

Report on an unannounced inspection of

HMP Pentonville

by HM Chief Inspector of Prisons

1 – 12 April 2019

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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
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Glossary of terms

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

Introduction

Built in 1842, Pentonville in north London, is one of the country's oldest and most famous institutions. A local prison holding up to 1,310 adult men, and largely unchanged structurally in nearly 180 years, Pentonville epitomises the challenges confronting ageing, inner-city prisons with transient populations, many with heightened levels of need and risk.

The general failure to meet the undoubtedly great challenges faced by this prison and those held in it is reflected in our healthy prison assessments. Outcomes in safety were especially poor and had not improved since the last inspection in 2017: only one of the 15 previous recommendations on safety had been achieved in full.

Useful risk assessment processes and peer support were in place to receive new prisoners, but there were no first night checks and some new arrivals were placed in dirty and poorly equipped accommodation. Violence in the prison had increased markedly. It was driven by a variety of factors, including gang affiliations, drugs, debt and a high proportion of relatively more volatile younger prisoners who were given no targeted support. Work to analyse and address violence was inadequate, and it was no surprise that in our survey about a third of prisoners told us they felt unsafe.

In keeping with the level of violence, use of force had increased significantly, yet oversight and accountability were lacking. The small size of the segregation unit limited the number of those held in such conditions, but the segregation environment was rundown. Although the quality of the regime and support had improved to an extent, reintegration planning was not good enough.

The flow and management of intelligence was improving, with good attention to gang issues and corruption. However, drugs remained hugely problematic, with a random drug test positive rate of around 29%. The drug supply reduction strategy had just been rewritten and was not yet implemented, and weaknesses in the physical security of the prison, as well as the ineffective use of technology to combat drugs, required urgent attention.

The amount of self-harm was comparable to similar prisons, but tragically there had been four self-inflicted deaths since our last inspection. Recommendations made by the Prisons and Probation Ombudsman following its investigations into the deaths in custody had been implemented well in relation to health care but less so by the rest of the prison. Case management support (ACCT) for those in crisis was poor. A new safer custody strategy had been prepared, although not yet implemented, and while there was emerging evidence of better management of the area, these improvements needed to be accelerated.

Living conditions for many prisoners were still poor, with many cells overcrowded or badly equipped. Communal areas of the prison were not clean enough. We were encouraged by the prison's 'decency programme', which was a positive attempt to tackle some of the problems, but it was no substitute for the sustained investment that was required to achieve long-term environmental improvements.

The quality of staff-prisoner relationships was not good enough, with only 57% of the prisoners we surveyed saying staff treated them with respect, much lower than at comparable prisons. We received several reports suggesting a poor attitude among some staff, and there was evidence of some deep-rooted cultural problems that obstructed positive work with prisoners. Many staff were inexperienced and were being given reasonable mentoring and leadership. Consultation with prisoners was sporadic and ineffective but recent initiatives to reinvigorate this channel of communication had begun. Work to promote equality had lapsed until very recently when the Governor had taken some personal responsibility for the relaunch of this work. A visible and valued

chaplaincy team, and very good health provision were much more encouraging areas of work. Mental health services were particularly impressive.

The reliability of daily routines had improved in recent months with little evident slippage, although nearly a third of prisoners were locked in cell during the working day. There were enough part-time activity and education places for all prisoners, but despite some recent improvement attendance remained poor. The quality of teaching was generally good and the use of peer supporters was effective, with high achievement among learners on most courses. There had been some improvement to the education on offer to vulnerable prisoners but our colleagues in Ofsted judged the overall effectiveness of education, skills and work across the prison as 'requires improvement', their second lowest assessment grade.

The overall strategic approach to rehabilitation work remained weak and uncoordinated despite a needs analysis having been completed. Most eligible prisoners did not have an up-to-date assessment of risk and needs (OASys) and offender management work was too reactive. Prisoners did not receive enough support through their sentence, although staff had appropriately prioritised high-risk and indeterminate sentence cases. Some reasonable work was being done in both public protection and resettlement, but it was inconsistent and this undermined effectiveness.

This inspection found a prison that was delivering weak outcomes for prisoners in most areas and unacceptably poor outcomes in safety. At our last inspection in 2017, we had similar concerns but noted early signs of improvement – evidently a false dawn. It will be no surprise therefore that at this inspection very serious consideration was given to invoking the Inspectorate's Urgent Notification protocol, although after careful consideration we have decided against taking this step. The relatively new Governor and his senior team, with active support from the Group Director, appeared finally to be getting to grips with longstanding problems. We found no denial of the gravity of the prison's situation, and there was a clear recognition of the scale of the work to be done. Managers and many staff at all levels throughout the prison told us they were committed to the changes that were underway and expressed confidence in the leadership of the establishment. Importantly, HM Prison and Probation Service (HMPPS) had ensured a recent influx of new staff to bring the prison close to its full complement – this is self-evidently critical to decent outcomes and, like many other establishments, Pentonville has suffered the consequences of inadequate staffing for far too long.

We left the prison with no illusions about the scale of the task ahead and with ongoing concerns about decency and safety for prisoners. The depressing cycle of promise and further decline cannot be allowed to continue. Managers appeared to be working together to bring about the changes that were needed. Indeed, many told us that within 12 months the prison would be vastly improved. We will test the reality of this claim through an independent review of progress (IRP), which will be followed in due course by a full unannounced inspection.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

June 2019

Fact page

Task of the establishment

Local category B resettlement prison for remand and convicted male prisoners aged 18 and over.

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection: 1,066

Baseline certified normal capacity: 906

In-use certified normal capacity: 894

Operational capacity: 1,310

Notable features from this inspection

Nearly 900 new receptions over the previous six months

23% of prisoners are on remand

Nearly 10% of prisoners are under 21

21% of prisoners are foreign nationals

57% of prisoners are from black and minority ethnic backgrounds.

600 prisoners released into the community in the last six months.

25% of prisoners were receiving psychosocial support for substance misuse at the time of inspection.

213 prisoners released on home detention curfew in the previous six months

Prison status (public or private) and key providers

Public

Physical health provider: Care UK

Mental health provider: Care UK, Barnet, Enfield and Haringey Mental Health NHS Trust

Substance misuse provider: Phoenix Futures

Learning and skills provider: Novus

Community rehabilitation company (CRC): Penrose Options

Escort contractor: Serco

Prison group/Department

Public sector Prisons South - London

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

Brief history

HMP Pentonville is a very large Victorian local prison for remand and convicted prisoners, with four wings unchanged since it was built in 1842. It is one of the busiest prisons in the country with approximately 33,000 movements a year through its reception.

Short description of residential units

A wing – 226 spaces, general remand and convicted prisoners

C wing – 154 spaces, general remand and convicted prisoners

D wing – 180 spaces, general remand and convicted prisoners

E1 wing – segregation unit, 12 spaces

E2-5 wings – 136 spaces, general remand and convicted prisoners

F 1-3 wings – 127 spaces for prisoners requiring substance misuse stabilisation

F4-5 wing – 66 spaces for vulnerable prisoners

G wing – 389 spaces, general remand and convicted prisoners

J wing – 64 space first night centre

Health care – 22 beds

Name of governor and date in post

Darren Hughes, August 2018

Independent Monitoring Board chair

Camilla Poulton

Date of last inspection

9 – 13 January 2017

About this inspection and report

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

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

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

Safety Prisoners, particularly the most vulnerable, are held safely.

Respect Prisoners are treated with respect for their human dignity.

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

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

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

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

practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

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

This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.² The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.³

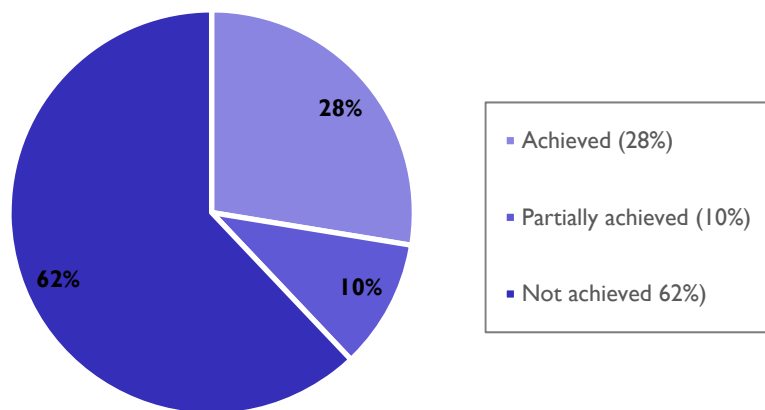
² <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

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

Summary

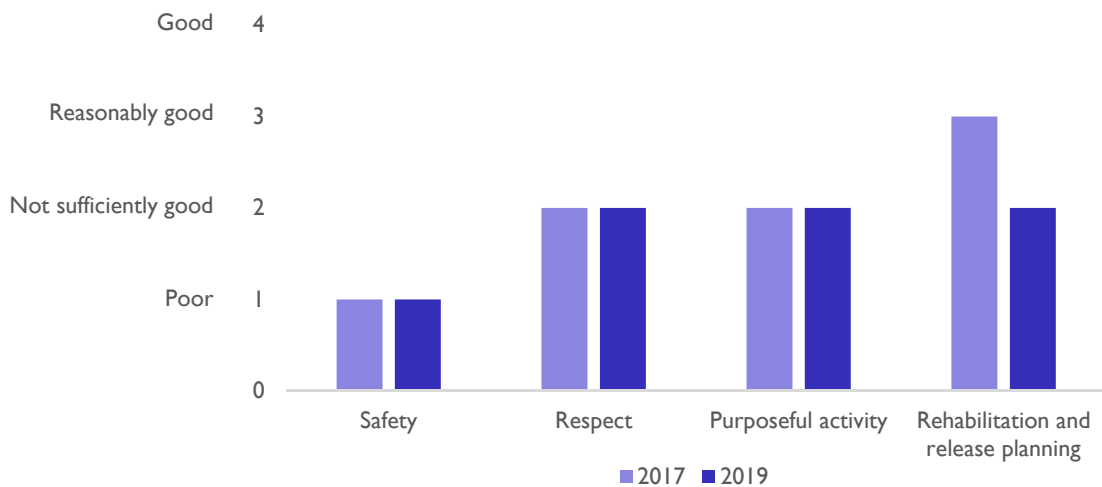
- S1 We last inspected HMP Pentonville in 2017 and made 58 recommendations overall. The prison fully accepted 45 of the recommendations and partially (or subject to resources) accepted 12. It rejected one of the recommendations.
- S2 At this follow-up inspection we found that the prison had achieved 16 of those recommendations, partially achieved six recommendations and not achieved 36 recommendations.

Figure 1: HMP Pentonville progress on recommendations from last inspection (n=58)



- S3 Since our last inspection outcomes for prisoners stayed the same in all healthy prison areas apart from rehabilitation and release planning which had declined. Outcomes were not sufficiently good in each healthy prison area, except for safety where outcomes were poor.

Figure 2: HMP Pentonville healthy prison outcomes 2017 and 2019⁴



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

Safety

- S4 *Risk assessment on arrival was reasonable, but first night cells were not always prepared and induction did not reach all prisoners. Violence was high and the management of violence reduction work was inadequate. Use of force was high and governance was very poor. The segregation regime had improved, but reintegration and care planning was underdeveloped and some cells were in a poor condition. The management of security was improving, but weaknesses remained; in particular, drug supply reduction work had taken too long to progress. There had been four self-inflicted deaths since the previous inspection. ACCT support processes remained weak and a large number of PPO recommendations had not been achieved. **Outcomes for prisoners against this healthy prison test were poor.***
- S5 *At the last inspection in 2017, we found that outcomes for prisoners were poor against this healthy prison test. We made 15 recommendations in the area of safety. At this inspection we found that one of the recommendations had been achieved, one had been partially achieved and 13 had not been achieved.*
- S6 Reception risk interviews by prison staff were comprehensive but not held in private. Telephone interpreting was not always used when needed. Health screening was good. Most new arrivals were offered peer support, but this was not systematic. First night processes ensured that basic needs were met but there were no specific first night checks and cells were sometimes dirty and ill equipped. Induction was adequate and conducted promptly when men were located on the induction wing. Those located elsewhere usually did not receive an induction and their secondary health screening was sometimes delayed.
- S7 About a third of prisoners in our survey said that they currently felt unsafe, which was similar to other prisons. Levels of violence had increased by over 50% since the previous inspection. Violence appeared to be driven by a combination of gang affiliations, drugs, debt and a higher proportion of relatively more volatile younger prisoners who received no specific support. The prison had yet to develop an effective strategic response to these concerns. Safer custody staffing was being increased but there was so far little evidence that this had affected outcomes. Data gathering and analysis that could have helped to understand and target problem areas remained inadequate. Violent incidents were not being investigated and no significant work was being done to manage perpetrators of violence and support victims. Structures to identify and support self-isolating prisoners were weak.
- S8 There were not enough incentives in the incentives and earned privileges scheme to encourage positive behaviour. Prisoners on the basic level did not have sufficiently individual targets and reviews were not always timely. A lack of data and analysis by the prison made it impossible to assess the effectiveness of the adjudication system.
- S9 Use of force had increased significantly since the previous inspection and was higher than comparator prisons. Management oversight was inadequate. There was no scrutiny by managers of use of force documentation or video footage. Use of force incidents were logged, but available data were not reviewed to identify trends or concerns. Video footage demonstrated generally proportionate force, but some learning points had not been identified or addressed. The number of incidents where batons had been drawn had increased and was high. The drawing of batons was not investigated to provide assurance of proportionality; our own examination of the two recorded cases of batons being used suggested that the actions taken were justified. There had been three recorded uses of special accommodation in the previous six months. Although justifications were defensible, prisoners remained in such conditions for too long.

- S10 While some prisoners were reluctant to leave the segregation unit as a result of concerns about their safety, the use of segregation was limited by the small size of the unit. It had eight habitable cells at the time of the inspection. Most cells were in need of repair and cells could remain out of use for long periods. The regime had improved, but prisoners still did not always receive daily exercise. There was some positive outreach support from other departments. Not all segregation review boards were multidisciplinary and daily segregation occurrence logs were poorly completed. Reintegration and care planning was underdeveloped. We observed staff dealing professionally with volatile prisoners. However, while relationships were polite, they were also distant and we saw little meaningful engagement.
- S11 The flow of security intelligence had improved significantly since the previous inspection, but there were still delays in subsequent actions. There was some good analysis and consideration of intelligence at security meetings and reasonable coverage of gang issues. There was a necessary focus on corruption prevention and several staff had recently been suspended or dismissed. At 29% over the previous six months, the mandatory drug testing random positive rate was high. Only 24% of the suspicion drug tests requested in the previous three months had been completed. There was no supply reduction strategy and, until shortly before the inspection, there had been no supply reduction meetings. Despite some improvements, there were ongoing weaknesses in physical security that had yet to be fully addressed, including window replacement and limited CCTV coverage. The recently obtained itemiser, a device which tests mail for illicit drugs, was not yet in use.
- S12 There had been four self-inflicted deaths and one from natural causes since the previous inspection. While nearly all Prisons and Probation Ombudsman recommendations relating to health care had been met, most of the other recommendations had not been achieved. There had been 360 incidents of self-harm in the previous six months, similar to comparator prisons. The ACCT⁵ process to support prisoners at risk of self-harm was generally managed poorly. Many documents did not demonstrate sufficiently individual care nor were care maps adequate. There was no continuity of case ownership and limited multidisciplinary involvement in case reviews.
- S13 Poor management of suicide and self-harm prevention work had only recently been addressed. Safer custody meetings had taken place only three times in the previous six months and data analysis was not used to identify appropriate actions. A comprehensive new local strategy to improve delivery of safer custody had yet to be implemented. There were enough trained Listeners⁶. However, there was some evidence that prisoners did not have sufficiently prompt access to them and there were not enough confidential Samaritans' telephones.

⁵ Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

⁶ Listeners are prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

Respect

S14 *Many prisoners reported that staff did not treat them with respect and there was not enough proactive management or care of prisoners. The prison was overcrowded, had suffered from under-investment and was in a generally poor physical state. Applications were not managed consistently well. The management of complaints was improving but not yet sufficiently good. Prisoner consultation was weak. Equality and diversity work had been neglected until recently. Not enough was done to understand and meet the needs of the large population of younger prisoners and those with disabilities. Work with the substantial population of foreign nationals was better than we usually see. Faith provision was very good. Health services were very good overall and mental health provision was particularly impressive. **Outcomes for prisoners against this healthy prison test were not sufficiently good.***

S15 *At the last inspection in 2017, we found that outcomes for prisoners were not sufficiently good against this healthy prison test. We made 19 recommendations in the area of respect. At this inspection we found that six of the recommendations had been achieved, three had been partially achieved and 10 had not been achieved.*

S16 Only 57% of prisoners said most staff treated them with respect, worse than at similar prisons. We received many reports of dismissive or unhelpful staff, and also observed poor prisoner behaviour going unchallenged, such as vaping on the landing. Over half the staff had been in post for less than a year. There had been reasonable efforts to support and train them, but they continued to need visible support and leadership. Staff-prisoner relationships were generally distant and, despite some good staff, there was evidence that aspects of staff culture were obstructing positive engagement with and care for prisoners. Not all prisoners had key workers but those who did had recently started receiving weekly or fortnightly keywork sessions. Keywork sessions were not sufficiently focused on progression.

S17 Living conditions were cramped and did not provide an adequate living environment for most prisoners. The majority of prisoners shared a cell designed for one. Most toilets were very dirty and screening was poor in many cells. Much of the accommodation was in poor condition, with many broken windows, observation panels and furniture, and most showers were mouldy and unhygienic. The infestation of cockroaches and mice was a serious problem affecting prisoners' well-being.

S18 Cleanliness in communal areas had improved but was still inadequate. The prison's decency programme was a positive attempt to improve living conditions through monitoring and usually small-scale improvements. However, the substantial and sustained investment required to achieve meaningful long-term change was not yet evident. Our survey and the establishment's own statistics showed that cell bells were often not responded to quickly enough.

S19 Only a quarter of prisoners in our survey said the food was good. Breakfast packs were meagre and still being given out the evening before. Meals were often served too early; inspectors observed service of an evening meal starting at 4pm on one wing. The prison had met DHL to address problems with the canteen system and prisoners now had improved access to goods.

S20 Applications were tracked by Insiders, but the system was not working well on about half the wings. Application log books on these wings showed significant gaps in responses. Only a fifth of prisoners in our survey thought complaints were dealt with fairly. Complaints in our sample were generally polite, but often not timely and too many did not address the

underlying issues. A review of complaints had recently taken place, but actions had not yet been implemented.

- S21 Consultation through the Prison Council had not been effective in recent months as a result of limited prisoner representation. Staff were seeking to reinvigorate the Council through new elections. Wing consultation was sporadic at best.
- S22 Equality and diversity work had been neglected in 2018, which was unacceptable. There had been no equality meetings, no consideration of equality data and little consultation with prisoners in most protected groups. Discrimination incident report forms often waited months for a response. The governor had taken personal responsibility for relaunching this work and there had been recent remedial action, but no evidence yet of improved outcomes.
- S23 Over half the prisoners identified as black and minority ethnic. In our survey, responses from these prisoners were mostly similar to white prisoners. However, it was a concern that only 47% of black and minority ethnic prisoners in our survey said that most staff treated them with respect compared with 74% of other prisoners. The prison's own equality monitoring data did not show consistent differential treatment of black and minority ethnic prisoners. Interpreting was not always used when needed, but there was better support for foreign national prisoners than we often see. Several specialist advice groups attended the prison.
- S24 Only 38% of Muslim prisoners in our survey said that most staff treated them with respect, compared with 63% of other prisoners. The prison had not investigated evidence of disproportionate treatment of Muslim prisoners under the incentives and earned privileges scheme. The physical layout of the prison was wholly unsuited to the needs of prisoners with mobility difficulties. Evacuation planning was inadequate. There was little dedicated support for older prisoners or for the large population of young prisoners aged 18 to 21.
- S25 The chaplaincy provided strong pastoral support. More than 100 key-trained volunteers were well used and properly managed. The chaplaincy convened a bereavement group and facilitated better access to bereavement counselling than we usually see.
- S26 There was sound governance of health care. Staffing levels and skills mix were sufficient, and there had been demonstrable learning from deaths in custody and regular sharing of health information between specialist teams at the well-being referral meetings. However, non-attendance rates for some clinics, especially the dentist and optician, were high at around a third. There was a reasonable focus on health promotion in individual care, but no prison-wide strategy to encourage well-being. The primary care and treatment of patients with long-term conditions were very good. Inpatient services had progressed with dedicated officer staffing, refurbished showers and new gym equipment in the exercise yard. Although planned changes were soon to be implemented, social care was unstructured and poorly monitored, creating potential safeguarding risks. There was a high level of mental health need. Impressive mental health services had been enhanced by the shared health well-being model and the enhanced support service⁷, but most patients waited too long for secure hospital beds. The fridges used to store temperature-sensitive medicines were not adequately managed. The governance and delivery of dental services had improved since the previous inspection and were good. Substance misuse services were very good, despite problems with access to space for group activities.

