

Report on an unannounced short follow-up inspection of

HMP Lindholme

18–20 January 2011

by HM Chief Inspector of Prisons

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Introduction

HMP Lindholme, near Doncaster, is a large category C training prison for adult males. It also has responsibility for the adjacent immigration removal centre, on which we have reported separately. When we last visited, we were particularly concerned by significant shortfalls in a number of aspects of safety. On our return, for this unannounced follow-up inspection, we found a much safer establishment, appropriately focused on its training function, but still with a number of areas requiring further development.

Staff and prisoners made clear that Lindholme was now a much safer prison. Early days in custody still required better management, but generally safer custody arrangements were improved with good care for those at risk of self-harm and a robust approach to violence and bullying. Security had also improved, reflected in a reduction in the previously unacceptable levels of substance misuse. Moreover, managers and staff had been proportionate in their response to the security and safety issues they had faced and this was reflected in low use of adjudications, force and segregation.

The quality of accommodation remained satisfactory. Staff-prisoner relationships were positive, although personal officer work was inconsistent. A combination of limited resources and staff absences had impacted on a number of aspects of diversity, including provision for black and minority ethnic prisoners, foreign nationals, prisoners with disabilities and older prisoners. The quality of catering was poor. Health care facilities had improved but, again, a shortage of staff had impacted on provision.

Lindholme was a busy prison, with 90% of the population engaged in some form of purposeful activity. There was a reasonable amount of work and vocational training, some of high quality, and education provision was good. Both the library and gym facilities were well used.

There remained a need to reinforce the strategic management of resettlement, but most aspects of offender management were sound, including sentence planning, public protection and categorisation arrangements. Work along the resettlement pathways varied.

Commendably, staff and managers had addressed most of the weaknesses in safety that had concerned us on our previous inspection. Lindholme also remained an appropriately busy and purposeful training prison. However, there remained plenty of scope for further improvements, for example in diversity, catering and resettlement. These issues are detailed in the report, but the overall picture is one of solid progress.

Nick Hardwick
HM Chief Inspector of Prisons

April 2011

Fact page

Task of the establishment

HMP Lindholme is a category C training prison.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

Yorkshire and Humberside

Number held

944

Certified normal accommodation

914

Operational capacity

994

Date of last full inspection

29 October to 2 November 2007

Brief history

HMP Lindholme is located on the site of a former Royal Air Force (RAF) base, approximately 10 miles north of Doncaster. It covers the largest site in the prison estate, covering an area of 100 acres within the perimeter fence. The land was bought in the mid-1980s and was opened as a prison in 1985. HMP Lindholme is a split site, consisting of a category C prison and an immigration removal centre.

Short description of residential units

The accommodation consists of six small units of 64 beds on eight spurs. These buildings were from the original RAF camp and sit around the main exercise yard. On A to F wings, prisoners have access to their own rooms, with a room key and access to a communal landing, where there is a refrigerator, television, hot water boiler, shower, basin and toilet.

G wing was designed to accommodate 120 prisoners, with J and K wings holding 180. These provide modern cellular accommodation, with two wings of single cells, each with its own sanitation. The current operational capacity for G wing is 144, with J and K providing 208.

L wing (a 60-bed unit) is the newest accommodation and comprises 30 double cells with in-cell wet rooms containing a toilet, sink and shower. This unit acts as the first night centre.

The care and separation unit contains 20 cells and can hold a maximum of 22 prisoners.

Escort contractor

G4S

Health service commissioner and provider

Nottinghamshire Healthcare NHS Trust

Learning and skills provider

The Manchester College is the lead provider for education and training. The construction courses in the vocational areas were sub-contracted to East Riding College.

Section 1: Healthy prison assessment

Introduction

HP1 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2007 and examine progress achieved. We have commented where we have found significant improvements and where we believe little or no progress has been made and work remained to be done. All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

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

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

- outcomes for prisoners are good against this healthy prison test.

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

- outcomes for prisoners are reasonably good against this healthy prison test.

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

- outcomes for prisoners are not sufficiently good against this healthy prison test.

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

- outcomes for prisoners are poor against this healthy prison test.

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

HP3 This Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the

previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress and, where necessary, to note additional areas of concern observed by inspectors. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected. From the evidence available they also concluded whether this progress confirmed or required amendment of the healthy prison assessment held by the Inspectorate on all establishments but only published since early 2004.

Safety

- HP4 At our inspection in 2007, we found that in Lindholme outcomes for prisoners were not sufficiently good against this healthy prison test. We made 46 recommendations in this area, of which 30 had been achieved, seven partially achieved, nine had not been achieved and two were no longer relevant. We have made a further 12 recommendations.
- HP5 Prisoners reported a reasonable experience of transfers to the prison, although comfort breaks were not routinely offered. Prisoners were offered food and drinks for their journeys. Vehicles were admitted quickly but prisoners sometimes waited on vans outside reception, as it was closed during lunchtime.
- HP6 Prisoners spent too long in reception. Individual interviews were carried out in an open area, which was not conducive to sharing confidential information. There was little to occupy prisoners and no reading material was provided. There were no Listeners or Insiders in reception, although prisoner orderlies offered additional support.
- HP7 Not all prisoners were able to make a telephone call on their first night, although staff offered to call their families on their behalf. They had a private interview with induction staff and had free access to Listeners on the wing. Cells for new arrivals were clean but there was some graffiti on picture boards. Cells were not always prepared fully. All the cells had en-suite facilities. Prisoners reported that they had felt safe on their first night at the establishment.
- HP8 Prisoners were negative about the induction process. They remained locked in their cells when not undertaking the programme and only received a short presentation about Lindholme. Written information was available in different languages but prisoners were not routinely provided with it. Prisoners met their offender supervisors and a range of staff from different departments, and a basic assessment and resettlement plan was completed. The safer custody presentation was not always given. Prisoners moved off the unit quickly but could wait some weeks to be assigned to work.
- HP9 Prisoners reported that they felt safe at the establishment. The management of self-harm and suicide was good. The safer custody committee met monthly and covered issues around safety and welfare and there was an accompanying continuous development plan. Death in custody action plans were not discussed at the meeting and were monitored to a limited degree.

- HP10 Some assessment, care in custody and teamwork (ACCT) documents showed in-depth entries about prisoners. The Listener team was easily accessible and there was a care suite on K wing.
- HP11 Safety issues around the prison were promoted by the safer custody team and staff and prisoners were aware of them. The violence reduction system ensured that action plans were drawn up for victims and perpetrators to address the behaviour underlying the incident. Prisoners involved in bullying could be recommended for some non-accredited interventions but the system generally relied on staff monitoring of those involved. Provision for victims had improved, with support offered rather than disruption through moving them to another location. We were not assured that the safer custody coordinator investigated all assaults to consider whether bullying was involved.
- HP12 The quality of information in security information reports was good and there was excellent strategic thinking around intelligence. Target searching was not always carried out quickly and was dependent on staff availability. The monthly committee meeting minutes showed detailed and thorough analysis, and a reduction in drugs supply had been achieved. There was excellent joint working with the police and a prison investigation team looked into all criminal activity in the prison.
- HP13 Prisoners on closed visits and banned visitors were reviewed monthly. All were for visits-related intelligence and appropriately authorised.
- HP14 The care and separation unit was not overused. Prisoners did not remain in the unit for extended periods but most were transferred out to other prisons. The special cell was rarely used. Accommodation was adequate and attempts were made to keep cells clean. Reviews were multidisciplinary but targets were rudimentary and did not address the reasons for segregation.
- HP15 The regime on the unit was limited. Access to Listeners was facilitated when required. The exercise yards were bleak, with no seating, but prisoners could exercise in association with others.
- HP16 Adjudication arrangements were good. Adjudicators were clear about the processes and checked prisoners' understanding of what was happening. The documentation showed that punishments were appropriate to the circumstances but the reasons for the findings, or why a particular punishment was given, were not always clear. The number of adjudications had reduced and this had been linked to better use of the incentives and earned privileges (IEP) scheme.
- HP17 Use of force was very low. Planned removals were not video-recorded. Monitoring and analysis of use of force were limited. Some use of force documentation did not include F213s (the form used to report injuries to prisoners).
- HP18 The drug strategy was well developed, with clear targets. There was little drug use and this was reflected in the low mandatory drug testing rate.
- HP19 The integrated drug treatment system (IDTS) had been in place since 2007 and IDTS staff worked closely with counselling, assessment, referral, advice and throughcare (CARAT) staff. Arrangements for dispensing methadone prevented the full delivery of the psychological elements of the programme.

HP20 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were now reasonably good against this healthy prison test.

Respect

HP21 At our previous inspection, we found that in Lindholme, outcomes for prisoners were not sufficiently good against this healthy prison test. We made 78 recommendations in this area, of which 37 had been achieved, eight partially achieved, 28 had not been achieved and five were no longer relevant. We have made a further 14 recommendations.

