephone cover until 5.30pm, after which a comprehensive out-of-hours general medical service was available.
- 4.22 Policies covered the provision of chronic disease management. Work was led by an experienced agency practice nurse but insufficient time was allocated to it. Prisoners with diabetes received a good standard of care, with regular monitoring, retinal screening and the support of a diabetic nurse specialist and consultant diabetologist from the local NHS trust. The practice nurse saw patients with asthma on request but was unable to offer regular monitoring and did not provide input to the management of other long-term conditions such as heart disease, which was done by the GPs. Registers of patients with long-term conditions were kept by hand but were regularly updated and used. Gym staff assessed prisoners during induction and notified health staff of prisoners with conditions that need further assessment before they could take part. Health staff had found it difficult to ensure that prisoners with particular dietary needs, such as those who were diabetic or overweight, had an appropriate diet.
- 4.23 Provision of sexual health services was insufficient to meet need. A nurse who was completing specialist qualifications led on sexual health and was providing a good standard of care.

However, in the absence of secondary health screening, there was no systematic approach to immunisation, and Hepatitis B vaccination coverage was low. The arrangements for diagnosis, treatment and care of patients with Hepatitis C were uncertain following the cessation of visits from a nurse specialist. Condoms were not available. Prisoners were referred to the local sexual health clinic but any appointments had to be slotted into the external escort schedule and prisoners were seen while handcuffed to escorts, which undermined the aim of confidential and open access.

Pharmacy

- 4.24 The pharmacy service was well organised and run. Medicines management advice was provided to doctors and nurses. Regular reports of trends in prescribing and finance were submitted to the prison's medicines and therapeutics committee, which met regularly and was well attended. Standard operating procedures governed many activities of the pharmacy team and copies were posted in the treatment rooms. No patient group directions were in use. There was a special sick policy. Supplies of these medications were audited regularly and the pharmacist had done some training for the nurses on the medicines available under the policy. An acceptable range of products could be ordered from the canteen. A well thought-out formulary had been developed by the pharmacist; for instance, formulations that could be administered once or at most twice daily were available where supervision was required. A policy on medicines held in-possession included a risk assessment of the medicine and the prisoner. However, some patients assessed as requiring supervised administration were receiving daily supply as a single dose, sometimes in unlabelled Henley bags. This was unacceptable and undermined efforts to reduce illicit use of prescribed medication.
- 4.25 The pharmacy was open from 8.30am to 4.30pm on weekdays. Out of hours, the pharmacy could be accessed by the senior nurse on duty accompanied by another member of staff using a set procedure. Appropriate procedures were in place for ordering medicines supplies and checking and reconciling stock levels with use, although date checking was done only twice a year. Stock items were used only to provide medication for supervised administration. The pharmacy operated its own procedures to collect and destroy unused medication.
- 4.26 Treatment rooms had either stable doors or hatches, which opened directly onto a wing or corridor and prisoners could not talk to healthcare staff or collect their medicines in confidence. Staff confirmed a prisoner's identity before medicines were given out. A quantity of individual dose stock items was available in reception in small properly-labelled boxes for a nurse to administer to prisoners attending court. Prisoners on long-term medication received 28-day prescriptions, which could be issued at shorter intervals at the discretion of the pharmacist. A good repeat prescription and medication review system was in place. Patient information leaflets were normally supplied and more information could be provided from the pharmacy computer system. The pharmacist ran her own clinic every Tuesday afternoon and was available to provide advice at other times on request. She also participated actively with nurses in the successful stop smoking work.
- 4.27 Controlled drugs were appropriately stored. Registers were available and maintained in the pharmacy and in the treatment rooms where controlled drugs were present. A random check showed medication balance was correct. Records for 'obtained' and 'supplied' controlled drugs were kept on the same page in the register using black and red pens to distinguish between them. This was potentially confusing. Approximately 50 prisoners were receiving methadone or subutex treatment. Both drugs were stored in the pharmacy controlled drugs cabinet. Requisitioning by the substance misuse team and recording in a register was appropriate.

Dentistry

- 4.28 The local community dental service provided five sessions a week by two dentists supported by dental nurses. The standard of treatment was good and appropriate to clinical need, especially with respect to a patient's future resettlement. For instance, patients were given a wide range of dental health information and the lead practitioner had arranged for aids to oral health to be available through the canteen. There had been few dental complaints since the waiting list had reduced. The possibility of input from a dental hygienist was under discussion. Urgent requests could be seen at the following session and appropriate pain management protocols had been agreed with nursing staff. An out-of-hours service was little used. Emergencies could be seen in the local accident and emergency department.

Inpatients

- 4.29 Inpatient beds were part of the prison's certified normal accommodation (CNA) and were being used inappropriately. One prisoner was admitted during the inspection as a 'lodger' because of lack of space on the wings and at least four patients who were fit for discharge were unable to go back to the wings because of lack of space. One prisoner with disabilities related to a previous brain injury was expected to be on the unit for his entire time in Winchester, which was not acceptable.
- 4.30 Various educational options were available in groups of two to six on five mornings a week, provided by dedicated teachers. As well as an association area, inpatients had access to a recently-renovated small exercise yard. All were confined to their cells after the evening meal at about 5pm, which was more restrictive than for prisoners on the wings and unsuitable for patients who were severely mentally ill or at risk of self-harm. One qualified nurse and one officer (usually an operational support grade) were on duty at night to cover the entire prison including the detoxification unit. This was inadequate.

Secondary care

- 4.31 When a prisoner was referred for an out-patient appointment, the local hospital usually telephoned to agree a mutually suitable date before putting it in writing. This meant that only six out of an average of 32 external escorts a month had been cancelled for security reasons in the previous six months. While this was efficient, it was not clear that waiting times were within acceptable limits.

Mental health

- 4.32 Mental health staff provided briefing on mental health issues for new staff on their induction. The team had developed a module on mental health awareness training but uptake was low, although it had been welcomed by staff and had produced noticeable changes when staff had attended. The GPs managed people with mild to moderate conditions such as depression and some patients with severe mental illness who were stable on treatment. The two primary care mental health nurses provided limited support as they were also deployed to general nursing duties. The library stocked a range of self-help materials but this patient group had no access to clinical psychology or other brief 'talking therapy' interventions.
- 4.33 The mental health team accepted prisoners with severe mental illness, some with personality disorder or at high risk of self-harm and patients with mental health and substance misuse problems in liaison with the substance misuse team. Referrals were accepted from anyone in

the prison, including prisoners, and were allocated for assessment at a weekly meeting. Prisoners were seen within 10 days unless identified as urgent, in which case they were seen within three. If necessary, a person could be seen directly by the psychiatrist. Approximately five new referrals a week were seen by the team, all of whom had training in cognitive behavioural techniques so were able to offer some brief intervention work. The three full-time practitioners had a caseload of between 28 and 30 patients and the part-time practitioner between 12 and 15 patients. Patients were managed using the care programme approach and had the opportunity to contribute to and sign their care plans. Mental health inpatients had the opportunity to be present at some ward rounds to discuss their care. Prisoners with mental health problems were often admitted onto the inpatient unit even though their condition might not warrant it. This was at least in part because discipline staff were reportedly reluctant to keep them on the wing. However, no therapeutic or rehabilitative day care options were available that might support someone to remain on the wing. Specialist advice on the care of older people with mental health problems was available locally and included transfer of patients to a secure unit for older people.

- 4.34 Relationships with the local medium-secure unit were particularly good as the prison psychiatrist also worked there. However, it was more difficult to liaise with distant mental health services when a prisoner needed inpatient NHS care. In the previous three months, five people had been referred for possible transfer to NHS facilities and four had been accepted and transferred within three months. The prison was part of a national pilot to transfer patients needing NHS care within 14 days but the definition of this target was from the time the NHS trust agreed to accept the patient. The team had a patient who was waiting for assessment three weeks after referral. Before the inspection, another severely ill patient on remand had waited several months before his court appearance, at which a mental health section was granted and he was transferred within the required 28 days. Where they were notified of a prisoner's impending transfer, the team liaised directly with the mental health team of the receiving prison.

Recommendations

- 4.35 The prison health partnership board should meet at least every two months to ensure that the health needs of prisoners are being met.
- 4.36 The beds in healthcare should not form part of the prison's certified normal accommodation and admission should be only because of clinical need.
- 4.37 The bathroom facilities for inpatients should be decent, functioning and adequately heated and ventilated.
- 4.38 The waiting room in healthcare should be refurbished to provide a safe, decent, comfortable, well-ventilated and welcoming environment.
- 4.39 An untoward event procedure should be adopted that encourages learning and enables trends to be identified and preventive action to be taken.
- 4.40 A procedure for recording and reviewing injuries and self-harm should be devised and followed by all staff.
- 4.41 Regular reviews of all health service complaints should be undertaken and copies of documentation relating to all healthcare complaints should be retained within the health centre to support this.

- 4.42 Information on the NHS complaints process and how to make a complaint should be provided to prisoners in simple English and on the touch-screen monitors.
- 4.43 All healthcare staff should have at least annual resuscitation and defibrillation training.
- 4.44 All staff should have access to clinical supervision.
- 4.45 Infection control audits should be conducted in all clinical areas and action taken according to the findings.
- 4.46 All staff should know what to do when there is a risk or suspected outbreak of communicable disease.
- 4.47 Policies and procedures on information-sharing and confidentiality should be in place and monitoring conducted to ensure that all health staff act in line with legal and ethical requirements.
- 4.48 All prisoners should be offered a secondary health screen no later than 72 hours after their arrival in custody.
- 4.49 Prisoners should be able to apply in confidence for a healthcare appointment.
- 4.50 Prisoners should not have to wait for long periods in healthcare before and after their clinic appointment.
- 4.51 Waiting times to see the optician and the podiatrist should be reduced.
- 4.52 All patients with long-term conditions should be offered the opportunity for regular review of their treatment and care in line with standard health service practice.
- 4.53 The full range of sexual health advice and treatment, including immunisation, should be available to prisoners.
- 4.54 Condoms should be freely available to prisoners both while they are in custody and on release.
- 4.55 Prisoners should have access to an appropriate range of secondary specialist treatment and care, including confidential consultation, within the specified NHS waiting times and without undue security restrictions.
- 4.56 Arrangements should be made for a wider range of medicines to be supplied by the pharmacist and nursing staff without recourse to a doctor's prescription.
- 4.57 Prisoners should be able to have medication administered in confidence.
- 4.58 Inpatients should have at least equivalent access to a range of activities as other prisoners unless their clinical condition precludes it.
- 4.59 Additional nursing cover should be provided at night.
- 4.60 Therapeutic and rehabilitative day care interventions should be provided for inpatients and people on the wings who require it.

- 4.61 All prison staff should receive training in identifying mental illness and working with people with mental health problems.
- 4.62 Patients who are severely mentally ill and need NHS inpatient care should be transferred without undue delay.

Housekeeping points

- 4.63 Written responses to complaints should be in plain English and the opportunity to discuss the complaint in person should be offered.
- 4.64 Drugs cabinets in treatment rooms should be kept locked at all times and all medication should be kept in these locked cabinets.
- 4.65 Refrigerators used for the storage of thermolabile medicines should be locked and maintained at a temperature of 2-8C.
- 4.66 Prisoners assessed as needing supervised administration of medicines should have each of their daily doses administered by nursing staff.
- 4.67 If controlled drugs records are to be maintained on the same page, a register with the correct headings should be used for clarity.

Good practice

- 4.68 *Prisoners had regular direct access to a pharmacist for advice and some prescribing.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 The prison had identified almost 400 activity places in the main prison and 200 in West Hill. This included 150 education places, most of which were part-time. There were insufficient places to keep prisoners actively occupied in the main prison. Access to education and activities was good but less so for vulnerable prisoners and those staying less than five weeks. In West Hill, activity places were well managed and jobs were allocated appropriately. Allocation arrangements were poorer in the main prison.
- 5.2 There had been a drive to increase the range of skills and accredited training in West Hill. A wide range of programmes had been introduced following a comprehensive needs analysis. The range of ICT programmes had been increased to provide qualifications from introductory level to level 3. Construction courses had been introduced in carpentry, joinery and brick work. The prison had made positive links with local agencies to gain local contracts, an example of which was the provision of wooden stalls for the Winchester Christmas market. Good work had been done to encourage outside employers to offer work and employment in local leisure centres and the Forestry Commission, although the latter had not been used for five months. The environment in West Hill was well used to provide training opportunities for horticulture and industrial cleaning. Prisoners developed high standards of practical skills in the majority of vocational programmes and in West Hill often worked unsupervised.
- 5.3 There was less scope for prisoners in the main prison to obtain qualifications. The average length of stay was short and most convicted prisoners were moved to West Hill or other training prisons shortly after sentence. There were 205 prisoners employed, of whom 53 were part-time. Seventy-five full-time positions were wing-based, such as cleaners, painters and servery workers. Qualifications were limited to those that could be gained in education. There were some courses within the physical education department. Although the kitchen occupied 23 prisoners full-time, the high turnover of workers meant that the potential for vocational qualifications was limited. The catering department was trying to put in place a system where all kitchen workers would be drawn from West Hill but this had not yet been agreed.
- 5.4 Work opportunities for vulnerable prisoners had expanded to include a computer recycling workshop. Many vulnerable prisoners could choose to work but opportunities to take part in the full range of education and training activities were more restricted.
- 5.5 There was insufficient attention to allocation to jobs. Although the head of learning and skills monitored this closely and vacancies were mostly filled to 80% capacity, the onus was on prisoners to apply for jobs themselves. With the exception of one workshop and wing-based work, most jobs required security clearance. Work had started on B wing to fast-track prisoners into employment but some prisoners said getting work depended on personal contacts. The

absence of a labour allocation board and attention from a regimes manager meant that some areas were underused. On one day of the inspection, for example, there were only three prisoners in an area meant to employ eight. Some jobs were restricted to specific wings, with A wing prisoners only able to apply for wing work and one workshop. Our own roll check showed that 55% of prisoners in the main prison were locked up during the core day. This included some who were allocated to activities but for reasons such as staff shortages were not working on that day.

- 5.6 There were 150 part-time education places. However, many of these were educational activities taking place in the workshops, which meant in practice that there were between 40 and 50 places a day. On one day of the inspection, 27 prisoners in the main prison and 22 in West Hill were taking part in educational activities. There were good opportunities for the development of personal and social skills, but mostly in West Hill.
- 5.7 Pass rates in literacy and numeracy were good. The standard of work was satisfactory and many prisoners requested work to complete in their cells. Many progressed from entry levels to levels 1 and 2. Attendance at classes was satisfactory. Teaching relied heavily on the use of worksheets and there was little routine use of computing to support learning other than in the completion of work assignments. The number and range of classes for literacy, language and numeracy were sufficient to support prisoners across a range of skill levels and previous learning experience. Provision extended adequately to other areas of the prison, including healthcare. Attendance in the education department by vulnerable prisoners was restricted to one day a week.
- 5.8 The prison had widened participation in learning by introducing literacy and numeracy support sessions into the workshops and other work areas of the prison such as the kitchens, gardens and construction workshop. The sessions held in the industries workshops were particularly popular but in some cases the classrooms adjacent to the workshops were noisy and made learning difficult. Use was made of the findings of initial assessments and further diagnostic testing was conducted to identify learning support needs.
- 5.9 Prisoners in education made progress in achieving personal targets such as in developing self-respect and confidence. This was particularly evident in music and art in the healthcare centre. The range of provision for those prisoners staying longer than a month was satisfactory but was insufficient to meet the needs of short-term prisoners. In the previous six months, 27% of prisoners had left within a month. There was good use of prisoners as peer advisers, although lack of coordination of all activities across the prison resulted in some inconsistencies in the service. Different external agencies were used effectively to widen the range and improve personal and social development. There were excellent links with the local university to provide a drama production.
- 5.10 The prison had developed positive working relationships with a number of external organisations, particularly with the new education provider. Improved quality systems and an increase in the range of the curriculum had been implemented. The standard of teaching and learning was slowly improving.

Library

- 5.11 The prison had a main library adjacent to the residential wings and a secondary library in West Hill. Collections of books were also sited in several other locations, including the care and separation unit (CSU), healthcare and on A and D wings, and replenished by the librarian. A small library had been created in a classroom in the education department to provide for

prisoners unable to get to the main library. The libraries were managed by a full-time qualified librarian from Hampshire County Council supported by four orderlies. The libraries provided pleasant and well-managed facilities that were well used.

- 5.12 The main library was open for two hours in the mornings and two hours in the afternoons but closed at lunchtimes. The library opened only one evening, by request, and closed at weekends. The daily opening times for the library in West Hill were supplemented by additional opening on two evenings and Saturday mornings. Some prisoners, especially those in full-time work, found access difficult. Those in Hearn unit were restricted to a small bookshelf of mainly fiction books and were unable to access the West Hill library regularly. Some prisoners in education depended on visits organised by tutors during lessons to get to the library. There were designated hours for library visits by vulnerable prisoners.
- 5.13 Use of the library was routinely monitored but a user survey had not been carried out since 2004. There were no computing facilities for prisoners. Apart from books, there was only a small collection of music CDs and talking books. There was a good collection of foreign language books and an adequate stock of easy-reader books and books printed in large format. The range of recreational books was good and there were adequate reference books. The West Hill library also contained technical books for construction industry training. There was no direct computer link to the County Council Library Services, although the librarian responded to prisoners' needs and acquired books on request through the inter-library services. The main library contained a range of legal textbooks and Prison Service Orders.

Recommendations

- 5.14 Education and activity provision within the main prison should reflect the needs of short-term and vulnerable prisoners.
- 5.15 A designated manager should be appointed to ensure activity places are used to their maximum capacity, with allocations reviewed and monitored regularly to enable fair access for all prisoner groups.
- 5.16 The kitchen should employ prisoners who remain long enough to gain vocational qualifications.

Housekeeping Point

- 5.17 Hearn unit prisoners should be allowed to access the West Hill library during opening hours.

Physical education and health promotion

Expected outcomes:

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

- 5.18 Staff shortages at the time of the inspection meant that mostly only recreational physical education was available. Facilities were good and most prisoners could attend two or more

sessions a week. There was no accredited training and little health promotion. There was a detailed improvement plan but no timetable for implementation.

- 5.19 The physical education (PE) department was staffed by one senior officer and three PE officers (one of whom was unable to run some activities). The normal complement was one senior officer and five PE officers. There were no outdoor facilities, although funding had been secured for refurbishment of West Hill's outdoor area and this was due to start later in the year. There were adequate facilities for cardio-vascular, weights and indoor sports.
- 5.20 The PE programme included provision for all areas, including a weekly session for prisoners in the CSU and three sessions for prisoners in healthcare. Sessions were also provided for prisoners undergoing detoxification or involved in drug counselling. The department typically provided 900 to 1,000 activity hours a week and involved 600 prisoners. Records of use were well maintained. Induction periods were comprehensive and gave all new arrivals a 'taster' session. Although some PE courses had been offered there were none running at the time of inspection. However, prisoners who had participated in courses said that they had been taught well and were able to demonstrate good practical skills. Staff had clear schemes of work and lesson materials and records of achievement met awarding body requirements.
- 5.21 All wings had noticeboards promoting a range of courses. No NVQs were offered. Entries were made on prisoners' individual learning plans and prison records on completion of courses. During induction, all prisoners completed a form detailing their medical condition and there was a referral system to healthcare. One PE officer had a community link role to identify working out opportunities.
- 5.22 All prisoners could attend gym at least once a week and many used the gym more frequently. In our survey, 47% in the main prison, significantly more than the local comparator, and 50% in West Hill, said they used the gym at least twice a week. This was largely due to the closure of C wing and the outreach work carried out by gym staff to ensure that unemployed prisoners were able to access the gym during the core day. Those in employment could attend PE in the evenings and at weekends. Vulnerable prisoners were offered PE during their working day. All prisoners showered at the end of activity. The showers were supervised discreetly by PE staff. There was close monitoring of accidents and injuries.

Recommendations

- 5.23 The outdoor facility in West Hill should be refurbished as soon as possible.
- 5.24 Staffing levels in the gym should be increased to the required level to meet the needs of the population and to offer some accredited courses.

Faith and religious activity

Expected outcomes:

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

- 5.25 The chaplaincy team was diverse. Prisoners had good access to chaplains and religious services and activities. Facilities were generally good but there were no ritual washing facilities

for Muslims. Good pastoral care was provided but the chaplaincy was not always routinely involved in safer custody work.