⁷ Prison staff and clinical psychologists offered the enhanced support service to 12 prisoners at any one time. ESS staff worked jointly to identify ways to help men to reduce their challenging behaviours such as violence and self-harm, and supported wing-based officers to implement the plans.

Purposeful activity

- S27 *The predictability of the regime had recently improved, but prisoners had too little time out of cell. The library provided a good service. Access to the gym was not good enough for most prisoners. Progress in improving learning and skills provision had been slow and vulnerable prisoners still had a very limited range of education. There were enough part-time activity places for all prisoners but, despite recent improvement, attendance remained poor. When they attended, prisoners behaved well. Teaching was mostly effective but poor in mathematics. Achievements were high on most courses. **Outcomes for prisoners against this healthy prison test were not sufficiently good.***
- S28 *At the last inspection in 2017, we found that outcomes for prisoners were not sufficiently good against this healthy prison test. We made 13 recommendations in the area of purposeful activity. At this inspection we found that four of the recommendations had been achieved, one had been partially achieved and eight had not been achieved.*
- S29 The reliability of the regime had improved in recent months and there was little evidence of regime slippage. However, during our roll checks, a third of prisoners were locked up during the working day. For many prisoners, access to outside exercise was poor, especially those newly arrived on the induction wing. Access to the library had improved but was still not adequate. However, it remained a welcoming and good resource to support learning. There was a wide range of programmes to encourage reading and higher learning. PE facilities were reasonable but access to the gym was inadequate for many, with only about a third using it according to the prison's figures.
- S30 The overall effectiveness of education, skills and work continued to require improvement. Quality improvement arrangements were effective for the Novus provision but did not extend to education and training delivered by prison staff. There were enough activity places for the population, although few of them were full time. The centrally-managed allocation process was effective. However, too few prisoners attended their allocated activities and actions to improve attendance had so far led to slow and limited improvements. Average attendance was still only around 55%. Managers had established productive relationships with a small number of employers. Managers had improved the education provision for vulnerable prisoners, but it was still limited to English and mathematics.
- S31 Tutors provided effective and well-planned teaching and learning on most courses, but mathematics teaching was weak. Tutors did not always correct errors made in spelling and grammar, nor did they provide prisoners with enough feedback to help them improve their work. Too many targets set by tutors in individual learning plans were not helpful enough in supporting prisoners to make progress. Tutors successfully integrated mathematics with vocational training courses. Peer mentors were generally used well to support prisoners during learning sessions. However, the large number of prisoners with specific additional learning needs (about 75% of those who achieved qualifications in the academic year 2018 to 2019) did not receive specialist help to support their progress.
- S32 Most prisoners were motivated, engaged well in activities and were respectful to each other and members of prison staff and visitors. Most prisoners enjoyed participating in purposeful activities, but attendance was too low. Careers information, advice and guidance was poorly coordinated.
- S33 Prisoners' achievements of qualifications were high on most courses, with no significant disparities between different groups. Achievement on level I English and mathematics

courses was low. There was no pre-release course and managers did not collect data on prisoners' work, education or training outcomes following their release.

Rehabilitation and release planning

S34 *Family support work was limited and there were significant shortcomings in visits provision. The strategic management of rehabilitation work was weak and joint working between departments was poor at the time of the inspection. Most eligible prisoners did not have an up-to-date assessment of risk and needs. Offender management work was too reactive and little work was undertaken throughout the sentence. Public protection procedures were reasonable overall, but the lack of multidisciplinary risk management had led to some very poor decision-making. The community rehabilitation company (CRC) was not yet sufficiently established or effective. Some good work was done to help prisoners with housing needs but there were no comprehensive statistics on the number of men released without accommodation. **Outcomes for prisoners against this healthy prison test were not sufficiently good.***

S35 *At the last inspection in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this inspection we found that five of the recommendations had been achieved, one had been partially achieved and five had not been achieved.*

S36 The overall visits experience was not sufficiently positive or welcoming. The visits hall was adequate but shabby, and the refreshment facilities were not fit for purpose. Not all supervising prison staff put visitors at their ease. Visits very often started late and there was not enough provision for children.

S37 PACT (Prison and Advice Care Trust) delivered individual family interventions and courses to help prisoners strengthen family ties, but this work reached a relatively small number of prisoners. PACT also delivered good support through a family engagement worker and volunteers, although much of this work was undertaken in a small and dilapidated visitors' centre. The range of family days was good. The handling of mail was adequate, but many payphones were out of order.

S38 Strategic management of rehabilitation work was weak. Although the reducing reoffending strategy was informed by a needs analysis and was specific to Pentonville, there was no action plan to monitor and drive progress. Strategic meetings were also hampered by poor attendance from other departments and partnership agencies. Communication and integration between the probation team, CRC and offender management unit (OMU) were hampered by changing staffing and the fact that the different agencies were located in different parts of the prison.

S39 Little offender management work was taking place. It was positive that high-risk and indeterminate prisoners were now supervised by a probation officer and officer offender supervisors now received sufficient management oversight. However, offender supervisor contact with prisoners was largely reactive and not all eligible prisoners were promptly allocated a supervisor because of resource issues. There was some good work by psychologists to assess the needs of post-tariff IPP prisoners (indeterminate sentence for public protection).

S40 More than half the eligible prisoners did not have an up-to-date assessment of their risk and needs and were transferred out of Pentonville without an OASys. This had a direct impact on the ability to identify the most appropriate progressive move.

- S41 Too many category C prisoners remained in Pentonville. There was limited evidence of systematic action to ensure prompt re-categorisation and transfers, although the prison had also struggled to transfer prisoners because of a lack of spaces elsewhere.
- S42 Approximately 20% of the total population – or 30% of those sentenced – were assessed as presenting a high or very high risk of serious harm to others. Overall public protection arrangements were reasonably good. However, while regular interdepartmental risk management meetings took place, they were poorly attended by departments other than the OMU. This affected the sharing of important risk information and we found one case where this had resulted in a poor decision, which was not identified or challenged. Mail and telephone monitoring arrangements were generally well managed.
- S43 Not enough one-to-one or group work was provided to help prisoners address their offending behaviour. Accommodation support was reasonably good. There was a high demand for help with accommodation and the CRC referred prisoners to the charity St Mungo's, which worked full time in the prison to provide homelessness and tenancy support. The number of prisoners released homeless or without sustainable accommodation was not monitored well enough, making it difficult to assess whether the provision was adequate.
- S44 Support with finances was good. The CRC referred prisoners to an in-house Jobcentre Plus worker and also helped prisoners with court fines and bank account applications.
- S45 Work with care leavers was weak. In the previous six months, the CRC had identified 68 care leavers during their initial assessments and nearly 10% of the population was under 21. Although care leavers were getting some support, there was no policy or strategy to work with them systematically.
- S46 The demand for resettlement services was very high, with about 100 prisoners released each month. Most prisoners only stayed at Pentonville for six months or less. The CRC did not provide resettlement support for all prisoners who needed it because of staffing shortfalls, although this was starting to improve. While nearly 80% of initial assessments were completed on arrival and resettlement needs identified, nearly a third of prisoners did not have their plans reviewed before release.

Main concerns and recommendations

- S47 **Concern:** Levels of violence had increased significantly since our last inspection. The strategic management of violence was weak. Investigations were currently not being completed and a case management approach to managing perpetrators of violence and supporting victims was yet to be introduced.

Recommendation: A suitably resourced safer custody team should work proactively and collaboratively with other departments in the prison to reduce levels of violence. This violence reduction work should include prompt investigations into incidents of violence and suitable interventions to manage perpetrators and support victims.

S48 **Concern:** We found a concerning lack of rigour and management scrutiny across violence reduction work, segregation, adjudications and use of force. A lack of adequate data collection and analysis was symptomatic of this failure of process and meant that managers lacked the necessary information to assess effectiveness of practice, identify opportunities for improvement or address weaknesses.

Recommendation: Managers should ensure that regular and effective scrutiny is undertaken of key safety processes, including violence reduction, segregation, adjudications and use of force. This should be underpinned by the review of routinely collected reliable and comprehensive data.

S49 **Concern:** Use of force had increased significantly since our last inspection and was higher than comparator prisons. Managerial oversight was inadequate, with no routine scrutiny of use of force documentation or video footage. Batons had been drawn 14 times and the use of batons was not investigated.

Recommendation: Use of force should be accountable. Use of force documentation, video footage and incidents involving use of batons should be routinely reviewed and lessons learned; this should be overseen by regular and well attended use of force meetings.

S50 **Concern:** There had been four self-inflicted deaths and one death from natural causes since the previous inspection. As at the last inspection, Prisons and Probation Ombudsman (PPO) recommendations were not systematically implemented.

Recommendation: Prisons and Probation Ombudsman recommendations should be fully implemented and subject to continuing and repeated reinforcement.

S51 **Concern:** The management of ACCTs remained poor, with limited multidisciplinary involvement in reviews and inconsistent case management. Quality assurance was weak.

Recommendation: Robust management of ACCTs should include consistent case managers who take ownership of cases and provide continuity of care, multidisciplinary reviews and a robust quality assurance process.

S52 **Concern:** Drug availability was high and 29% of prisoners had tested positive in random drug tests in the last six months. The strategic management of supply reduction was poor. Until shortly before the inspection, there had been no supply reduction meetings and there was no extant supply reduction strategy. Most requested suspicion drug tests were not completed.

Recommendation: The prison should implement a supply reduction strategy, which is overseen by a multidisciplinary team at regular meetings. Action planning should ensure that all facets of the strategy, such as intelligence-led drugs testing, are carried out efficiently.

S53 **Concern:** There were ongoing weaknesses in physical security which had been identified at our last inspection. There was slow progress in securing cell windows, many of which were broken, and most wings still did not have CCTV coverage.

Recommendation: Physical security should be enhanced through the prompt replacement of windows and installation of CCTV coverage where necessary.

S54 **Concern:** In our survey, only 57% of prisoners said they were treated with respect by staff. We received many reports of dismissive or unhelpful staff and observed poor prisoner behaviour going unchallenged. There was evidence that aspects of staff culture were obstructing positive engagement with and care for prisoners.

Recommendation: Managers should ensure that staff behave respectfully towards prisoners, actively supporting them and challenging poor behaviour, in line with the principles of a rehabilitative culture.

S55 **Concern:** Living conditions were cramped and did not provide an adequate living environment for most prisoners. The majority of prisoners shared a cell designed for one. Most toilets were very dirty and screening was usually poor. Pest infestation was an ongoing problem.

Recommendation: Cells should provide decent and hygienic conditions, including properly screened toilets and sufficient space for each occupant.

S56 **Concern:** Equality and diversity work had been neglected in 2018. There had been no equality meetings, no monitoring of equality data and little consultation with prisoners in most protected groups. Discrimination incident reports often waited months for a response.

Recommendation: The new equality strategy should cover all protected groups and be overseen by regular equality meetings to ensure effective implementation. It should include actions in relation to effective consultation, analysis of monitoring data and prompt response to diversity complaints.

S57 **Concern:** The problems of ensuring that patients attended for primary care, specialist clinics, mental health care, substance misuse care and dental clinics remained unresolved since 2017. There was still no secure storage for patients with in-possession medicines and no prison-wide strategy for health and well-being, despite the good efforts of several departments to contribute to well-being and health. While there was some evidence of starting to address a few issues, the response had been inadequate.

Recommendation: The prison health care local delivery board should ensure that assertive action is taken to enable access to health care, safe storage of in-possession medicines, and a prison-wide strategy for health and well-being.

S58 **Concern:** There were too few full-time activity places and attendance at allocation activities was poor. During our roll checks a third of prisoners were locked up during the working day. Access to outside exercise, PE and association was not good enough for many prisoners.

Recommendation: Managers should ensure that all prisoners have the opportunity to participate in a full and purposeful regime and are encouraged to attend activities.

S59 **Concern:** Prison education and training quality improvement arrangements were ineffective.

Recommendation: Prison-wide quality assurance processes should be developed to ensure an effective approach by prison managers to self-evaluation and planning for improvement across all education, skills and work.

S60 **Concern:** The strategic management of reducing re-offending and public protection was weak. There was poor attendance at strategic meetings and no action plan to drive and monitor progress. This resulted in poor communication and the inability to share important risk information and concerns thoroughly.

Recommendation: All relevant departments and agencies should play a full part in strategic and risk management work, including relevant meetings.

S61 **Concern:** Over half the eligible population did not have an up-to-date assessment of their risk and needs and the prison had no plan to address the problem. This had resulted in most prisoners being transferred out of Pentonville without a sentence plan to inform the move and aid progression.

Recommendation: All prisoners should have an up-to-date OASys assessment.

S62 **Concern:** Too many prisoners were left without an initial resettlement plan and even more did not have their plan reviewed before release. This affected prisoners' ability to access interventions and support. Those who did have a resettlement plan generally had a good level of support, but the CRC had poor oversight of its release responsibilities and knowledge of practical release arrangements.

Recommendation: The CRC should ensure that all eligible prisoners receive an initial resettlement plan which is reviewed before their release.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

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

- 1.1 Over the previous six months, an average of 33 prisoners a week had been received and there was an average of 113 movements to courts. Most journey times were short and escort vans that we inspected were clean and well equipped with first aid kit, ligature knives and water.
- 1.2 Person escort records (PERs) were checked by reception staff and risk factors were identified before prisoners were taken off vans. Most PERs that we saw were adequate. Prisoners alighted from vans swiftly and were not handcuffed. They were held briefly in a large holding room containing noticeboards with relevant information, although this was only in English.
- 1.3 The reception area was reasonably welcoming. We observed prisoners being processed efficiently and courteously through the booking-in process which included questions about welfare concerns.
- 1.4 Prison staff conducted comprehensive risk interviews, but they were not held in private. Health screening was prompt. Reception processes helped to identify potentially vulnerable individuals and a third of all ACCTs⁸ were opened in reception. Telephone interpreting services were not always used when required.
- 1.5 The reception process could be lengthy, taking a minimum of three hours during the inspection. However, hot food, showers and a free telephone call were offered, although the call could not be made in private. Peer support was usually available. The main holding room was reasonably welcoming. All new prisoners met an offender supervisor who attended the reception process.
- 1.6 Too often prisoners arrived without all their property. In our survey, 32% of prisoners said that their property had been lost against the comparator of 21%. A contributing factor was a limit placed by Serco⁹ on the number of property bags that could accompany each prisoner.
- 1.7 The use of video link was being monitored and it was used on average 143 times a month. This was a reduction from the last inspection (188) but the population had also decreased since then.
- 1.8 First night cells were sometimes dirty and ill equipped. Most prisoners who had previous experience of prison were placed directly on to a residential or substance misuse wing and did not receive induction. They also experienced delays in being offered the second health screening. There were no specific first night checks.

⁸ Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

⁹ Serco Prisoner Escorting and Custody Services deliver the Prison Escort Contract (PECS) in London and East of England.

- I.9** A three-day induction started promptly the day after arrival with a comprehensive presentation delivered jointly by an officer and a peer supporter. Prisoners were also provided with a comprehensive induction booklet, although these were only in English and not suitable for those with limited reading skills.

Recommendation

- I.10 First night cells should be clean and well equipped.**

Managing behaviour

Expected outcomes:

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

Encouraging positive behaviour

- I.11** Violence had increased by approximately 56% since our last inspection (adjusted for the lower population), although this was broadly similar to comparable prisons. During the previous six months, 264 assaults on staff and prisoners and 61 fights had taken place, compared with 196 and 65 respectively at the previous inspection. In our survey, 31% of prisoners said they felt unsafe at the time of our inspection and 65% said they had felt unsafe at some time.
- I.12** The management of violence reduction work was inadequate and the department was under-resourced. There were plans to address this deficiency and improve strategic oversight, including a recently published safer strategy and action plan. There was so far little evidence that this had affected outcomes (see main recommendation S39).
- I.13** Safer custody meetings had not been held regularly and those that had taken place were not fit for purpose. A new monthly good order and safety meeting had recently been introduced and was well attended. This was promising but the levels of data collection and analysis were inadequate.
- I.14** Much of the violence was believed by the prison to be caused by gang culture, illicit drug use, associated debt and the presence of more volatile younger prisoners. However, limited work had been done to improve understanding of these factors and to introduce appropriate interventions. For example, there was no debt management policy or bespoke strategy on reducing violence within the young prisoner group.
- I.15** Investigations into violent incidents had not taken place for about three months. Records of earlier investigations described the incidents but indicated limited actions. The CSIP¹⁰ system had not yet been introduced and there was an over-reliance on disciplinary procedures and

¹⁰ Challenge, support and intervention plan (CSIP) is the national violence reduction case management model that has been mandated for use across the adult prison estate. It focuses on those who pose a raised risk of being violent and works to challenge those behaviours and support individuals towards positive change. This is achieved by working with the individual to identify the reasons behind their behaviour and create a plan to address the root causes, and facilitate positive change to help prevent an ongoing circle of violence.

the incentives and earned privileges (IEP) scheme. The perpetrators of violence were not monitored and there were no victim support plans.

- I.16** Wing moves were the main actions taken. However, useful work with gangs was being undertaken by Catch 22 (see paragraph I.42). A multidisciplinary service, locally referred to as enhanced support services (ESS) (see paragraph 2.72), was also working with a small caseload of prisoners who found it difficult to engage with the standard regime.
- I.17** Prisoner conflict resolution representatives were in place, known as mediators. More were required, but those we spoke to were enthusiastic and felt well supported and trusted by staff. Prisoner and staff safety surveys had taken place about six months before our inspection, but it was unclear what actions had been generated.
- I.18** Prisoners who were vulnerable because of their offence or other factors were accommodated on part of F wing. All prisoners whom we spoke to said they felt safe. Their range of work opportunities was limited. Only one prisoner was self-isolating at the time of the inspection, which we found surprising given the levels of violence and gang problems. Structures to identify and support such prisoners were weak.
- I.19** The IEP policy was under review. The current scheme offered few incentives to promote positive behaviour, although some evening association and gym had been introduced for enhanced prisoners. The basic regime was used extensively to remove privileges from prisoners who had been involved in a single serious incident.
- I.20** We examined electronic case notes which contained predominantly negative comments on prisoners' behaviour. IEP reviews were conducted late, often lacked detail and contained few meaningful targets. Insufficient management checks were taking place.

Recommendation

- I.21** **There should be clear structures and mechanisms to identify, manage and support the reintegration of prisoners who choose to self-isolate.**

Adjudications

- I.22** Many adjudications related to violence, threatening behaviour and possession of unauthorised articles. However, data were not up to date or reliable and it was difficult to identify whether the adjudication system was being used effectively to tackle serious poor behaviour and non-compliance with prison rules. There had been no adjudication standardisation meetings since August 2018 and minutes indicated only superficial data collection and analysis. There had been about 2,000 adjudications in the previous six months, more than similar prisons but less than at our previous inspection.
- I.23** At the time of the inspection, 240 adjudications were outstanding, 77 of these for the independent adjudicator. There was the potential for this number to become unmanageable and undermine the process if not addressed. Some adjudication records demonstrated a lack of enquiry and unnecessarily lengthy delays between adjourned hearings, and conduct reports were not routinely provided.
- I.24** An independent adjudicator attended each week to hear some of the more serious charges, with about 40 cases scheduled for one session. The adjudicator indicated to us that charges were generally appropriately referred, although we observed some being dismissed because of procedural deficiencies and errors. There was no quality assurance of adjudications.

Recommendation

- I.25** Adjudications should be completed thoroughly, fairly and with no unnecessary delay.