HP22 The external areas were generally clean, tidy and well maintained. Internally, communal areas and cells were clean, although some single cells continued to be used for two prisoners. The newer accommodation provided a better environment. Showers on some wings were in a poor state of decoration and not all were working. Prisoners on A to F wings had free access to shared shower and toilet facilities. Prisoners had limited opportunities to wear their own clothing.

HP23 We found no delays in the delivery and receipt of mail, other than those experienced by everyone during the recent bad weather. There were not enough telephones and access was inadequate during limited association periods. Trolley telephones were being installed that would improve access.

HP24 The IEP scheme was more actively used than at the time of the previous inspection. Reviews did not always result in demotion and prisoners were given a chance to improve their behaviour. The warnings we saw were appropriate. Prisoners who were on the enhanced level on arrival retained that status but those on standard had to wait at least three months before being considered for promotion. Prisoners were positive about the provisions for those on enhanced, particularly the increased amount of freedom they had on A to F wings.

HP25 Prisoners were mostly positive about staff and all were clear that they had members of staff they could go to with concerns. Foreign national prisoners were less positive and felt that staff did not sufficiently understand the different cultures. We observed some good staff engagement, particularly on the smaller wings.

HP26 Application of the personal officer scheme was not consistent with the requirements of the policy. Some staff had a good knowledge of the prisoners in their care. Records showed regular contact between staff and prisoners but entries lacked detail and were repetitive. There were few records of monthly management checks.

HP27 The diversity policy did not include provision for transgender prisoners. Gay prisoners had good support and were seen individually by the race equality officer (REO), who provided information and advice.

HP28 A survey had been carried out to identify prisoners with disabilities and new arrivals needing support were identified by health services staff. Initial assessments for personal emergency evacuation plans were carried out but there was no ongoing monitoring of them. There were clear directions for those prisoners who required help in an emergency but lists on some wings were out of date.

- HP29 The disability liaison officer was currently absent and provision for older prisoners and those with disabilities had suffered. The prisoner diversity representatives were trained and a valuable resource. The diversity and equalities action team (DEAT) meeting was well attended and appropriate matters were discussed there.
- HP30 There were no specific focus groups for black and minority ethnic prisoners. A consultant had been engaged to run race awareness training for prisoners. The race equality officer was diverted to other tasks regularly and was required to work on wings, as well as carry out race equality work. This had resulted in support meetings with prisoners being cancelled at short notice. The monitoring of racist prisoners was effective but there were no interventions offered to deal with racist behaviour. Racist incident report form investigations were carried out to an adequate standard and none had resulted in a formal disciplinary investigation.
- HP31 A fifth of the population were foreign nationals. There were 14 prisoners detained beyond the end of their sentences. There were no hours profiled for foreign national support work, which was shared among three residential senior officers. UK Border Agency (UKBA) staff were based on site and provided immigration advice. There was limited provision of translation and interpreting services. Prisoners were often used to interpret. The Traveller group was valued by prisoners.
- HP32 All faith groups represented at the prison were provided for and the facilities for worship were good, although the Muslim group was reaching capacity for the available worship space. Chaplaincy staff provided additional religious activities, which were clearly publicised on all the wings.
- HP33 Application forms were generally available and prisoners were provided with a copy of their applications. Prisoners often had to submit more than one application to get a response.
- HP34 Monitoring of complaints was thorough but there was no action plan to deal with identified issues. A pilot scheme was under way which allowed 10 days for an initial response to complaints, which was too long. Responses did not always resolve matters at the earliest opportunity. Quality assurance was carried out but outcomes were not monitored.
- HP35 The legal services officer saw all new receptions and provided a limited signposting service.
- HP36 The kitchen facility was poor and not adequate to provide for the number of prisoners held, and many items of equipment were out of order. There was no catering manager. The food trolleys were filthy and food was left on the wings overnight. The quality and quantity of food were adequate but meals were served too early and not at the times published in the core day. Prisoners working in the kitchen were not able to undertake qualifications.
- HP37 The range of goods available in the shop was appropriate for the population. Consultation with prisoners was limited and they complained that prices were too high.
- HP38 The health care manager was well supported by the primary care trust. The refurbished health care building was an improved facility and provided a good environment, and there were new treatment rooms on the larger wings.

- HP39 Prisoners had access to primary and mental health clinics but the range of services delivered was inadequate owing to the shortage of staff. Access to GPs was satisfactory and had improved, and some visiting specialists attended to provide clinics. Pharmacy provision was on a supply-only basis. The dental waiting list had been reduced. There was little health promotion.
- HP40 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were still not sufficiently good against this healthy prison test.

Purposeful activity

- HP41 At our previous inspection, we found that in Lindholme, outcomes for prisoners were reasonably good against this healthy prison test. We made five recommendations in this area, of which three had been achieved and two partially achieved. We have made a further five recommendations.
- HP42 During our roll check, 23% of prisoners were either locked in their cells or on wing spurs. Association was not routinely cancelled and all prisoners had access to outside exercise daily and were provided with appropriate outdoor clothing. There was limited evening activity. The core day was not published on all wings and we observed some regime slippage. Unemployed prisoners had limited time out of their cells.
- HP43 Over 90% of the population was engaged in purposeful activity daily, although some of this was part time. Prisoners arrived late for activities but this was being actively addressed.
- HP44 Education classes were well resourced, planned and thorough, and managers monitored activities. Achievement rates of qualifications were high.
- HP45 A range of good quality construction courses was provided although the Railtrack course had been discontinued. The standard of work produced was high and staff-tutor relationships were positive.
- HP46 The main library was a good facility and attendance had improved. Stock, including for foreign nationals, was good and resources were adequate. A quarter of planned library sessions in the main library were cancelled as a result of the prisoner library officer being diverted to other duties. The satellite libraries did not provide an equivalent service to the main library.
- HP47 The gym facilities were good and gym staff offered both recreational and vocational PE classes. Prisoners had adequate access, which was monitored to ensure fairness, but there were insufficient showers and toilets. The outdoor area was too small and could not be used in all weathers.
- HP48 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were still reasonably good against this healthy prison test.

Resettlement

- HP49 At our previous inspection, we found that in Lindholme, outcomes for prisoners were reasonably good against this healthy prison test. We made 34 recommendations in

this area, of which 11 had been achieved, seven partially achieved and 16 had not been achieved. We have made a further six recommendations

- HP50 Governance of resettlement was poor. The action plan lacked sufficient detail and no needs analysis had been carried out. Bimonthly resettlement meetings took place and membership included outside agencies who were involved with the establishment. All the pathways were discussed at this meeting but not in sufficient depth.
- HP51 The offender management unit was developing and case administrators, public protection, and observation, classification and allocation staff were located in one building. Layered offender management was well developed. All prisoners received some form of assessment and sentence plan and all had an offender supervisor. Too many prisoners arrived from prisons in the local area without offender assessment system (OASys) assessments completed. This was managed proactively and the backlog had reduced.
- HP52 Sentence planning boards were carried out on time, with contributions from relevant departments and input from offender managers. All prisoners were given a copy of their sentence plan. Reviews were timely.
- HP53 Recategorisation reviews took place on time. Prisoners were not routinely invited to submit representations but could appeal decisions. Those going to open conditions were moved swiftly to prisons nearby but waited longer if going further afield.
- HP54 Release on temporary licence (ROTL) was used for resettlement purposes. Foreign national prisoners could be excluded from HDC and ROTL, as UKBA often objected to their release.
- HP55 Lifers and prisoners serving indeterminate sentences for public protection (IPP) were managed by a dedicated team in the OMU. There was a shortage of psychologists for one-to-one work. Lifer family days were well attended.
- HP56 Public protection arrangements were sound and risk management panels took place regularly.
- HP57 Provision for accommodation; finance, benefit and debt; education, training and employment; and children and families of offenders was limited. There was no peer support in resettlement. Shelter provided a limited range of accommodation advice, guidance and support but staff were not clear about how many they had assisted into accommodation. There was no lead for the finance, benefit and debt pathway. Jobcentre Plus provide some debt advice and ongoing support. Prisoners could open bank accounts when they were close to release. There was no pre-release course. Jobcentre Plus and Supporting Others through Volunteer Action (SOVA) provided a basic advice service for prisoners seeking work or help with preparation for work.
- HP58 Discharge planning for general and mental health was managed well, with adequate time given for the preparation of those due to be released. All secondary care mental health patients were discharged under the care planning approach.
- HP59 The CARAT service operated alongside Doncaster Alcohol Services for those with alcohol problems. The prison addressing substance related offending (P-ASRO) programme was run and referrals to drug intervention programmes were made when needed.

- HP60 Prisoners and visitors complained about the visits booking procedures, which were long and complicated. The information booklet for visitors in the visitors centre was out of date. The visits hall was a large, bright facility but the furniture was fixed too far apart. Capacity for visits was insufficient and the booking process was open to abuse, as prisoners booked spaces with no intention of attending. Family visits were well received but access was limited to enhanced prisoners. There was no prison visitor scheme and no parenting or family courses. Prisoners could take part in Storybook Dads.
- HP61 There had been no needs analysis for the provision of offending behaviour programmes. Staff sickness and vacancies had resulted in some course provision being reduced. Waiting lists were appropriately prioritised.
- HP62 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were still reasonably good against this healthy prison test.

Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

Main recommendations (from the previous report)

- 2.1 **The layout of reception should be improved to ensure that health services staff are not isolated, prisoners are monitored at the rear of reception and that new receptions and those awaiting transfer or release do not have contact in the initial holding area. (HP38)**

Not achieved. Arriving prisoners were held in a large room which was also used to accommodate those awaiting transfer or release. We were told that, where possible, arrangements were made with the escorting officers to remove prisoners who were waiting for an escorted absence and that discharges had usually been cleared before new receptions arrived. The health care room was situated behind the reception office and was not easily visible from there. There was no means of continual supervision of prisoners in the rear holding room.

We repeat the recommendation.

- 2.2 **The personal officer scheme should be relaunched to include the expectation that personal officers will help to address issues arising from prisoners' sentence plans. (HP39)**

Achieved. The personal officer scheme had been re-launched to include sentence planning. Application of the scheme was not consistent with the requirements of the policy and we noted from personal files on P-Nomis that sentence planning issues were rarely addressed by personal officers. Officers that we spoke to said that they could not easily access prisoners' sentence plans and most stated that they would not comment on them in their weekly entries on P-Nomis.

Further recommendation

- 2.3 **The personal officer scheme should be fully implemented and sentence planning documents made easily available to staff to help achieve this.**

- 2.4 **The safer custody meeting should monitor the impact of the anti-social behaviour/anti-bullying policy, undertake a more detailed analysis of collated data and explore preventative measures. (HP40)**

Partially achieved. The prison had conducted an exit survey with prisoners about their experience and views of safety in the establishment. It was not clear how this information had improved practice. No other surveys had taken place and the safer custody group did not monitor the impact of the anti-social behaviour/anti-bullying policy, although it looked at the trend of incidents compared with those in the previous month and received details of individual incidents.

We repeat the recommendation.

- 2.5 **The REAT should develop an action plan outlining how the establishment can address the negative perceptions of both black and minority ethnic and Muslim prisoners about a range of issues at the prison. (HP41)**

Not achieved. A survey of black and minority ethnic prisoners had been carried out in 2008 but this had not resulted in an action plan and there was no ongoing monitoring of the perceptions of this group of prisoners.

We repeat the recommendation.

- 2.6 **Work with foreign national prisoners should be proactive, starting with engagement during induction and including use of external translation services when required and greater use of translated materials. In addition, information about the services available should be prominently displayed around the establishment. (HP42)**

Partially achieved. C, D and K wings had been redesignated as foreign national wings. UK Border Agency (UKBA) staff were based on K wing and conducted a range of surgeries each week. Interpreting services were available but poorly advertised, and some staff we spoke to were unaware of them. When questioned, some staff were able to retrieve instructions on the use of such services from wing office drawers. Foreign national prisoners we spoke to had had differing experiences at the establishment but all felt that staff were unaware of cultural differences (see further recommendation 2.60)

- 2.7 **Sufficient purposeful activity should be available for prisoners. (HP43)**

Achieved. Overall, there were sufficient purposeful activity places. The prison had provided additional vocational opportunities with industry-recognised qualifications. There was a wide range of courses that developed and accredited useful employability skills. In the three months before the inspection, an average of 92% (927) of the prison population was employed in purposeful activity places. During this period, an average of 4% (47) had only morning or afternoon activities to attend.

- 2.8 **Access to library facilities across all areas of the prison should be increased significantly. (HP44)**

Partially achieved. The main library hours had been extended for an additional hour and three-quarters on Friday afternoons and was still open for two evenings a week. Access had been timetabled well for specific prisoner groups, including unemployed prisoners, wing cleaners and enhanced prisoners. Data indicated that use of the library had increased. Attendance was monitored and a monthly report produced. Recent data indicated that 53% of the prison population were active library users. However, in 2010, 25% of planned openings had not taken place due to the library prison officer not being available. Access to wing satellite libraries had not increased; these offered an appropriate range of books. Stock rotation criteria in the satellite libraries were satisfactory but the accommodation and additional resources available were limited in comparison to those in the main library. Feedback from some prisoners indicated that there was limited time available in satellite libraries at times, due to the level of demand.

Further recommendation

- 2.9 **The prison should ensure that all prisoners have equal access to library services for a minimum of 30 minutes a week.**

Housekeeping point

2.10 The prison should ensure that library sessions take place as planned.

2.11 **Sufficient resources should be dedicated to security work to address the issues of drug trafficking, drug use and associated general prisoner disorder. (HP45).**

Not achieved. There remained only a small amount of profiled daily staffing to respond to intelligence in support of the security operations team. There was evidence of cross-deployment of these and other staff, who had multiple tasks assigned to them, such as searching and escort duties. We were told that managers often had to do the searches themselves, to ensure that high-quality intelligence could be acted on expediently. **We repeat the recommendation.**

Recommendations

Courts, escorts and transfers

2.12 **Prisoners should be removed from the van at the earliest opportunity and placed in an adequate holding room. (1.7)**

Not achieved. During the inspection, vehicles were admitted quickly to the prison but prisoners arriving at lunchtime were kept on the van for approximately 30 minutes, until staff arrived back from lunch. The holding room into which they were taken was furnished with comfortable chairs and sofas but there was no reading material available to keep them occupied (see housekeeping point 2.40).

Further recommendation

2.13 Prisoners should be removed from the van at the earliest opportunity.

2.14 **Escort staff should take charge of prisoners expeditiously to avoid delays in the movement of prisoners to and from the establishment. (1.8)**

Achieved. During the inspection, we observed escort staff taking charge of prisoners without undue delay. Escort staff told us that there were occasional delays in all the prisons they serviced and that Lindholme did not cause them any more problems than elsewhere.

2.15 **Reception staff should ensure that all the necessary information for the discharge/transfer of prisoners is available before the arrival of escort staff. (1.9)**

Achieved. We were told that reception staff notified the administration offices 48 hours in advance that documentation was required. During the inspection, discharge and transfer documents required for the next day had already been received in reception.

Additional information

- 2.16 The cellular vans used for transporting prisoners, provided by G4S, were clean and well maintained. Relationships between escort staff and prisoners and prison staff were courteous and efficient. Prisoners in our groups told us that they had not travelled long distances to the establishment and had been provided with refreshments but toilet breaks had not been offered routinely.
- 2.17 Prisoners' clothing was stored in reception for them to wear when attending court and some was available for those who did not have suitable clothing of their own.

First days in custody

- 2.18 **A strategy for the safe management of vulnerable prisoners should be drawn up. (1.19)**

Achieved. Lindholme had stopped providing accommodation specifically for vulnerable prisoners since the previous inspection. There was a vulnerable prisoner policy, which described how vulnerability issues should be identified and managed. Staff in reception were able to describe and give examples of how they had met the needs of newly arrived prisoners about whom they had had concerns.

- 2.19 **Prisoners should be moved onto the induction wing at the earliest opportunity. (1.29)**

Not achieved. Once prisoners had completed reception processes, they waited in a holding room at the back of reception. They were kept waiting there for up to two hours, until other prisoners had completed reception processes, although some who were ready were taken over before the last prisoners had been processed.

We repeat the recommendation.

- 2.20 **The CSRA should be completed in private surroundings. (1.30)**

Not achieved. Cell sharing risk assessment interviews were conducted at the reception desk in a busy area, with no privacy from staff, although other prisoners were not present and doors to the holding areas were closed.

We repeat the recommendation.

- 2.21 **The shower facilities and changing cubicles in reception should be refurbished. (1.31)**

Achieved. A new toilet and shower facility for those with disabilities had been built in the initial holding area but staff told us that prisoners usually preferred to wait until they were on the first night centre to take a shower. Searching was undertaken in private cubicles.

- 2.22 **Translated information should be displayed throughout reception. (1.32)**

Achieved. There was a good range of notices about reception processes, race relations legislation, equal opportunities, complaints and telephone calls, translated into up to 13 different languages.

- 2.23 **Reception processes and staffing should be reorganised to ensure that prisoners spend minimal time there. (1.33)**

Partially achieved. During the inspection, prisoners spent up to six hours in reception. Since the previous inspection, the process of moving prisoners to the first night accommodation had been improved by assigning the task of escorting them to first night staff. This meant that reception staff could continue with reception processes while the prisoners ready to be

accommodated could leave. Besides this, the reception process was still cumbersome and prolonged.

We repeat the recommendation.

2.24 Prisoners should be referred to by their first or chosen name in reception. (1.39)

Not achieved. While we observed one member of staff in reception using prisoners' titles, and some use of first names on induction, prisoners were habitually addressed by their surnames in reception.

We repeat the recommendation.