- 5.26 The most common declared religions were Church of England (28%), Roman Catholic (17%), Muslim (4%) and other Christian religions (4%). Others represented included Buddhist, Sikh, Pagan, Hindu and Jewish. Forty-one per cent declared no religion.
- 5.27 Prisoners had good access to a range of chaplains. The coordinating chaplain and his assistant were full-time. A Roman Catholic chaplain worked for 22 hours a week and the Muslim chaplain for 10 hours. Another 11 chaplains from diverse religions and faith groups were paid on a sessional basis or were volunteers. A large number of community volunteers also participated in the work of the chaplaincy and led services.
- 5.28 The chaplaincy team met monthly and worked cooperatively with each other and with prison staff. Minutes of the meetings described developing plans to produce a video for staff on religious sensitivities particularly around cell searching. Several notices to staff and prisoners had been published describing various religious festivals and advising how participating prisoners should be supported. There had been good cooperation with the catering department and regime managers in preparation for Ramadan. Members of the local Muslim community, prison managers and prisoners had joined in the celebration of Eid, and there had been a display on world religions. The facilities list included religious items. Some, such as incense, required approval from the chaplaincy.
- 5.29 Facilities were generally good, with a chapel in the main prison and in West Hill. A small multi-faith room had previously proved unsuitable for the high number of Muslim prisoners attending Friday prayers but numbers had since fallen. There were no washing facilities nearby. The chapel in the main prison and the multi-faith room were inaccessible to prisoners with mobility difficulties. The chaplain believed that if necessary a prisoner would be allowed to attend the West Hill chapel.
- 5.30 A duty chaplain met with new arrivals individually within 24 hours during induction. Those arriving on Saturdays were seen in their cells, as were vulnerable prisoners. Prisoners were given a diary and an information leaflet outlining chaplaincy activities, and were told how to contact chaplains.
- 5.31 There were good opportunities to attend religious services and faith-based activities. Prisoners made an initial application to attend services and the published rule for this to be repeated weekly was not enforced. Prisoners were generally unlocked on time for services and there were no clashes with other regime activities. All prisoners could attend services, although alternative arrangements had sometimes been made when there were security concerns over a prisoner from the CSU. A separate Sunday Christian service was provided for vulnerable prisoners, which was unnecessary, and another for prisoners in West Hill. Prisoners were not separated for the Roman Catholic Mass or Muslim prayers. A Buddhist meeting was held each Tuesday and there was a Christian Fellowship group. Bible Study groups were held on both sites.
- 5.32 The chaplaincy journal evidenced good pastoral care for prisoners, some provided through volunteers. 'Explore' was a course allowing prisoners to consider their personal relationships, and there was access to specialised counselling including bereavement counselling. Links had been developed with a local charity that had provided clothing for prisoners. There were plans for a new chaplain, funded through the Church Army, to develop further links in the community to contribute to resettlement. The chaplaincy organised a prison visitors scheme.

- 5.33 The chaplain was a member of the race equality action team (REAT) and the safer custody committee but had not attended regularly. Chaplains were not always invited to assessment, care in custody and teamwork (ACCT) reviews for prisoners who they knew were at risk of self-harm.

Recommendations

- 5.34 Washing facilities for Muslim prisoners should be provided close to the multi-faith room.
- 5.35 Separate services should not be held for vulnerable prisoners.
- 5.36 A chaplaincy representative should attend the safer custody committee regularly and play a more active part in assessment, care in custody and teamwork (ACCT) procedures.

Time out of cell

Expected outcomes:

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

5.37 Time out of cell varied significantly. Prisoners in West Hill were unlocked for most of the day, as were prisoners from the main prison in full-time employment. Unemployed prisoners usually spent long periods locked up. Association and exercise periods did not always adhere to the timetabled core day. Prisoners were given too little domestic time to make telephone calls and take showers. Association and exercise were sometimes cancelled.

5.38 In our survey, only 4% of prisoners in the main prison said they spent more than 10 hours out of their cells on a weekday. Forty-eight per cent said they had association five times or more a week. In West Hill, the respective figures were 30% and 77%. West Hill prisoners were only locked onto gated spurs after 8pm. In the main prison, managers reported an average time unlocked of between eight and nine hours but this masked significant variations.

5.39 Around 50% of prisoners in the main prison were involved in activity. On some days, employed prisoners could spend up to 8.5 hours unlocked. For unemployed prisoners, this was no more than a maximum of 2.5 hours a day. Both figures were dependent on outside exercise taking place and all association times being adhered to. The core day was well publicised and built in daily exercise, evening association and wing 'interaction' periods. The recent closure of C wing and the larger exercise area meant that B wing had only 30 minutes of outside exercise. Waterproof clothing was not provided and outside exercise did not take place in poorer weather. Cancelled exercise was not replaced by indoor association.

5.40 Evening association was provided every night on each wing but not for all prisoners who usually had evening association on alternate nights. This usually lasted an hour but prisoners said there was not enough time to shower, make telephone calls and carry out domestic tasks. Canteen also took place on the wings at 6pm on a rota basis, which meant further pressure on a small window of association. Evening association was often cancelled due to staff sickness and emergency escorts out of the establishment. This happened on average twice a week, although a rota ensured that all wings were affected proportionally.

- 5.41 There was some over-reporting of time out of cell. For example, it was reported that prisoners had 30 minutes out of cell for meals when often the actual time taken was a total of 15 minutes, and that they had time for cell cleaning, when this did not always take place. Prisoners were also frequently returned from work early and locked up but this was not always logged. Senior managers had tried to make regime monitoring accurate and comprehensive but data collection on the residential wings reflected what was scheduled to take place rather than what actually happened. We carried out two roll checks, in both of which 55% of prisoners were locked in their cells. Some were able to join gym sessions targeted at unemployed prisoners but many were locked up for most of the core day and often the evening as well. Residential staff did not unlock prisoners for domestic periods and saw involvement in activities as largely the role of regime providers such as gym or education.
- 5.42 Most prisoners in West Hill were involved in some form of daily activity and participated in association on most evenings. There was some over-reporting of activity and association was sometimes lost to staff sickness, as had been the case four times in the previous month. This was rotated between West Hill and Hearn unit and prisoners were locked onto the gated spurs. Prisoners were not allowed in the grounds during association and the small exercise yard had been earmarked as an all-weather sports area, which would further impact on the space available.

Recommendations

- 5.43 Prisoners should be unlocked for domestic activities during the day.
- 5.44 Regime monitoring should accurately reflect time unlocked.
- 5.45 Prisoners should be provided with suitable outdoor clothing for exercise when the weather is less good.
- 5.46 Prisoners in West Hill should be allowed to exercise in the grounds.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 Security was well managed, with good systems and communication within the prison. Security reports were dealt with quickly but it was not clear what actions were taken as a result. Rules were fairly applied and well publicised. Categorisation procedures in West Hill were efficient but were less well organised in the main prison.
- 6.2 Physical security was good and closed-circuit television cameras covered all the grounds and visits.
- 6.3 Three staff shared a cramped, busy but well-managed security office. On average, there were 130 to 150 security information reports (SIRs) a month, with drugs the biggest area of concern. Members of staff were sent confirmation that their SIR had been received. The majority were dealt with within 72 hours, although some had remained unanswered for six days over a recent bank holiday, which was unacceptable. There were appropriate links from SIRs to target searches, mandatory drug tests (MDTs), anti-bullying and race relations. Some actions were agreed at the daily operational meeting while the rest went through an SIR action form but it was difficult to evidence that proposed actions had actually taken place, particularly with target searches.
- 6.4 The security office had developed good information systems and a monthly intelligence booklet was published on the prison's shared computer drive. The intelligence analyst met with wing security liaison officers monthly and shared information. Security meetings took place monthly chaired by the deputy governor and were well attended by a broad range of disciplines. The police liaison officer and prisoner escort provider also attended.
- 6.5 There were clear criteria to ban visitors, although visitors who allegedly verbally abused staff were banned until they had written an apology. The operations principal officer reviewed all closed visits monthly and they were minuted in the monthly security meeting. Prisoners who had patterns of intelligence suggesting involvement with drugs in the prison were placed on closed visits and reviewed monthly.
- 6.6 Rules were clearly displayed around the units and were not over-restrictive. Prisoners were given copies, and signed copies were kept in wing history files.

Categorisation

- 6.7 Security categorisation took place in the main prison and West Hill. In the main prison, reviews were close to being up to date, with only three outstanding for the previous month. There had been a significant backlog before C wing closed. A senior officer and officer were profiled daily

to the observation, classification and allocation (OCA) department. This was based in the offender management unit (OMU) where offender assessments were easily accessible. It was untidy and gave the impression that systems were not as thorough as they should have been. The database used had the foundations of a good system but information was deleted when finished with, making back records difficult to evidence.

- 6.8 The system in West Hill was thorough and clear. There was an excellent database with all reviews up to date and a comprehensive monitoring system.
- 6.9 Re-categorisation boards for the main prison and West Hill were held often but irregularly. Consultation with wing officers and activity staff was evident in the re-categorisation process. Prisoners were notified of the outcome and sentence plans targets were taken into account. Appeals were considered.
- 6.10 There was good daily contact with the population management section, with regular moves to HMPs Camp Hill and Ford. National population pressures meant that home circumstances and individual needs were rarely taken into account and it was particularly difficult to transfer Rule 45 prisoners.

Recommendations

- 6.11 Security information report investigations should be completed on time and actions cross-referenced to ensure that they are completed.
- 6.12 Visitors banned because of alleged inappropriate behaviour towards staff should be written to, reminded of acceptable standards of behaviour and informed of the likely outcome if they cannot meet these requirements but should not be required to write an apology.
- 6.13 Closed visits should not be imposed for a pattern of intelligence involving drugs in the prison unless there is clear information linked to visits.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 6.14 Levels of adjudications, use of force and use of special accommodation were low. Not all charges were fully investigated and there were some anomalies in paperwork. Staff in the care and separation unit (CSU) were confident and clear in their roles and cared for prisoners appropriately.

Discipline procedures

- 6.15 Adjudications were held in the staff office, which was suitable and comfortable. The adjudications we observed were considered and fair, prisoners could question the evidence, and mitigating factors were taken into account when deciding on punishments. However, details of previous adjudications showed that not all charges were properly investigated.

- 6.16 Punishment tariffs had recently been reviewed but some involved 100% stoppage of earnings, which might deny prisoners the opportunity to contact their families. Some wing conduct reports were inappropriate, not sufficiently objective and occasionally derogatory.
- 6.17 Compared to 85 adjudications in August 2006, there had been only 34 in January 2007, 33 in February and 38 in March. Regular adjudication meetings were held.

Use of force

- 6.18 Force had been used only 37 times in the previous six months. Some documents were missing from the paperwork, including a completed injury to prisoner (F213) form and signed authorisation. A local incident form completed by the orderly officer summarised the incident but this was not always included with the completed paperwork. A use of force meeting took place quarterly, chaired by the head of operations, who also signed off all the use of force forms.
- 6.19 Neither of the two special cells had been used in the previous six months and they had been used only six times in the six months before that. The paperwork did not clearly explain the use of special accommodation and on two occasions the observation logs were missing. A body belt had not been used for a number of years.
- 6.20 De-escalation of incidents was swift and well managed. In many cases, records showed that officers had paid attention to de-escalating and taking restraints off safely. This was particularly the case with CSU staff, who were clear on the need to treat prisoners with care and dignity.
- 6.21 A video camera was kept in security but there was no log of its use. Healthcare attended all planned interventions and the CSU in all incidents. CSU staff were not used for planned removals. All prisoners were subjected to a full strip search without risk assessment when moved to the CSU whether under restraint or not. Prisoners were never deprived of normal clothing.

Segregation

- 6.22 The CSU consisted of seven cells and two special accommodation cells. It was well decorated with very little graffiti. The shower room was clean and the exercise yard had recently had a mural painted on one wall. There was a decent selection of books. Prisoners had daily access to showers, telephone calls and exercise. They could attend the gym every Tuesday and there was a small provision for in-cell education and work. Chaplains, a senior manager and healthcare staff visited every day and the Independent Monitoring Board at least weekly.
- 6.23 All the prisoners we spoke to understood why they were in the CSU. Written reasons could have been more informative. Regular reviews took place and the appropriate people were invited but the timings were not predictable and it was difficult for some to attend. The Independent Monitoring Board in particular was concerned about this.
- 6.24 A staff selection policy operated and those selected had been authorised by the Governor. However, because they were part of a wider group of A wing staff, unauthorised staff often worked in the CSU.
- 6.25 The daily log of events was up to date and comprehensive. CSU staff were dedicated and professional, showing impressive levels of care and respect towards prisoners. Staff understood their role and helped create a positive environment. Daily entries were made in

history files but these were not particularly insightful. Wing staff and personal officers did not visit the CSU to maintain contact with prisoners.

Recommendations

- 6.26 Quality checks on adjudications should be more robust. All evidence should be examined and outcomes investigated.
- 6.27 Punishments of 100% loss of earnings should not be issued.
- 6.28 Use of force and special accommodation paperwork should be closely monitored at the use of force quarterly meeting. The orderly officer incident report should accompany all paperwork.
- 6.29 Individual risk assessments should take place on all prisoners located to the care and separation unit (CSU) to determine whether a full strip search should take place.
- 6.30 The video camera should be used for planned use of force and a log kept of its use.
- 6.31 Written reasons explaining to prisoners why they are being held in the CSU should be comprehensive and detailed.
- 6.32 Fortnightly reviews in the CSU should have predictable times and days to enable a multidisciplinary attendance.
- 6.33 The CSU should have a larger group of selected staff to ensure it always has authorised staff on duty.
- 6.34 Daily history sheet entries should be more insightful about prisoners and have multidisciplinary input.

Incentives and earned privileges

Expected outcomes:

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

- 6.35 A new incentives and earned privileges (IEP) scheme had recently been introduced but was not embedded in practice. There were few worthwhile differentials to influence behaviour and most prisoners had little interest in the scheme. Monitoring and recording of the scheme's operation was poor.
- 6.36 A new IEP scheme had been introduced in February 2007 but it had been little publicised and was not yet established practice throughout the prison. An IEP notice displayed on D wing outlined the previous, 2004 scheme. Most prisoners and staff were unaware of the changes, including that the qualifying time for applications for enhanced status had reduced from three months to two.

- 6.37 There was little evidence that managers monitored the scheme's operation across all wings. Only B wing maintained a record of the outcome of review boards. This made it difficult to establish how fairly the scheme was being applied. There was no record of any appeals against IEP board decisions. Operation of the scheme was not in line with the policy. For example, weekly review boards were not held, demotions were not always based on a pattern of poor behaviour, there was little evidence that prisoners attended reviews and reasons for non-attendance were not recorded. An early review of the scheme was planned for June 2007.
- 6.38 Few wing history sheets included any reference to the IEP scheme, although all included a compact signed during induction. Prisoners applied for enhanced status but there were no comments in history sheets to suggest that wing officers promoted this as a worthwhile incentive for prisoners. Managers recognised that there were few meaningful differentials between standard and enhanced levels to influence behaviour. Additional privileges included a greater spending allowance, an additional visit, use of a PlayStation and a duvet set (see also section on clothing and possessions). These had little impact on prisoners with little money and few visitors. Only enhanced prisoners were considered for most orderly jobs and, while this might have been an incentive for some, most prisoners were not engaged with the scheme.
- 6.39 Around 17% of prisoners in the main prison were enhanced and 83% were standard. The respective figures for West Hill were 62% and 38%. No prisoner was on basic. We were told that prisoners were rarely placed on basic but no records were kept. The history sheet of one prisoner demoted to basic in recent months clearly showed that he had been denied a daily shower while on that level. Prisoners in segregation maintained their IEP level. In our survey, fewer prisoners than the comparator said they had been treated fairly under the IEP scheme. Among black and minority ethnic prisoners, the figure dropped to 23% against a comparator of 48% but this perception was not supported by ethnic monitoring.
- 6.40 Some staff confirmed a prisoner's IEP level with their previous prison but this was not always done. The induction booklet made no reference to prisoners retaining their previous status on transfer and indicated instead that all would be placed on standard. One prisoner had waited several months before he was able to produce evidence of his previous enhanced status.

Recommendations

- 6.41 The incentives and earned privileges scheme should be promoted consistently on all wings.
- 6.42 There should be meaningful differentials between the different levels of the incentives and earned privileges scheme.
- 6.43 There should be improved recording and monitoring of the operation of the incentives and earned privileges scheme across all wings, to evidence that the scheme is operated fairly and consistently in line with the published policy.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The catering department performed well despite cramped working conditions. There were few complaints about the food and good consultation with prisoners. Cultural and religious diets were provided. No vocational qualifications were available for prisoners working in the kitchen. Meals were served too early.
- 7.2 In our survey, 36% of prisoners, significantly more than the comparator of 24%, said the food was good or very good, although black and minority ethnic prisoners were not as satisfied. Prisoners were regularly consulted and frequent food surveys were carried out, with changes made to the menu as a result. Catering managers attended prisoner consultative meetings and met with race relations representatives.
- 7.3 Food was prepared in a central kitchen adjoining D wing, where most of the 23 kitchen workers lived. Wing-based serveries had been installed on the wings and had greatly improved the service. Catering staff attended the serveries to ensure that temperature checks were carried out and records were well maintained. There were plans to move some meal preparation to the kitchen in West Hill to improve quality. The central kitchen was clean and well organised but small, with little room for expansion. There had been a recent investment of new equipment.
- 7.4 Lunch was often served at 11.45am and tea at 4.45pm, and sometimes earlier. Breakfast packs were distributed the day before, with milk distributed the following morning. Lunch and tea were both hot meals. About 60% of meals were made on site. There were usually two vegetarian options at each meal and daily halal options. Fresh fruit was served every day and the range of vegetables offered was good. The food sampled was high quality and based on a three-week menu cycle. Fortnightly themed nights had been well received.
- 7.5 Prisoners did not eat together in either the main prison or West Hill. The Hearn unit had a dining room but it was not used. Some prisoners in the main prison and West Hill did not have a table in their cell and, despite the more relaxed regime, prisoners in West Hill could not prepare any light meals for themselves.
- 7.6 Prisoners working in the kitchen could not study for vocational qualifications due to the high turnover of prisoners and changes to the assessment process. Qualifications available were limited to health and hygiene and food handling courses. Some prisoner records were not up to date. Prisoners wanting to work in the kitchen were not given a medical screening. Catering staff had suggested employing prisoners exclusively from West Hill to reduce the high turnover.

Recommendations

- 7.7 Breakfast should be served on the day it is to be eaten.

- 7.8 Lunch should be served after noon and the evening meal after 5pm.
- 7.9 Prisoners in the Hearn unit should be allowed to eat together.
- 7.10 Prisoners in West Hill should have facilities to prepare some light snacks.
- 7.11 Prisoners who have to eat in their cells should be provided with adequate tables and chairs.

Prison shop

Expected outcomes:

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

- 7.12 The shop service was improving after some difficulties but provision for black and minority ethnic prisoners was poor and there were few healthy options.
- 7.13 The prison shop was managed by a company called Eurest with the service based at West Hill. In our survey, only half as many as in comparable prisons said the canteen sold a wide enough range of goods. No black and minority ethnic prisoners said this was the case. The canteen list contained 187 items but did not include fresh produce such as fruit or specific products for black and minority ethnic prisoners and there was little in the way of healthy eating options. Managers had begun to address some of the difficulties and a range of halal products and additional hair products were being added to the list. The new list still did not include fruit and healthy options.
- 7.14 Previous high numbers of complaints about canteen had reduced significantly due to increased managerial attention. Complaints were dealt with swiftly, often resulting in immediate action. Newspapers, magazines and periodicals could be bought through the library. Prisoners could order items only through Eurest but the range was limited. Previous problems with delays in delivery were being addressed by ensuring items were in stock before they were ordered and paid for.
- 7.15 In the main prison, canteen was issued during evening association on a rota basis, which meant the wing concerned was effectively closed for an hour, further reducing already restricted association time.