Use of force

- I.26** Force had been used on 419 occasions in the last six months, which was significantly more than our last inspection and similar prisons. Management oversight was inadequate.
- I.27** All use of force was now logged on a spreadsheet which, although not always complete, contained useful information. However, neither the spreadsheet nor documentation was routinely scrutinised to identify trends or concerns. Use of force meetings had only been re-established in March 2019.
- I.28** It was not possible to ascertain the extent of incomplete paperwork. The available documentation was generally adequate, but some statements lacked detail and were difficult to read because of poor handwriting.
- I.29** Recordings of planned incidents involving force were not routinely examined, although those that we reviewed indicated that use of force was proportionate. However, we had concerns about some practices such as unprofessional language and unjustified use of fire-retardant hoods, which resembled balaclavas.
- I.30** Batons had been drawn by staff on 14 occasions in the previous six months, which was high (see main recommendation S49). There were inconsistencies in documentation and recorded data. We found two sets of paperwork, which indicated justification for the batons being drawn, but lacked detail. There was no investigation or review of baton incidents to learn lessons.
- I.31** Special accommodation had been used three times in the previous six months, considerably less than at our last inspection. This was justified in all cases, although the average time prisoners spent in special accommodation was high at 14 hours.

Segregation

- I.32** The segregation unit was small for the size of the prison with only 12 cells, one of which was a double cell. Only eight cells were available for use at the time of inspection. Staff told us that it was usually full but there were no data to confirm this. Few prisoners were officially held on the unit for their own protection, although some prisoners refused to return to normal location for fear of their safety.
- I.33** Communal areas on the unit were reasonably clean. Cells contained graffiti and had stained and dirty toilets with no lids. Many cells needed maintenance, the level of which determined if the cell remained in use. Some cells had not been used for some time awaiting repairs, one for more than six months. We noted a faulty emergency cell bell that rang continuously over several days, and an incident on an upper landing had caused water to pool on the segregation unit landing.
- I.34** The regime had improved since our last inspection, but prisoners still did not have daily access to exercise and meals continued to be served at cell doors. However, departments such as the library, education, Catch 22 and ESS visited the unit regularly and delivered good outreach work.

- I.35** Formal segregation reviews held on Thursdays were well organised and multidisciplinary. However, on other days reviews were limited, with occasionally just a senior manager and the prisoner present. This was poor practice. Daily records were poorly completed and reintegration and care planning was underdeveloped.
- I.36** Staff spoke politely to prisoners and we observed staff dealing professionally with very volatile prisoners. However, we observed little meaningful engagement and staff-prisoner relationships remained distant and limited.
- I.37** Unlocking arrangements on the unit were proportionate. We were told that appropriately risk-assessed prisoners could exercise together, which was good. The exercise yard was comparatively large but bare apart from some seating.¹¹

Recommendation

- I.38 Segregation review boards should always be multidisciplinary and should focus on care and reintegration planning.**

Security

Expected outcomes:

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

- I.39** The flow of security intelligence had improved significantly since the previous inspection with 6,650 intelligence reports compared with 4,231 in 2017. Good work had been done to improve the quality of intelligence reporting. However, 116 intelligence reports had not been acted on for more than a month and only 24% of suspicion drug tests requested by the security department had been completed.
- I.40** The governor attended the monthly security meetings but attendance by some senior staff was inadequate. Analysis and consideration of intelligence at these meetings were good, with appropriate actions. However, some items were repeatedly carried over. Information presented to the meeting was now very detailed with the improved flow of intelligence but there was not enough focus on strategic work.
- I.41** Residential intelligence meetings were held each week, at which security and residential managers discussed intelligence on specific prisoners. The meeting that we observed was constructive, although it was clear that some work was undermined by poor management of prisoners by some residential staff.
- I.42** Gang affiliation presented significant challenges. It was covered reasonably well at security meetings and the flow of intelligence was good. Catch 22 made a useful, developing contribution.
- I.43** There was a necessary focus on corruption prevention and several staff had recently been suspended or dismissed. The flow of intelligence on prisoners with extremist ideologies was

¹¹ 'Solitary confinement' is when detainees are confined alone for 22 hours or more a day without meaningful human contact (United Nations Standard Minimum Rules for the treatment of prisoners. Rule 44).

reasonable. A monthly multi-agency meeting to manage such prisoners was attended by the Muslim chaplain.

- I.44** Drug availability was high and, in our survey, 45% of prisoners said it was very/quite easy to get illicit drugs. In the previous six months, 29% of prisoners had tested positive in random drug tests, almost half of these relating to NPS¹² use. Cannabis was otherwise the most popular drug in use.
- I.45** The strategic management of supply reduction was poor. No supply reduction meetings had been held until shortly before the inspection and there was no supply reduction strategy. Most suspicion drug tests that were requested were not completed (see paragraph I.39 and main recommendation S52).
- I.46** In our survey, 24% of prisoners said it was very/quite easy to get alcohol in Pentonville. However, there were few finds of alcohol in searches, which needed investigation.
- I.47** More security netting had been installed, but weaknesses in physical security, identified at our last inspection, remained. Progress was slow in securing cell windows, many of which were broken, and most wings still did not have CCTV coverage. The recently obtained itemiser, a device which tests mail for illicit drugs, was not yet in use (see main recommendation S53).
- I.48** Staff routinely strip-searched all prisoners entering or leaving the prison and new arrivals in the segregation unit. This was excessive and did not reflect the prison policy.
- I.49** Prisoners were placed on closed visits for justifiable reasons. Risk assessment for use of restraints on escort was reasonable and the lower risk level of prisoners with mobility difficulties was considered. However, health care staff were not always consulted on the appropriateness of restraints.

Recommendation

- I.50 Security intelligence should be acted on promptly.**

Safeguarding

Expected outcomes:

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

Suicide and self-harm prevention

- I.51** There had been four self-inflicted deaths and one death from natural causes since our last inspection. Recommendations from the Prisons and Probation Ombudsman reports had not been fully implemented and the action plan to implement recommendations was not up to

¹² NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices.

date. Two near-miss investigations had been conducted since the last inspection and lessons to be learned had been identified (see main recommendation S50).

- I.52** There had been 316 incidents of self-harm in the previous six months, similar to comparator prisons. Over the same period, 400 prisoners had been subject to ACCT processes. Although case reviews were timely, there was no continuity of case management, multidisciplinary involvement was limited and care maps were too often general or incomplete. Quality assurance was good but not systematic (see main recommendation S51).
- I.53** Despite 97% of prison officers being trained in self-harm and suicide awareness, most prisoners on ACCTs whom we spoke to told us they did not feel supported by staff. Staff we spoke to did not always know how to open an ACCT, nor did they fully understand the range of possible triggers.
- I.54** The safer custody team was being restructured and was not adequately resourced at the time of the inspection. Safer custody meetings (recently renamed good order or discipline and security meetings) had taken place only three times in the previous six months. Data discussed at the meetings were not analysed to identify actions and inform strategy. In an effort to improve safer custody work, a new safety strategy and action plan had been developed but the actions identified were not sufficiently specific or measurable.
- I.55** Constant supervision had been used 17 times in the previous six months involving 13 prisoners. We observed prisoners who were allowed to keep personal items in their cells and there was multi-agency involvement in their care.
- I.56** There were sufficient trained Listeners¹³ and, in our survey, 41% of prisoners said it was very or quite easy to speak to a Listener. However, Listeners did not always have access to prisoners who wished to speak to them, especially at night. There were still not enough Samaritans telephones and a number of staff we spoke to did not know of the phones or were not sure where to find them.

Protection of adults at risk¹⁴

- I.57** Arrangements for safeguarding prisoners at risk had progressed a little since the last inspection. A member of the senior leadership team now sat on the local safeguarding board and good links were being developed. Although no formal adult at risk referral had been made, the prison had recently worked closely with an external adult safeguarding board to provide support for a prisoner at risk. Staff awareness of safeguarding arrangements remained poor and an awareness-raising campaign was planned.

¹³ Listeners are prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

¹⁴ Safeguarding duties apply to an adult who:

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

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1** In our survey, only 57% of prisoners said they felt treated with respect against the comparator of 68%. Many of the interactions that we observed appeared perfunctory and distant, exemplified by staff addressing prisoners only by their surname (see main recommendation S54). Managers told us of previous incidents of bullying and intimidation by staff, which was reflected in our survey where 35% of prisoners said they had experienced threats or intimidation against the comparator of 25%. We witnessed poor prisoner behaviour which was not challenged, such as prisoners vaping on the landing in clear sight of officers.
- 2.2** We received many reports of dismissive or unhelpful staff. Some aspects of staff culture were obstructing positive engagement with and care for prisoners. Many prisoners said that staff struggled to inform them about basic processes, increasing their frustration. Over half the staff had less than 12 months' experience, and additional training and mentoring had been put in place for them.
- 2.3** In our survey, 74% of prisoners said they had a personal officer, substantially more than the comparator of 56%. Only 34% said that a member of staff had talked to them in the past week about how they were getting on, although this was an improvement from 21% in 2017. At the time of the inspection, nearly 900 men had a keyworker assigned to them, who met them weekly or fortnightly. The interactions with keyworkers¹⁵ that we witnessed, and the case notes we examined, indicated that more emphasis was required from officers on prisoner progression (see paragraph 4.10).

Daily life

Expected outcomes:

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

Living conditions

- 2.4** Almost all cells originally designed for one were now shared by two people. The living conditions were cramped, toilets were dirty and privacy screening was poor. Many cells

¹⁵ Introduced under the new offender management model, 'key workers' are prison officers who are given dedicated time to spend with a small number of allocated prisoners each week. The intention is for them to support and encourage prisoners to engage with rehabilitative work, such as education and substance misuse interventions, and progress through sentence.

were in poor condition with windows and observation panels broken (see main recommendation S53), and much of the furniture was in a poor state. We saw many cells with longstanding plumbing and electrical problems.

- 2.5** In our survey, only 17% of prisoners said their first night cell was clean, and only 33% said that they could get cleaning materials every week, against respective comparators of 29% and 49%. Only half said they could shower each day (comparator 78%).
- 2.6** Prisoners complained of infestations of cockroaches and mice. The visits of pest control specialists had doubled but appeared to have made little difference (see main recommendation S55).
- 2.7** Communal areas were a little cleaner and brighter than the cells, and many areas had recently been freshly painted. However, the showers on most wings were mouldy and unhygienic. One of the exercise yards had been refurbished to a good standard.
- 2.8** A 'decency and respect' programme had been introduced in recognition of the effect that poor living conditions had on prisoners' well-being. This included regular monitoring of the living conditions on all wings, and deployment of cleaning and maintenance teams to address the worst areas. A small number of cells were being taken out of use each week to be completely refurbished, before being put back in use as the next set of cells was taken out. The government maintenance contractor GFSL had been made more accountable, and there had been some improvements in the timing and quality of maintenance jobs. Significant investment had been made for the complete refurbishment of the fifth floor of G wing, but other capital bids had been rejected, for example to refurbish shower areas.
- 2.9** Too many cell bells were not answered within the required five minutes. Prisoners told us that it always took a long time, sometimes up to an hour. Prison records showed that 33% were not answered in five minutes, but we heard many cell bells ringing for longer than that.

Recommendations

- 2.10 Showers should be clean and hygienic.**
- 2.11 Cell bells should be answered within five minutes.** (Repeated recommendation 2.9)

Residential services

- 2.12** Many prisoners told inspectors that the food was poor and, in our survey, three-quarters of prisoners said the food was bad or very bad. The small breakfast packs were still being handed out the evening before. The evening meal was scheduled from 5.15 to 6.30pm, but could be served much earlier, sometimes as early as 4pm.
- 2.13** Prisoners now had reasonable access to goods through the prison canteen system, and our survey showed a marked improvement since the last inspection. The range of goods had been enhanced, and the prison had worked hard with the supplier, DHL, to improve the process. However, prisoners were not receiving timely refunds for out-of-stock items.

Recommendation

- 2.14 Breakfast should be served on the morning it is eaten, lunch not before noon and the evening meal not before 5pm.** (Repeated recommendation 2.78)

Prisoner consultation, applications and redress

- 2.15** Our survey showed that 60% of prisoners thought it was easy to make an application. Wing Insiders¹⁶ helped prisoners to make applications and forwarded them to the relevant department on the prisoner's behalf. They logged each application and chased the response. This worked well on some wings but less so on others, depending on the efficiency of the individual Insider. On some wings, the applications log book had significant gaps.
- 2.16** The complaints system was not well regarded by prisoners and only 19% in our survey said that complaints were dealt with fairly. In the sample of complaints that we examined, responses were polite but too often late and not focused on the main issue. An independent review of the complaints system had been carried out shortly before the inspection and a number of recommendations had been made, including regular quality assurance and typed responses which had just been implemented at the time of inspection.
- 2.17** Prisoner consultation was less effective than at our last inspection. Over recent months, Prison Council meetings had been poorly attended by prisoners and it was unclear from the minutes whether many issues had been followed through to complete resolution. User Voice, the external body which facilitated the consultation system, told us that prisoner elections were imminent which would provide the opportunity to reinvigorate the process. Some intermittent prisoner consultation took place on wings, notably on G and C/D wings, but on other wings there was no consultation.
- 2.18** The library held a decent stock of legal books to help prisoners with their cases. We spoke to solicitors using the legal visits facility who said that access to the prison was reasonable and comparable to other London prisons. Booking a legal visit was straightforward on-line or by telephone and a reasonable number of slots were usually available. However, solicitors said that prisoners were often brought to the meeting late. The prison told us that delays were caused by gang affiliations which prevented them from putting certain prisoners in the same holding room.
- 2.19** Support for bail accommodation had further deteriorated. The Bail Accommodation and Support Service was no longer promoted in the prison because so few places were available.

Recommendation

- 2.20 Prisoners who need it should have access to bail information and support.**

¹⁶ Insiders are prisoners who introduce new arrivals to prison life.

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics¹⁷ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.21** Equality and diversity work had been neglected throughout 2018, which was unacceptable (see main recommendation S56). There had been no equality meetings and little consultation with prisoners in most groups. There had been no scrutiny of monitoring data on the treatment of prisoners in protected groups. Our analysis of data showed that some significant concerns had not been identified and addressed. An equality officer was in post throughout this period, but routine redeployment severely undermined the effectiveness of the role. There were no trained prisoner equality representatives. Discrimination incident report forms (DIRFs) were not freely available on wings. Only 25 had been submitted in the previous six months and it often took months for a response to be made.
- 2.22** The governor had taken personal responsibility for relaunching this work. He had commissioned an HMPPS review into provision and an action plan had been put in place to address deficiencies. The equality officer was no longer redeployed to other activities and senior managers had been appointed as protected characteristic leads. An equality meeting programme had been implemented. These initiatives had been taken recently and there was no evidence yet of improved outcomes.

Protected characteristics

- 2.23** Prison records showed that 57% of prisoners were from a black and minority ethnic group at the time of the inspection. In our survey, responses from these prisoners were similar to those of white prisoners to most questions, including safety, although only 47% said that most staff treated them with respect, compared with 74% of white prisoners. Equality monitoring data showed no evidence of consistently disproportionate treatment of prisoners in this group.
- 2.24** In our survey, 5% of prisoners said they were from a Gypsy/Roma/Traveller community, which suggested a population of about 54 prisoners, while prison records showed only 12. There was no evidence of disproportionate treatment of prisoners in this group. No support group had been held in the last year, but a representative from the Irish chaplaincy visited each month to provide individual support to prisoners.
- 2.25** There were 277 foreign national prisoners at the time of the inspection. They responded similarly to other prisoners in our survey on their treatment and conditions. There was better support for this group than we often see, including a monthly workshop, where prisoners could meet on-site immigration staff and representatives from specialist advice groups, Bail for Immigration Detainees (BID), Detention Action and Kent Refugee Help. A representative from the BID deportation project also attended regularly.

¹⁷ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.26** However, little translated information was available for prisoners who did not speak English. The prison kept no record of the use of the professional telephone interpreting service. We were told that there had been a recent improvement in use by wing staff, but we identified a number of cases where professional interpreting had been necessary but not used.
- 2.27** Twenty-four detainees were held under immigration powers. These prisoners could still be given as little as 24 hours' notice that they were going to be detained, which was unacceptable. Four detainees had been held for more than six months past their sentence. The Home Office did not share information with the prison on detainees assessed to be at risk in detention and prison staff had poor understanding of Home Office policy on these detainees.
- 2.28** Prison records showed that 31% of prisoners were Muslim. Our survey showed poor results from Muslim prisoners about staff-prisoner relationships; only 38% of Muslim prisoners said that most staff treated them with respect compared with 63% of other prisoners. The absence of consultation with Muslim prisoners left the prison poorly placed to understand our survey responses. Evidence of disproportionate treatment of Muslim prisoners under the incentives and earned privileges scheme over two successive quarterly reporting periods had not been investigated.
- 2.29** In our survey, 33% of prisoners considered themselves to have a disability, suggesting a population of about 356. Prison records showed 168 such prisoners, although records were incomplete and there was no information on whether 299 prisoners had a disability.
- 2.30** Prisoners with disabilities reported similar treatment and conditions to other prisoners in our survey. However, only 30% of prisoners who said they had a disability said they received the help they needed. The physical layout of the prison was wholly unsuited to meet the needs of prisoners with mobility difficulties. Some could not access outside exercise areas, the library or education and we found prisoners unfit for work locked in their cells during the core day.
- 2.31** Evacuation planning was inadequate. Staff, including those on night duty, could not explain evacuation arrangements for prisoners with very significant disabilities, including a bed-ridden man receiving social care. Arrangements for the provision of paid carers were poorly supervised and not all prisoners who needed such help received it.
- 2.32** Older prisoners were significantly more positive than other prisoners in our survey. There was a dedicated gym session for these men, but otherwise little provision.
- 2.33** There was little dedicated support for the large population of 94 young prisoners aged 18 to 21. In our survey, only 5% of prisoners under the age of 22 said that a member of staff had talked to them in the last week about how they were getting on compared with 38% of other prisoners. It was a concern that 95% of prisoners under the age of 22 said they usually spent less than two hours out of their cell on a typical weekday compared with 59% of other prisoners. Evidence in the monitoring data of disproportionate treatment of younger prisoners had not been investigated.
- 2.34** There were appropriate arrangements to support transgender prisoners. In our survey, 4% of prisoners said they were homosexual or bisexual, suggesting a population of more than 40, while the prison had recorded only seven such prisoners. No support groups had been held for these prisoners for more than a year.

Recommendation

- 2.35** Prisoners with disabilities should not be held in Pentonville if they are unable to access readily outdoor exercise areas and key provision, such as work and education.

Faith and religion

- 2.36** In our survey, 71% of prisoners said their religious beliefs were respected. The chaplaincy was well staffed by employed and sessional chaplains and about 100 key-trained volunteers, covering almost all faith groups. Volunteers were well used and appropriately managed.
- 2.37** There was good access to corporate worship and an appropriate range of faith classes. Attendance at Christian worship and Muslim prayers was high. The team facilitated the Alpha and the Sycamore Tree victim awareness courses. The chaplaincy made daily visits to segregation and health care and saw all prisoners on an ACCT¹⁸ at least once a week.
- 2.38** The chapel was large and welcoming. Facilities for other faith groups were not as good and the small multi-faith room and the mosque needed redecorating. There was not enough room in the mosque to accommodate all Muslim prisoners and Friday prayers were also held in the sports hall.
- 2.39** The chaplaincy afforded strong pastoral care and the managing chaplain felt well supported by the governor. The approach to authorising funeral escorts was not risk averse. The prison held memorial services for prisoners who were unable to attend funerals. Service cards were prepared and translated for prisoners who did not speak English. The chaplaincy also ran the official prison visitors' scheme with volunteers visiting prisoners who benefited from outside social contact.
- 2.40** Access to bereavement counselling had improved further. A bereavement group was held each week and there were three qualified part-time counsellors, which was better than we usually see.
- 2.41** Two volunteer chaplains saw all prisoners being released and there were good links with community faith groups, including for Muslim prisoners, which we rarely see.

Good practice

- 2.42** *There were more than 100 key-trained volunteers. Arrangements for their management were appropriate and they were regularly invited to chaplaincy meetings. This resource was deployed well to assist the chaplaincy service, for example two volunteers conducted interviews with prisoners due for release.*

¹⁸ Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

Health, well-being and social care

Expected outcomes:

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

2.43 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)¹⁹ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

2.44 The CQC found there were no breaches of the relevant regulations.

2.45 NHS England commissioning had been informed by a health needs assessment carried out in May 2018. Care UK delivered primary health services and subcontracted other services. With the exception of social care, the quality and governance of the integrated and well-led health provision were good and included effective contract, strategy and governance meetings. However, not all minutes reflected the terms of reference or agenda set at the appropriate level. Any serious incidents were analysed and lessons were learned.