2.25 Prisoners should have the opportunity to use the showers and make a telephone call on the induction wing whenever they arrive. (1.34)

Partially achieved. Most prisoners arriving at the prison were located on the induction wing in time for the evening meal and association. Their PIN telephone access was operated and they could make a telephone call at their own expense but were not prioritised and had to queue with other prisoners. They had access to the showers and outdoor exercise during this period. During the inspection, some prisoners did not arrive on the induction wing before the end of association and did not have the opportunity to make a telephone call. They were seen by the first night officer, who made a telephone call on their behalf to inform family or friends that they had arrived.

Further recommendation

2.26 All prisoners should have the opportunity to make a free telephone call and take a shower on the day of their arrival.

2.27 Induction material should be translated to meet the needs of the foreign national population. (1.35)

Achieved. The induction compact and booklet had been translated into 22 languages that were appropriate to the prison population. However, we saw little evidence of these being issued.

2.28 Induction staff should use translation services to ensure that foreign national prisoners receive the same quality and standard of induction as English speakers. (1.36)

Partially achieved. Professional interpreting services were rarely used. Induction staff had access to prisoners who were willing and able to interpret for new prisoners who had difficulty in understanding English. The privacy of prisoners was compromised when other prisoners were used to interpret for confidential matters.

Further recommendation

2.29 Professional interpreting services should be used for all confidential induction interviews with prisoners with poor English.

2.30 The induction programme should keep prisoners fully occupied during their five days on the induction wing. (1.37)

Not achieved. Prisoners were not kept fully occupied while they were on the induction wing. On their first morning, they attended a gym induction and induction talk. In the afternoon, they were locked in their cells. The following day they attended the offender management unit for resettlement, employment and library inductions. On the afternoon of the second day, they could be transferred to permanent accommodation but, if not, were locked in their cells. During the inspection, most prisoners on the induction wing, with the exception of wing cleaners and orderlies, had been there for less than five days. Prisoners told us that they had typically waited for two weeks to be assigned to an activity. Individual work assessment interviews were not carried out until a prisoner had been at the prison for at least five days. The safer custody presentation was not always given.

We repeat the recommendation.

2.31 A clear programme should be made available to all prisoners and should outline times that they will be inducted into the services and allocate times when they will meet specialist staff. (1.38)

Achieved. A clear programme set out times when prisoners would be inducted into some services and meet a limited number of key staff.

Additional information

- 2.32** Reception was a busy area, dealing with discharges, receptions and escorted absences. Staff in reception were generally courteous and business-like with prisoners but we observed one incident that they handled poorly. A prisoner due to go out to an escorted hospital appointment wished to wear a hat and insisted that this was for approved medical reasons. While this was checked with the nurse who was present, a confrontation quickly developed; the senior officer was not present and reception staff appeared ready to use force. The intervention of the escorting prison officers, in removing the prisoner from the reception staff, defused what could have become a serious incident and resolved the matter, so that the hospital visit could go ahead.
- 2.33** Prisoner orderlies met new arrivals in reception and carried out some administrative tasks. One of these was a trained Listener and the other was awaiting training.
- 2.34** Prisoners were provided with a token for the drinks machine in the initial holding room and packed lunches were provided. New arrivals were given the opportunity to purchase grocery packs and tobacco in reception and were given credit on their spending account to do so.
- 2.35** After completing processes at the reception desk, prisoners were held in a second room, which was bare, with only benches around the walls. There was no reading material, apart from notices on the walls, and no television in the room to keep prisoners occupied.
- 2.36** First night accommodation was on L wing, where newly arrived prisoners were interviewed in private by the first night officer. Prisoners were asked if they had any concerns and informed how they could contact their friends and family. Prisoners in our groups told us that they had felt safe on their first night.
- 2.37** Although cells were prepared by a wing cleaner, we came across newly arrived prisoners who were not satisfied with the cleanliness of their accommodation; there was graffiti on picture boards and some cells did not have pillows or kettles.
- 2.38** The induction programme was brief, consisting of two half-days, and did not provide a full insight into the services and opportunities available in the prison. It consisted mostly of talks,

and prisoners did not visit key areas such as workshops, education, the library and the chaplaincy. There was no scheduled input from the chaplaincy or from legal services, although prisoners were informed of these services.

Further recommendation

2.39 Cells for newly arrived prisoners should be checked and authorised by a member of staff.

Housekeeping points

2.40 Both holding rooms in reception should contain reading material and/or a television to keep prisoners occupied.

2.41 Prisoner induction should provide the opportunity for prisoners to visit all key areas of the prison and to meet service providers.

Residential units

2.42 Damaged windows in A to F wings should be replaced. (2.19)

Achieved. A programme had been carried out to replace broken windows on these wings.

2.43 Cells designed for one prisoner should not be used for two prisoners. (2.20)

Not achieved. Cells designed to accommodate one prisoner were used to accommodate two prisoners on all the wings.

We repeat the recommendation.

2.44 The opportunity to wear their own clothing should be made available to prisoners as part of the incentives and earned privileges (IEP) scheme. (2.21)

Not achieved. While the amount of clothing that prisoners could have in their possession had increased, they were still limited to wearing them on association and at weekends.

We repeat the recommendation.

2.45 There should be a prison-wide policy to identify prisoners who might need assistance in the event of an evacuation. (2.22)

Partially achieved. A policy had been developed and implemented to identify prisoners who might need assistance in an emergency. Lists were clearly displayed in wing offices but those on J and K wings were out of date.

Housekeeping point

2.46 The lists identifying which prisoners require assistance in an emergency should be kept up to date.

2.47 The offensive displays policy should be revised, in consultation with prisoners and staff. (2.23)

Achieved. The offensive display policy had been revised, in consultation with prisoners and staff.

2.48 Possible reasons for delays in the receipt of outgoing and incoming mail should be investigated and resolved, if necessary with the involvement of Royal Mail. (3.78)

Achieved. The staffing of the mailroom had been increased to three, with additional staffing provided at peak times. Although prisoners told us of delays in receiving mail, when we checked on two of the days of the inspection, mail was delivered within 24 hours of arrival. Mail was collected and processed for despatch within 24 hours. The only exceptions we saw to this was mail that was subject to public protection screening, which took longer to process but was delivered within 48 hours of arrival at the prison, and also delays that were caused by the recent adverse weather, which had affected not only the staffing levels at the prison but also the Royal Mail delivery service.

2.49 Prisoners' mail should only be opened to check for unauthorised enclosures, and only by designated staff. (3.79)

Achieved. The prison routinely monitored no more than the 5% level determined by statutory regulations. There was a clear system for randomly selecting the mail that would be checked.

2.50 Prisoners should be able to make telephone calls at times convenient to the caller (including official calls during working hours, calls to children and appropriate timing of international calls). (3.80)

Not achieved. Access to telephones remained poor. On most of the wings, access was restricted to evening association during the week, and during the morning and afternoon at weekends. Only two telephones were installed for the 64 prisoners on each of the older wings (A to F) and these were beyond the landing spur gates, rendering them inaccessible after lock-up. Trolley telephones were being installed that would be accessible to each of the four landings on the older wings on a rolling basis, resulting in access once every four days.
We repeat the recommendation.

2.51 Mail and telephone censors should have regular training in public/child protection and harassment issues in order to identify any threats or concerns including racist language. (3.83)

Not achieved. Only one of the communications room staff we spoke to had undergone any formal public protection-based training. The others had learned on the job, and additional staff from other departments who were sometimes required to work in the correspondence office were similarly untrained.
We repeat the recommendation.

Additional information

2.52 There were different types of accommodation, with the older accommodation being the adapted original RAF property. Four additional wings had been added since the prison had opened. The newer accommodation offered a better environment for prisoners. The external areas were generally clean, tidy and well maintained.

2.53 The communal areas were generally clean and prisoners said that they were able to keep their cells clean. Prisoners had free access to the shared shower and toilet facilities on the older wings (A to F), some of which were in need of upgrading. Those on F wing had been

refurbished. Shower areas on the newer wings were also in poor condition, with peeling paint and mould on the walls and floors. Not all the showers on these wings were screened or in working order.

- 2.54 Laundry facilities were limited to the new wings and we observed prisoners washing their clothes in sinks and buckets on the older wings. They preferred to do this than risk losing suitable items of prison clothing issued at the weekly clothing exchange. Prison clothing was laundered in another establishment.
- 2.55 On some of the new wings, we observed that laundered clothing was left unsupervised on pool tables for collection by prisoners. We were not sure that clothing was always retrieved by its rightful owners.

Further recommendations

- 2.56 Showers on all wings should be cleaned and refurbished where required. All showers should be cleaned and in operational order.
- 2.57 Prisoners should be supplied with sufficient prison clothing, in appropriate sizes.

Housekeeping point

- 2.58 Staff should supervise the distribution of laundered clothing to prisoners.

Staff–prisoner relationships

No recommendations were made under this heading at the last inspection.

Additional information

- 2.59 Prisoners generally spoke positively about staff. Those we spoke to were clear that they had members of staff they could go to with concerns. Foreign national prisoners were less positive (see also paragraph 2.6). Most prisoners indicated that staff were generally approachable and helpful and that interaction was usually respectful, and our observations supported this view. The quality of supervision was reasonable and the level of engagement during association acceptable, particularly on the older wings. Staff appeared friendly and interested in prisoners and we observed them dealing with applications and issues raised by prisoners.