Recommendations

- 7.16 Fresh fruit and healthy options should be included on the canteen list.
- 7.17 The range of catalogues available to buy clothes and other items should be expanded to reflect prisoners' needs.
- 7.18 Distribution of canteen should not take place at association times.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The reducing reoffending strategy had been updated but differed little from the previous strategy of 2005 and did not reflect key changes or strategic priorities. There was some needs analysis particularly in the area of drug and alcohol misuse but insufficient strategic direction.
- 8.2 The reducing reoffending strategy had recently been updated but largely mirrored the original strategy of 2005. The strategy document did not look outwards and described existing work rather than planning and developing new work. Owners for the seven pathways were not identified and an action plan and timescale for implementation was not included. The strategy did not make links to prison or probation initiatives within the area or region to support its delivery. There was no policy committee to drive the agenda, despite this being a Prison Service requirement. An inaugural meeting of the policy committee was planned in May 2007.
- 8.3 There had been some needs analysis informing the resettlement work, including reports on education and substance misuse. A recently-completed report by the drug action team in conjunction with the prison had provided a strong evidence-base for the need for more alcohol-related interventions but this was in abeyance due to a lack of resources. The needs of all prisoners were recorded at induction and held on a database in the benefits, education, training and accommodation (BETA) unit but this did not appear to be routinely analysed to inform provision of resettlement services.
- 8.4 The prison offered two accredited programmes linked to substance misuse: the short duration programme (SDP) aimed at remand prisoners and the prisons addressing substance-related offending (P-ASRO) programme for sentenced prisoners. Prisoners who needed to complete other programmes had to transfer to other prisons and this often meant that relationships with children and families were negatively affected. As a result, prisoners were sometimes reluctant to transfer elsewhere.
- 8.5 During the inspection, a reducing reoffending event focusing on a new housing initiative for ex-prisoners was held with partner agencies at the prison.

Recommendations

- 8.6 Terms of reference should be agreed for the reducing reoffending policy committee, which should meet regularly to direct the strategic development of resettlement services.
- 8.7 A reducing reoffending action plan should be developed that clarifies activity required under each pathway each year and identifies someone responsible for each pathway.
- 8.8 Prisoner needs analysis from the BETA database should take place regularly and should inform the development of resettlement provision.

Offender management and planning

Expected outcomes:

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

HM Inspectorate of Probation joined HMCIP for this element of the inspection.

- 8.9 Offender management arrangements had been implemented but in isolation from the probation team. Few prisoners were managed under the offender management model. Joint public protection work was well managed. Offender assessments were largely up to date but few prisoners were aware of their sentence plans and there was no custody planning for remand or short-term prisoners. Indeterminate sentenced prisoners spent too long at the prison. Limited use was made of release on temporary licence (ROTL). Sentence planning for prisoners in West Hill was developing well and involving staff. Little attention was paid to the specific needs of recalled prisoners.
- 8.10 A separate offender management team had been established in isolation from the large probation team. Only 27 prisoners were formally in scope of offender management, and included those who presented as high or very high risk of harm. Staffing levels appeared to be over-resourced in relation to offender supervisors, although the case administrator role was stretched. There had been some flexibility between these staff to enable various tasks to be completed.
- 8.11 Responsibilities for the offender assessment system (OASys), observation, classification and allocation (OCA), legal services and public protection were separate from the offender supervisor function and the potential for duplication of task and effort was high. Probation and public protection staff were co-located and shared a common filing system. There was positive evidence of joint work in relation to multi-agency public protection arrangements (MAPPA), ROTL and sentence planning.
- 8.12 Staff delivering interventions to prisoners contributed to the offender management model, although they were technically separate from the offender management operation. Staff performing this role displayed little understanding of the basic tenets of offender management and reported having had minimal training. They were also unaware of those prisoners who were in scope of offender management and therefore of those offender supervisors and offender managers with whom they should have been sharing critical information.
- 8.13 Staff involved in offender management were enthusiastic and shared a vision of how the offender management model could work when fully implemented. They were attempting to see prisoners being supervised weekly. Prisoners gave examples of where offender supervisors had been able to help them.
- 8.14 Offender supervisors reported difficulty in forging positive links with offender managers in the community. Communication links could have been improved by the involvement of probation staff working in the prison. During the inspection, some prison staff attended case administrator training with probation staff in the community. This was a positive development and contributed to enhanced working relationships.

- 8.15 OASys systems were well integrated into the prison. Few OASys assessments and sentence reviews were outstanding and over 100 reviews had been completed in the previous six months. Staff in the prison were positive about OASys and if they were unable to obtain OASys initial assessments from probation staff in the community, these would be completed by either probation or prison staff depending on the provisional assessment of risk. Eight probation and prison staff had been trained to complete OASys but the quality of the documents was variable. Quality assurance processes were in place and the senior probation officer was sampling 10% of all completed assessments. An OASys quality improvement group was scheduled to meet monthly. The prison had exceeded its shadow key performance target for 2006/07 for the completion of initial OASys assessments and reviews.
- 8.16 In the main prison, sentence planning was largely driven through OASys for prisoners serving more than 12 months. There was no effective sentence planning for those serving less than 12 months. In West Hill, a sentence planning process had recently been introduced and had contributed to driving forward the resettlement agenda. However, in our survey, significantly fewer prisoners at West Hill compared to other training prisons said they had a sentence plan or had been involved in its development. Only 15% of prisoners in the main prison said they had a sentence plan, which was low compared to other local prisons, and only 4% said they had been involved with it.
- 8.17 There were 47 lifers, including 24 with indeterminate sentences for public protection (IPP) and seven who had been recalled on their life licence. Lifers complained about how long it took to be allocated to stage one lifer prisons, which was a year on average. Some lifers had been at Winchester for two years. A lifer policy had been produced in 2006 and three lifer meetings had taken place since March 2007. Where possible, potential mandatory and discretionary lifers were identified before sentence and given basic information. The lifer booklet was not being issued because it was out of date.
- 8.18 Multi-agency lifer risk assessment panels were taking place on newly-sentenced lifer prisoners and were well attended and fully documented. This assisted in the future risk management of the prisoner. A forensic psychologist from HMP Albany assisted in the management of lifer prisoners and attended when required.
- 8.19 IPP prisoners frequently did not understand the implications of this type of sentence and were not issued with any relevant information. Three prison staff had completed the relevant lifer training, although only the lifer officer presently had any ongoing contact with lifer prisoners.
- 8.20 A public protection policy and operational manual had been developed but these documents were primarily focused internally on Winchester and lacked strategic awareness. Monthly risk management meetings were held and external representatives attended regularly.
- 8.21 Public protection staff were integrated into a number of key processes within Winchester. Two prison staff carried out public protection work and were assisted by some temporary resource from offender management in the monitoring of telephone calls and letters. Public protection cases were identified daily following reception. Public protection staff contributed to child safeguarding measures and the prevention of harassment towards victims and witnesses. Public protection or probation staff usually attended MAPPA meetings in the community.
- 8.22 Limited use had been made of ROTL in the previous year and the majority of licences had been granted to prisoners working in the officers' mess and outside gardens. There was a cautious approach to the management of ROTL and only 19% of applications in the previous six months had been successful. No prisoners had failed to return to the prison when ROTL had been granted.

- 8.23 In the year to March 2007, 342 applications were made for home detention curfew (HDC) and 197 were granted. Two staff based in the probation department managed the processes and administration for HDC well. They had developed their own information leaflet for prisoners and encouraged them to ring back to the prison with any problems after release. One member of staff contacted vulnerable high-risk cases to remind them of the importance of cooperating. Over 92% of those released on HDC successfully completed that element of their licence.
- 8.24 Fifty-three prisoners were subject to licence recall. Prisoners reported receiving little advice or information about the recall process and there was often a delay of up to two weeks before they received information relevant to their case. One clerk held responsibility for the recall process and the distribution and collation of all required paperwork. This process appeared efficient but there was a clear gap in providing information to recalled prisoners about their status.

Recommendations

- 8.25 The deployment of the offender management model should be reviewed to give the probation department a more central role in implementing offender management and allow greater integration of offender management, probation and public protection staff.
- 8.26 A single shared file should be developed for all prisoners subject to offender management.
- 8.27 Key workers should be briefed on the offender management model and understand their contribution to the process.
- 8.28 The lifer booklet should be revised and reissued. Specific reference should be made to the management of indeterminate public protection sentences.
- 8.29 Life-sentenced prisoners and those subject to indeterminate public protection sentences should be assigned lifer officers who have received appropriate training.
- 8.30 More use of release on temporary licence should be made to support prisoners' resettlement.
- 8.31 Prisoners subject to licence recall should receive relevant information on the process and possible outcomes shortly after arrival at Winchester.

Resettlement pathways

Expected outcomes:

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

- 8.32 All prisoners were introduced to the services available within the benefits, employment, training and accommodation (BETA) unit. Most prisoners were local and there were good links with local agencies but 22% were released without accommodation. Although there were some good training courses these were mainly for relatively few prisoners at West Hill. Healthcare

had little involvement in resettlement planning. Drug treatment was mostly based on prisoners' needs, but vulnerable prisoners had no access to courses. Treatment for alcohol dependence was limited. Parenting skills and relationships course were restricted to West Hill prisoners and there were no evening visits or children's days and no family support worker.

Reintegration

- 8.33 All prisoners were introduced to the services available within the BETA unit as part of their induction. Prisoner representatives were also available on each wing and received specialist training for the role. They were enthusiastic and able to offer support and advice to prisoners on wings. Where appropriate, they could also register for NVQs in 'working with others'.

Accommodation

- 8.34 The housing team was well established and consisted of two specialist housing advisers supported by prison staff and prisoner orderlies. In our survey, 56% of prisoners, against a comparator of 42%, said they knew where to get help with accommodation. Housing advisers received around four applications a day.
- 8.35 In the main prison and West Hill, BETA representatives saw new arrivals usually within about 24 hours to get information about any benefit or accommodation issues. Systems were in place to identify help with mortgage and rent arrears and there was a local arrangement to help prisoners get private rented accommodation. Facilities for prisoners to access a rent deposit scheme had been used five times. Most prisoners were local and discharged into the Hampshire area, where there were good links with housing providers and local councils. Staff contributed to safer communities projects within neighbouring authorities and were linked to the local supporting people project. Housing advisers from the region also came into the prison.
- 8.36 Despite this, 22% of prisoners had been released as no fixed abode in the previous quarter. Local housing policy did not prioritise single men being released from prison on short sentences. The prison could refer directly only to one hostel and, although prisoners were placed on the housing register, this did not guarantee accommodation. Prisoners who were homeless as a result had to go into a central register and were allocated on release on a needs basis and dependent availability. We were told that local homelessness issues were much worse in the winter months.

Recommendations

- 8.37 **An analysis should be undertaken of the reasons for prisoners being released without accommodation to go to in order to identify the causes.**
- 8.38 **The regional offender manager should liaise with local housing providers to try to ensure appropriate priority for released offenders to reduce the likelihood of their reoffending.**

Education, training and employment

- 8.39 Activities had been designed following a needs analysis and courses reflected skills needs, such as construction programmes, and provided progression to further training and nationally-

recognised awards. There were positive links with agencies for job search and some scope for ROTL to gain work experience in the community, although this was underused. The Forestry Commission work placement had not been used for five months. Most services were directed towards the West Hill population. Most services were directed towards the West Hill population with relatively little for the bulk of the population held in the main prison.

- 8.40 Courses on budgeting and finance and cookery were provided together with programmes on relationships such as family man and parenting. In our survey, 41% of prisoners in the main prison, similar to the local prison comparator, and 59% of those in West Hill, much better than the training prison comparator, said they knew who to contact to get help with employment. A probation support officer was responsible for liaising with local employers and some good links had been made with employers in the construction industry, although this was at an early stage. Most prisoners were set up with Freshstart benefits interviews before release.
- 8.41 A generic preparation for work course available at the end of sentence covered areas such as manual handling, heart start and health and safety. This was aimed at the convicted population and required a basic level of numeracy and literacy. There was no job club, although there were plans to establish one in West Hill.

Finance, benefit and debt

- 8.42 Prisoners in our survey reported a higher level of knowledge than the comparator when asked if they knew how to access support for finance and benefit issues and opening a bank account on release. They were also less likely to identify these areas as problematic on their release from prison.
- 8.43 The induction process identified prisoners who required assistance in closing down benefit claims or claims for housing benefit. Citizens Advice Bureau staff offered a weekly service to the prison focusing primarily on debt management. JobCentre Plus staff had been providing services to prisoners in West Hill but this had recently stopped and staff in the BETA unit facilitated appointments for benefit claims on the next working day following release. A refundable rent deposit scheme also operated for prisoners and £20,000 had been made available from the local authority to support this initiative. BETA staff had recently made some effective links with charities for ex-service personnel and some grants had been awarded. Given the high number of prisoners who had been in the armed services, this was a welcome addition to the potential sources of support and practical advice in developing effective resettlement plans.
- 8.44 Discharge boards held six weeks before release addressed benefit and employment issues. BETA staff had developed links with the Cooperative Bank to enable prisoners to open bank accounts to save for their release or enable those released with employment to receive salary payments direct to their bank accounts. A money management course was available for prisoners in West Hill.

Mental and physical health

- 8.45 Although members of healthcare attended a substantial number of meetings in the prison, there was little active participation by primary care staff in resettlement activity unless a specific request was made. Health staff did not find out in advance when prisoners were due for release. They saw prisoners in reception on the day of release and provided up to 28 days of medication. Prisoners released to the local area were given a list of GPs if they were not registered. This was a missed opportunity to ensure that prisoners' outstanding health and

health promotion needs or queries were addressed in good time before release. A stock of condoms provided by the PCT had run out. It was reported that the PCT had stated that condoms were to be given out only to men under 35 years, which was unreasonable.

- 8.46 The mental health team liaised with external mental health services when they knew in advance about someone's release and invited care coordinators to attend review meetings. However, they had experienced difficulties liaising within the prison. Finding suitable housing for some people with mental health problems, for example, was sometimes more protracted than for other prisoners but this was not allowed for in other resettlement arrangements.

Recommendations

- 8.47 Prisoners due for release should have their health and social care and health promotion needs reviewed sufficiently early for these to be addressed and so that staff can make contact with the appropriate agencies in the community.
- 8.48 All prisoners due for release should be given information and assistance to access health and social care services in the community.
- 8.49 Health and discipline staff should work together on release and resettlement plans for prisoners.

Drugs and alcohol

- 8.50 The drug strategy committee met bi-monthly with good attendance. The group was supported by a drug strategy document that covered all aspects of substance misuse, included a needs analysis drawing on information from mandatory drug testing (MDT), voluntary drug testing (VDT) and the counselling, assessment, referral, advice and throughcare (CARAT) service, and annual development targets. The drug strategy coordinator was well regarded and had made considerable efforts to take the strategy forward in the previous 12 months.
- 8.51 A comprehensive alcohol needs analysis recently completed in conjunction with support from the local drug and alcohol action team (DAAT) identified that the population at Winchester prison had 10 times as many hazardous/dependent alcohol users than the general population, in many cases associated with violent offences. Despite this, no alcohol-specific services were available. Prisoners could receive an alcohol detoxification (see section on substance misuse) and there was a weekly Alcoholics Anonymous session but there was no therapeutic provision. Although 23% of all CARAT clients identified alcohol as their drug of choice, second only to heroin (24%), officially the team was unable to offer specific alcohol treatment. Recent attempts to obtain funding for alcohol-specific worker(s) had been unsuccessful.
- 8.52 The multidisciplinary CARAT team was headed by a team leader with three main grade staff and a trainee supplied by the Rehabilitation of Addicted Prisoners trust (RAPt). Two further workers and a senior practitioner were being recruited. Two CARAT prison officers were also attached to the team. All prisoners were seen by CARAT staff during induction both as a group and on a one-to-one basis. The team had an annual target of 1,150 drug intervention record assessments a year, which they had achieved in the previous year. CARAT files showed that cases were fairly well managed, although the range of treatment options was quite limited. Although RAPt had developed a number of group work programmes validated under Prison Service Order 4350 (effective regimes), only the one-day drug awareness programme was run.

The relapse prevention programme had previously been delivered in West Hill and there were plans to reintroduce it.

- 8.53 Due to the nature of Winchester's population, much of the work undertaken by the team related to linking clients to community-based provision and facilitating such links. Although pre-release work was engaged in and noted in files, this varied significantly from case to case and no consistent programme or pre-release checklist had been developed.
- 8.54 Good community links had been developed with local drug intervention programme (DIP) teams, especially those in the vicinity. Almost 70% of all CARAT clients came from the Hampshire area (including the unitary authorities of Portsmouth and Southampton). A recent initiative of developing a DIP service surgery one afternoon a week for community-based workers to visit prisoners was positive but needed further support from the community teams. In a further local initiative in conjunction with Hampshire DAAT, a DIP liaison worker for the county was based at the prison for 2.5 days a week, acting as the point of first contact for prisoners from the local area. The project had been in place only since the beginning of the year and little data was available to assess effectiveness but early indications were that it had increased post-release service take-up.
- 8.55 Winchester ran two rehabilitation programmes: prisons addressing substance-related offending (P-ASRO) and the short duration programme (SDP). The CARAT service undertook pre- and post-programme support and in most cases either of the two programmes constituted the primary treatment available for prisoners. Both programmes were well integrated in the prison. Both programmes had a multidisciplinary team of facilitators and effective local management teams. The majority of prisoners accessing P-ASRO were in West Hill but it was accessible to others, except that vulnerable prisoners on D wing could not access either programme and had contact only with the CARAT service. The likely demand was unclear as these prisoners had not been assessed.
- 8.56 There was no voluntary testing unit but any prisoner could access a voluntary testing programme. A target of 250 compacts a month was usually met with ease. Since the closure of C wing, there was no waiting list, although we were told that before February it was not uncommon for there to be a waiting list of around 50. The programme was divided into voluntary and compliance testing, each with a separate compact. The 127 prisoners in West Hill were all subject to compliance testing, along with those undertaking key employment, including cleaners and kitchen staff. Monthly figures were compiled but were not broken down by wing and it was not possible to establish the positive testing rates for each wing. However, overall, 85% of all positive tests in the previous six months were for prisoners on A, B and formerly C wings. All prisoners on voluntary testing were subject to a strip search.
- 8.57 Facilities for VDT were available in both the main prison and West Hill. The latter's, however, had windows straight on to a corridor used by education, offering limited privacy.

Recommendations

- 8.58 The CARAT team should reintroduce and extend the range of group work available.
- 8.59 The CARAT team should introduce pre-release checklists to ensure pre-release information and harm reduction messages are delivered consistently.

- 8.60 The prison should develop a specific alcohol strategy to complement the drug strategy and develop a range of appropriate treatment to reflect the need identified in the alcohol needs analysis.
- 8.61 Prisoners subject to voluntary testing should be subject to second-level searching only where there is supporting intelligence.
- 8.62 The windows in the voluntary drug testing facilities in West Hill should be screened off to ensure privacy.

Housekeeping point

- 8.63 Voluntary drug testing figures should be compiled on a wing basis to facilitate better analysis and evaluation.

Children and families of offenders

- 8.64 There was little evidence that prisoners were encouraged to remain in contact with their children, partners and families. Comment in prisoner wing files did not indicate that staff were aware of prisoners' families or home lives. The resettlement strategy described only a narrow, local focus for this pathway.
- 8.65 Families were involved in celebrating success with some prisoners, such as those involved in the SDP and P-ASRO programmes, and with some prisoners in West Hill who had completed various courses. They were not generally involved in sentence planning. Through the Story Book Dads project available to all prisoners, fathers could record a story to send to their children.
- 8.66 Information about the assisted prison visits scheme was included on visiting orders but only limited information was displayed in the visits waiting room. More information was displayed in the visits room itself but was rarely read by either prisoners or visitors.
- 8.67 The chaplains regularly talked to prisoners' families but there was no helpline advertised to visitors giving a named manager they could speak to with any concerns or questions. The chapel was used to hold additional visits between prisoners and families as necessary.
- 8.68 Only prisoners in West Hill could attend courses and programmes aimed at improving parenting skills and relationships. There were no evening visits and no children's or family days. Prisoners could not play with their children in the play area during visits and could not take their children's drawing back to their cells (see section on contact with the outside world).
- 8.69 Senior managers told us that prisoners who did not get visitors could exchange their unused visiting orders for extra letters but this was not advertised and we did not meet any prisoners who knew about it. There was no scheme to provide prisoners who were carers with additional free letters or telephone credit, and access to wing telephones was limited (see section on contact with the outside world). There was no provision for prisoners to receive incoming telephone calls from children or to deal with arrangements for them.
- 8.70 There was no family support worker to help prisoners maintain contact with their children and families, and to advise on child protection issues. ROTL was not routinely used to allow

prisoners to fulfil parental responsibilities. No prisoners had recently been granted any childcare resettlement leave.