2.46 Consultation with patients included a rolling survey and patients' forum, which informed developments. The complaints system was now confidential. There had only been seven complaints and 72 concerns in the previous six months, much fewer than at the last inspection. The responses that we examined were timely and focused and trends in complaints were discussed at the monthly quality assurance meeting.

2.47 Health care managers provided strong leadership to a dedicated professional team who told us they felt well supported. Staffing levels and retention had improved, with limited reliance on bank and agency staff. Staff received regular managerial and clinical supervision, and compliance with mandatory training was good. Staff were also supported in developing advanced clinical skills. Registered nurses were available in the prison 24 hours a day.

2.48 The introduction of a dedicated prison governor, custodial manager and prison officers into health care had improved communications and facilitated better access for patients. Patients no longer had to wait in health care for a long period after their appointments and waiting lists were shorter. The GP did-not-attend rate had improved at 10% but remained too high for other clinics, for example dentist 31.8% and optician 35.8%. There were plans to deliver more treatment on wings from May 2019 to address this.

2.49 There was an annual audit programme and regular monitoring of services. Most clinical areas and inpatient facilities were clean, and infection prevention and control complied with regulations. However, the prison cleaning contract did not cover the facilities on A and G wings where the dispensaries required upgrading. Work was in progress to contract additional cleaning cover.

2.50 There was an appropriate range of Care UK policies and procedures and staff were familiar with their responsibilities for safeguarding and preventing communicable diseases. Prison

¹⁹ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

officers had received worthwhile training from Public Health England to support a patient with tuberculosis.

- 2.51** Emergency equipment, including automated external defibrillators, was located strategically in the prison and the health centre and was regularly checked. Prison officers knew where the equipment was kept. Three-quarters of officers had been trained in first aid life support.

Good practice

- 2.52** *The dedicated team of prison staff in health care had improved efficiency and the patient experience.*

Promoting health and well-being

- 2.53** There was no overarching health promotion strategy or action plan. Health promotion literature was available in the health centre but limited elsewhere, which was a missed opportunity to encourage well-being (see main recommendation S57).
- 2.54** Access to a competent sexual health practitioner was good. Specialist consultation for HIV was available at the local hospital, although escort arrangements for this could compromise confidentiality. Some chlamydia screening was undertaken, but not routinely for the under 25s which we would have expected. Barrier protection was available, but condoms were not advertised. Pharmacy technicians continued to offer prompt assistance with smoking cessation, and officers issued nicotine replacement therapy once treatment was initiated.
- 2.55** Most routine health screening was available, though screening for bowel cancer had yet to commence. With the exception of hepatitis B, vaccinations were not delivered within national guidelines.
- 2.56** Advice on minimising harm from drugs and alcohol was available throughout the prison and staff were being trained to show prisoners how to use naloxone on release (to reverse the effects of opiates).

Primary care and inpatient services

- 2.57** All new prisoners received a prompt health screen to identify their immediate health needs and had access to a GP if required. All prisoners were offered a more comprehensive health assessment in their first week, which included screening for blood-borne viruses, but uptake was very low at 62%. Patients who did not attend were followed up and given good support during their first days in custody.
- 2.58** The confidential appointment system was more efficient than in 2017, although some prisoners complained to us that they had not received their appointments. In our survey, only 33% of prisoners said that it was easy to see a nurse against the comparator of 46%. However, we observed nurses who were available each day in the prison hub and on the wings.
- 2.59** Patients had access to a good range of nurse-led clinics, including nurse triage, well man, wound care and phlebotomy. Services for patients with lifelong conditions such as diabetes were good and most had care plans on SystemOne (the electronic clinical record). Patients had good access to urgent and routine GP appointments, and the x-ray suite was being used more frequently. A relevant range of clinics were run by allied health professionals, including

physiotherapy and podiatry. An impressive weekly multidisciplinary complex case meeting, chaired by the lead GP, was well attended and ensured that care for the most vulnerable was patient-focused and safe.

- 2.60** Occupancy of the 22 inpatient beds was high at over 90%, most of whom were patients with serious mental health conditions. Health care and prison officer staffing had improved and was now stable. Admission criteria were tight and few non-clinical admissions occurred. The environment had been enhanced by refurbished showers and gym equipment in the exercise yard. The external garden had become a therapeutic space. The inpatients we spoke to were positive about their treatment, and we observed sensitive care and daily therapeutic activities.
- 2.61** External hospital appointments were managed effectively and very few were cancelled. Telemedicine was used more extensively, enabling consultations without the patient leaving the prison.
- 2.62** Patients on medication received an adequate supply on release and were offered a printed summary of their care. Released individuals could access their clinical records via a mobile phone application, although uptake was low at the time of the inspection.

Social care

- 2.63** Islington Council assessed referred prisoners and commissioned social care for those who met the threshold. Two prisoners were receiving daily support from agency workers at the time of the inspection. Governance was inadequate, including care planning, record keeping, monitoring and communication between relevant parties. We were not confident that prisoners with social care needs were receiving safe or appropriate care.
- 2.64** There were advanced plans to improve social care and the contract was about to be put out to tender.

Recommendation

- 2.65** **Governance procedures should be strengthened significantly to ensure safe and appropriate social care provision.**

Mental health care

- 2.66** Care UK delivered primary mental health services with Barnet, Enfield and Haringey Mental Health NHS Trust in-reach team providing secondary services in a stepped model. Strategic working between the providers was sophisticated and the well-being approach was used to allocate cases. There remained a rich mix of skills among the mental health professionals.
- 2.67** Working relationships between prison and mental health staff were mature. The majority (97%) of recently appointed prison officers had received some training in mental health awareness, which was commendable.
- 2.68** There was an open referral system, daily well-being team meetings and prompt assessment via the Health and Wellbeing Model. Prisoners in the red zone were seen within one working day and those in the green within five days, which was efficient.

- 2.69** The impressive well-being centre continued to deliver an additional level of primary mental health care, supporting vulnerable prisoners through structured and consistent daytime therapies. All eligible prisoners could now use this service, from which 20 prisoners benefited each day.
- 2.70** Patients had complex emotional and mental health needs. About 220 (20%) patients at a time were on the caseload for primary mental health care and 60 (5%) for secondary mental health care. About one in nine prisoners (146) were on anti-psychotic medication which, although less than in 2017, was very high.
- 2.71** Therapeutic options were extensive. ‘Inside Guide’ was an impressive in-cell workbook which promoted well-being. Counselling was available through the chaplaincy and patients with mild to moderate mental illnesses received brief and solution-based interventions individually or in a group. Psychiatrists and forensic psychiatrists used the care programme approach²⁰ for patients with more complex needs related to psychosis or trauma and cognitive therapies were supervised by clinical psychology. There were clear care pathways for patients with neuro-developmental and speech and language problems.
- 2.72** The enhanced support service had been in place since 2017. Mental health workers and prison officers supported wing staff to manage 12 prisoners with very challenging behaviours.
- 2.73** Three-fifths of the 48 patients requiring transfer under the Mental Health Act during 2018 to 2019 had waited more than two weeks for transfer, with the longest waiting more than eight weeks. While an improvement since 2017, this remained unacceptable. Admission to NHS psychiatric intensive care units had proved particularly difficult to achieve.

Recommendation

- 2.74** **Patients requiring care in external mental health services should be transferred expeditiously.** (Repeated recommendation 2.73)

Good practice

- 2.75** *The well-being centre supported vulnerable prisoners with a structured therapeutic regime and enabled positive outcomes for those with both primary and secondary mental health needs.*
- 2.76** *The enhanced support service team offered valued guidance and support.*

Substance use treatment²¹

- 2.77** Drug recovery workers (DRWs) from Phoenix Futures (see paragraph 4.22), a charitable company, saw all new arrivals and contributed crucial harm minimisation information during induction, including the effects of NPS²². There was an open referral system for prisoners in need of help.

²⁰ Mental health services for individuals diagnosed with a mental illness.

²¹ In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

²² NPS generally refers to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporised and inhaled in e-cigarettes and other devices.

- 2.78** DRWs delivered assertive psychosocial interventions to about a quarter of prisoners at any one time. The large team received regular training and supervision. The range of individual and group therapies was impressive, although there was very limited space in which to carry them out. Most groups operated at only 30% of capacity because patients were not escorted to their therapies.
- 2.79** F wing was nominally the drug recovery wing, but too many prisoners with differing needs, not all drug-related, were located there, making it difficult to sustain a recovery culture. Despite this, both officers and DRWs did a good job of assisting men with complex drug and mental health problems. Although not an ideal environment, the wing was used successfully to help prisoners withdraw from alcohol safely under the supervision of registered nurses.
- 2.80** Care UK clinicians delivered opiate substitution therapy and symptomatic relief for alcohol withdrawal and were easily accessible. At the time of the inspection, 116 patients were receiving methadone or buprenorphine (opiate substitutes), with 54 appropriately on reducing doses. Prescribing was flexible and based on national clinical guidance.
- 2.81** Several valued peer supporters engaged with fellow prisoners on the wings and assisted in therapy groups. Community groups such as Alcoholics Anonymous and Narcotics Anonymous worked in the prison weekly and were valued by prisoners. An expanding through-the-gate team ensured that community support services were available after the patients were released.

Medicines optimisation and pharmacy services

- 2.82** Efficient pharmacy services were delivered on site by Care UK. Patients had good access to medicines use review clinics led by the pharmacist, with an emphasis on monitoring patients with multiple medicines or serious conditions such as diabetes. However, uptake was low. Pharmacy technicians provided individual smoking cessation programmes for patients.
- 2.83** The medicines in-possession policy was up to date and risk assessments were reviewed regularly. At the time of the inspection, 31% of patients had their medicines in possession. Cells still lacked lockable facilities for storing medicines, but random checks of 10 cells a month had been introduced, an improvement on 2017 (see main recommendation S57).
- 2.84** Medicines were administered on the wings three times a day by pharmacy technicians and by nurses at night and at weekends. The queues for medicines administration on C, D, and E wings were adequately supervised. On F wing we observed the suspension of medicines administration until a prison officer arrived to supervise the queue. This was a wise precaution to ensure that bullying and diversion did not occur. The layout of wing landings and hatches, with prisoners in close proximity to each other, sometimes compromised confidentiality and privacy. Patients failing to attend for medicines were followed up appropriately.
- 2.85** Prisoners could obtain medicines out of hours from the nurses. The minor ailments protocol had replaced the special sick policy and prisoners could access a range of over-the-counter medicines including pain relief from the nurse, pharmacist or pharmacy technician. All supplies of medication were appropriately documented on SystmOne.
- 2.86** The lights were not working in A wing treatment room, which was unsafe. This was rectified as soon as we pointed it out. Medicines were stored securely and correctly labelled. Medicines requiring refrigeration were stored in medical fridges. These were monitored each day, but records showed that the maximum temperature sometimes exceeded 8 degrees centigrade.

- 2.87** Medicines were transported around the prison safely and controlled drugs were securely managed and stored. The controlled drugs cabinet in the main pharmacy had a shelf which was not fixed or level and the cabinet in the A wing treatment room was not fixed to the wall with the correct bolts.
- 2.88** The pharmacist chaired the regular medicines management committee meetings, where the agenda focused on learning from complaints and incidents, staff training, medicines optimisation and prescribing guidance. There was an up-to-date set of standard operating procedures and a useful formulary was in use. Prescribing trends, including tradable and non-formulary medicines, were monitored monthly. Errors, near misses and drug alerts were managed effectively and pharmacy audits were completed regularly.

Recommendation

- 2.89** **Maximum and minimum temperatures should be recorded daily for refrigerators where medicines are stored and documented corrective action should be taken when temperatures fall outside the 2-8 degrees centigrade range.**

Dental services and oral health

- 2.90** Dental services had improved since 2017 and there were now overarching governance arrangements for Time for Teeth and the independent dentist. Patients benefited from treatments equivalent to those in the community and promotion of oral hygiene.
- 2.91** Dental waiting lists had improved, although escorting patients to their appointments remained poor (see paragraph 2.48). The surgery was well organised, relevant safety certifications were in place and there was good compliance with infection control.

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

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

- 3.1 The prison reported that it had been fully staffed since December 2018. We observed consistent delivery of the core day without regime slippage, although, in our survey, only 33% said that unlock and lock-up times were usually kept to against the comparator of 49%.
- 3.2 Prisoners in part-time activities were out of their cells for about six hours and those who were full time for just over seven hours, which were low figures. In our roll checks we still found about a third of prisoners locked up during the working day. Only 3% of prisoners said they could go to outside exercise more than five times a week if they wanted to against the comparator of 48% (see main recommendation S58).
- 3.3 Weekend unlock was limited at a maximum of 3 hours 45 minutes out of cell. In our survey, 88% of prisoners against the comparator of 48% said they spent less than two hours out of cell on a typical Saturday or Sunday. Prisoners on a basic regime and not attending activities were locked up for 23 hours on most days. They received association on three days a week and were locked up 20.5 hours on those days.
- 3.4 The library was a welcoming facility which offered a relaxed and bright atmosphere. It continued to be managed by the London Borough of Islington and was staffed by three part-time librarians, one of whom was qualified. Support was also provided by three prison orderlies.
- 3.5 The number of prisoners using the library had improved over the previous year, but access was still too limited. In our survey, only 18% of prisoners said they went to the library once a week against the comparator of 39%. Opening hours were restricted to the core working day and there was no access at weekends. Prisoners still did not visit the library during induction, although there was now a dedicated session for vulnerable prisoners.
- 3.6 A good range of books was available including fiction, non-fiction, audio books, titles in foreign languages and legal texts, although a number of these were out of date. Computers linked to the virtual campus²³ were used by prisoners in education.
- 3.7 The library organised a good range of activities to encourage literacy development including a monthly book club, creative writing classes, Reading Ahead and the provision of Shannon Trust²⁴ mentors. Family Fables was also provided once a month enabling fathers to record stories for their children.

²³ The virtual campus provides internet access for prisoners to community education, training and employment opportunities.

²⁴ The Shannon Trust provides peer-mentored reading plan resources and training to prisons.

- 3.8** Three well-equipped gyms and a large sports hall continued to offer adequate gym facilities. Gym staff and prisoners had painted half the sports hall but otherwise there had been little improvement in the decorative state of the facilities since our last inspection. Showers remained inadequate. A number of accredited PE qualifications from levels 2 to 3 were run periodically through the year but fewer than at our last inspection.
- 3.9** There remained good links with health care who referred men to attend remedial gym sessions to help with a range of health conditions, including anxiety, depression and self-harm. Sessions of football, badminton and soft tennis were run periodically for the over-50s.
- 3.10** Prison data showed that just over a third of prisoners used the gym each week. Prisoners on a basic regime were usually unable to attend gym sessions.

Education, skills and work activities (Ofsted)²⁵

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.²⁶

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

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

Management of education, skills and work

- 3.12** The overall effectiveness of education, skills and work required improvement, as did leadership and management. The prison was now fully staffed and had returned to a full regime, although this included few full-time activity places. However, too few prisoners participated in education, skills and work (see main recommendation S58).
- 3.13** In recent months prison leaders and managers had worked more closely with the education provider Novus and relationships were now positive and productive. The education curriculum broadly met the needs of prisoners. Novus staff offered prisoners most courses at levels 1 and 2 and there were very few opportunities to progress to higher levels. Tutors

²⁵ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

²⁶ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

continued to support about 35 prisoners following Open University and distance learning courses. Prisoners benefited from a narrow range of vocational training and work which included carpentry, industrial cleaning and textile work. Bounce Back²⁷ staff were subcontracted by Novus to deliver painting and decorating courses and this was managed effectively. However, prison managers provided an extremely limited range of education and meaningful work for vulnerable prisoners. This was restricted largely to accredited English and mathematics courses, collecting recycling bins and kitchen work.

- 3.14** In recent months a new education manager had been appointed and had started to manage the performance of staff more effectively. Staff now had better access to training to develop their classroom skills and this had started to improve the quality of teaching and learning, which was inconsistent at the time of the inspection.
- 3.15** Education managers had implemented quality assurance arrangements for courses delivered by Novus which was starting to have a positive impact on the quality of teaching and learning. However, these had yet to be adopted across the prison and prison leaders could not gauge the quality of teaching and learning in the courses that they delivered. The quality improvement group met frequently but did not use data effectively to improve the quality of education, skills and work. The self-evaluation and quality improvement planning procedures accurately highlighted what was working well and what needed to improve. However, managers needed to focus more clearly on setting targets for improvement (see main recommendation S59).
- 3.16** Prisoners attended an induction into the education, skills and work opportunities available to them. Managers had not planned these sessions sufficiently to give prisoners good enough information on the options. As a result, prisoners were not motivated to attend and did not gain a good insight into life at Pentonville. The majority of prisoners received an initial assessment of their English and mathematics skills. This was used well to inform the allocation process. Allocation of prisoners to wing jobs was not well managed. Too many prisoners did not attend activities, and managers did not monitor this well enough. Prison and Novus staff did not always know the reasons for prisoners' non-attendance (see main recommendation S58).
- 3.17** Prisoners had to be qualified to at least entry level 3 in English and mathematics to be allocated to an activity. For those prisoners who had to attend these lessons, teaching in English and mathematics was not good enough. Prisoners who attended education or vocational training sessions were paid at the same rate as other activities which ensured that there was no disincentive to engage in education.
- 3.18** Managers had forged links with a few employers and other agencies such as local football clubs. However, not enough links existed and they were not coordinated well enough. As a result, prisoners were not supported sufficiently well to progress into further training or employment on release. Prison and Novus staff gave good informal careers advice and guidance, but too few prisoners used the virtual campus to research jobs in the wider community. Leaders and managers did not structure access to careers advice and guidance consistently and prisoners' access to information relied on individual tutors and their own learning and skills pathway.

Recommendation

- 3.19 Vulnerable prisoners should have access to a wide range of education, skills and meaningful work.**

²⁷ A charity focusing on the training and employment of ex-offenders.

Quality of provision

- 3.20** The quality of teaching, learning and assessment required improvement. Teaching and learning in education lessons was not consistently good across all subjects and levels of learning. Prisoners benefited from effective teaching in business, carpentry and industrial cleaning and made expected progress in these subjects. Too much teaching was weak in functional skills English and mathematics sessions and tutors did not plan lessons to meet the needs of prisoners. This contributed to their poor attendance.
- 3.21** Tutors in vocational workshops used their expertise and experience well to motivate prisoners and deliver good teaching and learning. Prisoners worked well individually as well as in pairs and small groups, particularly in recycling and the prison kitchens. Prisoners who engaged in vocational training and work developed relevant skills and understanding in lessons and at work. In barbering, prisoners developed their knowledge of terminology such as graduated cuts. In journalism, prisoners understood the differences between descriptive and persuasive text when writing articles for the regular 'Voice of the Ville' magazine.
- 3.22** Most tutors used peer mentors and learning assistants effectively in sessions to support prisoners who needed extra help. For example, in industrial cleaning, mentors helped prisoners to increase their understanding of their work. In vocational training tutors supported prisoners in developing their mathematics skills, reinforcing topics through practical tasks such as measuring walls to identify the quantity of paint needed. However, there was no structured support for prisoners with specific additional learning support needs.
- 3.23** Prisoners in education and vocational training did not benefit from frequent or helpful enough feedback on their work and were not able to improve their work and deepen their understanding of topics. Tutors did not systematically correct prisoners' mistakes or spelling and grammatical errors.
- 3.24** Tutors had improved their approach to setting individual targets for prisoners. They used individual learning plans well to identify prisoners' short- and long-term aims and to track their progress towards qualifications. Tutors and prison staff in work areas did not record the skills that prisoners acquired, for example in the kitchens and clothing exchange store prisoners developed team-working skills and how to work under pressure. This lack of records prevented prisoners from demonstrating to prospective employers on release the employment related skills that they had developed. Tutors promoted equality and diversity appropriately in education.

Recommendations

- 3.25** **Managers should provide structured support for prisoners with specific additional learning support needs.**
- 3.26** **All prisoners should receive good quality teaching in functional skills English and mathematics, leading to successful achievement of qualifications.**

Personal development and behaviour

- 3.27** Prisoners who attended activities generally arrived on time. In too many education classes, particularly English and mathematics, prisoners' attendance was poor (see paragraph 3.16 and main recommendation S58). Most prisoners who attended lessons made reasonable progress in developing their skills and achieving their qualifications.