Further recommendation

- 2.60 Prison managers should investigate the poor perceptions of foreign national prisoners in relation to staff–prisoner relationships.

Personal officers

No recommendations were made under this heading at the last inspection.

Additional information

- 2.61 The personal officer scheme was landing based, which meant that prisoners changed personal officer when they changed wings. Staff knowledge of prisoners was mixed and personal officer

entries on prisoners' files, although regular, lacked detail and were repetitive. There were few records of the required monthly management checks (see also paragraph 2.2 and further recommendation 2.3).

Bullying and violence reduction

2.62 All safer custody staff should meet formally to discuss cases and monitor the quality of safer custody work. (3.13)

Achieved. Formal meetings had been started in 2008 but soon discontinued because they were felt to be superfluous, and there was currently no formal, minuted meeting of safer custody staff to discuss cases and monitor the quality of their work. However, since the previous inspection, safer custody staff had been co-located, so the objective of the recommendation had largely been met through informal information sharing and case discussion. The team were in the same building as the security department, which also facilitated interdepartmental communication.

2.63 All relevant staff should receive anti-bullying training. (3.14)

Not achieved. No specific anti-bullying training was offered to staff, other than guidance contained in the violence reduction strategy.
We repeat the recommendation.

2.64 Reliable data should be collected on the number of bullying incidents and outcomes for both the victim and the perpetrator. (3.15)

Achieved. The incidents reported through the violence reduction strategy were all logged on a database. The database recorded if actions had been agreed, and these were noted in prisoners' electronic case files.

2.65 Anti-bullying measures should be consistently applied across the three stages of the procedure and recorded in prisoners' files. (3.16)

Achieved. The prison no longer used a three-stage procedure but anti-bullying measures were recorded on P-Nomis. They were linked by a reference number to the violence reduction report and the alert facility in the record was activated.

2.66 The safer custody team should launch the violence reduction strategy to staff and senior officers. (3.17)

Achieved. In 2008, there had been briefings on each residential unit to guide all staff through the violence reduction strategy. Staff we spoke to on residential units recalled the briefing and were aware of the requirements of the strategy.

2.67 There should be a longer-term strategy for dealing with prisoners in debt. (3.18)

Achieved. The violence reduction strategy, reviewed in July 2010, included a strategy for managing prisoners in debt. It included measures such as increasing the amount loaned to new arrivals, so that they were less vulnerable to becoming indebted to other prisoners; managing prisoners' property; inclusion of debt advice in induction and providing information to visitors. Debt was included in the prison rules as an issue that would result in disciplinary action, and was reported under the violence reduction measures.

- 2.68 The violence reduction coordinator should collate more detailed information about the investigations taking place and the outcomes, with comprehensive information if no further action is taken. (3.19)

Achieved. All investigations were logged on the violence reduction database and retained for referral, even if the outcome was not proven. All historical referrals were considered in evaluating a notification, to ascertain if a pattern was emerging.

- 2.69 Interventions should be provided to victims of bullying and the victim support plan should be implemented. (3.20)

Achieved. The violence reduction reporting procedures contained a section for planning interventions with victims to prevent future victimisation as far as possible. Safer custody staff told us that previously this had relied too much on the relocation of victims but that measures were now more likely to involve supporting victims in their own location. Examples of interventions included supervision of the dispensing to a prisoner bullied for his medication, and provision of assertiveness training and money management to avoid debt.

- 2.70 There should be joint working between D wing and the violence reduction coordinator to ensure that the victims of bullying are appropriately assessed and that there is an exit strategy. (3.21)

No longer relevant. There was no longer a vulnerable prisoners unit on D wing. At the time of the inspection, one prisoner was being held in the care and separation unit (CASU) for his own protection. He had been visited by the violence reduction coordinator and it had been decided that reintegration to the prison was not possible, so he was awaiting transfer.

- 2.71 The violence reduction coordinator should investigate prisoner assaults. (3.22)

Partially achieved. It was a requirement of the violence reduction strategy that a VR1 violence reduction report be raised by staff recording an assault, and these were all investigated by the violence reduction coordinator, along with assaults referred from adjudications, the security department (when they received a security report) or staff morning meetings (see also additional information).

Additional information

- 2.72 There was a monthly safer custody committee meeting, chaired by the head of residence, which received a full analysis of the violence reports and investigations from the previous month. Prisoners told us that they felt safe at the establishment.

- 2.73 The violence reduction reporting system was well embedded, with 165 notifications in the previous six months. Notification was facilitated through dedicated mailboxes to ensure confidentiality, and a telephone hotline was available to prisoners and visitors.

- 2.74 The violence reduction coordinator drew up an action plan after each investigation. At the time of the inspection, there were plans in place for 11 perpetrators and 13 victims. Action to control perpetrators relied heavily on monitoring their behaviour but communication with other departments, such as offender management, was good. There was no dedicated behaviour modification programme for perpetrators, although the behaviour was noted in their sentence plan and some were referred to a social awareness course provided by the education department.

Self-harm and suicide

- 2.75 Analysis of data collected should take place by the suicide prevention coordinator and be fed through to the safer custody meeting for a strategic response. (3.30)**

Achieved. The suicide prevention coordinator provided a report to the safer custody meeting on individual incidents and an analysis of data showing the types of incidents and their location. A strategic response was provided through a continuous development plan which addressed issues of assessment, care in custody and teamwork (ACCT) training, improvement of constant watch facilities, recruitment of Listeners and completion of cell sharing risk assessments.

- 2.76 The coordinator should check all open assessment, care in custody and teamwork (ACCT) documents routinely. (3.31)**

Achieved. The ACCT documents we examined recorded daily management checks and weekly checks by the suicide prevention coordinator.

- 2.77 Listeners should be available for prisoners at all times. (3.32)**

Achieved. There were nine trained Listeners in post, supported by bimonthly meetings with the Samaritans representative. Each Listener was allocated time on a rota, which covered 24 hours a day, so they were available to prisoners when required.

- 2.78 Night staff should have sealed key pouches to enable them to enter cells in an emergency. (3.33)**

Achieved. Sealed key pouches were issued to night staff and a protocol was published which outlined the circumstances in which they should enter prisoners' cells.

- 2.79 An action plan should be produced for all deaths in custody and the suicide prevention coordinator should be kept informed. (3.34)**

Achieved. Since the previous inspection, there had been three deaths in custody and another prisoner had died shortly after release. Immediately following the deaths, the prison had held a safer custody meeting, to identify learning. Prisons and Probation Ombudsman reports had been received for three of the deaths and there were recommendations for the prison in two cases. The safer custody manager had written action plans to achieve the recommendations from the two reports requiring a response from the prison. He monitored progress on the action plans but the record was not up to date. The action plans were not overseen by or shared with the safer custody committee.

Housekeeping point

- 2.80 The death in custody action plans should be endorsed by the safer custody committee, which should monitor progress.**

Additional information

- 2.81 Self-harm and suicide was managed through the safer custody committee. At the time of the inspection, there were eight ACCT documents open, and in 2010 there had been 187 opened, which was an increase on the annual number at the time of the previous inspection. Safer custody staff felt that this was due to greater awareness among staff of prisoner vulnerability.
- 2.82 The ACCT documents which we examined had been completed correctly, reviews had included appropriate departments, including health care, and frequency of contact had been maintained. Entries showed that interaction between staff and prisoners was usually good.
- 2.83 The Listeners had access to a care suite on K wing but often met prisoners in their own cells. There were also safer cells on the cellular wings which had been furnished with plastic furniture and had had ligature points neutralised for the use of prisoners who were at risk of self-harm.

Applications and complaints

- 2.84 **Staff should not empty the complaints box on their own wings, and should not have a key to open the box. Complaints should be submitted to the complaints clerk after collation by someone independent of the wing. (3.92)**

Achieved. The complaints boxes were emptied by the night orderly officer and wing staff did not have a key to open the box. Complaints were submitted to the complaints clerk, who logged them and issued them to functional heads.

- 2.85 **Prisoners should be made aware of how the confidential access facility works and the circumstances in which it should be used. (3.93)**

Achieved. Information had been provided about the confidential access system and the circumstances in which it was to be used. However, envelopes were not available on every wing.

Housekeeping point

- 2.86 Envelopes for submitting a confidential complaint should be readily available on every wing.

- 2.87 **From the monitoring and information that the establishment is gathering, there should be a strategy developed to help to reduce the number of complaints submitted and address the areas that are subject to the most complaints. (3.94)**

Not achieved. Monitoring of complaints had not resulted in a strategy to reduce the number of complaints submitted and address the areas that are subject to the most complaints. The number of complaints received between April and December 2010 (3,295) had been similar to that in the previous year (3,208).