Recommendations

- 8.71 Resettlement information should be displayed for visitors.
- 8.72 Prisoners on all wings should be able to access accredited programmes aimed at improving parenting skills and relationships.
- 8.73 Evening visits and regular children and family days should be provided.
- 8.74 Prisoners who do not receive visits should be able to exchange unused visiting orders for extra letters or telephone credit and this should be promoted to prisoners.
- 8.75 Prisoners identified as carers should receive additional free letters and telephone credit.
- 8.76 A qualified family worker should be employed to help prisoners maintain contact with their families.
- 8.77 Release on temporary licence should be used to allow suitable prisoners to spend time with their families in the months before their release.
- 8.78 Visitors should be able to share their concerns with a named advertised individual.

Attitudes, thinking and behaviour

- 8.79 With the exception of the courses related to substance misuse, there were no accredited programmes. Opportunities within the main prison were limited, although the physical education department did provide some good opportunities to integrate work such as addressing substance misuse within its programme and provided an activity programme that addressed lifestyle issues and promoted healthy behaviour
- 8.80 In West Hill, there was a good range of provision. The education department provided a range of courses to meet social and educational needs. Art and music classes took place in the evening, as did a relationship course run by two local counsellors.
- 8.81 The prison's links with the local university drama department provided opportunities for prisoners with no experience of drama to work closely with students and theatre professionals. This was highly beneficial in terms of building confidence and developing new skills. An annual production was staged and some prisoners went on to work in this area on release.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

to the Governor

- 9.1 Formal first night arrangements should be introduced on wings and ensure at minimum that all new prisoners have an opportunity to shower and make a free telephone call on the day of their arrival and have any urgent needs dealt with. (HP43)
- 9.2 Managers should develop a strategy to deal with the underlying negative staff culture at Winchester and improve relationships between staff and prisoners, consulting prisoners about what improvements could be made and providing regular feedback to all staff and prisoners. (HP44)
- 9.3 Personal officers should introduce themselves to prisoners, get to know their personal circumstances and record contact in wing files to build up an accurate chronological account of a man's time at Winchester and any significant events affecting him. (HP45)
- 9.4 Anti-bullying procedures should be improved to ensure that all staff are fully aware of the strategy, all potential bullying incidents are investigated and wing staff fully monitor suspected bullies. (HP46)
- 9.5 ACCT procedures should be improved to include more multidisciplinary involvement in assessment and reviews and better case management, care plans and management checks. (HP47)
- 9.6 A diversity policy should be agreed that outlines how the needs of all minority groups will be met, including arrangements to monitor the treatment and equality of access of black and minority ethnic, foreign national, disabled and older prisoners. (HP48)
- 9.7 Sufficient work, education and training should be available to allow prisoners more time out of cell and to take part in activities that will help them on release. (HP49)
- 9.8 The resettlement strategy should be based on an analysis of needs of the population to ensure that the services match what is required in the prison and are integrated within the prison and linked to community provision. (HP50)
- 9.9 All prisoners should have a custody or sentence plan to ensure that their individual resettlement needs are identified and met. (HP51)

Recommendation

to the Chief Executive of NOMS

Courts, escorts and transfers

- 9.10 Prisoners should be moved from court quickly after their court appearance. (1.8)

Recommendation

to the Regional Offender Manager

Resettlement pathways

- 9.11 The regional offender manager should liaise with local housing providers to try to ensure appropriate priority for released offenders to reduce the likelihood of their reoffending. (8.38)

Recommendations

to the Governor

Courts, escorts and transfers

- 9.12 Prisoners should be given advance information about what to expect at Winchester. (1.9)
- 9.13 Prisoners should be able to shower before and/or after attending court. (1.10)

First days in custody

- 9.14 Reception and induction officers should introduce themselves to prisoners and address them by their title and surname. (1.30)
- 9.15 The reception area should be redesigned and refurbished to better meet the needs of prisoners. (1.31)
- 9.16 Closed-circuit television should be installed to enable staff to observe all areas including the rear holding room. (1.32)
- 9.17 New arrivals should be given a minimum of two sets of clothing and two towels. (1.33)
- 9.18 The cell-sharing risk assessment should be completed in private. (1.34)
- 9.19 Induction and resettlement staff should ask specifically about children or other dependants. (1.35)
- 9.20 The role of peer supporters should be extended and formalised in reception and induction procedures. (1.36)
- 9.21 All prisoners should receive a second stage induction the day after their arrival irrespective of their location. (1.37)
- 9.22 The quality and presentation of anti-bullying and race equality information at induction should be improved to reflect the importance of the topics, and wider diversity issues should be included. (1.38)
- 9.23 The names and status of vulnerable prisoners should not be displayed in the stage one induction office. (1.39)

Residential units

- 9.24 Cells should be refurbished and decorated as part of a rolling programme. (2.18)

- 9.25 Single cells should not be used for two prisoners. (2.19)
- 9.26 All prisoners should have a lockable cupboard. (2.20)
- 9.27 Toilets in cells should be fully screened. (2.21)
- 9.28 Reasonable adjustments should be made to ensure that prisoners with a disability and those with mobility problems can access all facilities and services. (2.22)
- 9.29 Unconvicted prisoners should be allowed to wear their own clothes. (2.23)
- 9.30 All prisoners should be able to shower daily. (2.24)
- 9.31 Wing laundries should be provided. (2.25)
- 9.32 All showers should be maintained in working order and refurbished as necessary. (2.26)
- 9.33 All prisoners in West Hill should be allowed to wear their own clothes. (2.27)

Staff-prisoner relationships

- 9.34 Staff on all wings should support prisoners and show respect in how they speak to, address and refer to them. (2.34)

Personal officers

- 9.35 Personal officers should receive specific training and guidance on their role and what is expected of them. (2.40)
- 9.36 Prisoners with specific care needs, such as older prisoners and those with disabilities, should have regularly monitored care plans as part of their wing files. (2.41)
- 9.37 Managers undertaking checks on wing files should specifically follow up those with no entries within two weeks. (2.42)

Bullying and violence reduction

- 9.38 Attendance at the safer custody committee should be improved and should include representatives from key areas of prisoner safety. (3.9)
- 9.39 The safer custody committee should analyse all indicators of violence and bullying to inform policy and strategy. (3.10)
- 9.40 Interventions to challenge bullying and support victims of bullying should be developed. (3.11)
- 9.41 Training in the anti-bullying and violence reduction strategy should be developed and should emphasise the important role of wing managers in promoting it. (3.12)
- 9.42 The safer custody manager should be at least at principal officer level to allow sufficient management authority to challenge staff. (3.13)

- 9.43 Wing-based safer custody liaison officers should be established and given profiled time for the task. (3.14)
- 9.44 Vulnerable prisoners should not be identified by their cell cards. (3.15)
- 9.45 Vulnerable prisoners who have asked for protection should be held separately from other prisoners. (3.16)

Self-harm and suicide

- 9.46 There should be increased awareness of the need to support prisoners who have been recalled or have indeterminate sentences for public protection. (3.30)
- 9.47 Actions plans developed following death in custody investigations should be periodically reviewed by the safer custody committee. (3.31)
- 9.48 Residential managers and healthcare staff should work together more closely to improve the care and management of those at risk of self-harm. (3.32)
- 9.49 Procedures should be developed to investigate serious, near-fatal incidents of self-harm to establish what lessons could be learned. (3.33)
- 9.50 Alternatives to returning 'at risk' prisoners in West Hill to the main prison should be developed. (3.34)
- 9.51 Listeners should be readily available to prisoners in areas of the prison such as A wing and healthcare where vulnerability and risks are greater, and should not be required to listen outside cell doors unless a risk assessment indicates otherwise. (3.35)
- 9.52 Residential managers should ensure that all Listeners feel supported and valued. In particular, limits should not be imposed on time spent with prisoners at risk, the use of Listener suites should be encouraged and managers should ensure that prisoners have access to Listeners at all times. (3.36)
- 9.53 All direct telephone lines to the Samaritans from residential units should work and the facility be advertised to prisoners. (3.37)
- 9.54 Calls to the Samaritans from landing telephones should be free of charge. (3.38)
- 9.55 At least one first aid trained member of staff should be detailed to work each night. (3.39)

Diversity

- 9.56 All prisoners who identify that they have a disability should have their needs assessed and a care plan drawn up. (3.51)
- 9.57 Prisoners with disabilities and older prisoners should be consulted about their needs and care. (3.52)
- 9.58 The disability equality policy should include an action plan and be based on an assessment of prisoner need. (3.53)

Race equality

- 9.59 Black and minority ethnic prisoners' forums should be established to allow prisoners and staff to investigate and discuss the different experiences and perceptions of black and minority ethnic prisoners. (3.64)
- 9.60 The race equality action team meetings should include representatives from the outside community. (3.65)
- 9.61 Race equality action team meetings should identify and examine in depth issues of core importance to good race relations outcomes in the prison. Discussions and progress on action points should be reflected in the minutes. (3.66)
- 9.62 The race equality action plan should be updated, record progress or lack of it, and specify further actions to be taken. (3.67)
- 9.63 Any disparities identified by ethnic monitoring should be systematically investigated and reported back to the race equality action team meeting and prisoner forums. The details of investigations and outcomes should be recorded. (3.68)
- 9.64 Interventions should be in place to address the attitudes and beliefs underlying identified racist behaviour. (3.69)
- 9.65 Pictures and displays should reflect the racial diversity of the establishment. (3.70)

Foreign national prisoners

- 9.66 The prison should make links with an independent immigration advice agency to assist immigration detainees and potential detainees. (3.83)
- 9.67 Foreign national information and support groups should continue to take place weekly. (3.84)
- 9.68 The foreign national committee should include prisoner representatives and have a wider strategic oversight of foreign national prisoner issues. (3.85)
- 9.69 The foreign national policy should be revised and have an accompanying action plan. (3.86)
- 9.70 Foreign nationals should be able routinely to obtain a free monthly international telephone call and should be informed of this provision. (3.87)
- 9.71 The foreign national coordinator should be enabled to develop knowledge and appropriate skills for the role. (3.88)
- 9.72 Immigration casework should be progressed speedily and information conveyed to prisoners and detainees regularly, and in good time. (3.89)

Contact with the outside world

- 9.73 Prisoners should have daily opportunities to use telephones to make social and official calls. (3.103)

- 9.74 Telephones should be placed in booths. Additional telephones should be provided on B and D wings to meet prisoner need. (3.104)
- 9.75 The ban on visitors wearing jewellery should be lifted. (3.105)
- 9.76 Visits procedures should be carried out efficiently so that visits are not delayed. (3.106)
- 9.77 Closed visits should be authorised only when there is significant risk justified by security intelligence. (3.107)
- 9.78 Children under the age of 10 should not be considered as adults for the purpose of visits. (3.108)
- 9.79 A visitors' centre should be provided outside the establishment to provide support and information to prisoners' families. (3.109)
- 9.80 The visits waiting room should open at least one hour before and after visits. (3.110)
- 9.81 Access to the visits booking line should be improved and callers should be able to leave a message to be called back when no one is available. (3.111)
- 9.82 Prisoners and visitors should have access to toilets in the visits room. (3.112)
- 9.83 Prisoners and visitors using the closed visit facility should be able to do so in private. (3.113)
- 9.84 The fixed seating in the visits room should be made more comfortable. (3.114)
- 9.85 Prisoners should be able to play with their children in the play area. (3.115)

Applications and complaints

- 9.86 A question and answer document for queries relating to recall processes should be available to residential staff. (3.126)
- 9.87 Information about contacting the Prisons and Probation Ombudsman and external bodies should be reinforced through additional wing notices. (3.127)
- 9.88 External complaints should be subject to monitoring and tracking for timeliness of reply. (3.128)

Legal rights

- 9.89 Staff should be made aware of the available legal services so that they know where to refer prisoners. (3.135)
- 9.90 Urgent queries should be dealt with in person and due note should be taken of extra information provided in legal services applications, and personal officers and other staff informed as necessary. (3.136)
- 9.91 Wing staff should pass applications to the legal services officer quickly. (3.137)

- 9.92 A well-ventilated and more spacious legal visits area that allows sufficient privacy should be provided. (3.138)

Substance use

- 9.93 The detoxification landing should be segregated to reduce and restrict potential contamination of those subject to support. (3.150)
- 9.94 Psychosocial support, including peer support and group work, should be developed for prisoners subject to clinical management. (3.151)
- 9.95 The prison should create a voluntary testing wing to offer appropriate post-detoxification support. (3.152)
- 9.96 All staff on A wing should be trained in drug awareness and treatment awareness to help facilitate their role in supporting men withdrawing from drugs. (3.153)
- 9.97 The prison should ensure that prisoners identified for mandatory drug testing random tests are an accurate reflection of the prison population. (3.154)
- 9.98 Mandatory drug testing should be appropriately staffed to ensure that all testing, including suspicion and frequent testing, is carried out appropriately within identified timescales. (3.155)

Health services

- 9.99 The prison health partnership board should meet at least every two months to ensure that the health needs of prisoners are being met. (4.35)
- 9.100 The beds in healthcare should not form part of the prison's certified normal accommodation and admission should be only because of clinical need. (4.36)
- 9.101 The bathroom facilities for inpatients should be decent, functioning and adequately heated and ventilated. (4.37)
- 9.102 The waiting room in healthcare should be refurbished to provide a safe, decent, comfortable, well-ventilated and welcoming environment. (4.38)
- 9.103 An untoward event procedure should be adopted that encourages learning and enables trends to be identified and preventive action to be taken. (4.39)
- 9.104 A procedure for recording and reviewing injuries and self-harm should be devised and followed by all staff. (4.40)
- 9.105 Regular reviews of all health service complaints should be undertaken and copies of documentation relating to all healthcare complaints should be retained within the health centre to support this. (4.41)
- 9.106 Information on the NHS complaints process and how to make a complaint should be provided to prisoners in simple English and on the touch-screen monitors. (4.42)
- 9.107 All healthcare staff should have at least annual resuscitation and defibrillation training. (4.43)

- 9.108 All staff should have access to clinical supervision. (4.44)
- 9.109 Infection control audits should be conducted in all clinical areas and action taken according to the findings. (4.45)
- 9.110 All staff should know what to do when there is a risk or suspected outbreak of communicable disease. (4.46)
- 9.111 Policies and procedures on information-sharing and confidentiality should be in place and monitoring conducted to ensure that all health staff act in line with legal and ethical requirements. (4.47)
- 9.112 All prisoners should be offered a secondary health screen no later than 72 hours after their arrival in custody. (4.48)
- 9.113 Prisoners should be able to apply in confidence for a healthcare appointment. (4.49)
- 9.114 Prisoners should not have to wait for long periods in healthcare before and after their clinic appointment. (4.50)
- 9.115 Waiting times to see the optician and the podiatrist should be reduced. (4.51)
- 9.116 All patients with long-term conditions should be offered the opportunity for regular review of their treatment and care in line with standard health service practice. (4.52)
- 9.117 The full range of sexual health advice and treatment, including immunisation, should be available to prisoners. (4.53)
- 9.118 Condoms should be freely available to prisoners both while they are in custody and on release. (4.54)
- 9.119 Prisoners should have access to an appropriate range of secondary specialist treatment and care, including confidential consultation, within the specified NHS waiting times and without undue security restrictions. (4.55)
- 9.120 Arrangements should be made for a wider range of medicines to be supplied by the pharmacist and nursing staff without recourse to a doctor's prescription. (4.56)
- 9.121 Prisoners should be able to have medication administered in confidence. (4.57)
- 9.122 Inpatients should have at least equivalent access to a range of activities as other prisoners unless their clinical condition precludes it. (4.58)
- 9.123 Additional nursing cover should be provided at night. (4.59)
- 9.124 Therapeutic and rehabilitative day care interventions should be provided for inpatients and people on the wings who require it. (4.60)
- 9.125 All prison staff should receive training in identifying mental illness and working with people with mental health problems. (4.61)
- 9.126 Patients who are severely mentally ill and need NHS inpatient care should be transferred without undue delay. (4.62)

Learning and skills and work activities

- 9.127 Education and activity provision within the main prison should reflect the needs of short-term and vulnerable prisoners. (5.14)
- 9.128 A designated manager should be appointed to ensure activity places are used to their maximum capacity, with allocations reviewed and monitored regularly to enable fair access for all prisoner groups. (5.15)
- 9.129 The kitchen should employ prisoners who remain long enough to gain vocational qualifications. (5.16)

Physical education and health promotion

- 9.130 The outdoor facility in West Hill should be refurbished as soon as possible. (5.23)
- 9.131 Staffing levels in the gym should be increased to the required level to meet the needs of the population and to offer some accredited courses. (5.24)

Faith and religious activity

- 9.132 Washing facilities for Muslim prisoners should be provided close to the multi-faith room. (5.34)
- 9.133 Separate services should not be held for vulnerable prisoners. (5.35)
- 9.134 A chaplaincy representative should attend the safer custody committee regularly and play a more active part in assessment, care in custody and teamwork (ACCT) procedures. (5.36)

Time out of cell

- 9.135 Prisoners should be unlocked for domestic activities during the day. (5.43)
- 9.136 Regime monitoring should accurately reflect time unlocked. (5.44)
- 9.137 Prisoners should be provided with suitable outdoor clothing for exercise when the weather is less good. (5.45)
- 9.138 Prisoners in West Hill should be allowed to exercise in the grounds. (5.46)

Security and rules

- 9.139 Security information report investigations should be completed on time and actions cross-referenced to ensure that they are completed. (6.11)
- 9.140 Visitors banned because of alleged inappropriate behaviour towards staff should be written to, reminded of acceptable standards of behaviour and informed of the likely outcome if they cannot meet these requirements but should not be required to write an apology. (6.12)
- 9.141 Closed visits should not be imposed for a pattern of intelligence involving drugs in the prison unless there is clear information linked to visits. (6.13)

Discipline

- 9.142 Quality checks on adjudications should be more robust. All evidence should be examined and outcomes investigated. (6.26)
- 9.143 Punishments of 100% loss of earnings should not be issued. (6.27)
- 9.144 Use of force and special accommodation paperwork should be closely monitored at the use of force quarterly meeting. The orderly officer incident report should accompany all paperwork. (6.28)
- 9.145 Individual risk assessments should take place on all prisoners located to the care and separation unit (CSU) to determine whether a full strip search should take place. (6.29)
- 9.146 The video camera should be used for planned use of force and a log kept of its use. (6.30)
- 9.147 Written reasons explaining to prisoners why they are being held in the CSU should be comprehensive and detailed. (6.31)
- 9.148 Fortnightly reviews in the CSU should have predictable times and days to enable a multidisciplinary attendance. (6.32)
- 9.149 The CSU should have a larger group of selected staff to ensure it always has authorised staff on duty. (6.33)
- 9.150 Daily history sheet entries should be more insightful about prisoners and have multidisciplinary input. (6.34)

Incentives and earned privileges

- 9.151 The incentives and earned privileges scheme should be promoted consistently on all wings. (6.41)
- 9.152 There should be meaningful differentials between the different levels of the incentives and earned privileges scheme. (6.42)
- 9.153 There should be improved recording and monitoring of the operation of the incentives and earned privileges scheme across all wings, to evidence that the scheme is operated fairly and consistently in line with the published policy. (6.43)

Catering

- 9.154 Breakfast should be served on the day it is to be eaten. (7.7)
- 9.155 Lunch should be served after noon and the evening meal after 5pm. (7.8)
- 9.156 Prisoners in the Hearn unit should be allowed to eat together. (7.9)
- 9.157 Prisoners in West Hill should have facilities to prepare some light snacks. (7.10)

- 9.158 Prisoners who have to eat in their cells should be provided with adequate tables and chairs. (7.11)

Prison shop

- 9.159 Fresh fruit and healthy options should be included on the canteen list. (7.16)
- 9.160 The range of catalogues available to buy clothes and other items should be expanded to reflect prisoners' needs. (7.17)
- 9.161 Distribution of canteen should not take place at association times. (7.18)

Strategic management of resettlement

- 9.162 Terms of reference should be agreed for the reducing reoffending policy committee, which should meet regularly to direct the strategic development of resettlement services. (8.6)
- 9.163 A reducing reoffending action plan should be developed that clarifies activity required under each pathway each year and identifies someone responsible for each pathway. (8.7)
- 9.164 Prisoner needs analysis from the BETA database should take place regularly and should inform the development of resettlement provision. (8.8)