- 3.28** The majority of prisoners were well motivated and took pride in their work. They produced good standards of practical work in painting and decorating, barbering and carpentry. Prisoners on Open University courses produced good written work in their assignments.
- 3.29** Most prisoners behaved well in activities and showed a positive attitude to keeping safe. Tutors in education, skills and work placed emphasis on health and safety, enabling prisoners to develop good work practices. Prisoners were respectful to each other and to prison and other staff.
- 3.30** Neither the prison nor the community rehabilitation company had any information on whether prisoners entered education, training or employment on release. As a result, leaders and managers did not know whether the activities offered to prisoners helped them in this regard.

Recommendation

- 3.31** **Managers should collect and analyse data on prisoners' life after release to ensure that the activities offered meet their needs.**

Outcomes and achievements

- 3.32** Prisoners' outcomes and achievements required improvement. The proportion of prisoners who achieved functional skills qualifications in English and mathematics at level 1 was too low and had not improved enough since the previous inspection (see recommendation 3.26).
- 3.33** The proportion of learners who stayed to the end of their course remained very high and most of them achieved the required outcome. Prisoners' achievements were very good in cleaning services, painting and decorating and gym instruction and most non-regulated personal and social development courses.
- 3.34** Prisoners who attended learning and skills made progress towards the achievement of their qualifications. Prisoners developed good vocational skills to help them gain employment on release.
- 3.35** There were no discernible variations in the achievements of learners from different backgrounds.

Section 4. Rehabilitation and release planning

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

Children and families and contact with the outside world

Expected outcomes:

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

- 4.1 The visits hall was adequately furnished but very shabby. The children's play area was not in use at the time of inspection because there were not enough volunteers to staff it. Instead, baskets of toys were taken to children in the main hall. The refreshment bar was in very poor condition and had been declared unfit for food preparation, so that the range was very limited, with almost no hot or fresh food. The external visitors' centre was similarly dilapidated but offered good support to visitors. The 'conservatory' area which had been added was not in use.
- 4.2 The main cause for dissatisfaction among prisoners and their visitors was the shortening of visits through frequent late starts. At the time of the inspection many sessions started late and, in our survey, only 26% of prisoners said that visits usually started on time against the comparator of 44%. Prisoners were also more negative in the survey than comparable prisons about respectful treatment of visitors by staff. We saw staff make little attempt to engage positively with visitors.
- 4.3 The charity PACT (Prison Advice and Care Trust) delivered good services such as the family engagement worker, who worked with a rolling caseload of about 30 prisoners and their families, including mediation work. Courses were run for prisoners on family relationships, and the family visits days remained a strength. 'Story-sack days' were organised for fathers to spend creative time with their young child, and regular family activities in the gym with support from Arsenal Football Club. Work had been done to involve families, for example in supporting a prisoner at risk of self-harm.
- 4.4 Mail, including the well-used 'email-a-prisoner' scheme, was efficiently handled, but the availability of payphones fell short through delays in repairs which were often needed. It took an average of more than a week for a phone to be repaired, and prisoners' dissatisfaction was clearly reflected in our survey. The level of privacy remained the same as the previous inspection, but the phones were switched on all day. Plans to install in-cell telephones were well advanced.

Recommendation

- 4.5 Visits procedures and facilities should provide a positive experience of efficient, welcoming and rehabilitative culture in the prison.**

Reducing risk, rehabilitation and progression

Expected outcomes:

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

- 4.6** Since our last inspection, the reducing reoffending strategy had not been updated and was based on a needs analysis conducted in 2016. A new needs analysis was scheduled for May 2019 to inform a new strategy. The current strategy covered all the resettlement pathways but did not incorporate an exploration of offending needs data from the offender assessment system (OASys). There was also no supporting action plan to drive and monitor performance (see main recommendation S61).
- 4.7** Reducing re-offending meetings took place every two months but were no longer well attended and actions were often carried over. Community rehabilitation company (CRC) services were delivered by Penrose Options, who were subcontracted by MTCnovo through the London CRC. The CRC team was based some distance from the offender management unit (OMU) and the probation team which hindered communication, as did many recent personnel changes. Although the OMU and the CRC regularly attended reducing reoffending meetings, this was not enough to maintain adequate communication.
- 4.8** Too many prisoners did not have an up-to-date OASys to assess their risk and needs: 247 eligible prisoners (47%) did not have an initial assessment, while 10% had an out-of-date assessment (see main recommendation S61). Most of the outstanding assessments were the responsibility of the prison which had no plan to address the OASys backlog. When prisoners were transferred it was often with their needs unidentified.
- 4.9** Redeployment of prison offender supervisors to other duties had largely stopped since November 2018. They now received adequate supervision and support from the senior probation officer, which was a positive change. However, too many prisoners did not have an offender supervisor. The prison had addressed staffing problems by deciding not to allocate offender supervisors to any prisoners sentenced to less than 12 months (20% of the sentenced population), including high-risk cases.
- 4.10** There was no prescribed minimum frequency of contact between offender supervisors and prisoners and contact was inadequate for those who had an offender supervisor. Since our last inspection, the OMU wing surgeries had ceased and in too many cases contact was made only to address parole and re-categorisation. We also saw examples of applications for contact which were ignored if offender supervisors felt they did not need to see the prisoner. Most prisoners had been allocated a keyworker under the offender management in custody (OMiC) model.²⁸ We saw evidence of good practice with keyworkers, but they did not focus enough on progression or work closely enough with offender supervisors (see paragraph 2.3).

²⁸ Following a review of offender management in 2015, HMPPS began to introduce a new offender management model from 2017. The new model is being implemented in stages, starting with new prison officer key workers. The second phase, core offender management, and the introduction of prison offender managers (POMs) is being introduced gradually, from 2019.

- 4.11** About a third of the population were serving less than four years and were eligible to be considered for home detention curfew (HDC). During the previous six months, 352 prisoners had been considered for HDC but only 60% were approved, which was low under the new guidelines. In the same period, 90 prisoners went beyond their HDC eligibility date without a decision. The prison was unable to demonstrate whether these prisoners were eventually approved or denied HDC, why they had passed their eligibility date or why 40% of applications had been refused. The lack of data analysis was compounded by regular changes in roles and responsibilities within the OMU. However, in the small sample that we looked at applications were appropriately refused because the address was unsuitable. It was unacceptable that the prison had stopped making referrals to the Bail Accommodation Support Service (BASS) in November 2018.
- 4.12** Indeterminate sentenced prisoners comprised 7% of the sentenced population and about a quarter of IPP (indeterminate sentence for public protection) prisoners were over tariff. The psychology team had carried out good work to identify the unmet needs of post-tariff IPPs, but too many remained at Pentonville because it was difficult to move them to a more suitable establishment. Indeterminate sentenced prisoners were spread across the prison and only one lifer forum had taken place in the previous six months.

Recommendation

- 4.13** **The prison should investigate the reason for the low home detention curfew approval rate and make any necessary changes.**

Public protection

- 4.14** A third of the sentenced population were assessed as presenting a high or very high risk of serious harm to others. The monthly interdepartmental risk management team meeting was undermined by poor attendance by other departments, which meant that important public protection information was not shared. At one meeting, concerns had been raised about a prisoner passing an inappropriate photo of his child around the wing. It was reported that a member of staff had given the prisoner several photos, which should not have been in his possession, after he threatened to harm himself if he did not have them. Although an intelligence report was raised at the meeting, it was not passed to the relevant senior staff member until we raised it.
- 4.15** A new procedure had recently been introduced to ensure that multi-agency public protection arrangements (MAPPA) were confirmed six months before release. Relevant information from community probation officers was often not received. The public protection clerk did not have access to the probation service IT system. MAPPA F forms completed by on-site probation officers clearly set out risk issues and were of good quality.
- 4.16** Mail and telephone monitoring was generally well managed. At the time of our inspection, only five prisoners were subject to monitoring. We found that cases were considered on their merits before deciding whether to put a prisoner on monitoring. Forty-six prisoners were on child contact restrictions. These were well managed and visits staff were aware of the restrictions. However, the safer custody team did not always check before granting welfare calls, which had resulted in the breach of some restrictions.

Categorisation and transfers

- 4.17** Oversight and monitoring of data on categorisation and transfers were inadequate. The prison was unable to demonstrate that it was pursuing the appropriate and prompt transfer of sentenced prisoners. While around 100 prisoners a month were transferred, at the time of the inspection nearly 500 category C prisoners were held at Pentonville. Problems had been experienced in moving prisoners because of a lack of spaces nationally and other prisons refusing to accept certain prisoners. The prison did not consider OASys and sentence plans when arranging transfers, which exemplified the lack of oversight and focus on progression (see main recommendation S61).
- 4.18** We saw no evidence that recategorisation reviews were completed late, although the prison kept limited data on its decisions. Offender supervisors undertook the assessments and made recommendations, which a manager countersigned. However, prisoners were not allowed to make written representations.

Recommendations

- 4.19** **The prison should keep comprehensive transfer data so that it can monitor performance and demonstrate any systematic problems that it is experiencing with the national prison estate.**
- 4.20** **Prisoners should be able to make written representations for re-categorisation reviews.**

Interventions

Expected outcomes:

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

- 4.21** In the previous six months, the CRC had only completed 80% of initial screenings and resettlement plans within five days of arrival. Pentonville was a local prison and there were no accredited programmes. If prisoners needed an accredited programme, they could be transferred to a suitable prison but in reality a prompt transfer rarely happened (see paragraph 4.17 and main recommendation S52). Offender supervisors did not complete any one-to-one work to address offending behaviour while a transfer was awaited or before release.
- 4.22** There was a range of non-accredited short-term programmes such as Sycamore Tree victim awareness through the chaplaincy and substance misuse courses via Phoenix Futures (see paragraph 2.77). However, attendance was often low. Since our last inspection, the CRC had stopped delivering the thinking and attitudes course 'Getting it Right' because of staffing problems, although it had been identified as a need in the prison's needs analysis.
- 4.23** In our survey, 70% of prisoners said they needed help with accommodation but only 24% said they were getting help. St Mungo's (a homelessness charity) was based on site and delivered tenancy and homelessness support on admission and before release. However, they only worked with prisoners referred to them by the CRC, which had only referred 92 prisoners for accommodation support (31% of releases) in the past three months (see paragraph 4.29). It was also concerning that St Mungo's had stopped completing BASS referrals in November 2018 but neither the OMU nor CRC had picked up this work because of staffing issues (see paragraph 4.11). St Mungo's records showed that 68% of

prisoners they worked with were released into settled accommodation, but the prison was unable to provide comprehensive housing data for all releases.

- 4.24** Prisoners working with the CRC received good support to address their financial problems and the CRC helped them to open about six bank accounts a month. Jobcentre Plus were on site to give benefit support before release. The CRC also provided assistance with court fines and a finance, benefit and debt worker was based in the prison. However, referrals could only come from the CRC, leaving prisoners without resettlement plans with no support. In our survey, only 17% of prisoners said they were getting the financial support they needed, despite 69% saying they needed it.
- 4.25** There was now a specific worker to support prisoners who had been victims of domestic and sexual abuse, which was positive. However, support for care leavers was inadequate. Ten per cent of the population were under 21 and the CRC had identified 68 care leavers in the previous six months, but there was no specific policy or strategy to support them.

Recommendations

- 4.26** **Staffing levels and referral procedures should ensure that all prisoners can access suitable interventions.**
- 4.27** **The needs of care leavers should be fully understood and appropriate interventions and support made available.**

Release planning

Expected outcomes:

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

- 4.28** The demand for resettlement services was very high with approximately 100 prisoners released each month. Most prisoners only stayed at Pentonville for a short time: 53% of the sentenced population had been there for three months or less. There was often, therefore, limited time to assess and refer prisoners for resettlement support.
- 4.29** Although they were due to be fully staffed within the next month, CRC services were inadequate and too many prisoners did not have their resettlement plans reviewed before release. Over the previous six months, the CRC had only completed 68% of review resettlement plans before release and in February 2019 they had completed less than half. Plans that were completed were properly recorded on OASys and contained appropriate actions and referrals (see main recommendation S62).
- 4.30** A multi-departmental resettlement board was reported to take place every month to discuss impending releases, but the CRC was unable to provide evidence of this nor did they have a full understanding of practical release arrangements, for example clothing was provided by reception staff for those who needed it, but the CRC was not aware of this. There was a through-the-gate service for clients of the substance misuse service, but other prisoners had no such support.

Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendation

To HMPPS

- 5.1** Physical security should be enhanced through the prompt replacement of windows and installation of CCTV coverage where necessary. (S53)

Main recommendations

To the governor

- 5.2** A suitably resourced safer custody team should work proactively and collaboratively with other departments in the prison to reduce levels of violence. This violence reduction work should include prompt investigations into incidents of violence and suitable interventions to manage perpetrators and support victims. (S47)
- 5.3** Managers should ensure that regular and effective scrutiny is undertaken of key safety processes, including violence reduction, segregation, adjudications and use of force. This should be underpinned by the review of routinely collected reliable and comprehensive data. (S48)
- 5.4** Use of force should be accountable. Use of force documentation, video footage and incidents involving use of batons should be routinely reviewed and lessons learned; this should be overseen by regular and well attended use of force meetings. (S49)
- 5.5** Prisons and Probation Ombudsman recommendations should be fully implemented and subject to continuing and repeated reinforcement. (S50)
- 5.6** Robust management of ACCTs should include consistent case managers who take ownership of cases and provide continuity of care, multidisciplinary reviews and a robust quality assurance process. (S51)
- 5.7** The prison should implement a supply reduction strategy, which is overseen by a multidisciplinary team at regular meetings. Action planning should ensure that all facets of the strategy, such as intelligence-led drugs testing, are carried out efficiently. (S52)
- 5.8** Managers should ensure that staff behave respectfully towards prisoners, actively supporting them and challenging poor behaviour, in line with the principles of a rehabilitative culture. (S54)
- 5.9** Cells should provide decent and hygienic conditions, including properly screened toilets and sufficient space for each occupant. (S55)
- 5.10** The new equality strategy should cover all protected groups and be overseen by regular equality meetings to ensure effective implementation. It should include actions in relation to effective consultation, analysis of monitoring data and prompt response to diversity complaints. (S56)

- 5.11** The prison health care local delivery board should ensure that assertive action is taken to enable access to health care, safe storage of in-possession medicines, and a prison-wide strategy for health and well-being. (S57)
- 5.12** Managers should ensure that all prisoners have the opportunity to participate in a full and purposeful regime and are encouraged to attend activities. (S58)
- 5.13** Prison-wide quality assurance processes should be developed to ensure an effective approach by prison managers to self-evaluation and planning for improvement across all education, skills and work. (S59)
- 5.14** All relevant departments and agencies should play a full part in strategic and risk management work, including relevant meetings. (S60)
- 5.15** All prisoners should have an up-to-date OASys assessment. (S61)
- 5.16** The CRC should ensure that all eligible prisoners receive an initial resettlement plan which is reviewed before their release. (S62)

Recommendation

To HMPPS

- 5.17** Prisoners with disabilities should not be held in Pentonville if they are unable to access readily outdoor exercise areas and key provision, such as work and education. (2.35)

Recommendations

To the Governor

Early days in custody

- 5.18** First night cells should be clean and well equipped. (1.10)

Managing behaviour

- 5.19** There should be clear structures and mechanisms to identify, manage and support the reintegration of prisoners who choose to self-isolate. (1.21)
- 5.20** Adjudications should be completed thoroughly, fairly and with no unnecessary delay. (1.25)
- 5.21** Segregation review boards should always be multidisciplinary and should focus on care and reintegration planning. (1.38)

Security

- 5.22** Security intelligence should be acted on promptly. (1.50)

Daily life

- 5.23** Showers should be clean and hygienic. (2.10)
- 5.24** Cell bells should be answered within five minutes. (2.11)

5.25 Breakfast should be served on the morning it is eaten, lunch not before noon and the evening meal not before 5pm. (2.14)

5.26 Prisoners who need it should have access to bail information and support. (2.20)

Health, well-being and social care

5.27 Governance procedures should be strengthened significantly to ensure safe and appropriate social care provision. (2.65)

5.28 Patients requiring care in external mental health services should be transferred expeditiously. (2.74)

5.29 Maximum and minimum temperatures should be recorded daily for refrigerators where medicines are stored and documented corrective action should be taken when temperatures fall outside the 2-8 degrees centigrade range. (2.89)

Education, skills and work activities

5.30 Vulnerable prisoners should have access to a wide range of education, skills and meaningful work. (3.19)

5.31 Managers should provide structured support for prisoners with specific additional learning support needs. (3.25)

5.32 All prisoners should receive good quality teaching in functional skills English and mathematics, leading to successful achievement of qualifications. (3.26)

5.33 Managers should collect and analyse data on prisoners' life after release to ensure that the activities offered meet their needs. (3.31)

Children and families and contact with the outside world

5.34 Visits procedures and facilities should provide a positive experience of efficient, welcoming and rehabilitative culture in the prison. (4.5)

Reducing risk, rehabilitation and progression

5.35 The prison should investigate the reason for the low home detention curfew approval rate and make any necessary changes. (4.13)

Categorisation and transfers

5.36 The prison should keep comprehensive transfer data so that it can monitor performance and demonstrate any systematic problems that it is experiencing with the national prison estate. (4.19)

5.37 Prisoners should be able to make written representations for re-categorisation reviews. (4.20)

Interventions

- 5.38** Staffing levels and referral procedures should ensure that all prisoners can access suitable interventions. (4.26)
- 5.39** The needs of care leavers should be fully understood and appropriate interventions and support made available. (4.27)

Examples of good practice

- 5.40** There were more than 100 key-trained volunteers. Arrangements for their management were appropriate and they were regularly invited to chaplaincy meetings. This resource was deployed well to assist the chaplaincy service, for example two volunteers conducted interviews with prisoners due for release. (2.42)
- 5.41** The dedicated team of prison staff in health care had improved efficiency and the patient experience. (2.52)
- 5.42** The well-being centre supported vulnerable prisoners with a structured therapeutic regime and enabled positive outcomes for those with both primary and secondary mental health needs. (2.75)
- 5.43** The enhanced support service team offered valued guidance and support. (2.76)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Hindpal Singh Bhui	Team leader
John Allen	Inspector
Michael Dunkley	Inspector
Deri Hughes-Roberts	Inspector
Martin Kettle	Inspector
Alice Oddy	Inspector
Fran Russell	Inspector
Kam Sarai	Inspector
Keith Humphreys	Inspector
Sharlene Andrew	Researcher
Becky Duffield	Researcher
Helen Ranns	Researcher
Holly Tuson	Researcher
Claudia Vince	Researcher
Paul Tarbuck	Lead health and social care inspector
Tania Osbourne	Health and social care inspector
Nicola Carlisle	Pharmacist
Tim Byrom	Care Quality Commission inspector
Jane Hughes	Ofsted inspector
Rieks Drijver	Ofsted inspector
Steve Lambert	Ofsted inspector
Jai Sharda	Ofsted inspector
Allan Shaw	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2017, most prisoners had short journeys to the prison. Important aspects of reception and first night arrangements needed to improve. Levels of violence remained too high and many prisoners felt unsafe; some incidents were very serious. Several new initiatives to improve safety and reduce levels of violence had been introduced but it was too early to assess their impact. There had been five self-inflicted deaths since the last inspection, which was high. There were significant frailties in the case management of prisoners at risk, and care for some vulnerable men was deficient. There had been additional resources to bolster aspects of security, but the intelligence reporting systems needed attention. The regime in segregation had improved, but adjudications were not thorough enough. We were not confident that all force used, including special cells, was proportionate. Support for men with substance misuse problems was good. **Outcomes for prisoners were poor against this healthy prison test.**

Main recommendations

The prison should take action to reduce violence, make the prison safer and support victims of violence and antisocial behaviour. There should be a range of interventions to address lower level antisocial behaviour and prevent it escalating into more serious disorder. (S40)

Not achieved

All acts of self-harm should be recorded, and care for prisoners vulnerable to suicide and self-harm should be improved. Actions from Prisons and Probation Ombudsman reports should be fully implemented and subject to ongoing reinforcement. (S41)

Not achieved

Managers should regularly quality assure key documentation for disciplinary processes and routinely collect and analyse data about segregation, adjudications, use of force and the incentives and earned privileges (IEP) scheme. (S42)

Not achieved

Recommendations

The reasons for the reduction of the use of the video link should be explored and action taken to increase its use. (I.4)

Not achieved

Reception and first night staff should coordinate their functions effectively to ensure that new arrivals who are potentially vulnerable are identified and risk information is used to manage the men safely. (1.11)

Not achieved

Prisoners should be able to see a Listener on request and in a confidential setting, and there should be more Samaritans telephones around the prison. (1.22)