Additional information

- 2.88 Application forms were generally available and prisoners were provided with a copy of their applications. Prisoners reported that they often had to submit more than one application to get a response.
- 2.89 A database was maintained to monitor complaints by date, reason, stage, timeliness of response, ethnicity and location. The timeliness of replies had met the key performance target throughout autumn 2010, as, since September 2010, the establishment had been piloting an extended timescale for replies through a project commissioned nationally. Replies were provided within 10 days rather than three days. The aim of this exercise was to improve the quality of replies and reduce the number of stage 2 and 3 complaints. The final report evaluating the success of the scheme was being prepared at the time of the inspection.
- 2.90 Replies were quality assured, based on a 10% check, but the outcome was not monitored centrally, making it impossible to determine the percentage that were satisfactory and the issues leading to insufficient replies. Responses we saw did not always resolve matters at the earliest opportunity.
- 2.91 Replies to confidential access complaints were not logged on the central database, making it difficult to monitor the timeliness of these compared with others.

Housekeeping points

- 2.92 The outcome of the management quality assurance of replies to complaints should be logged and the information aggregated to inform quality.
- 2.93 Replies to confidential access complaints should be logged on the central database and monitored in line with other complaints.

Legal rights

- 2.94 **All new receptions should be seen by the LSO separately from the library induction. (3.100)**
- No longer relevant.** New prisoners were inducted to the work of the legal services officer (LSO) alongside the induction to the library services.
- 2.95 **Monitoring of legal services should take place to identify trends, workload, training needs of the LSO and quality of the service provided. (3.101)**
- Not achieved.** Applications to see an LSO were logged, in terms of the date, the nature of the application and steps taken. The log was well maintained and did not show a backlog of applications. However, the information was not used to monitor trends, workloads or types of requests.
- We repeat the recommendation.**

Additional information

- 2.96 Two officers had responsibility for legal services and provided cover throughout the week, except when they were detailed to other operational duties. The work consisted mainly of signposting prisoners to independent advice. A lack of training since 2006 had left the LSOs feeling out of date and in need of refresher training, particularly given the increase in the number of foreign national prisoners held at the establishment and the types of legal service requests they made. There were only two legal visits booths in the visits hall, seriously hindering access.

Faith and religious activity

- 2.97 **The vacancy for a Church of England chaplain should be filled. (5.38)**

Achieved. A full-time Anglican chaplain had been in post for two years.

- 2.98 **An additional LIDS terminal should be provided to chaplaincy staff. (5.39)**

No longer relevant. The team managed access to the single networked computer and had access to further computers elsewhere in the building. There was an additional stand-alone computer, which was used for creating flyers and other instructional documentation.

- 2.99 **The chaplaincy staff should attend all key regime meetings, including security and resettlement meetings. (5.40)**

Achieved. The three full-time chaplains divided the meeting attendance requirements between them, to ensure attendance at key meetings. Although they were listed as members of the resettlement meeting, chaplains did not attend frequently.

- 2.100 **The chaplaincy team should be routinely consulted about issues concerning prisoner sentence planning and progression. (5.41)**

Not achieved. The team was not routinely included in consultation over sentence planning issues but was consulted occasionally over individual prisoners.

Additional information

- 2.101 A weekly timetable for chaplaincy activities was displayed throughout the prison. It outlined times of services and additional instructional and prayer sessions. All faiths represented at the prison were catered for and the only restriction placed on general attendance at worship was that prisoners could only attend services for their declared faith.

- 2.102 The chapel was of an adequate size for the magnitude of the congregations it attracted, although the size of the Muslim group was beginning to approach capacity for the multi-faith room.

Housekeeping point

- 2.103 It should be ensured that the capacity to provide Muslim services is maintained.

Substance use

- 2.104 The establishment should liaise with CARAT and IDTS staff should ensure that the clinical provision offered to prisoners with substance-related needs includes psychosocial support throughout the programme. (3.112)

Partially achieved. The counselling, assessment, referral, advice and throughcare (CARAT) and integrated drug treatment system (IDTS) staff liaised to discuss cases and were in the process of relocating to the same offices. The volume of patients receiving methadone (114) and shortage of staff for IDTS prevented the full delivery of the psychosocial element of the programme.

Further recommendation

- 2.105 The collocation of the counselling, assessment, referral, advice and throughcare (CARAT) and integrated drug treatment system (IDTS) services should proceed as soon as possible and prisoners should be provided with the full range of psychosocial elements of the programme.

- 2.106 All prisoners identified on the random MDT list should be tested under this testing regime. (3.113)

Achieved. The random mandatory drug testing (MDT) list identified 51 prisoners per month, all of whom were tested.

- 2.107 MDT should be undertaken consistently throughout the month, and there should be no regular or predictable gaps. (3.114)

Achieved. The system of MDT was undertaken consistently throughout each month, including weekends. The system was randomised and presented no regular or predictable gaps.

- 2.108 Target drug testing should be undertaken regularly and reflect the level of reported concern. (3.115)

Partially achieved. Target drug testing had been undertaken regularly in the past but evidence over the previous six months indicated a significant drop. We were told that this had been due to difficulties with staffing over the winter.

We repeat the recommendation.

- 2.109 The availability of drug dogs should match the needs of the establishment. (3.116)

Achieved. The availability of the Yorkshire area drug dogs was matched to the needs of the establishment monthly.

Additional information

- 2.110 Substance use and alcohol services were commissioned by Doncaster Primary Care Trust and provided by Nottinghamshire Healthcare NHS Trust. The drug strategy had been developed, included clear developmental targets, and was analysed annually. IDTS had been in place since 2007.

- 2.111 The MDT positive rate had increased from 7.39% in the previous year to 9.23% in the year to date. This was against a target of 12%. Over the previous 12 months, 28 suspicion tests had been performed, with a positive rate of 36%. The main drug used was cannabis.

Diversity

- 2.112 The needs of other groups, for example openly gay and elderly prisoners, should be assessed and addressed. (3.41)

Achieved. Biweekly social afternoon sessions were run, primarily for older prisoners, although we were told that this had developed to include prisoners with disabilities. The diversity team had attempted to establish a gay and bisexual support group but so few prisoners had come forward to participate that it had not come to fruition. However, the race equality officer (REO) met them each month to ensure that they were supported.

Additional information

- 2.113 The diversity and equalities action team (DEAT) met bimonthly and was chaired by the deputy governor. The meeting was well attended and an extensive agenda ensured that the relevant issues were considered and acted on. Pre-meeting groups with the (12) prisoner representatives were used to identify any issues, and these were then forwarded to the main meeting. The prisoner representatives had undergone training with the REO and received 'Challenge it, Change it' training. The diversity policy covered all strands, with the exception of the management of transgender prisoners (see paragraph 2.132). A well-attended biweekly Traveller group was run by the chaplaincy.

Race equality

- 2.114 Renewed efforts should be made to engage positively with a range of community-based groups who work with diverse groups. (3.51)

Not achieved. There was an evening cultural awareness group, run by an external consultant, but beyond this there was no external engagement in relation to any of the diverse groups held at the establishment.

We repeat the recommendation.

- 2.115 The REO post should be ring-fenced and a job description written. (3.52)

Not achieved. The REO was routinely diverted to other duties, often at short notice and with the result that meetings and support groups were cancelled at short notice. The REO had been retained on a shift pattern that included evening and weekend working on residential wings. There was a job description but this did not specify a full week (31.2 profiled hours) on race and equality duties.

We repeat the recommendation.

- 2.116 All staff in prisoner contact roles should receive diversity training, and this should be tailored to reflect the population held at the establishment. (3.53)

Not achieved. There was no diversity-specific training available for staff beyond the 'Challenge it, Change it' training, which was more about dealing with general harassment and intimidation than any diversity issues.

We repeat the recommendation.

2.117 Links with violence reduction work should be developed to include interventions for prisoners carrying out racially motivated bullying. (3.54)

Not achieved. Although there was an effective process to identify racist prisoners, and share information and raise alerts between the departments, there were no interventions to address any acts of racist bullying.

We repeat the recommendation.

2.118 Any diversity events organised should be planned well in advance and positively publicised. (3.55)

Achieved. There had been a number of cultural events throughout the year, including minority events in addition to the main faith events (Christian and Muslim). Diversity and cultural events were publicised well in advance on wing noticeboards and on flyers. Prisoners we spoke to were able to tell us of events that had occurred and pointed out the notices on the wings.

2.119 Governors should attend the black and minority ethnic and foreign national prisoner consultation groups to raise their profile and credibility, and the notes should be prominently displayed to prisoners. (3.56)

Not achieved. Despite about 44% of the prison population being from black and minority ethnic backgrounds, there were no regular forums or consultation exercises with this group or with foreign national prisoners.

Further recommendation

2.120 There should be regular minority group forums to identify issues and provide appropriate levels of support. Relevant managers should attend.

2.121 The personnel department should undertake proactive work to increase the number of black and minority ethnic staff in prisoner contact roles. (3.57)

No longer relevant. There was no longer a personnel department, with recruitment being managed centrally for the Prison Service. There was also a recruitment freeze at the time of the inspection, which had been in place for some time. The percentage of black and minority ethnic staff had reduced from 2.35% to 1.6%.