Offender management and planning

- 9.165 The deployment of the offender management model should be reviewed to give the probation department a more central role in implementing offender management and allow greater integration of offender management, probation and public protection staff. (8.25)
- 9.166 A single shared file should be developed for all prisoners subject to offender management. (8.26)
- 9.167 Key workers should be briefed on the offender management model and understand their contribution to the process. (8.27)
- 9.168 The lifer booklet should be revised and reissued. Specific reference should be made to the management of indeterminate public protection sentences. (8.28)
- 9.169 Life-sentenced prisoners and those subject to indeterminate public protection sentences should be assigned lifer officers who have received appropriate training. (8.29)
- 9.170 More use of release on temporary licence should be made to support prisoners' resettlement. (8.30)
- 9.171 Prisoners subject to licence recall should receive relevant information on the process and possible outcomes shortly after arrival at Winchester. (8.31)

Resettlement pathways

- 9.172 An analysis should be undertaken of the reasons for prisoners being released without accommodation to go to in order to identify the causes. (8.37)

- 9.173 Prisoners due for release should have their health and social care and health promotion needs reviewed sufficiently early for these to be addressed and so that staff can make contact with the appropriate agencies in the community. (8.47)
- 9.174 All prisoners due for release should be given information and assistance to access health and social care services in the community. (8.48)
- 9.175 Health and discipline staff should work together on release and resettlement plans for prisoners. (8.49)
- 9.176 The CARAT team should reintroduce and extend the range of group work available. (8.58)
- 9.177 The CARAT team should introduce pre-release checklists to ensure pre-release information and harm reduction messages are delivered consistently. (8.59)
- 9.178 The prison should develop a specific alcohol strategy to complement the drug strategy and develop a range of appropriate treatment to reflect the need identified in the alcohol needs analysis. (8.60)
- 9.179 Prisoners subject to voluntary testing should be subject to second-level searching only where there is supporting intelligence. (8.61)
- 9.180 The windows in the voluntary drug testing facilities in West Hill should be screened off to ensure privacy. (8.62)
- 9.181 Resettlement information should be displayed for visitors. (8.71)
- 9.182 Prisoners on all wings should be able to access accredited programmes aimed at improving parenting skills and relationships. (8.72)
- 9.183 Evening visits and regular children and family days should be provided. (8.73)
- 9.184 Prisoners who do not receive visits should be able to exchange unused visiting orders for extra letters or telephone credit and this should be promoted to prisoners. (8.74)
- 9.185 Prisoners identified as carers should receive additional free letters and telephone credit. (8.75)
- 9.186 A qualified family worker should be employed to help prisoners maintain contact with their families. (8.76)
- 9.187 Release on temporary licence should be used to allow suitable prisoners to spend time with their families in the months before their release. (8.77)
- 9.188 Visitors should be able to share their concerns with a named advertised individual. (8.78)

Housekeeping points

First days in custody

- 9.189 Reading material should be provided in reception holding rooms. (1.40)

9.190 Prisoners should be offered pens and paper to make notes during induction. (1.41)

Residential units

9.191 Discharge bags should be provided in reception. (2.28)

Self-harm and suicide

9.192 The central ACCT log should be kept up to date. (3.40)

9.193 Protocols should be developed for the use of Listener suites. (3.41)

9.194 Auditable checks should be made of first aid and first response boxes in wing offices. (3.42)

Race equality

9.195 The race relations helpline should announce itself as such and invite information. It should either be made accessible to prisoners or clearly indicate that it is for external callers only. (3.71)

Foreign national prisoners

9.196 The foreign national prisoner representatives should have a job description. (3.90)

9.197 The information and available languages on the multi-lingual touch screens should be updated in line with the needs of the population. (3.91)

Contact with the outside world

9.198 The prisoner information booklet should contain the correct visiting times. (3.116)

9.199 The display of information for visitors in the waiting room should be improved. (3.117)

9.200 Search staff should have somewhere safe to lay a baby during searching. (3.118)

9.201 Prisoners should be able to take their children's drawings back to their cells. (3.119)

9.202 Tap water in the visits room should be provided free of charge. (3.120)

Legal rights

9.203 A single accessible log of applications for legal services should be kept by all staff dealing with legal services and reviewed regularly by managers to check that resources meet need. (3.139)

Health services

9.204 Written responses to complaints should be in plain English and the opportunity to discuss the complaint in person should be offered. (4.63)

- 9.205 Drugs cabinets in treatment rooms should be kept locked at all times and all medication should be kept in these locked cabinets. (4.64)
- 9.206 Refrigerators used for the storage of thermolabile medicines should be locked and maintained at a temperature of 2-8C. (4.65)
- 9.207 Prisoners assessed as needing supervised administration of medicines should have each of their daily doses administered by nursing staff. (4.66)
- 9.208 If controlled drugs records are to be maintained on the same page, a register with the correct headings should be used for clarity. (4.67)

Learning and skills and work activities

- 9.209 Hearn unit prisoners should be allowed to access the West Hill library during opening hours. (5.17)

Resettlement pathways

- 9.210 Voluntary drug testing figures should be compiled on a wing basis to facilitate better analysis and evaluation. (8.63)

Example of good practice

Health services

- 9.211 Prisoners had regular direct access to a pharmacist for advice and some prescribing. (4.68)

Appendix 1: Inspection team

Anne Owers	HM Chief Inspector of Prisons
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Gerry O'Donaghue	Inspector
Hayley Folland	Inspector
Hindpal Bhui Singh	Inspector
Marie Orrell	Inspector
Julia Fossi	Senior Researcher
Amy Summerfield	Researcher
Sherrelle Parke	Researcher

Specialist inspectors

Sarah Corlett	Health services
Keith McInnis	Substance Misuse
Simon Denton	Pharmacy
John Reynolds	Dental
Kate White	HM Inspectorate of Probation
Andy Bonner	HM Inspectorate of Probation

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	343	63.4%
Convicted but unsentenced	59	10.9%
Remand	139	25.7%
Civil prisoners	0	0%
Detainees (single power status)	9	
Detainees (dual power status)		
Total	541	100%

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	58	16.9
6 months-less than 12 months	112	32.7
12 months to less than 2 years	60	17.5
2 years to less than 4 years	62	18.1
4 years to less than 10 years	45	13.1
10 years and over (not life)	5	1.5
Life	1	0.29
Total	343	100%

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	58	16.9	92	46.5
1 month to 3 months	112	32.7	48	24.2
3 months to 6 months	60	17.5	26	13.1
6 months to 1 year	62	18.1	23	11.6
1 year to 2 years	45	13.1	9	4.5
2 years to 4 years	5	1.5	0	0
4 years or more	1	0.29	0	0
Total	343	100%	198	100%

(iv) Main offence	Number of prisoners	%
Violence against the person	82	23.9
Sexual offences	30	8.7
Burglary	39	11.4
Robbery	23	6.7
Theft & handling	24	7.0
Fraud and forgery	7	2.0
Drugs offences	46	13.4
Other offences	85	24.8
Civil offences	0	0
Offence not recorded/holding warrant	7	2.0
Total	343	100%

(v) Age	Number of prisoners – inc remands	%
21 years to 29 years	227	42.0
30 years to 39 years	154	28.5
40 years to 49 years	111	20.5
50 years to 59 years	32	5.9
60 years to 69 years	14	2.6
70 plus years	3	0.55
Please state maximum age	72	
Total	541	100%

(vi) Home address	Number of prisoners – inc remands	%
Within 50 miles of the prison	304	56.2
Between 50 and 100 miles of the prison	68	12.6
Over 100 miles from the prison	33	6.1
Overseas	3	0.55
NFA	133	24.6
Total	541	100%

(vii) Nationality	Number of prisoners – inc remands	%
British	459	84.8
Foreign nationals	82	15.2
Total	541	100%

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	436	80.6
Irish	1	0.18
Other White	20	3.70
<i>Mixed</i>		
White and Black Caribbean	4	0.74
White and Black African	0	0
White and Asian	0	0
Other Mixed	2	0.37
<i>Asian or Asian British</i>		
Indian	7	1.29
Pakistani	0	0
Bangladeshi	0	0
Other Asian	17	3.14
<i>Black or Black British</i>		
Caribbean	18	3.33
African	12	2.22
Other Black	20	3.70
<i>Chinese or other ethnic group</i>		
Chinese	1	0.18
Other ethnic group	3	0.55
Total	541	100%

(ix) Religion	Number of prisoners	%
Baptist	0	0
Church of England	157	29.0
Roman Catholic	94	17.4
Other Christian denominations	30	5.5
Muslim	21	3.9
Sikh	2	0.37
Hindu	2	0.37
Buddhist	12	2.2
Jewish	1	0.18
Other	3	0.55
No religion	219	40.5
Total	541	100%

Appendix 3: Safety interviews

Seventeen safety interviews were carried out across the establishment; three each on A, B and D wings, six on West Hill and two on the Hearn.

Demographic information

- The average age of interviewees was 36 years, ranging from 21 years to 66 years.
- The average length of time spent in prison on the current sentence was 13 months, ranging from 2 weeks to 5.5 years.
- The average length of time spent at HMP Winchester was 4 months, ranging from 2 weeks to 8 months.
- Fourteen interviewees (82%) were sentenced and 3 (18%) were on remand.
- The average sentence length was 3 years and 3 months, ranging from 8 weeks to 10 years.
- Four interviewees identified themselves as coming from a black and minority ethnic background; two interviewees were Asian, one was black British and one was mixed race.
- None of the interviewees were foreign nationals and all spoke English as their first language.
- Six interviewees stated that they were not religious, five that they were Church of England, two Christian, one Catholic, two Muslim and one Atheist.
- One interviewee had dyslexia and one was deaf in one ear.
- All interviewees described their sexual orientation as heterosexual.

Safety questions

The seriousness score is calculated using the number of people who felt that the issue in question was a problem and multiplying it by the average rating score (1 a little – 4 very much). Those scores highlighted in red indicate issues where over 50% of the interviewees stated that this was a problem for them.

Safety issue	Average rating	Seriousness score
The way staff behave with prisoners	3	21
Overcrowding	2.5	17.5
Lack of trust in staff (confidentiality)	2	15
Lack of confidence in staff	3	15
Isolation (within the prison)	3	15
Aggressive body language of staff	2.5	12
Aggressive body language of prisoners	2	12
Healthcare	3	12
Availability of drugs	3	12
Response of staff with regards to fights/ bullying/ self-harm within the prison	3	12
Lack of info regarding the prison regime	3	12
Lack of staff on duty at night	3.5	10.5
Discrimination on the basis of culture or ethnicity by prisoners	3	9
Lack of staff on duty during the day	2.5	7.5
Lack of staff on duty during association	2.5	7.5
The way meals are served	2.5	7.5
Discrimination on the basis of culture or ethnicity by staff	3	7.5

Layout/structure of the prison	3.5	7
Existence of an illegal market	3	6
Staff members giving favours in return for something	3	6
Gang culture	2.5	5
Procedures for discipline	2.5	5
Not enough surveillance cameras on the wing	4	4
Detoxification facilities	2	4
Discrimination on the basis of religion by prisoners	2	4
Discrimination on the basis of religion by staff	3	3
Discrimination on the basis of disability by staff	1	2
Discrimination on the basis of your status by prisoners	2	2
Discrimination on the basis of your status by staff	1	2
Discrimination on the basis of your age by staff	1	1
Discrimination on the basis of your disability by staff	1	1

Comments

The comments and reasoning behind the answers given by interviewees were noted. Examples of this for the most significant issues were:

The way staff behave with prisoners

'Most are alright, there are just a few ignorant ones.'

'Staff have their favourites...and they like to provoke you.'

Overcrowding

'It's getting worse, you can never guarantee if you're coming back here (from court).'

'You're doubled up in a single cell and can hardly move.'

Lack of trust in staff

'I wouldn't approach 70% of them.'

'I wouldn't trust them with a problem- they wouldn't keep it confidential.'

Lack of confidence in staff

'There are some staff that you can rely on, but if you piss them off... (then they won't help you).'

Isolation

'(I feel unsafe) due to so much bang-up.'

'The staff just fob you off, they don't do enough to help you keep safe from yourself.'

Aggressive body language of staff

'I've been provoked many times.'

'The way they come into your cell - they have no manners.'

Other safety issues

- Lack of association and visits causing stress.
- Living so far away from family.
- Staff provoking prisoners because they know they are in control.
- Lack of patrolling by staff in general.

Overall rating

Interviewees were asked to give an overall rating for safety at Winchester, with 1 being very bad and 5 being very good. **The average rating was 4.**

Differences in responses from black and minority ethnic prisoners

The most significant issues for the four black and minority ethnic interviewees were:

- Aggressive body language of staff.
- Discrimination on the basis of ethnicity or culture by staff; *'This is a minor problem - you don't see many black people with jobs. I don't know if this is down to ethnicity though.'*
- Mealtimes.
- The way staff behave with prisoners.
- Response of staff with regards to fights/bullying/self-harm.

Differences in responses from vulnerable prisoners

The most significant issues for three vulnerable prisoners interviewed were:

- Lack of information about the prison regime.
- Overcrowding.
- Discrimination on the basis of status by staff; *'The VP wing is the only one that doesn't get association if it's short-staffed.'*

Appendix 4: Time out of cell

In order to ascertain how much time out of cell prisoners in HMP Winchester were receiving and whether this matched their recorded time out of cell, 19 prisoners were interviewed.

All interviewees were randomly selected from each living unit. On each wing/houseblock, an attempt was made to conduct interviews with prisoners who attended work/education, prisoners who were unemployed and, where possible, interviews were conducted with individuals who were employed part-time. In total, nine interviews were conducted with prisoners who were employed on a full-time basis, three with prisoners who worked part-time and seven unemployed prisoners.

Interviewees were asked about the time spent out of cell on Monday 16 April, as well as whether this conformed to a 'normal' day, providing details as to where differences lay.

Total time out of cell

The following tables highlight two scenarios:

The 'best case' scenario depicts a day in which prisoners were out of their cells for the maximum possible time, i.e. including time spent on exercise, at gym, on association, at education and at work. The second, 'worst case' scenario depicts a day in which prisoners were not offered time out of cell by officers.

MAIN PRISON

Unemployed prisoners (6 interviews)

Wing	Best case	Worst case
A	4 hours	40 minutes
B	1 hour 35 minutes	40 minutes
D	2 hours 45 minutes	25 minutes
Overall	2 hours 20 minutes	35 minutes

Part-time employed prisoners (2 interviews)

Wing	Best case	Worst case
A	No p/t workers	No p/t workers
B	4 hours 55 minutes	2 hours 25 minutes
D	No p/t workers	No p/t workers
Overall	4 hours 55 minutes	2 hours 25 minutes

Full-time employed prisoners (6 interviews)

Wing	Best case	Worst case
A	7 hours 33 minutes	5 hours 48 minutes
B	8 hours 5 minutes	6 hours 13 minutes
D	8 hours 38 minutes	7 hours
Overall	8 hours 5 minutes	6 hours 18 minutes

WEST HILL & THE HEARN:

Full-time employed (3 interviews)

Wing	Best case	Worst case
West Hill	4 hours 5 minutes	2 hours 20 minutes
The Hearn	7 hours 43 minutes	2 hours 43 minutes
Overall	5 hours 54 minutes	2 hours 30 minutes

Part-time employed (1 interview)

Wing	Best case	Worst case
West Hill	5 hours 43 minutes	3 hours 13 minutes
The Hearn	No p/t workers on unit	No p/t workers on unit
Overall	5 hours 43 minutes	3 hours 13 minutes

Unemployed (1 interview)

Wing	Best case	Worst case
West Hill (retired)	1 hour 30 minutes	30 minutes
The Hearn	No unemployed prisoners	No unemployed prisoners
Overall	1 hour 30 minutes	30 minutes

NB. All prisoners on The Hearn must be in either full-time employment or full-time education as laid out in the criteria for acceptance onto this particular wing.

Association Rotas

A wing

- One hour association in the evenings. Two landings on alternate evenings.
- No association during the day as a rule. In the mornings there is 'interaction' period - where prisoners can use the telephone and showers (but cannot play pool etc).
- If there are enough staff, some unemployed prisoners will have an association period during the day on an ad hoc basis.
- Put in a proposal for more association periods.

B wing

- Landings 3 and 4 alternate between 10-11am/ 3-4 pm association periods each day.
- Landing 2 has evening association and therefore experiences the most cancellations.

D wing

- Unemployed non-vulnerable prisoners on association for one hour, followed by vulnerable prisoner association for one hour between 3-5pm.
- Employed non-vulnerable prisoners on association for one hour, followed by vulnerable prisoner association for one hour between 6-8 pm.
- Association cancellation varies, with some prisoners saying that it has been cancelled up to three times a week. No warning is given before it is cancelled, and a reason is given after only if the prisoner asks. Reason given is always 'Staff shortages'.

A summary of comments from interviews

1. **Getting to work/education/visits/other on time.**
 - 15 out of 19 interviewees said they were taken to their activities on time. One mentioned that he was sometimes taken to exercise 10 minutes early, and another said that although they may arrive on time, they are sometimes left 'waiting around'.
 - Of the four who said they were not usually on time for their activities, one of the reasons given was staff availability, and another was the absence of a set time to go to work.
2. **Staff encouragement**
 - When asked if staff encourage the prisoners to participate in activities outside of their cells, 11 out of 19 interviewees replied 'No'.
 - Three comments indicated that staff do not interact with them enough to be encouraging in this way.
 - One stated that an officer usually just shouts out 'Exercise' from the ground floor, and whoever chooses to go comes out of their cells.
 - One interviewee on The Hearn unit said they don't need such encouragement as everyone is usually already doing something purposeful.
 - Of the eight who responded positively, two commented that rapport was quite good between certain prisoners and staff and that this helped to encourage them.
3. **Activities available during association**
 - Of the 19 interviewees, 15 listed the pool table and table tennis as activities available to them during association.
 - Almost all were aware that the showers were open for use during association and that they could use the telephone at this time.
 - On West Hill, one interviewee mentioned being able to sit out in the yard when the weather was nice.
4. **Access to employment or education**
 - Seven of the 19 interviewees stated that it was 'easy' for them to gain access to a job or education, although one prisoner said he knew he was 'lucky' to get his painters job within one week.
 - One claimed that getting a job took quite a while but his educational course was excellent and started within three weeks.
 - Two interviewees said it was neither 'easy' nor 'difficult' to get access to a job, although one had been waiting three months and one had been waiting five weeks for employment.
 - Seven interviewees said it was 'difficult' to get a job due to long waiting lists, and two said it was 'very difficult' for the same reasons.
5. **Cancelled association**
 - All 19 interviewees replied that association had been cancelled recently, although prisoners in West Hill and The Hearn said this was rare or infrequent.
 - On the main wings, prisoner accounts varied with one prisoners stating that association had been cancelled on three consecutive days in the previous week, and another stating it had been cancelled only once in two weeks.
 - The majority claimed that 'staff shortages' was the usual reason given to them by staff, although some claimed this was only if they asked about it. They were not usually given any prior notice of cancellations, which left them frustrated.

6. Safety during association

- 14 of the 19 interviewees felt there were enough staff on duty during association for them to feel safe.
- Of these, one commented that there were always three officers, and that vulnerable prisoners had association at different times from other prisoners, which was also a safety measure. Another commented that the officers do not actually do much during association, and a different interviewee also stated that they 'just sit in the office', and yet another said that the officers did not pay attention, which makes him feel unsafe.
- Of the five who said there were not enough staff on duty during association, various reasons were given.
- One claimed that he had been beaten up in the showers during association but the officers did not realise and he did not dare to report it for fear of reprisal.
- Another stated that he felt more staff were needed as prisoners were 'more rowdy' now.
- Another prisoner commented that association was stressful as there was not enough time for the number of prisoners let out to shower, collect bedding, use the telephones and sort out other problems (e.g. legal issues or complaints). He claimed that there were not enough staff to deal with everyone's issues in such a short time.

Wing checklist

Daily routine publicised on the wing?

- All wings displayed the daily routine.
- The core day was shown in a colour-coded timetable.
- Only displayed in English.

Do prisoners with physical, sensory, mental and learning disabilities as well as retired prisoners have the opportunity to participate in activities that meet their needs?