Not achieved

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes, and the prison should ensure that staff understand how to identify and refer prisoners with safeguarding needs. (1.24)

Partially achieved

Staff should submit intelligence reports whenever necessary. Intelligence should be processed on time and required action should be followed up. (1.32)

Not achieved

Prisoners should only be strip searched when there is sufficient intelligence that this is necessary. (1.33)

Not achieved

Prisoners should only be placed on closed visits when there is specific evidence that they have abused visits, and closed visits should never be imposed as a punishment. (1.34)

Achieved

Governors should investigate all adjudication charges fully and record their findings so that hearings are demonstrably fair. (1.39)

Not achieved

Managers should ensure that oversight of use of force and special accommodation is sufficient to ensure they are used proportionately and only as a last resort. (1.44)

Not achieved

All prisoners in the segregation unit should be offered a shower, exercise and a telephone call every day. (1.48)

Not achieved

Documentation for segregation authorisation and review should demonstrate clear reasons why segregation is necessary and the steps taken to reintegrate the prisoner into normal location. (1.49)

Not achieved

All prisoners with substance misuse problems should have easy access to the full range of psychosocial support and mutual aid groups, regardless of their location. (1.56)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2017, Pentonville remained an overcrowded prison. While the environment continued to be challenging, the prison was now cleaner and there had been efforts to make it more decent. Staff-prisoner relationships had also improved. Consultation with prisoners was well established. Some aspects of diversity work had stalled, but consultation with prisoners from protected characteristics groups had improved. Support for foreign nationals was a concern. Faith provision remained very good. Complaints were generally well managed. Health services were good overall. Prisoners were negative about the food, and there were delays in new arrivals accessing the shop. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**

Main recommendation

The needs of the foreign national population should be better understood to ensure the support provided is appropriate and that the men are clear about who to approach for support. (S43)

Not achieved

Recommendations

The number of prisoners allocated to Pentonville should be reduced to enable less crowded conditions. (2.8)

Partially achieved

Cell bells should be answered within five minutes. (2.9)

Not achieved (Recommendation repeated, 2.11)

Telephones for prisoners should offer privacy and be switched on all day, and there should be a systematic response to reports of broken phones. (2.10)

Not achieved

The equality policy should be updated, monitoring information should be collected regularly and the action plan kept up to date and reviewed at a well-attended equality meeting. (2.17)

Not achieved

There should be greater effort to understand the distinct needs of young adult prisoners and steps taken to meet them. (2.26)

Not achieved

All complaints alleging staff misconduct should be investigated thoroughly. (2.32)

Partially achieved

Prisoners should have access to bail information and support with accessing accommodation for bail applications. (2.36)

Not achieved

There should be a prison-wide systematic approach to promoting prisoner well-being; this should include harm minimisation and publicising the availability of barrier protection. (2.47)

Not achieved

Prisoners should have shorter waiting times in the health centre waiting room before and after health appointments. (2.53)

Achieved

There should be sustained management action to reduce the high non-attendance rates for some clinics. (2.54)

Achieved

The shower area on the inpatient unit should be refurbished. (2.55)

Achieved

The comfort and dignity of vulnerable inpatients should be assured by documented checks. (2.56)

Achieved

Prisoners should have secure storage for medication. (2.61, repeated recommendation 2.94)

Not achieved

Systematic checks should be conducted on patients receiving in-possession medication. (2.62)

Achieved

There should be action to introduce governance to the dental service. This should include assurances of safety and integrity, improved efficiency of waiting lists, reduced non-attendance rates and compliance with infection control standards. (2.66)

Achieved

Patients requiring care in external mental health services should be transferred as soon as possible. (2.73)

Partially achieved (Recommendation repeated, 2.74)

Breakfast should be served on the morning it is eaten and lunch should not be served before noon and the evening meal not before 5pm. (2.78)

Not achieved (Recommendation repeated, 2.14)

Prisoners should be able to access a full prison shop order within 72 hours of arrival. (2.81)

Not achieved

Purposeful activity

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

At the last inspection in 2017, time out of cell was reasonable for the majority of men but very limited for a substantial minority. Ofsted rated learning, skills and work provision as requiring improvement overall. Leadership and management were improving and more provision had been developed, but more focus was needed on encouraging prisoners to take part in activities. Use of data to drive improvement needed to improve and greater innovation was needed to enhance provision further. Too many men were starting courses but not completing them. The quality of teaching and learning was too variable to achieve consistently good outcomes. The library and gym provided good opportunities, but prisoners had poor access to the library. **Outcomes for prisoners were not sufficiently good against this healthy prison test.**

Main recommendation

Prison managers should ensure that their leadership and management of learning and skills and work find innovative ways of developing provision and have a better focus on a wide range of detailed data to drive improvements, including the number of learners who start and complete each course. (S44)

Not achieved

Recommendations

The range and levels of qualifications should be expanded further to meet the needs of the Pentonville population. (3.15)

Partially achieved

Prisoners should be offered planned and carefully structured individual learning pathways to improve their employment and rehabilitation prospects on release. (3.16)

Achieved

Prisoner attendance at the induction to learning, skills and work should be improved and the sessions should be effective. (3.26)

Not achieved

Prison and Novus managers should ensure that the quality of teaching and learning improves to good overall, and that the different needs of learners are met. (3.27)

Not achieved

Prisoners with learning disabilities or difficulties should be identified accurately and appropriate specialist support provided routinely. (3.28)

Not achieved

Prisoners' targets and the feedback they receive on their work should enable them to improve the standard of their work. (3.29)

Achieved

Prisoners' English language and writing skills should be developed through their vocational and education sessions. (3.35)

Achieved

Prisoners in work should have job descriptions so that they can demonstrate to employers what skills they have learnt and applied. (3.36)

Not achieved

Prisoner attendance at learning, skills and work sessions should be improved so that a much higher proportion attend their allocated sessions. (3.37)

Not achieved

Prison and Novus managers should implement as a priority strategies that increase substantially the number of prisoners who start and complete a course. (3.41)

Not achieved

Prisoners should be provided with appropriate information about the library, and have better access to it. (3.45)

Achieved

The sports hall and wing gyms should be redecorated, and the showers in the wing gyms should be improved. (3.48)

Not achieved

Resettlement

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

At the last inspection in 2017, managers had maintained a good focus on improving resettlement work. Prisoner needs were assessed on arrival and before release, and a range of referrals made. Resettlement and offender management work needed to be better coordinated. Offender management arrangements had improved, although the overall quality of work was too mixed. There was some good in-depth work with higher risk men. Resettlement pathway support was generally strong. Children and families support was better than we usually see in local prisons. **Outcomes for prisoners were reasonably good against this healthy prison test.**

Recommendations

Offender supervisor resources should be sufficient to ensure all key work is completed. (4.4)

Not achieved

All eligible prisoners should have an up-to-date OASys assessment and sentence plan with relevant objectives. (4.14)

Not achieved

All offender supervisors should have casework supervision, especially for their cases covering high risk of harm prisoners. (4.15)

Achieved

Community offender supervisors should respond to home detention curfew requests promptly, to enable prisoners to be released at their earliest eligibility date. (4.16)

Achieved

Multi-agency public protection arrangements (MAPPA) levels should be confirmed six months before release. (4.18)

Achieved

Category B prisoners should not stay too long at the establishment. Sentence plan objectives and proactive offender supervision should aim to ensure that they are transferred quickly to the most appropriate establishment. (4.20, repeated recommendation 4.22)

Not achieved

All resettlement plans and rehabilitation work with prisoners should be kept up to date and shared with community responsible officers to facilitate continuity for prisoners on their release. (4.24)

Not achieved

The prison should clarify the roles of community rehabilitation company and offender management staff in managing the resettlement needs of prisoners serving over 12 months, especially those assessed as low or medium risk of harm. (4.25)

Achieved

All prisoners should receive pre-release careers advice and guidance, and have the opportunity to take part in a pre-release employability course. (4.32)

Not achieved

Prisoners with substance misuse needs should be able to have training on overdose management, including the use of naloxone, before their release. (4.37)

Partially achieved

The prison should develop services to support individuals while in custody and before their release who have experienced domestic abuse or worked in the sex industry. (4.47)

Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	42	489	49.9
Recall	5	112	11.0
Convicted unsentenced	10	88	9.2
Remand	35	227	24.6
Civil prisoners	0	5	0.5
Detainees	1	23	2.3
Sub-Total	93	944	97.5
Indeterminate Sentence	1	17	1.7
unknown	0	8	0.8
Other	0	1	0.1
Total	94	970	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	47	363	38.5
Less than six months	0	53	5.0
six months to less than 12 months	14	53	6.3
12 months to less than 2 years	12	92	9.8
2 years to less than 4 years	12	124	12.8
4 years to less than 10 years	7	153	15
10 years and over (not life)	0	76	7.1
ISPP (indeterminate sentence for public protection)	0	30	5.5
Life	2	26	5.5
Total	94	970	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	94	8.8
21 years to 29 years	386	36.3
30 years to 39 years	317	29.8
40 years to 49 years	155	14.6
50 years to 59 years	95	8.9
60 years to 69 years	12	1.1
70 plus years	5	0.5
Please state maximum age here: 76		
Total	1,064	100

Nationality	18–20 yr olds	21 and over	%
British	78	753	78.1
Foreign nationals	16	211	21.3
Not Stated	0	6	0.6
Total	94	970	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	46	348	37.0
Uncategorised sentenced	1	27	2.6
Category A	0	0	0
Category B	0	115	10.8
Category C	0	463	43.5
Category D	0	15	1.4
Other (YOI Closed)	47	2	4.6
Total			

Ethnicity	18–20 yr olds	21 and over	%
White			
British	14	268	26.5
Irish	0	14	1.3
Gypsy/Irish Traveller	1	11	1.1
Other white	13	139	14.3
Mixed			
White and black Caribbean	3	41	4.1
White and black African	1	6	0.7
White and Asian	0	7	0.7
Other mixed	3	18	2.0
Asian or Asian British			
Indian	0	29	2.7
Pakistani	5	19	2.3
Bangladeshi	5	32	3.5
Chinese	0	1	0.1
Other Asian	7	30	3.5
Black or black British			
Caribbean	13	138	14.2
African	8	95	9.7
Other black	7	61	6.4
Other ethnic group			
Arab	1	4	0.5
Other ethnic group	11	55	6.2
Not stated	2	2	0.4
Total	94	970	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	5	113	11.5
Roman Catholic	8	197	19.3
Other Christian denominations	22	189	19.8
Muslim	45	288	31.3
Sikh	0	6	0.6
Hindu	0	3	0.3
Buddhist	0	17	1.6
Jewish	0	10	0.9
Other	0	12	1.1
No religion	14	135	13.9
Total	94	970	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	5	0.5
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	6	0.6%	139	13.1
1 month to 3 months	25	2.3%	177	16.6
3 months to six months	9	0.8%	113	10.6
six months to 1 year	7	0.7%	102	9.6
1 year to 2 years	0	0.0%	65	6.1
2 years to 4 years	0	0.0%	10	0.9
4 years or more	0	0.0%	1	0.1
Total	47	4.4%	607	57.0

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0.0
Total	0	0	0.0

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	21	2.0%	140	13.2
1 month to 3 months	12	1.1%	114	10.7
3 months to six months	12	1.1%	78	7.3
six months to 1 year	2	0.2%	28	2.6
1 year to 2 years	0	0.0%	3	0.3
2 years to 4 years	0	0.0%	0	0.0
4 years or more	0	0.0%	0	0.0
Total	47	4.4%	363	34.1

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

Appendix IV: Prisoner survey methodology and results

Prisoner survey methodology

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

HMIP researchers have developed a self-completion questionnaire to support HMIP Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express in their own words what they find most positive and negative about the prison²⁹.

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

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

Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment.³⁰

Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent³¹ to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. Prisoners are made aware that participation in the survey is voluntary; prisoners who decline to participate are not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 1 April 2019 the prisoner population at HMP Pentonville was 1,080. Using the sampling method described above, questionnaires were distributed to 230 prisoners. We received a total of 191 completed questionnaires, a response rate of 83%. This included one questionnaire completed via face-to-face interview. Sixteen prisoners declined to participate in the survey and 23 questionnaires were either not returned at all or returned blank.

²⁹ Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

³⁰ 95% confidence interval with a 7% margin of error. The formula assumes a 75% response rate (65% in open establishments).

³¹ For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Pentonville. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.³² Missing responses have been excluded from all analyses and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

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

Responses from HMP Pentonville 2019 compared with those from other HMIP surveys³³

- Survey responses from HMP Pentonville in 2019 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Pentonville in 2019 compared with survey responses from HMP Pentonville in 2016.

Comparisons between self-reported sub-populations of prisoners within HMP Pentonville 2019³⁴

- responses of prisoners aged 21 and under compared with those over 21.
- responses of prisoners aged 50 and over compared with those under 50.
- responses of prisoners from black or minority ethnic groups compared with those of white prisoners.
- responses of Muslim prisoners compared with those of non-Muslim prisoners.
- responses of prisoners who reported that they had a disability compared to those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.
- responses of foreign national prisoners compared with those of UK/British nationals.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.³⁵

In the comparator analyses, statistically significant³⁶ differences are indicated by shading. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there are no valid comparative data for that question.

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

³² Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

³³ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

³⁴ These analyses are carried out on summary data from selected survey questions only.

³⁵ A minimum of 10 responses which must also represent at least 10% of the total response.

³⁶ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

Survey summary

Background information

I.1	What wing or houseblock are you currently living on?	
	A wing.....	35 (18%)
	C wing.....	24 (13%)
	D wing.....	26 (14%)
	E wing.....	23 (12%)
	F wing.....	27 (14%)
	G wing.....	45 (24%)
	J wing.....	7 (4%)
	Segregation unit.....	2 (1%)
	Healthcare unit.....	2 (1%)
I.2	How old are you?	
	Under 21.....	20 (11%)
	21 - 25.....	47 (25%)
	26 - 29.....	29 (16%)
	30 - 39.....	45 (24%)
	40 - 49.....	25 (13%)
	50 - 59.....	16 (9%)
	60 - 69.....	2 (1%)
	70 or over.....	2 (1%)
I.3	What is your ethnic group?	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	53 (28%)
	White - Irish.....	1 (1%)
	White - Gypsy or Irish Traveller.....	3 (2%)
	White - any other White background.....	14 (8%)
	Mixed - White and Black Caribbean.....	16 (9%)
	Mixed - White and Black African.....	1 (1%)
	Mixed - White and Asian.....	2 (1%)
	Mixed - any other Mixed ethnic background.....	5 (3%)
	Asian/ Asian British - Indian.....	2 (1%)
	Asian/ Asian British - Pakistani.....	2 (1%)
	Asian/ Asian British - Bangladeshi.....	13 (7%)
	Asian/ Asian British - Chinese.....	1 (1%)
	Asian - any other Asian Background.....	1 (1%)
	Black/ Black British - Caribbean.....	30 (16%)
	Black/ Black British - African.....	23 (12%)
	Black - any other Black/ African/ Caribbean background.....	6 (3%)
	Arab.....	2 (1%)
	Any other ethnic group.....	11 (6%)
I.4	How long have you been in this prison?	
	Less than 6 months.....	111 (62%)
	6 months or more.....	69 (38%)
I.5	Are you currently serving a sentence?	
	Yes.....	101 (53%)
	Yes - on recall.....	26 (14%)
	No - on remand or awaiting sentence.....	58 (31%)
	No - immigration detainee.....	4 (2%)

1.6	How long is your sentence?	
	Less than 6 months.....	21 (11%)
	6 months to less than 1 year.....	23 (12%)
	1 year to less than 4 years.....	36 (19%)
	4 years to less than 10 years.....	22 (12%)
	10 years or more.....	11 (6%)
	IPP (indeterminate sentence for public protection).....	9 (5%)
	Life.....	2 (1%)
	Not currently serving a sentence.....	62 (33%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes.....	29 (15%)
	No.....	140 (74%)
	Don't remember.....	20 (11%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours.....	40 (21%)
	2 hours or more.....	143 (75%)
	Don't remember.....	7 (4%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes.....	135 (71%)
	No.....	45 (24%)
	Don't remember.....	11 (6%)
2.4	Overall, how were you treated in reception?	
	Very well.....	36 (19%)
	Quite well.....	91 (49%)
	Quite badly.....	40 (21%)
	Very badly.....	11 (6%)
	Don't remember.....	9 (5%)
2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers.....	78 (42%)
	Contacting family.....	91 (49%)
	Arranging care for children or other dependants.....	10 (5%)
	Contacting employers.....	14 (7%)
	Money worries.....	58 (31%)
	Housing worries.....	48 (26%)
	Feeling depressed.....	83 (44%)
	Feeling suicidal.....	30 (16%)
	Other mental health problems.....	47 (25%)
	Physical health problems.....	46 (25%)
	Drug or alcohol problems (e.g. withdrawal).....	38 (20%)
	Problems getting medication.....	48 (26%)
	Needing protection from other prisoners.....	24 (13%)
	Lost or delayed property.....	60 (32%)
	Other problems.....	34 (18%)
	Did not have any problems.....	24 (13%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes.....	48 (26%)
	No.....	110 (60%)
	Did not have any problems when I first arrived.....	24 (13%)

First night and induction

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

Tobacco or nicotine replacement.....	119 (64%)
Toiletries / other basic items	71 (38%)
A shower.....	31 (17%)
A free phone call.....	80 (43%)
Something to eat.....	134 (72%)
The chance to see someone from health care	98 (53%)
The chance to talk to a Listener or Samaritans.....	24 (13%)
Support from another prisoner (e.g. Insider or buddy).....	26 (14%)
Wasn't offered any of these things	17 (9%)

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

Very clean	6 (3%)
Quite clean	25 (13%)
Quite dirty	46 (25%)
Very dirty	108 (58%)
Don't remember	2 (1%)

3.3 Did you feel safe on your first night here?

Yes	96 (51%)
No.....	81 (43%)
Don't remember	10 (5%)

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

	Yes	No	Don't remember
Access to the prison shop / canteen?	53 (29%)	122 (67%)	7 (4%)
Free PIN phone credit?	115 (62%)	66 (36%)	4 (2%)
Numbers put on your PIN phone?	45 (27%)	113 (67%)	10 (6%)

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

Yes.....	56 (31%)
No.....	76 (42%)
Have not had an induction.....	48 (27%)

On the wing

4.1 Are you in a cell on your own?

Yes.....	35 (19%)
No, I'm in a shared cell or dormitory.....	152 (81%)

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

Yes.....	22 (12%)
No.....	162 (87%)
Don't know.....	3 (2%)
Don't have a cell call bell.....	0 (0%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	80 (44%)	103 (56%)	0 (0%)
Can you shower every day?	93 (50%)	90 (49%)	2 (1%)
Do you have clean sheets every week?	93 (50%)	88 (48%)	4 (2%)
Do you get cell cleaning materials every week?	60 (33%)	116 (64%)	4 (2%)
Is it normally quiet enough for you to relax or sleep at night?	71 (40%)	104 (58%)	4 (2%)
Can you get your stored property if you need it?	34 (19%)	100 (57%)	42 (24%)

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

Very clean	10 (5%)
Quite clean	58 (32%)
Quite dirty	56 (31%)
Very dirty	59 (32%)

Food and canteen**5.1 What is the quality of food like in this prison?**

Very good	4 (2%)
Quite good	43 (23%)
Quite bad	68 (37%)
Very bad	70 (38%)

5.2 Do you get enough to eat at mealtimes?

Always	16 (9%)
Most of the time	38 (20%)
Some of the time	84 (45%)
Never	50 (27%)

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

Yes	113 (61%)
No	68 (37%)
Don't know	4 (2%)

Relationships with staff**6.1 Do most staff here treat you with respect?**

Yes	104 (57%)
No	79 (43%)

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

Yes	119 (65%)
No	64 (35%)

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

Yes	64 (34%)
No	124 (66%)

6.4	How helpful is your personal or named officer?	
	Very helpful.....	28 (15%)
	Quite helpful.....	42 (22%)
	Not very helpful	23 (12%)
	Not at all helpful.....	33 (17%)
	Don't know.....	14 (7%)
	Don't have a personal / named officer	49 (26%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly.....	6 (3%)
	Sometimes.....	27 (14%)
	Hardly ever.....	139 (74%)
	Don't know.....	15 (8%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes.....	54 (30%)
	No.....	129 (70%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change.....	19 (10%)
	Yes, but things don't change.....	51 (28%)
	No.....	79 (43%)
	Don't know.....	35 (19%)