Additional information

2.122 The number of racist incident report forms had been similar in the previous two years, at 81 in 2009 and 71 in 2010. Investigations were carried out to an adequate standard and none had resulted in a formal disciplinary investigation during the 12 months before the inspection.

Foreign nationals

2.123 The establishment should liaise closely with BIA to ensure that detainees held under IS91 arrangements are quickly moved to more suitable establishments. (3.65)

Achieved. The prison was a main foreign national centre for local regional male prisons (hub), with UKBA (previously the Border and Immigration Agency (BIA)) on site throughout the working week. Most prisoners subject to IS91 (Immigration Department Order no. 91) were

moved on quickly, often to the adjacent immigration removal centre (IRC). At the time of the inspection, there were 14 such prisoners at the establishment, with two having been detained for six months and the remainder between one week and three months. Seriousness of crime and delays in travel arrangements were cited as the main reasons for not being relocated to an IRC or returned to their home countries.

2.124 The £10 telephone credit for international calls should be provided to those prisoners entitled to it. (3.66)

Not achieved. Foreign national prisoners were allocated a five-minute telephone call each month, provided that they had not had a visit. This did not take into consideration prisoners who had friends in the UK but whose families were living abroad.

Further recommendation

2.125 A free international telephone call should be facilitated for all foreign nationals, to enable contact to be maintained with immediate families living abroad, regardless of receiving social visits from non-family members.

Additional information

2.126 Approximately a fifth of the prison population were foreign nationals at the time of the inspection. There was no dedicated foreign nationals officer, with the role being included in the job description of wing managers on the wings designated for these prisoners (see paragraph 2.6). The managers had no profiled time to carry out the role and there were no regular minuted forums held (see further recommendation 2.120).

2.127 There was no database of prisoner interpreters, although we were told that it was common for prisoners to be used to interpret for 'non-sensitive' issues. There were no local agencies used for interpreting/translation, although there was a budget of £250 per month for the use of the 'Big Word' telephone interpreting/translation services, and we saw some evidence of its use.

2.128 Two English for speakers of other languages (ESOL) courses were run in the adult learning centre and an 'enrichment' class, where activities centred around cultural food preparation, was also popular with prisoners.

Housekeeping point

2.129 A database of multilingual prisoners should be maintained.

Prisoners with disabilities and older prisoners

2.130 A survey should be conducted of the current prisoner population to establish a more realistic picture of the numbers with disabilities. (3.39)

Achieved. A survey of prisoners had been conducted in 2009 to establish a database of prisoners with disabilities. This had subsequently been maintained and updated in conjunction with the health services team.

- 2.131 The DLO should be provided with the support needed to develop a service for disabled prisoners, and to be proactive in identifying and meeting their needs. (3.40)

Partially achieved. The disability liaison officer (DLO) was employed full time and engaged with the health care department in identifying prisoners with disabilities. After an initial assessment, a personal emergency evacuation plan (PEEP) was drawn up where necessary, although there was no evidence of ongoing assessment and some of the PEEPS and lists on the wings were out of date. There was no evidence of any recent forums to establish the level of need. The DLO had been absent for some time and there were no relief or support staff to continue her work. As a result, services had suffered. The REO had attempted to maintain support for prisoners but the competing demands on his time had restricted this.

Gender and sexual orientation

This area was not inspected at the previous inspection.

Additional information

- 2.132 There were no policies or action plans available for the management of prisoners presenting as transgender.

Housekeeping point

- 2.133 The policy on gender should include the management of prisoners presenting as transgender or in the process of gender reassignment.

Health services

- 2.134 Healthcare reception screening should be provided in an appropriate environment. (4.53)

Achieved. Reception screening was carried out in a dedicated, adequately equipped room in reception accessed only by health services staff.

- 2.135 Routine healthcare matters should be addressed during the core nursing shifts, to enable prisoners to receive appropriate care promptly and to avoid inappropriate use of the out-of-hours service. (4.54)

Achieved. All routine health care for prisoners was managed during the nursing shifts. Nursing staff were available from 7.30am until 8pm and limited use was made of the out-of-hours service.

- 2.136 Clinical records should be stored in such a way that they are easily accessible to staff. (4.55)

Achieved. Clinical records were easily available to all health services staff. SystemOne electronic clinical records had been implemented during the year before the inspection, improving the access further.

- 2.137 Security should not take precedence over clinical need without a full risk assessment and full clinical involvement in the decision-making process. (4.56)

Achieved. Health services staff were fully involved in the clinical decision-making process and we were told that security did not take precedence over clinical need without a full risk assessment taking place.

2.138 Action should be taken to address the negative perceptions of prisoners regarding healthcare staff. (4.57)

Achieved. Health services staff attended all prisoner representative meetings. A comprehensive health care complaint system had been introduced and a patient liaison lead in the provider Trust had been allocated to work with prisoners.

2.139 Healthcare application boxes should be installed on all wings to enable patients to make timely and confidential applications to the healthcare department. (4.58)

Achieved. Health care application boxes had been installed on all wings, ensuring that all health care applications were dealt with promptly and in confidence. The boxes were emptied daily by health services staff.

2.140 Staff should receive training in the use of triage algorithms to ensure consistency of advice and treatment to all prisoners. (4.59)

Achieved. A comprehensive range of triage algorithms were available to staff in all the treatment rooms. Staff had been trained in their use, ensuring consistency of treatment for patients.

2.141 The arrangements between HMPs Moorland and Lindholme for the care of prisoners requiring 24-hour healthcare should be more formalised and robust and communication improved. (4.60)

No longer relevant. Arrangements between HMPs Moorland and Lindholme for 24-hour health care no longer existed. Formal arrangements for patients requiring such care had been made with HMP Doncaster.

2.142 Primary mental healthcare services should be available to prisoners. (4.61)

Achieved. The mental health team integrated primary and secondary care for patients with mental health problems. There was an open referral system and patients also had access to a psychiatrist when required.

2.143 The patient/staff interface in the healthcare room on J wing should be improved to facilitate communication while maintaining confidentiality. (4.62)

Achieved. The larger wings, including J wing, had each been provided with two new health care rooms, which had made a considerable improvement to the availability of treatments and administration of medicines to patients.

2.144 Tramadol and other opiate-based analgesics should be prescribed according to clinical need. There should not be a generic policy of withdrawal. A step-wise approach to pain management, such as the World Health Organization analgesic ladder, should be used. (4.63)

Not achieved. The prescription of opiate-based analgesia continued to be high, and a generic

policy of withdrawal remained. Consideration was being given to the creation of a pain clinic as new staff were appointed but this was yet to be implemented.
We repeat the recommendation.

2.145 All pre-packed medications should be dual-labelled. (4.64)

Not achieved. There were no arrangements with the pharmacy supplier for the dual labelling of all pre-packed medications.
We repeat the recommendation.

2.146 Medications to be issued as daily IP should be prescribed as such. (4.65)

Achieved. Most medication was issued in possession for longer periods or staff observed the medicine being taken. On the rare occasions that daily in-possession medication was given, it was prescribed as such.

2.147 There should be regular out-of-date checks on all medicines and testing strips. (4.66)

Achieved. Regular checks for out-of-date medicines and testing strips were carried out in the wing treatment rooms and in the health care centre by the clinic nurses.

2.148 The timing of medication rounds should be reviewed to ensure that patients get the best treatment possible. (4.67)

Achieved. There had been a review of the timing of medication administration after the previous inspection and this took place again during the inspection. The latest review also incorporated prescribing using SystmOne while trying to ensure that patients received the most appropriate treatment at the appropriate times.

2.149 The pharmacist should be supported to develop pharmacy-led clinics further. (4.68)

Not achieved. The pharmacy delivered a supply-only service and prisoners had no access to pharmacy-led clinics.
We repeat the recommendation.

2.150 A protocol should be developed for the triaging of dental patients. (4.69)

Achieved. A protocol for the triaging of dental patients had been developed and the clinics were managed well, resulting in short waiting times.

2.151 Sterile surgical instruments must be stored in bags. (4.70)

Achieved. All dental sterile instruments were stored in bags.

Additional information

2.152 Health care services were provided by Nottinghamshire Healthcare NHS Trust. Health care was delivered in a separate building, which had been refurbished in the previous year. The building was clean and spacious and provided a good environment for the treatment and care of patients. Prisoners had access to primary care, mental health, dental and specialist clinics.

2.153 Prisoners' access to a GP was satisfactory, with clinics available each weekday and acceptable waiting times. Staffing levels were poor but six nurses had been recruited and were

due to start on completion of security clearance. The health care manager had a good relationship with the primary care trust commissioners. Recruitment had been good since the award of the new contract in August 2011. Out-of-hours cover was provided effectively by the same primary care GPs.