- Only West Hill staff considered that they had disabled prisoners on the wing. Two prisoners had Asperger's Syndrome. These prisoners had a care plan devised with education after a basic skills assessment. One prisoner was undertaking numeracy and literacy education, and the other prisoner worked in the gardens of the prison. There were no restrictions for disabled prisoners to association, showers or telephone calls. The unit was considered suitable for physically disabled prisoners because it was all on the ground floor.
- The other wings did not have any disabled prisoners.
- The Hearn, A wing and B wing had no problems with getting access to association and exercise for any disabled prisoners.
- B wing staff mentioned that access to workshops or education for disabled prisoners has been cut off due to C wing refurbishments.
- D wing staff said physically disabled prisoners may have problems with getting access to activities due to the number of stairs on the wing. Prisoners with other forms of disabilities such as learning difficulties or mental health problems would have equal access to activities, although the staff were often not told which prisoners experienced such difficulties and as such it was difficult to cater for these specific needs.

Ask staff about the use of evening classes

- West Hill had evening classes; IT, music and art were each available for six prisoners for two hours twice a week. Drama classes were held on a Wednesday evening. A new evening class called 'Explore' had started recently and involved counsellors talking to prisoners about the effect of prison on relationships. This course lasted eight weeks for up to 10 prisoners.
- The Hearn staff said that evening classes were available for six prisoners.
- A wing staff said religious studies were accessible in the evening for some prisoners.

- B and D wings offered no evening classes.

Check wing records for cancelled association/ exercise in the last month. Was correct authorisation made?

- A, B and D wings held a weekly record of numbers of prisoners on association and exercise, and any cancellations. Reasons for cancellations were not noted in this record but the consistent message from staff and prisoners was that staff shortages was the reason given on the vast majority of occasions.
- Monthly records were kept in the central office. Association could be cancelled up to twice a week.
- West Hill and the Hearn combined the records for cancelled association on the West Hill unit. Cancellation had occurred four times in the past month and prisoners had been locked on the spurs. Again, no reason is recorded but staff and prisoners gave the reason as staff shortages.

Speak to any prisoners not taking part in association; ask them why they are not

- Prisoners on A, B and D wings may not be able to take part in association if they are on a basic regime or they have lost privileges due to an IEP warning. There were no basic prisoners on B and D wings, although one prisoner on B wing had lost seven days association due to adjudication.
- Other prisoners not taking part in association said they were happy to sit in their cell and engage when they want.
- West Hill and the Hearn do not restrict any prisoners from taking part in association, although there were several prisoners in their cells during association periods.

What is available on the wing during association?

- Prisoners on A, B, and D wings had to use association periods to make telephone calls and have showers. Otherwise, activities included pool, table tennis, football tables, cards and board games.
- Prisoners on West Hill and the Hearn were able to go out to the exercise yard in nice weather in the summer. Library and the gym was offered twice weekly in the evenings.

Staff- prisoner relationships during association

- When asked, prisoners said the relationships were generally fair and relaxed during association. Staff also said relationships were good.
- However, very little interaction was observed. On B wing, there were two officers chatting together on the landing but not even looking at prisoners.
- On all other wings, the majority of officers were in the office during periods of association.

Core timetable

HMP Winchester had core timetables on full display on all wings of the prison, as well as in key locations throughout the estate.

There were a number of discrepancies between what was stipulated on the timetable and what occurred in practice:

- A wing had discrepancies of 3 hours 55 minutes (inflated meal times and association).
- B wing had discrepancies of 4 hours 30 minutes (inflated meal times, exercise and association).
- D wing (vulnerable prisoners) had discrepancies of 3 hours (inflated meal times and association).
- D wing (non-vulnerable prisoners) had discrepancies of 1 hour 15 minutes (inflated meal times).

A WING:

Core timetable		Actual occurrence		Time discrepancies
Serve breakfast	30 mins	Pick up milk	5 mins	- 25 mins
Wing duties	45 mins	Nothing	0	- 45 mins
Induction/wing duties/ briefings/ unlock	105 mins	Unlock	60	- 45
Serve lunch/ treatments	30	Lunch/treatment	5-10	- 20 mins
Serve tea	30	Serve tea	5	- 25 mins
Association	135	Association (rota)	60	- 75 mins
TOTAL				- 235 mins (3 hrs 55 mins)

According to the core timetable:

- Unemployed prisoners would be out of their cells for an average of 6 hrs 30 mins.
- Employed prisoners would be out of their cells for an average of 11hrs 15 mins.

Taking the discrepancies above into account:

- Unemployed prisoners would be out of their cells for an average of 2 hours 35 mins.
- Employed prisoners would be out of their cells for an average of 7 hours 15 mins.

Time out of cell interviews:

- Unemployed prisoners would be out of their cells for 4 hours (best case).
- Employed prisoners would be out of their cells for an average of 7 hours 30 mins (best case).

B WING:

Core timetable		Actual occurrence		Time discrepancies
Serve breakfast	30 mins	Pick up milk	5 mins	- 25 mins
Time out in open air (3 sessions)	3x30 mins	1 session of time out in open air	1x30	- 60 mins
Serve lunch	30	Serve lunch	5 mins	- 25 mins
Time in open air pm x2 sessions	60 mins	Nothing	0	- 60
Association	60 mins	1 landing association only	60 mins	
Serve tea	30 mins	Serve tea	30 mins	- 25 mins
Association	135 mins	Landing 2 only	60 mins	- 75 mins
TOTAL				- 270 (4 hours 30 mins)

According to the core timetable:

- Unemployed prisoners would be out of their cells for an average of 7 hrs 10 mins.
- Employed prisoners would be out of their cells for an average of 11hrs.

Taking the discrepancies above into account:

- Unemployed prisoners would be out of their cells for an average of 2 hours 40 mins.
- Employed prisoners would be out of their cells for an average of 6 hours 25 mins.

Time out of cell interviews:

- Unemployed prisoners would be out of their cells for an average of 1 hour 35 mins.
- Employed prisoners would be out of their cells for an average of 8 hours 05 mins.
- Part-time prisoners would be out of their cells for an average of 4 hours 55 mins (best case).

D WING (vulnerable prisoners):

Core timetable		Actual occurrence		Time discrepancies
Serve breakfast	30 mins	Pick up milk	5 mins	- 25 mins
Treatment, wing duties	45 mins	Nothing	0	- 45 mins
Briefing/domestics	15 mins	Nothing	0	- 15 mins
Serve lunch	30	Serve lunch	5 mins	- 25 mins
Association	105 mins	2 landings association only	60 mins	- 45 mins
Serve tea	30 mins	Serve tea	5 mins	- 25 mins
Association	60mins	Workers only	60 mins	
TOTAL				- 180 mins (3 hrs)

According to the core timetable:

- Unemployed prisoners would be out of their cells for an average of 6 hrs.
- Employed prisoners would be out of their cells for an average of 9 hrs 15 mins.

Taking the discrepancies above into account:

- Unemployed prisoners would be out of their cells for an average of 3 hours.
- Employed prisoners would be out of their cells for an average of 6 hours 15 mins.

Time out of cell interviews:

- Unemployed prisoners would be out of their cells for an average of 2 hours 45 mins (best case).
- Employed prisoners would be out of their cells for an average of 8 hours 40 mins (best case).

D WING (non-vulnerable prisoners):

Core timetable		Actual occurrence		Time discrepancies
Serve breakfast	30 mins	Pick up milk	5 mins	- 25 mins
Treatment, wing duties and time in open air	45 mins	Time out in open air	60	+ 15 mins
Serve lunch	45	Serve lunch	5 mins	- 40 mins
Serve tea	30 mins	Serve tea	5 mins	- 25 mins
TOTAL				- 75 mins (1 hr 15 mins)

According to the core timetable:

- Unemployed prisoners would be out of their cells for an average of 7 hrs 10 mins.
- Employed prisoners would be out of their cells for an average of 9 hrs.

Taking the discrepancies above into account:

- Unemployed prisoners would be out of their cells for an average of 6 hours.
- Employed prisoners would be out of their cells for an average of 7 hours 45 mins.

Time out of cell interviews:

- Unemployed prisoners would be out of their cells for an average of 2 hours 45 mins (best case).
- Employed prisoners would be out of their cells for an average of 8 hours 40 mins (best case).

WEST HILL AND THE HEARN

Prisoners in West Hill and The Hearn are only locked behind their gated units during patrol states (for 90 minutes per day), and overnight from 8pm-8am. While prisoners have free access to the unit at all other times, there are limited activities for them to be engaged in; telephones are switched off.

While the core-day timetable indicates that prisoners are 'out at work' for a period of 3 hours in the morning, and 3 hours 15 minutes in the afternoon, prisoners were often found to be back on the units after 60 minutes. Hence these hours were inflated for the vast majority of individuals.

Discrepancies in wing-based monitoring forms

Association inflation

A wing: morning association by 30 mins; afternoon association by 60 mins (none took place)

B wing: morning association by 30 mins; afternoon association by 45 mins; evening association by 1 hour and 15 minutes

D wing: morning association by 15 minutes

Exercise inflation

A wing: by 30 minutes

B wing: by 30 minutes

D wing: by 30 minutes

Exercise attendance

In monitoring forms, numbers out on exercise tended to match unlock figures. Individuals interviewed by the Inspectorate stated that attendance at exercise was much poorer than those indicated on forms.

Personal officer allocation

Each wing had 30 minutes of personal officer time allocated for a proportion of individuals on the units. Cross-checking with wing history sheets and the level of contact indicated on personal forms indicates that this allocation is not necessarily occurring.

Cell cleaning allocation

Each wing had 30 minutes of cell cleaning hours allocated. Interviews with prisoners indicated that this was not allocated time but had to be conducted during association periods.

Numbers in work

HMP Winchester provided the Inspectorate with a list of prisoners paid for work activities for week ending 13 March 2007. The following is a breakdown of the activities engaged in by prisoners on Tuesday 13 March 2007:

Main prison (wings A, B and D):

Wing-based work activities	- 40
Orderlies	- 11
Library (main and wing)	- 4
Chaplaincy	- 1
P-ASRO	- 11
Induction	- 14
SDP	- 9
BETA	- 8
Officer mess	- 5
Education	- 28 (10 full-time, 19 part-time)
5 shop	- 12 prisoners am, 14 prisoners pm (26 in total)
Catering Department	- 22 (24 in total, but with 2 people on rest days per day)
4 shop	- 25 (16 full-time, 9 part-time)
TOTAL	- 206 (41 part-time)

West-Hill (inc the Hearn)

CES	- 3
Computer	- 8
Bricklaying	- 6
Cleaners	- 7
Gardens	- 6
Stamps	- 2
Orderly	- 12
Library	- 3
Painter	- 3
Laundry	- 4
Servery	- 11
Carpentry	- 10
Recycle	- 3
Estates	- 6
Education	- 13 (2 full-time, 11 part-time)
TOTAL	- 97 (11 part-time)

In total, 303 (58%) prisoners were engaged in some form of activity (52 on a part-time basis). Therefore, 220 (42%) prisoners are unemployed.

Roll-check (Monday 16 April, 2pm)

Main prison

A roll-check was carried on Monday 16 April, counting how many prisoners were locked up behind their cell doors at 2pm.

In the main prison, 45% of prisoners were out of their cells and 55% were locked behind their doors. If we exclude the prisoners who were out on exercise on D wing, and therefore assumed to be unemployed, 35% of prisoners were out of their cells and 65% were behind their doors.

On West Hill, 64% of prisoners were engaged in activities and 36% were locked on the units.

Discrepancies were also found between individuals who were actually out of their cell on the afternoon of Monday 16 April, and those who were allocated to work from the LIDS print-out provided by the establishment for Monday 16 April:

A wing:

- 14 prisoners were allocated to work activities on the LIDS print-out.
- 7 prisoners were actually out of their cell on work activities.

B wing:

- 72 prisoners were allocated to work activities on the LIDS print-out.
- 51 prisoners were actually out of their cell on work activities.

D wing:

- 71 prisoners were allocated to work activities on the LIDS print-out.
- 40 prisoners were actually out of their cell on work activities.

The Hearn:

- 20 prisoners were allocated to work activities on the LIDS print-out.
- 23 prisoners were actually out of their cell on work activities.

West Hill:

- 41 prisoners were allocated to work activities on the LIDS print-out.
- 46 prisoners were actually out of their cell on work activities.

A wing:

Education	- 5
Gym	- 20
CARAT	- 2
Total	- 27 (33%) out of their cells
	- 54 (67%) behind their doors

B wing:

Education/classes	- 21
Shop 4	- 23
Healthcare	- 4
Visits	- 7
Wing-based	- 7
Total	- 62 (38%) out of cells
	- 102 (62%) behind their doors

D wing:

Computer shop	- 4
5 shop	- 1
Education	- 1
CES	- 2
BETA	- 1
Outside exercise	- 37
Legal visits	- 1
Library	- 1
Kitchens	- 22
Cleaners	- 8
Healthcare	- 2

Total - 80 (61%) out of their cells
- 51 (39%) behind their doors
- excluding 43 prisoners on exercise (43, 33% out of cell; 88, 67% unemployed)

The Hearn (36 prisoners)

Shop 1 - 5
Education - 7
Gardens - 4
Gym - 2
Bricklaying - 3
Outside cleaner - 1
Library - 1
Visit - 1
Laundry - 1
Everitt - 1
Total: - 26 (72%) engaged in activities
- 10 (28%) locked on the unit

West Hill (85 prisoners)

Shop 1 - 5
Bricklaying - 4
Education - 15
Yard - 5
Wing-based activity - 22
Total - 51 (60%) out of their cells
- 34 (40%) locked on the unit

Appendix 5: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 26 March 2007, the prisoner population at HMP Winchester was 542. The baseline sample size was 121. Overall, this represented 22% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 113 respondents completed and returned their questionnaires. This represented 21% of the prison population. The response rate was 93%. In addition to the two respondents who refused to complete a questionnaire, two questionnaires were not returned and four were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 32 local prisons since April 2003.

In addition, a further comparative document is attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group and between those who are British nationals and those who are foreign nationals are shown.

In the above documents, statistically significant differences are highlighted. Statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.



Prisoner Survey Responses HMP Winchester 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Winchester	Local Prisons Comparator
	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	113	3096
2	Are you under 21 years of age?	0	3
3	Are you transgender or transsexual?	1	0
4	Are you sentenced?	65	65
5	Are you on recall?	11	15
6	Is your sentence less than 12 months?	21	19
7	Do you have less than six months to serve?	36	31
8	Have you been in this prison less than a month?	25	22
9	Are you a foreign national?	10	13
10	Is English your first language?	94	91
11	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	23	25
12	Are you Muslim?	4	10
13	Are you gay or bisexual?	3	4
14	Do you consider yourself to have a disability?	15	16
15	Are you a Registered Disabled Person?	7	6
16	Is this your first time in prison?	37	26
17	Do you have any children?	52	59
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	49	50
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	51	59
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	8	11
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs? (very good/good)	27	28
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	7	11
19	Did you spend more than four hours in the van?	2	4
20	Were you treated well/very well by the escort staff?	67	69
21a	Did you know where you were going when you left court or when transferred from another establishment?	71	76
21b	Before you arrived here did you receive any written information about what would happen to you?	16	14
21c	When you first arrived here did your property arrive at the same time as you?	88	83

Key to tables

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SECTION 3: Reception, first night and induction			
23	Did you have any problems when you first arrived?	74	75
23a	Did you have any problems with loss of transferred property when you first arrived?	7	9
23b	Did you have any housing problems when you first arrived?	20	21
23c	Did you have any problems contacting employers when you first arrived?	3	5
23d	Did you have any problems contacting family when you first arrived?	36	30
23e	Did you have any problems ensuring dependents were being looked after when you first arrived?	9	8
23f	Did you have any money worries when you first arrived?	25	24
23g	Did you have any problems with feeling depressed or suicidal when you first arrived?	24	23
23h	Did you have any drug problems when you first arrived?	22	18
23i	Did you have any alcohol problems when you first arrived?	13	23
23j	Did you have any health problems when you first arrived?	27	25
23k	Did you have any problems with needing protection from other prisoners when you first arrived?	5	9
24a	Did you receive any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	14	14
24b	Did you receive any help/support from any member of staff in dealing with housing problems within the first 24 hours?	39	27
24c	Did you receive any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	29	17
24d	Did you receive any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	55	54
24e	Did you receive any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	23	21
24f	Did you receive any help/support from any member of staff in dealing with money problems within the first 24 hours?	23	19
24g	Did you receive any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	45	41
24h	Did you receive any help/support from any member of staff in dealing with drug problems within the first 24 hours?	53	51
24i	Did you receive any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	50	40
24j	Did you receive any help/support from any member of staff in dealing with health problems within the first 24 hours?	49	47
24k	Did you receive any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	37	26
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	76	85
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	73	66
26	Were you treated well/very well in reception?	62	57
27a	Did you receive a reception pack on your day of arrival?	72	73
27b	Did you receive information about what was going to happen here on your day of arrival?	50	41
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	45	42

Key to tables

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SECTION 3: Reception, first night and induction (continued)			
27d	Did you have the opportunity to have a shower on your day of arrival?	15	35
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	36	53
27f	Did you get information about routine requests on your day of arrival?	35	30
27g	Did you get something to eat on your day of arrival?	81	82
27h	Did you get information about visits on your day of arrival?	44	41
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	52	47
28b	Did you have access to someone from healthcare within the first 24 hours?	59	66
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	32	31
28d	Did you have access to the prison shop/canteen within the first 24 hours?	20	20
29	Did you feel safe on your first night here?	69	72
30	Did you go on an induction course within the first week?	76	58
31	Did the induction course cover everything you needed to know about the prison?	52	41
SECTION 4: Legal Rights and Respectful Custody			
33a	Is it very easy/easy to communicate with your solicitor or legal representative?	37	41
33b	Is it very easy/easy for you to attend legal visits?	48	62
33c	Is it very easy/easy for you to obtain bail information?	26	24
34	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	37	43
35a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	50	53
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	69	74
35c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	82	83
35d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	79	64
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	45	35
35f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71	63
35g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	25	29
36	Is the food in this prison good/very good?	36	24
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	21	43
38a	Is it easy/very easy to get a complaints form?	76	78
38b	Is it easy/very easy to get an application form?	90	83
39a	Do you feel applications are sorted out fairly?	52	39
39b	Do you feel your applications are sorted out promptly?	50	39

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SECTION 4: Legal Rights and Respectful Custody (continued)			
39c	Do you feel complaints are sorted out fairly?	10	29
39d	Do you feel complaints are sorted out promptly?	16	29
39e	Are you given information about how to make an appeal?	33	35
40	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	7	12
41	Do you know how to apply to the Prisons and Probation Ombudsman?	35	39
42	Is it easy/very easy to contact the Independent Monitoring Board?	24	32
43	Are you on the enhanced (top) level of the IEP scheme?	20	24
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	42	46
45a	In the last six months have any members of staff physically restrained you (C & R)?	6	8
45b	In the last six months have you spent a night in the segregation unit/care and separation unit?	6	12
46a	Do you feel your religious beliefs are respected?	58	53
46b	Are you able to speak to a religious leader of your faith in private if you want to?	55	58
47	Are you able to speak to a Listener at any time, if you want to?	69	63
48a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	61	63
48b	Do most staff, in this prison, treat you with respect?	70	68
SECTION 5: Safety			
50	Have you ever felt unsafe in this prison?	35	38
51	Do you feel unsafe in this establishment at the moment?	17	20
53	Have you been victimised (insulted or assaulted) by another prisoner?	18	22
54a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	10	11
54b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	4	7
54c	Have you been sexually abused since you have been here? (By prisoners)	0	1
54d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	2	4
54e	Have you been victimised because of drugs since you have been here? (By prisoners)	3	3
54f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	6	4
54g	Have you ever been victimised because you were new here? (By prisoners)	7	5
54h	Have you ever been victimised because of your sexuality? (By prisoners)	1	1
54i	Have you ever been victimised because you have a disability? (By prisoners)	3	2
54j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3	2
54k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	4	4