Faith

7.1	What is your religion?	
	No religion.....	34 (18%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	90 (48%)
	Buddhist.....	3 (2%)
	Hindu.....	0 (0%)
	Jewish	2 (1%)
	Muslim.....	51 (27%)
	Sikh	0 (0%)
	Other	6 (3%)
7.2	Are your religious beliefs respected here?	
	Yes.....	108 (58%)
	No.....	27 (15%)
	Don't know.....	17 (9%)
	Not applicable (no religion).....	34 (18%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes.....	80 (43%)
	No.....	24 (13%)
	Don't know.....	48 (26%)
	Not applicable (no religion).....	34 (18%)
7.4	Are you able to attend religious services, if you want to?	
	Yes.....	121 (65%)
	No.....	17 (9%)
	Don't know.....	13 (7%)
	Not applicable (no religion).....	34 (18%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	47 (25%)
	No	140 (75%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	95 (51%)
	No	93 (49%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	108 (58%)
	No	77 (42%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy	22 (12%)
	Quite easy	78 (42%)
	Quite difficult	33 (18%)
	Very difficult	34 (18%)
	Don't know	17 (9%)
8.5	How often do you have visits from family or friends?	
	More than once a week	17 (9%)
	About once a week	31 (17%)
	Less than once a week	74 (40%)
	Not applicable (don't get visits)	65 (35%)
8.6	Do visits usually start and finish on time?	
	Yes	31 (26%)
	No	87 (74%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	67 (59%)
	No	46 (41%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	50 (27%)
	Yes, but these times are not usually kept to	100 (55%)
	No	33 (18%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours	112 (63%)
	2 to 6 hours	44 (25%)
	6 to 10 hours	6 (3%)
	10 hours or more	10 (6%)
	Don't know	7 (4%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours	162 (88%)
	2 to 6 hours	15 (8%)
	6 to 10 hours	2 (1%)
	10 hours or more	1 (1%)
	Don't know	5 (3%)

9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?		
	None	19	(10%)
	1 or 2	52	(28%)
	3 to 5.....	63	(34%)
	More than 5.....	40	(22%)
	Don't know.....	10	(5%)
9.5	How many days in a typical week do you get association, if you want it?		
	None	15	(8%)
	1 or 2	27	(15%)
	3 to 5.....	83	(45%)
	More than 5.....	51	(28%)
	Don't know.....	9	(5%)
9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None	20	(11%)
	1 or 2	103	(58%)
	3 to 5.....	44	(25%)
	More than 5.....	5	(3%)
	Don't know.....	7	(4%)
9.7	Typically, how often do you go to the gym?		
	Twice a week or more	28	(15%)
	About once a week.....	39	(22%)
	Less than once a week.....	31	(17%)
	Never	83	(46%)
9.8	Typically, how often do you go to the library?		
	Twice a week or more	4	(2%)
	About once a week.....	29	(16%)
	Less than once a week.....	32	(18%)
	Never	116	(64%)
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes	36	(20%)
	No.....	25	(14%)
	Don't use the library	116	(66%)

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....	109	(60%)	
	No.....	63	(35%)	
	Don't know.....	9	(5%)	
10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	69 (40%)	86 (49%)	19 (11%)
	Are applications usually dealt with within 7 days?	47 (29%)	96 (59%)	19 (12%)

I0.3 Is it easy for you to make a complaint?

Yes.....	95 (52%)
No.....	54 (30%)
Don't know.....	33 (18%)

I0.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	20 (12%)	86 (50%)	67 (39%)
Are complaints usually dealt with within 7 days?	17 (10%)	83 (50%)	67 (40%)

I0.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes.....	45 (26%)
No.....	78 (44%)
Not wanted to make a complaint.....	53 (30%)

I0.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	44 (25%)	87 (49%)	23 (13%)	22 (13%)
Attend legal visits?	84 (49%)	47 (27%)	23 (13%)	19 (11%)
Get bail information?	10 (6%)	71 (42%)	45 (27%)	42 (25%)

I0.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes.....	83 (46%)
No.....	63 (35%)
Not had any legal letters.....	35 (19%)

Health care**I1.1 How easy or difficult is it to see the following people?**

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	7 (4%)	30 (16%)	52 (28%)	79 (43%)	15 (8%)
Nurse	18 (10%)	41 (23%)	43 (24%)	61 (34%)	15 (8%)
Dentist	5 (3%)	17 (9%)	39 (22%)	96 (53%)	23 (13%)
Mental health workers	5 (3%)	24 (14%)	37 (21%)	49 (28%)	60 (34%)

I1.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	16 (9%)	52 (29%)	34 (19%)	30 (17%)	48 (27%)
Nurse	17 (10%)	63 (37%)	27 (16%)	22 (13%)	43 (25%)
Dentist	16 (9%)	33 (19%)	25 (15%)	26 (15%)	71 (42%)
Mental health workers	8 (5%)	30 (18%)	16 (10%)	25 (15%)	88 (53%)

I1.3 Do you have any mental health problems?

Yes.....	69 (38%)
No.....	114 (62%)

I1.4 Have you been helped with your mental health problems in this prison?

Yes.....	22 (12%)
No.....	47 (26%)
Don't have any mental health problems.....	114 (62%)

11.5	What do you think of the overall quality of the health services here?	
	Very good	11 (6%)
	Quite good	44 (24%)
	Quite bad	48 (26%)
	Very bad	51 (28%)
	Don't know.....	28 (15%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	59 (33%)
	No.....	122 (67%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	16 (9%)
	No.....	40 (22%)
	Don't have a disability	122 (69%)
12.3	Have you been on an ACCT in this prison?	
	Yes	34 (19%)
	No.....	145 (81%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	13 (7%)
	No.....	21 (12%)
	Have not been on an ACCT in this prison.....	145 (81%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	26 (15%)
	Quite easy	48 (27%)
	Quite difficult	27 (15%)
	Very difficult	21 (12%)
	Don't know.....	54 (30%)
	No Listeners at this prison	3 (2%)

Alcohol and drugs

13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	34 (19%)
	No.....	146 (81%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	15 (9%)
	No.....	15 (9%)
	Did not / do not have an alcohol problem	146 (83%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	61 (34%)
	No.....	120 (66%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	26 (14%)
	No.....	156 (86%)

13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	17 (9%)
	No	163 (91%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	28 (16%)
	No	37 (21%)
	Did not / do not have a drug problem.....	110 (63%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	57 (32%)
	Quite easy	23 (13%)
	Quite difficult	8 (4%)
	Very difficult	11 (6%)
	Don't know.....	79 (44%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	19 (11%)
	Quite easy	24 (14%)
	Quite difficult	15 (8%)
	Very difficult	21 (12%)
	Don't know.....	98 (55%)
Safety		
14.1	Have you ever felt unsafe here?	
	Yes	120 (65%)
	No	66 (35%)
14.2	Do you feel unsafe now?	
	Yes	54 (31%)
	No	123 (69%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here?	
	Verbal abuse	51 (29%)
	Threats or intimidation.....	47 (27%)
	Physical assault.....	30 (17%)
	Sexual assault.....	5 (3%)
	Theft of canteen or property.....	57 (32%)
	Other bullying / victimisation	21 (12%)
	Not experienced any of these from prisoners here.....	96 (55%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	52 (30%)
	No	121 (70%)
14.5	Have you experienced any of the following types of bullying / victimisation from staff here?	
	Verbal abuse	64 (36%)
	Threats or intimidation.....	62 (35%)
	Physical assault.....	29 (16%)
	Sexual assault.....	5 (3%)
	Theft of canteen or property.....	21 (12%)
	Other bullying / victimisation	33 (19%)
	Not experienced any of these from staff here.....	79 (45%)

14.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	76 (45%)
	No	93 (55%)

Behaviour management

15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	
	Yes	57 (32%)
	No	79 (45%)
	Don't know what the incentives / rewards are	41 (23%)

15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	
	Yes	50 (28%)
	No	84 (47%)
	Don't know.....	23 (13%)
	Don't know what this is	21 (12%)

15.3	Have you been physically restrained by staff in this prison in the last 6 months?	
	Yes	37 (20%)
	No	144 (80%)

15.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?	
	Yes	4 (2%)
	No	31 (17%)
	Don't remember	3 (2%)
	Not been restrained here in last 6 months	144 (79%)

15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	
	Yes	13 (7%)
	No	169 (93%)

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

	Yes	No
Were you treated well by segregation staff?	2 (18%)	9 (82%)
Could you shower every day?	0 (0%)	10 (100%)
Could you go outside for exercise every day?	1 (9%)	10 (91%)
Could you use the phone every day (if you had credit)?	0 (0%)	10 (100%)

Education, skills and work

16.1	Is it easy or difficult to get into the following activities in this prison?			
		Easy	Difficult	Don't know
				Not available here
	Education	95 (55%)	50 (29%)	27 (16%)
	Vocational or skills training	45 (29%)	68 (43%)	44 (28%)
	Prison job	33 (19%)	119 (70%)	18 (11%)
	Voluntary work outside of the prison	7 (4%)	68 (41%)	55 (34%)
	Paid work outside of the prison	6 (4%)	65 (40%)	52 (32%)
				41 (25%)

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

	Yes, will help	No, won't help	Not done this
Education	85 (51%)	48 (29%)	33 (20%)
Vocational or skills training	50 (32%)	37 (24%)	68 (44%)
Prison job	50 (31%)	57 (36%)	52 (33%)
Voluntary work outside of the prison	38 (25%)	28 (19%)	84 (56%)
Paid work outside of the prison	40 (26%)	25 (17%)	86 (57%)

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

Yes.....	52 (30%)
No.....	110 (63%)
Not applicable (e.g. if you are retired, sick or on remand).....	12 (7%)

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

Yes.....	42 (24%)
No.....	131 (76%)

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

Yes.....	33 (85%)
No.....	2 (5%)
Don't know what my objectives or targets are.....	4 (10%)

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

Yes.....	16 (41%)
No.....	19 (49%)
Don't know what my objectives or targets are.....	4 (10%)

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

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	9 (24%)	8 (21%)	21 (55%)
Other programmes	10 (28%)	8 (22%)	18 (50%)
One to one work	12 (32%)	8 (22%)	17 (46%)
Being on a specialist unit	4 (11%)	8 (23%)	23 (66%)
ROTL - day or overnight release	7 (19%)	6 (17%)	23 (64%)

Preparation for release**18.1 Do you expect to be released in the next 3 months?**

Yes.....	63 (36%)
No.....	74 (43%)
Don't know.....	36 (21%)

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

Very near.....	8 (13%)
Quite near.....	26 (41%)
Quite far.....	15 (24%)
Very far.....	14 (22%)

18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?		
	Yes	26 (42%)	
	No	36 (58%)	
18.4	Are you getting help to sort out the following things for when you are released?		
		Yes, I'm getting help with this	No, but I need help with this
			No, and I don't need help with this
	Finding accommodation	9 (17%)	29 (54%)
	Getting employment	11 (20%)	23 (43%)
	Setting up education or training	9 (18%)	20 (39%)
	Arranging benefits	6 (11%)	34 (62%)
	Sorting out finances	6 (12%)	29 (57%)
	Support for drug or alcohol problems	8 (17%)	12 (26%)
	Health / mental health support	4 (8%)	20 (39%)
	Social care support	6 (12%)	19 (37%)
	Getting back in touch with family or friends	9 (18%)	14 (28%)

More about you

19.1	Do you have children under the age of 18?	
	Yes	86 (48%)
	No	93 (52%)
19.2	Are you a UK / British citizen?	
	Yes	156 (87%)
	No	24 (13%)
19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?	
	Yes	9 (5%)
	No	168 (95%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	
	Yes	10 (6%)
	No	166 (94%)
19.5	What is your gender?	
	Male	179 (99%)
	Female	0 (0%)
	Non-binary	0 (0%)
	Other	1 (1%)
19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	168 (96%)
	Gay / lesbian / homosexual	1 (1%)
	Bisexual	1 (1%)
	Other	5 (3%)
19.7	Do you identify as transgender or transsexual?	
	Yes	0 (0%)
	No	167 (100%)

Final question about this prison

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

More likely to offend.....	29 (17%)
Less likely to offend.....	80 (47%)
Made no difference	62 (36%)

HMP Pentonville 2019

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

In this table summary statistics from HMP Pentonville 2019 are compared with the following HMIP survey data:

- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (18 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP Pentonville in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n=186</i>	11%	5%	11%	7%
	Are you 25 years of age or younger?	<i>n=186</i>	36%	21%	36%	
	Are you 50 years of age or older?	<i>n=186</i>	11%	13%	11%	11%
	Are you 70 years of age or older?	<i>n=186</i>	1%	1%	1%	0%
1.3	Are you from a minority ethnic group?	<i>n=186</i>	62%	25%	62%	53%
1.4	Have you been in this prison for less than 6 months?	<i>n=180</i>	62%	61%	62%	
1.5	Are you currently serving a sentence?	<i>n=189</i>	67%	70%	67%	75%
	Are you on recall?	<i>n=189</i>	14%	13%	14%	9%
1.6	Is your sentence less than 12 months?	<i>n=186</i>	24%	20%	24%	22%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n=186</i>	5%	3%	5%	1%
7.1	Are you Muslim?	<i>n=186</i>	27%	13%	27%	26%
11.3	Do you have any mental health problems?	<i>n=183</i>	38%	50%	38%	
12.1	Do you consider yourself to have a disability?	<i>n=181</i>	33%	40%	33%	24%
19.1	Do you have any children under the age of 18?	<i>n=179</i>	48%	53%	48%	50%
19.2	Are you a foreign national?	<i>n=180</i>	13%	9%	13%	22%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n=177</i>	5%	6%	5%	6%
19.4	Have you ever been in the armed services?	<i>n=176</i>	6%	7%	6%	4%
19.5	Is your gender female or non-binary?	<i>n=180</i>	1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=175</i>	4%	4%	4%	1%
19.7	Do you identify as transgender or transsexual?	<i>n=167</i>	0%	2%	0%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n=189</i>	15%	17%	15%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=190</i>	21%	35%	21%	20%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=191</i>	71%	78%	71%	72%
2.4	Overall, were you treated very / quite well in reception?	<i>n=187</i>	68%	75%	68%	

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2.5	When you first arrived, did you have any problems?	<i>n</i> =187	87%	88%	87%	84%
2.5	Did you have problems with:					
	- Getting phone numbers?	<i>n</i> =187	42%	46%	42%	39%
	- Contacting family?	<i>n</i> =187	49%	48%	49%	42%
	- Arranging care for children or other dependents?	<i>n</i> =187	5%	4%	5%	
	- Contacting employers?	<i>n</i> =187	8%	7%	8%	6%
	- Money worries?	<i>n</i> =187	31%	29%	31%	26%
	- Housing worries?	<i>n</i> =187	26%	24%	26%	29%
	- Feeling depressed?	<i>n</i> =187	44%	49%	44%	
	- Feeling suicidal?	<i>n</i> =187	16%	19%	16%	
	- Other mental health problems?	<i>n</i> =187	25%	29%	25%	
	- Physical health problems?	<i>n</i> =187	25%	20%	25%	23%
	- Drugs or alcohol (e.g. withdrawal)?	<i>n</i> =187	20%	24%	20%	
	- Getting medication?	<i>n</i> =187	26%	31%	26%	
	- Needing protection from other prisoners?	<i>n</i> =187	13%	11%	13%	11%
	- Lost or delayed property?	<i>n</i> =187	32%	21%	32%	25%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	<i>n</i> =158	30%	30%	30%	22%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	<i>n</i> =186	64%	71%	64%	76%
	- Toiletries / other basic items?	<i>n</i> =186	38%	53%	38%	62%
	- A shower?	<i>n</i> =186	17%	28%	17%	10%
	- A free phone call?	<i>n</i> =186	43%	49%	43%	37%
	- Something to eat?	<i>n</i> =186	72%	76%	72%	79%
	- The chance to see someone from health care?	<i>n</i> =186	53%	61%	53%	64%
	- The chance to talk to a Listener or Samaritans?	<i>n</i> =186	13%	25%	13%	17%
	- Support from another prisoner (e.g. Insider or buddy)?	<i>n</i> =186	14%	20%	14%	
	- None of these?	<i>n</i> =186	9%	5%	9%	
3.2	On your first night in this prison, was your cell very / quite clean?	<i>n</i> =187	17%	29%	17%	
3.3	Did you feel safe on your first night here?	<i>n</i> =187	51%	61%	51%	50%
3.4	In your first few days here, did you get:					
	- Access to the prison shop / canteen?	<i>n</i> =182	29%	31%	29%	15%
	- Free PIN phone credit?	<i>n</i> =185	62%	53%	62%	
	- Numbers put on your PIN phone?	<i>n</i> =168	27%	33%	27%	
3.5	Have you had an induction at this prison?	<i>n</i> =180	73%	82%	73%	76%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	<i>n</i> =132	42%	48%	42%	

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ON THE WING						
4.1	Are you in a cell on your own?	n=187	19%	33%	19%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=187	12%	20%	12%	9%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=183	44%	54%	44%	39%
	- Can you shower every day?	n=185	50%	78%	50%	36%
	- Do you have clean sheets every week?	n=185	50%	61%	50%	60%
	- Do you get cell cleaning materials every week?	n=180	33%	49%	33%	40%
	- Is it normally quiet enough for you to relax or sleep at night?	n=179	40%	54%	40%	50%
	- Can you get your stored property if you need it?	n=176	19%	22%	19%	10%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=183	37%	55%	37%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=185	25%	34%	25%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=188	29%	29%	29%	
5.3	Does the shop / canteen sell the things that you need?	n=185	61%	59%	61%	37%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=183	57%	68%	57%	60%
6.2	Are there any staff here you could turn to if you had a problem?	n=183	65%	69%	65%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=188	34%	29%	34%	21%
6.4	Do you have a personal officer?	n=189	74%	56%	74%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	n=140	50%	47%	50%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=187	3%	6%	3%	
6.6	Do you feel that you are treated as an individual in this prison?	n=183	30%	39%	30%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=184	38%	39%	38%	
	If so, do things sometimes change?	n=70	27%	34%	27%	
FAITH						
7.1	Do you have a religion?	n=186	82%	68%	82%	82%
<i>For those who have a religion:</i>						
7.2	Are your religious beliefs respected here?	n=152	71%	67%	71%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=152	53%	65%	53%	
7.4	Are you able to attend religious services, if you want to?	n=151	80%	84%	80%	

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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=187	25%	25%	25%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=188	51%	56%	51%
8.3	Are you able to use a phone every day (if you have credit)?	n=185	58%	82%	58%
8.4	Is it very / quite easy for your family and friends to get here?	n=184	54%	45%	54%
8.5	Do you get visits from family/friends once a week or more?	n=187	26%	23%	26%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=118	26%	44%	26%
8.7	Are your visitors usually treated respectfully by staff?	n=113	59%	71%	59%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=183	82%	82%	82%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>					
9.1	Are these times usually kept to?	n=150	33%	49%	33%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=179	63%	35%	63%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=179	6%	4%	6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=185	88%	48%	88%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=185	1%	1%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=184	22%	42%	22%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=185	28%	44%	28%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=179	3%	48%	3%
9.7	Do you typically go to the gym twice a week or more?	n=181	16%	39%	16%
9.8	Do you typically go to the library once a week or more?	n=181	18%	39%	18%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=61	59%	57%	59%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=181	60%	66%	60%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	n=155	45%	47%	45%
	Are applications usually dealt with within 7 days?	n=143	33%	32%	33%
10.3	Is it easy for you to make a complaint?	n=182	52%	54%	52%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	n=106	19%	26%	19%
	Are complaints usually dealt with within 7 days?	n=100	17%	21%	17%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=123	37%	29%	37%