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SECTION 5: Safety (continued)			
55	Have you been victimised (insulted or assaulted) by a member of staff?	21	26
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	13	14
56b	Have you been hit, kicked or assaulted since you have been here? (By staff)	2	5
56c	Have you been sexually abused since you have been here? (By staff)	0	1
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3	5
56e	Have you been victimised because of drugs since you have been here? (By staff)	2	4
56f	Have you ever been victimised because you were new here? (By staff)	3	6
56g	Have you ever been victimised because of your sexuality? (By staff)	0	1
56h	Have you ever been victimised because you have a disability? (By staff)	5	3
56i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	2	4
56j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	3	4
57	Did you report any victimisation that you have experienced?	11	11
58	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	25	24
59	Have you ever felt threatened or intimidated by a member of staff in here?	21	26
60	Is it very easy/easy to get illegal drugs in this prison?	29	32
SECTION 6: Healthcare			
62	Do you think the overall quality of the healthcare is good/very good?	33	34
63a	Is it very easy/easy to see the doctor?	26	26
63b	Is it very easy/easy to see the nurse?	50	46
63c	Is it very easy/easy to see the dentist?	4	8
63d	Is it very easy/easy to see the optician?	4	9
63e	Is it very easy/easy to see the pharmacist?	30	20
64a	Do you think the quality of healthcare from the doctor is good/very good?	31	35
64b	Do you think the quality of healthcare from the nurse is good/very good?	45	49
64c	Do you think the quality of healthcare from the dentist is good/very good?	17	20
64d	Do you think the quality of healthcare from the optician is good/very good?	8	15
64e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	27	34
65	Are you currently taking medication?	43	41
66	Are you allowed to keep possession of your medication in your own cell?	37	27

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SECTION 7: Purposeful Activity			
68a	Do you feel your job will help you on release?	26	22
68b	Do you feel your vocational or skills training will help you on release?	21	23
68c	Do you feel your education (including basic skills) will help you on release?	32	35
68d	Do you feel your offending behaviour programmes will help you on release?	17	20
68e	Do you feel your drug or alcohol programmes will help you on release?	31	24
69	Do you go to the library at least once a week?	35	38
70	Can you get access to a newspaper every day?	34	38
71	On average, do you go to the gym at least twice a week?	48	36
72	On average, do you go outside for exercise three or more times a week?	43	41
73	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10	10
74	On average, do you go on association more than five times each week?	55	44
75	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	6	16
SECTION 8: Resettlement			
77	Did you first meet your personal officer in the first week?	8	14
78	Do you think your personal officer is helpful/very helpful?	16	21
79	Do you have a sentence plan?	23	24
80	Were you involved/very involved in the development of your sentence plan?	9	14
81	Has your Offender Manager been in contact with you since you have been in this prison?	9	7
82	Do you have an offender supervisor or named officer within this prison who can help you progress your sentence plan targets?	11	8
83	Have you and your offender supervisor met monthly to discuss your sentence plan targets?	2	1
84	Can you achieve all or some of your sentence plan targets in this prison?	11	14
85	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	6	11
86	Are there plans for you to achieve all/some of your sentence plan targets in whilst on licence in the community?	13	11
87	Do you feel that your offender supervisor has helped you to address your offending behaviour whilst at this prison?	6	6
88	Do you feel that your offender supervisor has helped you to prepare for release?	7	5

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator	HMP Winchester	Local Prisons Comparator
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 8: Resettlement continued			
89	Have you had any problems with sending or receiving mail?	39	44
90	Have you had any problems getting access to the telephones?	37	34
91	Did you have a visit in the first week that you were here?	30	37
92	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	70	64
93	Did you receive five or more visits in the last week?	0	0
94a	Do you think you will have a problem with finding a job following your release from this prison?	48	57
94b	Do you think you will have a problem with finding accommodation following your release from this prison?	40	49
94c	Do you think you will have a problem with money and finances following your release from this prison?	49	61
94d	Do you think you will have a problem with claiming benefits following your release from this prison?	38	39
94e	Do you think you will have a problem with arranging a place at collage or continuing education following your release from this prison?	30	41
94f	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	13	23
94g	Do you think you will have a problem with accessing healthcare services following your release from this prison?	16	28
94h	Do you think you will have a problem with opening a bank account following your release from this prison?	41	46
95a	Do you think you will have a problem with drugs when you leave this prison?	11	18
95b	Do you think you will have a problem with alcohol when you leave this prison?	13	13
96a	Do you know who to contact, within this prison, to get help with finding a job on release?	45	40
96b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	56	42
96c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	39	30
96d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	52	45
96e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	39	30
96f	Do you know who to contact within this prison to get help with external drugs courses etc	57	44
96g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	56	34
96h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	42	31
97	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	35	32



Prisoner Survey Responses HMP Winchester (excl. West Hill wings) 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Winchester main prison	Local Prisons Comparator
	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	85	3096
2	Are you under 21 years of age?	0	3
3	Are you transgender or transsexual?	1	0
4	Are you sentenced?	55	65
5	Are you on recall?	11	15
6	Is your sentence less than 12 months?	22	19
7	Do you have less than six months to serve?	27	31
8	Have you been in this prison less than a month?	30	22
9	Are you a foreign national?	10	13
10	Is English your first language?	93	91
11	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	23	25
12	Are you Muslim?	4	10
13	Are you gay or bisexual?	4	4
14	Do you consider yourself to have a disability?	15	16
15	Are you a Registered Disabled Person?	7	6
16	Is this your first time in prison?	36	26
17	Do you have any children?	47	59
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	49	50
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	51	59
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	7	11
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs? (very good/good)	27	28
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	5	11
19	Did you spend more than four hours in the van?	3	4
20	Were you treated well/very well by the escort staff?	64	69
21a	Did you know where you were going when you left court or when transferred from another establishment?	66	76
21b	Before you arrived here did you receive any written information about what would happen to you?	18	14
21c	When you first arrived here did your property arrive at the same time as you?	87	83

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator	HMP Winchester main prison	Local Prisons Comparator
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 3: Reception, first night and induction			
23	Did you have any problems when you first arrived?	80	75
23a	Did you have any problems with loss of transferred property when you first arrived?	10	9
23b	Did you have any housing problems when you first arrived?	22	21
23c	Did you have any problems contacting employers when you first arrived?	3	5
23d	Did you have any problems contacting family when you first arrived?	37	30
23e	Did you have any problems ensuring dependents were being looked after when you first arrived?	11	8
23f	Did you have any money worries when you first arrived?	25	24
23g	Did you have any problems with feeling depressed or suicidal when you first arrived?	27	23
23h	Did you have any drug problems when you first arrived?	25	18
23i	Did you have any alcohol problems when you first arrived?	15	23
23j	Did you have any health problems when you first arrived?	30	25
23k	Did you have any problems with needing protection from other prisoners when you first arrived?	5	9
24a	Did you receive any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	16	14
24b	Did you receive any help/support from any member of staff in dealing with housing problems within the first 24 hours?	44	27
24c	Did you receive any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	27	17
24d	Did you receive any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	54	54
24e	Did you receive any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	23	21
24f	Did you receive any help/support from any member of staff in dealing with money problems within the first 24 hours?	23	19
24g	Did you receive any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	48	41
24h	Did you receive any help/support from any member of staff in dealing with drug problems within the first 24 hours?	55	51
24i	Did you receive any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	53	40
24j	Did you receive any help/support from any member of staff in dealing with health problems within the first 24 hours?	52	47
24k	Did you receive any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	36	26
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	77	85
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	74	66
26	Were you treated well/very well in reception?	59	57
27a	Did you receive a reception pack on your day of arrival?	74	73
27b	Did you receive information about what was going to happen here on your day of arrival?	51	41
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	48	42

Key to tables

		HMP Winchester main prison	Local Prisons Comparator
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SECTION 3: Reception, first night and induction (continued)			
27d	Did you have the opportunity to have a shower on your day of arrival?	15	35
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	38	53
27f	Did you get information about routine requests on your day of arrival?	37	30
27g	Did you get something to eat on your day of arrival?	82	82
27h	Did you get information about visits on your day of arrival?	46	41
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	60	47
28b	Did you have access to someone from healthcare within the first 24 hours?	61	66
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	33	31
28d	Did you have access to the prison shop/canteen within the first 24 hours?	22	20
29	Did you feel safe on your first night here?	67	72
30	Did you go on an induction course within the first week?	74	58
31	Did the induction course cover everything you needed to know about the prison?	51	41
SECTION 4: Legal Rights and Respectful Custody			
33a	Is it very easy/easy to communicate with your solicitor or legal representative?	35	41
33b	Is it very easy/easy for you to attend legal visits?	51	62
33c	Is it very easy/easy for you to obtain bail information?	27	24
34	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36	43
35a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	40	53
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	59	74
35c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	77	83
35d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	75	64
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	46	35
35f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74	63
35g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	19	29
36	Is the food in this prison good/very good?	36	24
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	21	43
38a	Is it easy/very easy to get a complaints form?	73	78
38b	Is it easy/very easy to get an application form?	88	83
39a	Do you feel applications are sorted out fairly?	43	39
39b	Do you feel your applications are sorted out promptly?	41	39

Key to tables

		HMP Winchester main prison	Local Prisons Comparator
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SECTION 4: Legal Rights and Respectful Custody (continued)			
39c	Do you feel complaints are sorted out fairly?	10	29
39d	Do you feel complaints are sorted out promptly?	16	29
39e	Are you given information about how to make an appeal?	29	35
40	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	7	12
41	Do you know how to apply to the Prisons and Probation Ombudsman?	27	39
42	Is it easy/very easy to contact the Independent Monitoring Board?	18	32
43	Are you on the enhanced (top) level of the IEP scheme?	16	24
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	37	46
45a	In the last six months have any members of staff physically restrained you (C & R)?	7	8
45b	In the last six months have you spent a night in the segregation unit/care and separation unit?	7	12
46a	Do you feel your religious beliefs are respected?	55	53
46b	Are you able to speak to a religious leader of your faith in private if you want to?	50	58
47	Are you able to speak to a Listener at any time, if you want to?	69	63
48a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	54	63
48b	Do most staff, in this prison, treat you with respect?	70	68
SECTION 5: Safety			
50	Have you ever felt unsafe in this prison?	41	38
51	Do you feel unsafe in this establishment at the moment?	20	20
53	Have you been victimised (insulted or assaulted) by another prisoner?	20	22
54a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	14	11
54b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	5	7
54c	Have you been sexually abused since you have been here? (By prisoners)	0	1
54d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	1	4
54e	Have you been victimised because of drugs since you have been here? (By prisoners)	4	3
54f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	7	4
54g	Have you ever been victimised because you were new here? (By prisoners)	9	5
54h	Have you ever been victimised because of your sexuality? (By prisoners)	1	1
54i	Have you ever been victimised because you have a disability? (By prisoners)	4	2
54j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3	2
54k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	5	4

Key to tables

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SECTION 5: Safety (continued)			
55	Have you been victimised (insulted or assaulted) by a member of staff?	22	26
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	11	14
56b	Have you been hit, kicked or assaulted since you have been here? (By staff)	3	5
56c	Have you been sexually abused since you have been here? (By staff)	0	1
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3	5
56e	Have you been victimised because of drugs since you have been here? (By staff)	3	4
56f	Have you ever been victimised because you were new here? (By staff)	4	6
56g	Have you ever been victimised because of your sexuality? (By staff)	0	1
56h	Have you ever been victimised because you have a disability? (By staff)	6	3
56i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	3	4
56j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	3	4
57	Did you report any victimisation that you have experienced?	10	11
58	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	28	24
59	Have you ever felt threatened or intimidated by a member of staff in here?	23	26
60	Is it very easy/easy to get illegal drugs in this prison?	36	32
SECTION 6: Healthcare			
62	Do you think the overall quality of the healthcare is good/very good?	33	34
63a	Is it very easy/easy to see the doctor?	26	26
63b	Is it very easy/easy to see the nurse?	45	46
63c	Is it very easy/easy to see the dentist?	4	8
63d	Is it very easy/easy to see the optician?	5	9
63e	Is it very easy/easy to see the pharmacist?	28	20
64a	Do you think the quality of healthcare from the doctor is good/very good?	33	35
64b	Do you think the quality of healthcare from the nurse is good/very good?	41	49
64c	Do you think the quality of healthcare from the dentist is good/very good?	13	20
64d	Do you think the quality of healthcare from the optician is good/very good?	9	15
64e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	25	34
65	Are you currently taking medication?	46	41
66	Are you allowed to keep possession of your medication in your own cell?	38	27

Key to tables

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	Any percent highlighted in blue is significantly worse than the local prisons comparator		
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SECTION 7: Purposeful Activity			
68a	Do you feel your job will help you on release?	22	22
68b	Do you feel your vocational or skills training will help you on release?	11	23
68c	Do you feel your education (including basic skills) will help you on release?	25	35
68d	Do you feel your offending behaviour programmes will help you on release?	10	20
68e	Do you feel your drug or alcohol programmes will help you on release?	28	24
69	Do you go to the library at least once a week?	28	38
70	Can you get access to a newspaper every day?	49	38
71	On average, do you go to the gym at least twice a week?	47	36
72	On average, do you go outside for exercise three or more times a week?	38	41
73	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4	10
74	On average, do you go on association more than five times each week?	48	44
75	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	6	16
SECTION 8: Resettlement			
77	Did you first meet your personal officer in the first week?	6	14
78	Do you think your personal officer is helpful/very helpful?	9	21
79	Do you have a sentence plan?	15	24
80	Were you involved/very involved in the development of your sentence plan?	4	14
81	Has your Offender Manager been in contact with you since you have been in this prison?	7	7
82	Do you have an offender supervisor or named officer within this prison who can help you progress your sentence plan targets?	5	8
83	Have you and your offender supervisor met monthly to discuss your sentence plan targets?	1	1
84	Can you achieve all or some of your sentence plan targets in this prison?	6	14
85	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	5	11
86	Are there plans for you to achieve all/some of your sentence plan targets in whilst on licence in the community?	9	11
87	Do you feel that your offender supervisor has helped you to address your offending behaviour whilst at this prison?	1	6
88	Do you feel that your offender supervisor has helped you to prepare for release?	1	5

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator	HMP Winchester main prison	Local Prisons Comparator
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 8: Resettlement continued			
89	Have you had any problems with sending or receiving mail?	41	44
90	Have you had any problems getting access to the telephones?	41	34
91	Did you have a visit in the first week that you were here?	30	37
92	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	63	64
93	Did you receive five or more visits in the last week?	0	0
94a	Do you think you will have a problem with finding a job following your release from this prison?	51	57
94b	Do you think you will have a problem with finding accommodation following your release from this prison?	45	49
94c	Do you think you will have a problem with money and finances following your release from this prison?	55	61
94d	Do you think you will have a problem with claiming benefits following your release from this prison?	43	39
94e	Do you think you will have a problem with arranging a place at collage or continuing education following your release from this prison?	33	41
94f	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	16	23
94g	Do you think you will have a problem with accessing healthcare services following your release from this prison?	18	28
94h	Do you think you will have a problem with opening a bank account following your release from this prison?	47	46
95a	Do you think you will have a problem with drugs when you leave this prison?	14	18
95b	Do you think you will have a problem with alcohol when you leave this prison?	16	13
96a	Do you know who to contact, within this prison, to get help with finding a job on release?	41	40
96b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	51	42
96c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	33	30
96d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	49	45
96e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	34	30
96f	Do you know who to contact within this prison to get help with external drugs courses etc	50	44
96g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	50	34
96h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	38	31
97	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	25	32



Prisoner Survey Responses HMP Winchester West Hill 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Winchester West Hill Wings	Trainer Prisons Comparator
	Any percent highlighted in green is significantly better than the trainer prisons comparator		
	Any percent highlighted in blue is significantly worse than the trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the West Hill survey and the trainer prisons comparator		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	28	3436
2	Are you under 21 years of age?	0	1
3	Are you transgender or transsexual?	0	0
4	Are you sentenced?	97	100
5	Are you on recall?	11	15
6	Is your sentence less than 12 months?	18	5
7	Do you have less than six months to serve?	64	29
8	Have you been in this prison less than a month?	8	7
9	Are you a foreign national?	11	12
10	Is English your first language?	97	90
11	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	22	25
12	Are you Muslim?	3	15
13	Are you gay or bisexual?	0	7
14	Do you consider yourself to have a disability?	15	16
15	Are you a Registered Disabled Person?	8	6
16	Is this your first time in prison?	41	32
17	Do you have any children?	65	57
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	48	50
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	52	62
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	11	18
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs? (very good/good)	26	33
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	15	13
19	Did you spend more than four hours in the van?	0	11
20	Were you treated well/very well by the escort staff?	75	70
21a	Did you know where you were going when you left court or when transferred from another establishment?	86	87
21b	Before you arrived here did you receive any written information about what would happen to you?	11	17
21c	When you first arrived here did your property arrive at the same time as you?	92	89

Key to tables

	Any percent highlighted in green is significantly better than the trainer prisons comparator	HMP Winchester West Hill Wings	Trainer Prisons Comparator
	Any percent highlighted in blue is significantly worse than the trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the West Hill survey and the trainer prisons comparator		
SECTION 3: Reception, first night and induction			
23	Did you have any problems when you first arrived?	57	55
23a	Did you have any problems with loss of transferred property when you first arrived?	0	12
23b	Did you have any housing problems when you first arrived?	15	12
23c	Did you have any problems contacting employers when you first arrived?	3	3
23d	Did you have any problems contacting family when you first arrived?	32	19
23e	Did you have any problems ensuring dependents were being looked after when you first arrived?	3	5
23f	Did you have any money worries when you first arrived?	25	17
23g	Did you have any problems with feeling depressed or suicidal when you first arrived?	15	13
23h	Did you have any drug problems when you first arrived?	15	11
23i	Did you have any alcohol problems when you first arrived?	7	5
23j	Did you have any health problems when you first arrived?	18	16
23k	Did you have any problems with needing protection from other prisoners when you first arrived?	3	4
24a	Did you receive any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	7	15
24b	Did you receive any help/support from any member of staff in dealing with housing problems within the first 24 hours?	20	19
24c	Did you receive any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	36	12
24d	Did you receive any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	56	51
24e	Did you receive any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	23	15
24f	Did you receive any help/support from any member of staff in dealing with money problems within the first 24 hours?	20	21
24g	Did you receive any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	33	33
24h	Did you receive any help/support from any member of staff in dealing with drug problems within the first 24 hours?	47	27
24i	Did you receive any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	39	22
24j	Did you receive any help/support from any member of staff in dealing with health problems within the first 24 hours?	39	46
24k	Did you receive any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	39	18
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	75	87
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	71	73
26	Were you treated well/very well in reception?	68	72
27a	Did you receive a reception pack on your day of arrival?	65	72
27b	Did you receive information about what was going to happen here on your day of arrival?	46	48
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	36	42

Key to tables

	Any percent highlighted in green is significantly better than the trainer prisons comparator	HMP Winchester West Hill Wings	Trainer Prisons Comparator
	Any percent highlighted in blue is significantly worse than the trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the West Hill survey and the trainer prisons comparator		
SECTION 3: Reception, first night and induction (continued)			
27d	Did you have the opportunity to have a shower on your day of arrival?	15	47
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	32	47
27f	Did you get information about routine requests on your day of arrival?	32	37
27g	Did you get something to eat on your day of arrival?	78	76
27h	Did you get information about visits on your day of arrival?	36	44
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	29	48
28b	Did you have access to someone from healthcare within the first 24 hours?	52	71
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	29	34
28d	Did you have access to the prison shop/canteen within the first 24 hours?	11	27
29	Did you feel safe on your first night here?	75	85
30	Did you go on an induction course within the first week?	82	69
31	Did the induction course cover everything you needed to know about the prison?	56	59
SECTION 4: Legal Rights and Respectful Custody			
33a	Is it very easy/easy to communicate with your solicitor or legal representative?	40	48
33b	Is it very easy/easy for you to attend legal visits?	38	55
33c	Is it very easy/easy for you to obtain bail information?	23	17
34	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38	41
35a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	81	65
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	100	93
35c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	97	85
35d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	92	76
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	44	45
35f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	62	71
35g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	43	35
36	Is the food in this prison good/very good?	37	37
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	24	47
38a	Is it easy/very easy to get a complaints form?	89	86
38b	Is it easy/very easy to get an application form?	97	90
39a	Do you feel applications are sorted out fairly?	83	35
39b	Do you feel your applications are sorted out promptly?	76	36

Key to tables

	Any percent highlighted in green is significantly better than the trainer prisons comparator	HMP Winchester West Hill Wings	Trainer Prisons Comparator
	Any percent highlighted in blue is significantly worse than the trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the West Hill survey and the trainer prisons comparator		
SECTION 4: Legal Rights and Respectful Custody (continued)			
39c	Do you feel complaints are sorted out fairly?	9	33
39d	Do you feel complaints are sorted out promptly?	16	33
39e	Are you given information about how to make an appeal?	44	33
40	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	4	14
41	Do you know how to apply to the Prisons and Probation Ombudsman?	62	50
42	Is it easy/very easy to contact the Independent Monitoring Board?	43	45
43	Are you on the enhanced (top) level of the IEP scheme?	35	57
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	54	55
45a	In the last six months have any members of staff physically restrained you (C & R)?	0	5
45b	In the last six months have you spent a night in the segregation unit/care and separation unit?	0	13
46a	Do you feel your religious beliefs are respected?	70	55
46b	Are you able to speak to a religious leader of your faith in private if you want to?	71	62
47	Are you able to speak to a Listener at any time, if you want to?	71	67
48a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	81	73
48b	Do most staff, in this prison, treat you with respect?	73	78
SECTION 5: Safety			
50	Have you ever felt unsafe in this prison?	16	28
51	Do you feel unsafe in this establishment at the moment?	8	21
53	Have you been victimised (insulted or assaulted) by another prisoner?	11	20
54a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	0	11
54b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	0	5
54c	Have you been sexually abused since you have been here? (By prisoners)	0	1
54d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4	4
54e	Have you been victimised because of drugs since you have been here? (By prisoners)	0	2
54f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	0	3
54g	Have you ever been victimised because you were new here? (By prisoners)	4	3
54h	Have you ever been victimised because of your sexuality? (By prisoners)	0	2
54i	Have you ever been victimised because you have a disability? (By prisoners)	0	2
54j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4	4
54k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	0	4

Key to tables

	Any percent highlighted in green is significantly better than the trainer prisons comparator	HMP Winchester West Hill Wings	Trainer Prisons Comparator
	Any percent highlighted in blue is significantly worse than the trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the West Hill survey and the trainer prisons comparator		
SECTION 5: Safety (continued)			
55	Have you been victimised (insulted or assaulted) by a member of staff?	19	20
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	19	11
56b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0	2
56c	Have you been sexually abused since you have been here? (By staff)	0	1
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4	4
56e	Have you been victimised because of drugs since you have been here? (By staff)	0	3
56f	Have you ever been victimised because you were new here? (By staff)	0	3
56g	Have you ever been victimised because of your sexuality? (By staff)	0	1
56h	Have you ever been victimised because you have a disability? (By staff)	0	2
56i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	0	4
56j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	4	4
57	Did you report any victimisation that you have experienced?	12	11
58	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	16	24
59	Have you ever felt threatened or intimidated by a member of staff in here?	12	20
60	Is it very easy/easy to get illegal drugs in this prison?	8	28
SECTION 6: Healthcare			
62	Do you think the overall quality of the healthcare is good/very good?	30	44
63a	Is it very easy/easy to see the doctor?	28	37
63b	Is it very easy/easy to see the nurse?	65	59
63c	Is it very easy/easy to see the dentist?	4	16
63d	Is it very easy/easy to see the optician?	0	18
63e	Is it very easy/easy to see the pharmacist?	35	35
64a	Do you think the quality of healthcare from the doctor is good/very good?	25	44
64b	Do you think the quality of healthcare from the nurse is good/very good?	59	58
64c	Do you think the quality of healthcare from the dentist is good/very good?	29	32
64d	Do you think the quality of healthcare from the optician is good/very good?	4	26
64e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	33	44
65	Are you currently taking medication?	35	43
66	Are you allowed to keep possession of your medication in your own cell?	35	39

Key to tables

		HMP Winchester West Hill Wings	Trainer Prisons Comparator
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	Any percent highlighted in blue is significantly worse than the trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the West Hill survey and the trainer prisons comparator		
SECTION 7: Purposeful Activity			
68a	Do you feel your job will help you on release?	39	37
68b	Do you feel your vocational or skills training will help you on release?	52	39
68c	Do you feel your education (including basic skills) will help you on release?	54	50
68d	Do you feel your offending behaviour programmes will help you on release?	38	38
68e	Do you feel your drug or alcohol programmes will help you on release?	42	33
69	Do you go to the library at least once a week?	57	48
70	Can you get access to a newspaper every day?	70	57
71	On average, do you go to the gym at least twice a week?	50	55
72	On average, do you go outside for exercise three or more times a week?	57	47
73	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	30	20
74	On average, do you go on association more than five times each week?	77	77
75	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	4	21
SECTION 8: Resettlement			
77	Did you first meet your personal officer in the first week?	17	32
78	Do you think your personal officer is helpful/very helpful?	44	48
79	Do you have a sentence plan?	52	63
80	Were you involved/very involved in the development of your sentence plan?	28	42
81	Has your Offender Manager been in contact with you since you have been in this prison?	17	12
82	Do you have an offender supervisor or named officer within this prison who can help you progress your sentence plan targets?	33	16
83	Have you and your offender supervisor met monthly to discuss your sentence plan targets?	4	2
84	Can you achieve all or some of your sentence plan targets in this prison?	27	32
85	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	9	16
86	Are there plans for you to achieve all/some of your sentence plan targets in whilst on licence in the community?	29	20
87	Do you feel that your offender supervisor has helped you to address your offending behaviour whilst at this prison?	21	10
88	Do you feel that your offender supervisor has helped you to prepare for release?	24	8

Key to tables

	Any percent highlighted in green is significantly better than the trainer prisons comparator	HMP Winchester West Hill Wings	Trainer Prisons Comparator
	Any percent highlighted in blue is significantly worse than the trainer prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the West Hill survey and the trainer prisons comparator		
SECTION 8: Resettlement continued			
89	Have you had any problems with sending or receiving mail?	29	35
90	Have you had any problems getting access to the telephones?	25	21
91	Did you have a visit in the first week that you were here?	29	26
92	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	92	71
93	Did you receive five or more visits in the last week?	0	0
94a	Do you think you will have a problem with finding a job following your release from this prison?	40	44
94b	Do you think you will have a problem with finding accommodation following your release from this prison?	27	41
94c	Do you think you will have a problem with money and finances following your release from this prison?	30	50
94d	Do you think you will have a problem with claiming benefits following your release from this prison?	24	33
94e	Do you think you will have a problem with arranging a place at collage or continuing education following your release from this prison?	19	31
94f	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	4	13
94g	Do you think you will have a problem with accessing healthcare services following your release from this prison?	9	22
94h	Do you think you will have a problem with opening a bank account following your release from this prison?	20	40
95a	Do you think you will have a problem with drugs when you leave this prison?	4	9
95b	Do you think you will have a problem with alcohol when you leave this prison?	4	6
96a	Do you know who to contact, within this prison, to get help with finding a job on release?	59	48
96b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	71	49
96c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	59	36
96d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	62	47
96e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	52	37
96f	Do you know who to contact within this prison to get help with external drugs courses etc	77	44
96g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	71	42
96h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	52	34
97	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	65	59

Prisoner Survey Responses HMP Winchester 2007 (D Wing vs. other wings excl. Westhill wings)

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		D WING	OTHER WINGS (excl. West Hill)
	Any percent highlighted in green is significantly better than the other wings		
	Any percent highlighted in blue is significantly worse than the other wings		
	Percentages which are not highlighted show there is no significant difference between D Wing and the other wings		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	27	58
2	Are you under 21 years of age?	0	0
3	Are you transgender or transsexual?	4	0
4	Are you sentenced?	63	51
5	Are you on recall?	12	11
6	Is your sentence less than 12 months?	19	23
7	Do you have less than six months to serve?	23	28
8	Have you been in this prison less than a month?	22	33
9	Are you a foreign national?	4	12
10	Is English your first language?	96	91
11	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	19	25
12	Are you Muslim?	0	6
13	Are you gay or bisexual?	11	0
14	Do you consider yourself to have a disability?	17	14
15	Are you a Registered Disabled Person?	12	4
16	Is this your first time in prison?	46	31
17	Do you have any children?	46	48
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	50	49
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	54	49
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	8	7
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs? (very good/good)	32	25
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	8	4
19	Did you spend more than four hours in the van?	0	4
20	Were you treated well/very well by the escort staff?	63	65
21a	Did you know where you were going when you left court or when transferred from another establishment?	82	60
21b	Before you arrived here did you receive any written information about what would happen to you?	15	19
21c	When you first arrived here did your property arrive at the same time as you?	96	82
SECTION 3: Reception, first night and induction			
23	Did you have any problems when you first arrived?	77	82
23a	Did you have any problems with loss of transferred property when you first arrived?	4	13
23b	Did you have any housing problems when you first arrived?	11	27

23c	Did you have any problems contacting employers when you first arrived?	0	4
23d	Did you have any problems contacting family when you first arrived?	38	36
23e	Did you have any problems ensuring dependents were being looked after when you first arrived?	8	13
23f	Did you have any money worries when you first arrived?	31	22
23g	Did you have any problems with feeling depressed or suicidal when you first arrived?	31	25
23h	Did you have any drug problems when you first arrived?	19	27
23i	Did you have any alcohol problems when you first arrived?	8	18
23j	Did you have any health problems when you first arrived?	27	31
23k	Did you have any problems with needing protection from other prisoners when you first arrived?	8	4
24a	Did you receive any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	18	15
24b	Did you receive any help/support from any member of staff in dealing with housing problems within the first 24 hours?	33	49
24c	Did you receive any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	29	25
24d	Did you receive any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	57	53
24e	Did you receive any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	35	15
24f	Did you receive any help/support from any member of staff in dealing with money problems within the first 24 hours?	30	19
24g	Did you receive any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	45	49
24h	Did you receive any help/support from any member of staff in dealing with drug problems within the first 24 hours?	61	52
24i	Did you receive any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	53	54
24j	Did you receive any help/support from any member of staff in dealing with health problems within the first 24 hours?	63	46
24k	Did you receive any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	53	25
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	89	71
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	80	72
26	Were you treated well/very well in reception?	54	62
27a	Did you receive a reception pack on your day of arrival?	72	76
27b	Did you receive information about what was going to happen here on your day of arrival?	52	51
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	48	47

SECTION 3: Reception, first night and induction (continued)			
27d	Did you have the opportunity to have a shower on your day of arrival?	16	14
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	48	33
27f	Did you get information about routine requests on your day of arrival?	40	35
27g	Did you get something to eat on your day of arrival?	84	81
27h	Did you get information about visits on your day of arrival?	48	46
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	73	54
28b	Did you have access to someone from healthcare within the first 24 hours?	66	59
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	46	26
28d	Did you have access to the prison shop/canteen within the first 24 hours?	38	15
29	Did you feel safe on your first night here?	54	74
30	Did you go on an induction course within the first week?	58	86
31	Did the induction course cover everything you needed to know about the prison?	46	53
SECTION 4: Legal Rights and Respectful Custody			
33a	Is it very easy/easy to communicate with your solicitor or legal representative?	44	32
33b	Is it very easy/easy for you to attend legal visits?	56	48
33c	Is it very easy/easy for you to obtain bail information?	37	23
34	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	36	36
35a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	52	35
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	76	51
35c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	76	77
35d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	88	69
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	56	41
35f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	79	71
35g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	12	23
36	Is the food in this prison good/very good?	40	35
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	23	20
38a	Is it easy/very easy to get a complaints form?	81	69
38b	Is it easy/very easy to get an application form?	96	84
39a	Do you feel applications are sorted out fairly?	66	33
39b	Do you feel your applications are sorted out promptly?	50	37

SECTION 4: Legal Rights and Respectful Custody (continued)			
39c	Do you feel complaints are sorted out fairly?	23	4
39d	Do you feel complaints are sorted out promptly?	23	12
39e	Are you given information about how to make an appeal?	36	26
40	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	8	7
41	Do you know how to apply to the Prisons and Probation Ombudsman?	36	22
42	Is it easy/very easy to contact the Independent Monitoring Board?	20	18
43	Are you on the enhanced (top) level of the IEP scheme?	27	11
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	55	30
45a	In the last six months have any members of staff physically restrained you (C & R)?	4	9
45b	In the last six months have you spent a night in the segregation unit/care and separation unit?	0	11
46a	Do you feel your religious beliefs are respected?	62	52
46b	Are you able to speak to a religious leader of your faith in private if you want to?	52	49
47	Are you able to speak to a Listener at any time, if you want to?	69	69
48a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	58	52
48b	Do most staff, in this prison, treat you with respect?	62	74
SECTION 5: Safety			
50	Have you ever felt unsafe in this prison?	41	41
51	Do you feel unsafe in this establishment at the moment?	26	16
53	Have you been victimised (insulted or assaulted) by another prisoner?	19	21
54a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	15	13
54b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	8	4
54c	Have you been sexually abused since you have been here? (By prisoners)	0	0
54d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0	2
54e	Have you been victimised because of drugs since you have been here? (By prisoners)	4	4
54f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	8	7
54g	Have you ever been victimised because you were new here? (By prisoners)	11	7
54h	Have you ever been victimised because of your sexuality? (By prisoners)	4	0
54i	Have you ever been victimised because you have a disability? (By prisoners)	4	4
54j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	4	2
54k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	4	5

SECTION 5: Safety (continued)			
55	Have you been victimised (insulted or assaulted) by a member of staff?	22	22
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	15	9
56b	Have you been hit, kicked or assaulted since you have been here? (By staff)	4	2
56c	Have you been sexually abused since you have been here? (By staff)	0	0
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8	0
56e	Have you been victimised because of drugs since you have been here? (By staff)	0	4
56f	Have you ever been victimised because you were new here? (By staff)	4	4
56g	Have you ever been victimised because of your sexuality? (By staff)	0	0
56h	Have you ever been victimised because you have a disability? (By staff)	4	7
56i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	4	2
56j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	4	2
57	Did you report any victimisation that you have experienced?	8	12
58	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	41	21
59	Have you ever felt threatened or intimidated by a member of staff in here?	26	22
60	Is it very easy/easy to get illegal drugs in this prison?	31	38
SECTION 6: Healthcare			
62	Do you think the overall quality of the healthcare is good/very good?	50	25
63a	Is it very easy/easy to see the doctor?	38	20
63b	Is it very easy/easy to see the nurse?	48	43
63c	Is it very easy/easy to see the dentist?	4	4
63d	Is it very easy/easy to see the optician?	9	4
63e	Is it very easy/easy to see the pharmacist?	33	26
64a	Do you think the quality of healthcare from the doctor is good/very good?	46	26
64b	Do you think the quality of healthcare from the nurse is good/very good?	42	40
64c	Do you think the quality of healthcare from the dentist is good/very good?	15	12
64d	Do you think the quality of healthcare from the optician is good/very good?	22	3
64e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	26	24
65	Are you currently taking medication?	59	39
66	Are you allowed to keep possession of your medication in your own cell?	55	29
SECTION 7: Purposeful Activity			
68a	Do you feel your job will help you on release?	41	12
68b	Do you feel your vocational or skills training will help you on release?	16	8
68c	Do you feel your education (including basic skills) will help you on release?	31	22

68d	Do you feel your offending behaviour programmes will help you on release?	9	10
68e	Do you feel your drug or alcohol programmes will help you on release?	22	31
69	Do you go to the library at least once a week?	52	15
70	Can you get access to a newspaper every day?	67	40
71	On average, do you go to the gym at least twice a week?	55	43
72	On average, do you go outside for exercise three or more times a week?	30	42
73	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8	2
74	On average, do you go on association more than five times each week?	67	38
75	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	4	7
SECTION 8: Resettlement			
77	Did you first meet your personal officer in the first week?	4	7
78	Do you think your personal officer is helpful/very helpful?	11	7
79	Do you have a sentence plan?	22	11
80	Were you involved/very involved in the development of your sentence plan?	4	4
81	Has your Offender Manager been in contact with you since you have been in this prison?	15	4
82	Do you have an offender supervisor or named officer within this prison who can help you progress your sentence plan targets?	4	5
83	Have you and your offender supervisor met monthly to discuss your sentence plan targets?	0	2
84	Can you achieve all or some of your sentence plan targets in this prison?	12	4
85	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	4	5
86	Are there plans for you to achieve all/some of your sentence plan targets in whilst on licence in the community?	9	9
87	Do you feel that your offender supervisor has helped you to address your offending behaviour whilst at this prison?	0	2
88	Do you feel that your offender supervisor has helped you to prepare for release?	0	2
SECTION 8: Resettlement continued			
89	Have you had any problems with sending or receiving mail?	37	43
90	Have you had any problems getting access to the telephones?	19	52
91	Did you have a visit in the first week that you were here?	33	28
92	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	73	58
93	Did you receive five or more visits in the last week?	0	0
94a	Do you think you will have a problem with finding a job following your release from this prison?	54	49
94b	Do you think you will have a problem with finding accommodation following your release from this prison?	38	49
94c	Do you think you will have a problem with money and finances following your release from this prison?	46	62
94d	Do you think you will have a problem with claiming benefits following your release from this prison?	34	48
94e	Do you think you will have a problem with arranging a place at collage or continuing education following your release from this prison?	33	34
94f	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	13	18
94g	Do you think you will have a problem with accessing healthcare services following your release from this prison?	13	21
94h	Do you think you will have a problem with opening a bank account following your release from this prison?	31	57
95a	Do you think you will have a problem with drugs when you leave this prison?	11	15

95b	Do you think you will have a problem with alcohol when you leave this prison?	11	19
96a	Do you know who to contact, within this prison, to get help with finding a job on release?	32	46
96b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	54	49
96c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	33	33
96d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	40	53
96e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	29	37
96f	Do you know who to contact within this prison to get help with external drugs courses etc	42	55
96g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	42	55
96h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	36	39
97	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	33	21



Key Question Responses (Ethnicity and Nationality) HMP Winchester 2007

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

Any percent highlighted in green is significantly better than the responses from White prisoners		BME prisoners	White prisoners	Foreign National prisoners	British National prisoners
Any percent highlighted in blue is significantly worse than the responses from White prisoners					
Percentages which are not highlighted show there is no significant difference between the responses from BME prisoners and White prisoners					
Number of completed questionnaires returned		25	86	11	101
12	Are you a Muslim? (Not tested for significance)	18	0	26	2
20	Were you treated well/very well by the escort staff?	64	68	64	67
21c	When you first arrived here did your property arrive at the same time as you?	79	91	79	89
26	Were you treated well/very well in reception?	63	61	71	60
29	Did you feel safe on your first night here?	71	69	50	71
30	Did you go on an induction course within the first week?	87	74	77	76
33a	Is it very easy/easy for you to communicate with your solicitor or legal representative?	25	41	27	37
35b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	63	71	44	72
35e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	50	43	67	44
36	Is the food in this prison good/very good?	12	43	27	38
37	Does the shop/canteen sell a wide enough range of goods to meet your needs?	0	27	10	23
39c	Do you feel complaints are sorted out fairly?	0	13	10	10
43	Are you on the enhanced (top) level of the IEP scheme?	13	23	21	20
44	Do you feel you have been treated fairly in your experience of the IEP scheme?	23	48	23	44
45a	In the last 6 months have you been physically restrained?	9	5	12	5
45b	In the last 6 months have you spent a night in the segregation/care and separation unit?	13	4	21	4
48b	Do most staff, in this prison, treat you with respect?	64	72	77	70
50	Have you ever felt unsafe in this prison?	36	33	60	32
51	Do you feel unsafe in this establishment at the moment?	19	14	33	15
53	Have you been victimised (insulted or assaulted) by another prisoner?	14	18	13	18
54d	Have you been victimised by another prisoner because of your race or ethnic origin?	5	0	0	2
54j	Have you ever been victimised by another prisoner because of your religion/religious beliefs?	10	0	0	3
55	Have you been victimised (insulted or assaulted) by a member of staff?	24	20	23	21
56d	Have you been victimised by a member of staff because of your race or ethnic origin?	10	1	12	2
56i	Have you every been victimised by a member of staff because of your religion/religious beliefs?	5	0	0	2
62	Do you think the overall quality of the healthcare is good/very good?	38	31	29	33
68a	Do you feel your job will help you on release?	22	27	35	26
68b	Do you feel your vocational or skills training will help you on release?	22	20	29	20

68c	Do you feel your education (including basic skills) will help you on release?	45	28	63	29
68d	Do you feel your offending behaviour programmes will help you on release?	16	17	35	16
68e	Do you feel your drug or alcohol programmes will help you on release?	28	32	21	32
69	Do you go to the library at least once a week?	41	34	23	36
71	On average, do you go to the gym at least twice a week?	55	46	56	47
72	On average, do you go outside for exercise three or more times a week?	41	43	40	43
73	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5	12	0	11
74	On average, do you go on association more than five times each week?	62	54	67	54
77	Did you first meet your personal officer in the first week?	5	10	12	8
78	Do you think your personal officer is helpful/very helpful?	5	20	0	18
82	Have you had any problems getting access to the telephones?	50	34	58	35
84	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	68	71	71	70
89	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	27	36	33	35