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<i>For those who need it, is it easy to:</i>						
10.6	Communicate with your solicitor or legal representative?	n=154	29%	41%	29%	
	Attend legal visits?	n=154	55%	59%	55%	
	Get bail information?	n=126	8%	16%	8%	
<i>For those who have had legal letters:</i>						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=146	57%	50%	57%	53%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=183	20%	24%	20%	
	- Nurse?	n=178	33%	46%	33%	
	- Dentist?	n=180	12%	11%	12%	
	- Mental health workers?	n=175	17%	20%	17%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=180	38%	39%	38%	
	- Nurse?	n=172	47%	50%	47%	
	- Dentist?	n=171	29%	24%	29%	
	- Mental health workers?	n=167	23%	24%	23%	
11.3	Do you have any mental health problems?	n=183	38%	50%	38%	
<i>For those who have mental health problems:</i>						
11.4	Have you been helped with your mental health problems in this prison?	n=69	32%	34%	32%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=182	30%	33%	30%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=181	33%	40%	33%	24%
<i>For those who have a disability:</i>						
12.2	Are you getting the support you need?	n=56	29%	26%	29%	
12.3	Have you been on an ACCT in this prison?	n=179	19%	23%	19%	
<i>For those who have been on an ACCT:</i>						
12.4	Did you feel cared for by staff?	n=34	38%	48%	38%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=179	41%	45%	41%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=180	19%	23%	19%	20%
<i>For those who had / have an alcohol problem:</i>						
13.2	Have you been helped with your alcohol problem in this prison?	n=30	50%	58%	50%	44%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=181	34%	34%	34%	37%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=182	14%	17%	14%	10%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=180	9%	12%	9%	
<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	n=65	43%	49%	43%	53%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=178	45%	51%	45%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=177	24%	27%	24%	

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Number of completed questionnaires returned

HMP Pentonville 2019	All other local prisons surveyed since September 2017	HMP Pentonville 2019	HMP Pentonville 2016
191	3,119	191	184

n=number of valid responses to question (HMP Pentonville 2019)

SAFETY						
14.1	Have you ever felt unsafe here?	n=186	65%	61%	65%	70%
14.2	Do you feel unsafe now?	n=177	31%	29%	31%	41%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=176	29%	39%	29%	
	- Threats or intimidation?	n=176	27%	36%	27%	
	- Physical assault?	n=176	17%	21%	17%	
	- Sexual assault?	n=176	3%	3%	3%	
	- Theft of canteen or property?	n=176	32%	31%	32%	
	- Other bullying / victimisation?	n=176	12%	20%	12%	
	- Not experienced any of these from prisoners here	n=176	55%	47%	55%	
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=173	30%	35%	30%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=177	36%	33%	36%	
	- Threats or intimidation?	n=177	35%	25%	35%	
	- Physical assault?	n=177	16%	13%	16%	
	- Sexual assault?	n=177	3%	2%	3%	
	- Theft of canteen or property?	n=177	12%	11%	12%	
	- Other bullying / victimisation?	n=177	19%	18%	19%	
	- Not experienced any of these from staff here	n=177	45%	56%	45%	
14.6	If you were being bullied / victimised by staff here, would you report it?	n=169	45%	46%	45%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=177	32%	38%	32%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=178	28%	35%	28%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=181	20%	14%	20%	14%
<i>For those who have been restrained in the last 6 months:</i>						
15.4	Did anyone come and talk to you about it afterwards?	n=38	11%	20%	11%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=182	7%	10%	7%	
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>						
15.6	Were you treated well by segregation staff?	n=11	18%	55%	18%	
	Could you shower every day?	n=10	0%	51%	0%	
	Could you go outside for exercise every day?	n=11	9%	59%	9%	
	Could you use the phone every day (if you had credit)?	n=10	0%	47%	0%	

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Number of completed questionnaires returned

HMP Pentonville 2019	All other local prisons surveyed since September 2017	HMP Pentonville 2019	HMP Pentonville 2016
191	3,119	191	184

n=number of valid responses to question (HMP Pentonville 2019)

EDUCATION, SKILLS AND WORK					
16.1	In this prison, is it easy to get into the following activities:				
	- Education?	n=173	55%	53%	55%
	- Vocational or skills training?	n=157	29%	27%	29%
	- Prison job?	n=170	19%	33%	19%
	- Voluntary work outside of the prison?	n=164	4%	4%	4%
	- Paid work outside of the prison?	n=164	4%	3%	4%
16.2	In this prison, have you done the following activities:				
	- Education?	n=166	80%	72%	80%
	- Vocational or skills training?	n=155	56%	55%	56%
	- Prison job?	n=159	67%	70%	67%
	- Voluntary work outside of the prison?	n=150	44%	32%	44%
	- Paid work outside of the prison?	n=151	43%	32%	43%
<i>For those who have done the following activities, do you think they will help you on release:</i>					
	- Education?	n=133	64%	58%	64%
	- Vocational or skills training?	n=87	58%	57%	58%
	- Prison job?	n=107	47%	42%	47%
	- Voluntary work outside of the prison?	n=66	58%	50%	58%
	- Paid work outside of the prison?	n=65	62%	56%	62%
16.3	Do staff encourage you to attend education, training or work?	n=162	32%	45%	32%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	n=173	24%	27%	24%
<i>For those who have a custody plan:</i>					
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=39	85%	77%	85%
17.3	Are staff helping you to achieve your objectives or targets?	n=39	41%	46%	41%
17.4	In this prison, have you done:				
	- Offending behaviour programmes?	n=38	45%	43%	45%
	- Other programmes?	n=36	50%	43%	50%
	- One to one work?	n=37	54%	37%	54%
	- Been on a specialist unit?	n=35	34%	21%	34%
	- ROTL - day or overnight release?	n=36	36%	17%	36%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>					
	- Offending behaviour programmes?	n=17	53%	71%	53%
	- Other programmes?	n=18	56%	65%	56%
	- One to one work?	n=20	60%	67%	60%
	- Being on a specialist unit?	n=12	33%	50%	33%
	- ROTL - day or overnight release?	n=13	54%	50%	54%

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HMP Pentonville 2019	All other local prisons surveyed since September 2017	HMP Pentonville 2019	HMP Pentonville 2016	
191	3,119	191	184	

Number of completed questionnaires returned

n=number of valid responses to question (HMP Pentonville 2019)

PREPARATION FOR RELEASE						
18.1	Do you expect to be released in the next 3 months?	n=173	36%	31%	36%	
<i>For those who expect to be released in the next 3 months:</i>						
18.2	Is this prison very / quite near to your home area or intended release address?	n=63	54%	58%	54%	
18.3	Is anybody helping you to prepare for your release?	n=62	42%	44%	42%	
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	n=54	70%	66%	70%	
	- Getting employment?	n=54	63%	62%	63%	
	- Setting up education or training?	n=51	57%	50%	57%	
	- Arranging benefits?	n=55	73%	68%	73%	
	- Sorting out finances?	n=51	69%	58%	69%	
	- Support for drug or alcohol problems?	n=47	43%	52%	43%	
	- Health / mental Health support?	n=51	47%	58%	47%	
	- Social care support?	n=51	49%	42%	49%	
	- Getting back in touch with family or friends?	n=50	46%	42%	46%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	n=38	24%	30%	24%	
	- Getting employment?	n=34	32%	19%	32%	
	- Setting up education or training?	n=29	31%	15%	31%	
	- Arranging benefits?	n=40	15%	23%	15%	
	- Sorting out finances?	n=35	17%	16%	17%	
	- Support for drug or alcohol problems?	n=20	40%	42%	40%	
	- Health / mental Health support?	n=24	17%	24%	17%	
	- Social care support?	n=25	24%	17%	24%	
	- Getting back in touch with family or friends?	n=23	39%	26%	39%	
FINAL QUESTION ABOUT THIS PRISON						
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=171	47%	48%	47%	

HMP Pentonville 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

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

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Number of completed questionnaires returned

Black and minority ethnic	White	Muslim	Non-Muslim
115	71	51	135

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		Black and minority ethnic	White	Muslim	Non-Muslim
1.2	Are you under 25 years of age?	46%	20%	44%	33%
	Are you 50 years of age or older?	11%	11%	2%	14%
1.3	Are you from a minority ethnic group?			90%	52%
7.1	Are you Muslim?	39%	7%		
11.3	Do you have any mental health problems?	32%	47%	38%	37%
12.1	Do you consider yourself to have a disability?	25%	47%	25%	35%
19.2	Are you a foreign national?	12%	15%	15%	13%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	2%	10%	0%	7%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	67%	78%	55%	76%
2.4	Overall, were you treated very / quite well in reception?	64%	75%	51%	74%
2.5	When you first arrived, did you have any problems?	90%	83%	94%	84%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	24%	44%	22%	34%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	47%	59%	36%	57%
3.5	Have you had an induction at this prison?	76%	68%	75%	74%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	41%	49%	46%	42%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	13%	11%	8%	13%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	46%	41%	35%	47%
	- Can you shower every day?	49%	51%	48%	52%
	- Do you have clean sheets every week?	47%	57%	46%	52%
	- Do you get cell cleaning materials every week?	29%	42%	29%	34%
	- Is it normally quiet enough for you to relax or sleep at night?	41%	38%	35%	41%
	- Can you get your stored property if you need it?	20%	18%	20%	19%

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Number of completed questionnaires returned

Black and minority ethnic	White
115	71

Muslim	Non-Muslim
51	135

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	28%	30%
5.3	Does the shop / canteen sell the things that you need?	55%	72%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	47%	74%
6.2	Are there any staff here you could turn to if you had a problem?	59%	76%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	31%	41%
6.6	Do you feel that you are treated as an individual in this prison?	28%	35%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	68%	77%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	51%	56%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	33%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	56%	44%
8.3	Are you able to use a phone every day (if you have credit)?	55%	60%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	61%	54%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	62%	66%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	6%	5%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	60%	63%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	56%	69%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	42%	50%
10.3	Is it easy for you to make a complaint?	45%	64%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	20%	18%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	38%	37%

32%	28%
54%	65%
38%	63%
50%	70%
18%	40%
26%	31%
64%	75%
41%	60%
19%	28%
51%	50%
61%	58%
59%	58%
65%	62%
6%	6%
50%	62%
50%	64%
37%	48%
44%	56%
21%	18%
34%	36%

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Number of completed questionnaires returned

	Black and minority ethnic	White	Muslim	Non-Muslim
	115	71	51	135

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	20%	23%	10%	24%
	- Nurse?	27%	45%	15%	39%
	- Dentist?	14%	11%	6%	15%
	- Mental health workers?	13%	23%	9%	18%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	32%	33%	37%	28%
11.5	Do you think the overall quality of the health services here is very / quite good?	26%	39%	19%	34%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	20%	37%	30%	27%
SAFETY					
14.1	Have you ever felt unsafe here?	66%	62%	77%	60%
14.2	Do you feel unsafe now?	34%	24%	37%	28%
14.3	Not experienced bullying / victimisation by other prisoners	57%	51%	54%	55%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	28%	35%	27%	30%
14.5	Not experienced bullying / victimisation by members of staff	41%	51%	38%	48%
14.6	If you were being bullied / victimised by staff here, would you report it?	44%	46%	36%	48%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	31%	35%	16%	38%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	23%	39%	22%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	26%	11%	29%	18%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10%	3%	14%	5%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	27%	44%	22%	36%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	24%	27%	26%	25%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	41%	41%	25%	48%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	38%	50%	31%	47%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	47%	47%	47%	46%

HMP Pentonville 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - responses of foreign national prisoners are compared with those of UK / British national prisoners
 Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Foreign national	IUK / British national
24	156

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 25 years of age?	38%	36%
	Are you 50 years of age or older?	4%	11%
1.3	Are you from a minority ethnic group?	57%	63%
7.1	Are you Muslim?	29%	26%
11.3	Do you have any mental health problems?	22%	40%
12.1	Do you consider yourself to have a disability?	22%	34%
19.2	Are you a foreign national?		
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	5%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	63%	71%
2.4	Overall, were you treated very / quite well in reception?	67%	67%
2.5	When you first arrived, did you have any problems?	83%	88%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	50%	24%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	44%	53%
3.5	Have you had an induction at this prison?	77%	74%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	41%	40%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	17%	10%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	57%	40%
	- Can you shower every day?	44%	50%
	- Do you have clean sheets every week?	52%	48%
	- Do you get cell cleaning materials every week?	46%	30%
	- Is it normally quiet enough for you to relax or sleep at night?	52%	35%
	- Can you get your stored property if you need it?	29%	17%

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	Foreign national	IUK / British national
Number of completed questionnaires returned	24	156

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	22%	27%
5.3	Does the shop / canteen sell the things that you need?	57%	62%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	65%	56%
6.2	Are there any staff here you could turn to if you had a problem?	74%	63%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	26%	36%
6.6	Do you feel that you are treated as an individual in this prison?	38%	26%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	70%	72%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	52%	52%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	35%	22%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	46%	53%
8.3	Are you able to use a phone every day (if you have credit)?	67%	56%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	73%	56%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	73%	62%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	6%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	44%	59%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	50%	61%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	18%	46%
10.3	Is it easy for you to make a complaint?	35%	54%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	9%	19%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	36%	37%

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

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

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

Foreign national	IUK / British national
24	156

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	23%	19%
	- Nurse?	27%	33%
	- Dentist?	13%	11%
	- Mental health workers?	23%	15%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	40%	31%
11.5	Do you think the overall quality of the health services here is very / quite good?	29%	29%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	25%	29%
SAFETY			
14.1	Have you ever felt unsafe here?	70%	63%
14.2	Do you feel unsafe now?	41%	29%
14.3	Not experienced bullying / victimisation by other prisoners	57%	54%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	39%	28%
14.5	Not experienced bullying / victimisation by members of staff	48%	44%
14.6	If you were being bullied / victimised by staff here, would you report it?	35%	45%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	35%	32%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	23%	30%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	17%	21%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	5%	8%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	21%	33%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	35%	22%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	29%	40%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	55%	40%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	55%	45%

HMP Pentonville 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners who reported that they had a disability compared with those who did not.
- responses of prisoners who reported that they had mental health problems compared with those who did not.

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

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

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

Number of completed questionnaires returned

Have a disability							
Do not have a disability							
	59	122					
Mental health problems							
No mental health problems							
	69	114					

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	21%	44%	32%	38%
	Are you 50 years of age or older?	21%	7%	14%	10%
1.3	Are you from a minority ethnic group?	48%	70%	54%	69%
7.1	Are you Muslim?	21%	30%	27%	27%
11.3	Do you have any mental health problems?	68%	23%		
12.1	Do you consider yourself to have a disability?			60%	17%
19.2	Are you a foreign national?	9%	15%	8%	16%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	9%	3%	8%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	70%	71%	64%	74%
2.4	Overall, were you treated very / quite well in reception?	65%	68%	62%	70%
2.5	When you first arrived, did you have any problems?	86%	86%	93%	83%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	35%	26%	30%	28%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	55%	52%	50%	52%
3.5	Have you had an induction at this prison?	71%	75%	68%	76%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	39%	43%	44%	38%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	12%	11%	13%	10%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	42%	44%	34%	48%
	- Can you shower every day?	55%	49%	55%	48%
	- Do you have clean sheets every week?	50%	49%	47%	50%
	- Do you get cell cleaning materials every week?	28%	35%	35%	31%
	- Is it normally quiet enough for you to relax or sleep at night?	40%	39%	39%	39%
	- Can you get your stored property if you need it?	15%	22%	18%	20%

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
59	122

Mental health problems	No mental health problems
69	114

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	38%	24%
5.3	Does the shop / canteen sell the things that you need?	59%	62%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	64%	53%
6.2	Are there any staff here you could turn to if you had a problem?	75%	62%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	42%	31%
6.6	Do you feel that you are treated as an individual in this prison?	38%	24%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	62%	76%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	57%	50%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	25%	24%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	60%	48%
8.3	Are you able to use a phone every day (if you have credit)?	57%	57%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	52%	61%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	60%	64%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	5%	6%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	64%	58%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	53%	64%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	46%	44%
10.3	Is it easy for you to make a complaint?	58%	50%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	19%	19%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	43%	33%

31%	25%
61%	61%
59%	56%
66%	65%
38%	32%
33%	27%
62%	76%
62%	48%
22%	26%
52%	52%
57%	59%
54%	61%
67%	59%
6%	6%
65%	55%
59%	61%
46%	44%
57%	50%
24%	16%
41%	33%

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

Number of completed questionnaires returned

Have a disability	Do not have a disability
59	122

Mental health problems	No mental health problems
69	114

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	25%	18%
	- Nurse?	45%	28%
	- Dentist?	16%	11%
	- Mental health workers?	24%	12%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	46%	11%
11.5	Do you think the overall quality of the health services here is very / quite good?	41%	26%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	30%	
SAFETY			
14.1	Have you ever felt unsafe here?	65%	62%
14.2	Do you feel unsafe now?	33%	28%
14.3	Not experienced bullying / victimisation by other prisoners	44%	60%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	31%	29%
14.5	Not experienced bullying / victimisation by members of staff	37%	48%
14.6	If you were being bullied / victimised by staff here, would you report it?	45%	45%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	35%	32%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	30%	27%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	18%	22%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	7%	7%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	33%	33%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	26%	24%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	50%	39%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	28%	47%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	45%	48%

25%	18%
45%	27%
14%	12%
26%	11%
32%	
33%	29%
27%	32%
67%	63%
36%	27%
43%	61%
27%	32%
33%	51%
41%	48%
24%	37%
22%	32%
29%	16%
10%	5%
35%	30%
22%	25%
39%	44%
24%	51%
34%	54%

HMP Pentonville 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 21 and under are compared with those of prisoners over 21

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

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

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

Number of completed questionnaires returned

21 and under	Over 21
20	166
50 and over	Under 50
20	166

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 25 years of age?	100%	28%	0%	40%
	Are you 70 years of age or older?	0%	1%	10%	0%
1.3	Are you from a minority ethnic group?	85%	59%	60%	62%
7.1	Are you Muslim?	55%	24%	5%	30%
11.3	Do you have any mental health problems?	35%	37%	45%	35%
12.1	Do you consider yourself to have a disability?	15%	35%	60%	29%
19.2	Are you a foreign national?	10%	14%	6%	15%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	6%	0%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	65%	71%	80%	69%
2.4	Overall, were you treated very / quite well in reception?	45%	70%	80%	66%
2.5	When you first arrived, did you have any problems?	90%	87%	85%	88%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	13%	33%	67%	27%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	42%	53%	74%	50%
3.5	Have you had an induction at this prison?	83%	72%	70%	74%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	33%	45%	57%	42%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	5%	13%	25%	11%
4.3	- Do you normally have enough clean, suitable clothes for the week?	47%	44%	45%	44%
	- Can you shower every day?	47%	50%	70%	47%
	- Do you have clean sheets every week?	63%	50%	50%	51%
	- Do you get cell cleaning materials every week?	26%	35%	33%	34%
	- Is it normally quiet enough for you to relax or sleep at night?	26%	42%	42%	40%
	- Can you get your stored property if you need it?	12%	21%	16%	20%

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

Number of completed questionnaires returned

21 and under	Over 21
20	166

50 and over	Under 50
20	166

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	32%	29%
5.3	Does the shop / canteen sell the things that you need?	74%	60%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	28%	60%
6.2	Are there any staff here you could turn to if you had a problem?	56%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	5%	38%
6.6	Do you feel that you are treated as an individual in this prison?	16%	32%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	77%	71%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	50%	54%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	10%	28%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	63%	50%
8.3	Are you able to use a phone every day (if you have credit)?	45%	60%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	53%	60%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	95%	59%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	7%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	67%	60%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	35%	65%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	43%	45%
10.3	Is it easy for you to make a complaint?	35%	55%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	13%	20%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	50%	36%

65%	25%
75%	60%
84%	54%
90%	62%
55%	32%
44%	29%
77%	71%
65%	52%
40%	24%
55%	51%
74%	56%
88%	57%
53%	65%
5%	6%
78%	57%
75%	60%
77%	41%
70%	51%
55%	15%
29%	38%

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

Number of completed questionnaires returned

21 and under	Over 21
20	166

50 and over	Under 50
20	166

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	15%	21%
	- Nurse?	17%	35%
	- Dentist?	11%	13%
	- Mental health workers?	17%	16%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	29%	31%
11.5	Do you think the overall quality of the health services here is very / quite good?	16%	33%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	0%	31%
SAFETY			
14.1	Have you ever felt unsafe here?	70%	63%
14.2	Do you feel unsafe now?	30%	30%
14.3	Not experienced bullying / victimisation by other prisoners	80%	52%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	28%	31%
14.5	Not experienced bullying / victimisation by members of staff	45%	44%
14.6	If you were being bullied / victimised by staff here, would you report it?	30%	47%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	16%	34%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	5%	32%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	40%	19%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	6%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	7%	35%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	11%	27%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	0%	43%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	38%	43%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	53%	46%

50%	17%
70%	28%
40%	9%
26%	15%
63%	26%
70%	26%
42%	26%
45%	66%
21%	31%
55%	55%
60%	27%
45%	44%
75%	41%
35%	31%
25%	29%
10%	22%
0%	8%
53%	30%
28%	25%
75%	37%
67%	39%
39%	48%