- 2.154 Dental services were good, with four clinics being provided weekly. The waiting list contained 80 patients, with an average wait of three weeks for routine care, but the trend was decreasing.
- 2.155 A limited range of nurse-led and specialist clinics was provided, owing to the shortage of staff. Most treatments and clinics were carried out in the health care centre. There was little health promotion.
- 2.156 The mental health team provided an integrated primary and secondary care service. Two community psychiatric nurses, one support worker and one administrator had a caseload of 15 patients. A visiting psychiatrist provided a clinic weekly. Prisoners did not have access to professional counselling services. Mental health awareness training was provided for all prison staff.

Further recommendations

- 2.157 The range of specialist and nurse-led clinics should be developed quickly following the appointment of new nursing staff.
- 2.158 Health promotion literature should be available to prisoners in a range of languages.
- 2.159 Prisoners should have access to professional counselling services.

Learning and skills and work activities

2.160 Staff should ensure that prisoners attend education classes on time (5.18)

Partially achieved. Attendance at education sessions was monitored by staff, and prison and education managers. There was a clear strategy to deploy a senior officer to ensure improved movement to education and training as required. The prison and education managers acknowledged that punctuality varied due to the prison regime and other issues. However, there was a clear commitment to ongoing improvement in punctuality, and education tutors managed the start of sessions well, with a prepared individual activity.

Further recommendation

- 2.161 Prison and education managers should continue to monitor and promote timely attendance.

2.162 The collection of books available to foreign nationals should reflect their language and other needs (5.19)

Achieved. Library staff identified the needs of foreign national prisoners well from a monthly data report. At the time of the inspection, the stock had increased to over 1,000 books in 21 languages. These included fiction and non-fiction books. Additional resources were borrowed through interlibrary loans. Foreign national books were also well deployed in satellite libraries.

An appropriate range of newspapers and magazines were available and links had been forged to obtain additional newspapers from embassies and the internet. The prisoners' handbook was available on CD in 27 languages.

2.163 The library should be better promoted and developed as a learning resource centre (5.20)

Achieved. Library staff provided timetabled induction to new prisoners and liaised with education staff to talk to education groups on what the library could offer. Leaflets and opening times were provided on wings. A range of reader development and literacy activities were timetabled in the main library. Data reports indicated that these activities were active and ongoing. They included literacy outreach sessions on three mornings a week, Toe by Toe, a reading group, the Six-Book Challenge and Storybook Dads. In 2010, 31 prisoners had gained a certificate for the Six-Book Challenge. During 2010, library and education staff had liaised to offer a jobs fair in the main library. A small number of education classes had visited the library during 2010. However, the library and education staff had developed a learning resource centre in the education department. The prison and education provider had jointly gained funding from the Skills Funding Agency to develop a virtual campus facility on site. There were clear and specific plans for completion by the end of March 2010.

Additional information

2.164 Education classes were well resourced, planned and thorough, and managers actively monitored activities. Achievement rates of qualifications were high.

2.165 A range of good quality construction courses was provided although the Railtrack course had been discontinued. The standard of work produced was high and staff-tutor relationships were positive.

Physical education and health promotion

No recommendations were made under this heading at the last inspection.

Additional information

2.166 The gym facilities were good and gym staff offered both recreational and vocational PE classes. Prisoners had adequate access, which was monitored to ensure fairness, but there were insufficient showers and toilets. The outdoor area was too small and could not be used in all weathers.

Further recommendations

2.167 The showers and toilet facilities in the gym should be expanded.

2.168 A suitable outdoor PE facility should be provided which can be used all year round.

Time out of cell

2.169 All prisoners, regardless of location within the prison, should be given at least 10 hours out of cell per day. (5.45)

Not achieved. Prisoners in almost all areas of the prison had less than 10 hours out of cell per day. Those who were unemployed were only unlocked routinely to collect meals and for evening association, which consisted of an hour and a quarter out of their cell. Prisoners on the basic regime were allowed one hour unlocked if they did not work and only around 30 minutes if they worked. The best case that we could identify was a time unlocked figure of around six and a quarter hours.

We repeat the recommendation.

Additional information

- 2.170 The core day was not published on the wings and prisoners in our groups told us of regular slippage. On one of the wings (C), we observed staff delaying the evening unlock until after the movement to the gym had been completed.
- 2.171 Prisoners had regular access to outside areas, and association and exercise periods were seldom cancelled. Prisoners could access the yards each evening and were only restricted from doing so during periods of heavy fog, due to the requirement to maintain supervision for safety and security purposes. Provision of outdoor clothing was good. There were no evening classes, with the exception of a small prayer class in the chapel.
- 2.172 During our roll check, almost a quarter of the population was locked either in cell or behind spur gates (on the older units).

Further recommendation

- 2.173 The core day should be adhered to.

Security and rules

- 2.174 **Sufficient resources should be available to carry out the required number of routine searches per month, and also timely targeted searches when reliable intelligence dictates. (6.11)**

Not achieved. The monthly searching cycle had been discontinued, in line with the benchmarking process. Searching resources were to be directed to target searching but records showed that the level allocated was not achieved and that searching tasks were not completed.

We repeat the recommendation.

- 2.175 **Visitors subject to bans or restrictions should be reviewed every month. (6.12)**

Achieved. At the time of the inspection, there were five visitors subject to visiting bans and 49 prisoners on closed visits. All were in relation to trafficking-related incidents during visits or intelligence and there was an effective process of monthly review by the head of security, with evidence of restrictions being removed following a reduction in risk. All closed visits and banned visitors had been appropriately authorised.

- 2.176 **External doors of wings should remain securely locked at night. (6.13)**

Achieved. The local security strategy had been amended to instruct night staff that external doors of wings were to be secured during the night state. Further to this, amendments to the

prison's locking schedule showed that class one locks were due to be fitted to the residential unit outer gates in February 2011.

Additional information

- 2.177 There was an effective strategic view of security, with a highly motivated senior team. However, this was not backed up in the delivery of the security objectives and identified searching needs, with the number of searching staff remaining low and examination of work allocation records revealing a large shortfall against the already-low profiled hours. Nevertheless, systems were good and the team had achieved 88% in a recent security and compliance audit.
- 2.178 The MDT positive rate had fallen sharply (see section on substance use). Supply reduction methods were good and given high priority at the monthly intelligence and security meetings.
- 2.179 Intelligence gathering procedures were effective, with an average of 350 security information reports (SIRs) submitted each month. The main themes of the SIRs were the manufacture of illicit alcohol and items being thrown over the fence, and there were a large number of submissions from the correspondence-monitoring staff in relation to public protection issues.
- 2.180 The well-attended security committee met monthly and was well supported by information provided from the monthly intelligence meeting, resulting in clear objectives.
- 2.181 The prison had an excellent relationship with the local police force and had an effective police liaison officer and a prison criminal activity investigation team. The mounted division of the local police provided further support, with occasional patrols around the perimeter of the prison.
- 2.182 Information about prison rules was provided during induction and was prominently displayed on all residential wings, including information about IEP and appeals procedures. Most of these notices were in English only.

Further recommendation

- 2.183 Information about prison rules should be made available in languages other than English.

Discipline

- 2.184 **The prisoner's first name or title and surname should be used during adjudication hearings. (6.27)**
- Achieved.** In adjudication records and during the adjudications we observed, the prisoner's title and surname were used.
- 2.185 **Prisoners should be provided with a pen and paper during adjudication hearings. (6.28)**
- Achieved.** Paper and a pen had been placed on the prisoner's table in the adjudications we observed and prisoners were reminded that these were available for their use.
- 2.186 **Adjudication awards should be reviewed in the light of the smaller care and separation unit. These should be published to prisoners. (6.29)**

Achieved. Adjudication punishments were reviewed at the quarterly adjudications review meeting. There was a notice in the adjudications holding room informing prisoners that they could consult the document, and we observed it being provided.

2.187 More use should be made of the incentives and earned privileges (IEP) scheme to deal with low-level disorder and rule breaking. (6.30)

Achieved. There was an established system on residential units of warning prisoners about their behaviour through the IEP scheme (see section on incentives and earned privileges). This had led to a reduction in the number of adjudications (see additional information).

Additional information

2.188 The number of adjudications had reduced, from a high of 1,886 in 2008 to 1,706 in 2010; although the number in 2010 was lower than at the time of the previous inspection, it had increased by 541 from the low number in 2009.

2.189 The adjudications we observed were well run; prisoners were given the opportunity to make their case, and their understanding of proceedings was regularly checked. However, there were two escorting officers present at each adjudication, which appeared oppressive. We were told that this was not always the case but depended on a risk assessment.

2.190 The punishments given were appropriate to the circumstances. Records of adjudications that we examined contained full accounts but did not fully explain the reasons for the findings or how punishments had been decided, and there was not a full account of mitigation which had been taken into account.

Further recommendation

2.191 Reasons for adjudication findings and for the decisions on the punishments given should be fully explained to the prisoner and recorded.

The use of force

2.192 All planned C&R interventions should be video recorded. (6.31)

Not achieved. The prison had a video camera and there were written instructions for its use but there was no regular video-recording of any planned uses of force.
We repeat the recommendation.

2.193 Only staff who are C&R trained should be used during planned interventions. (6.32)

Achieved. The standard procedure before the initiation of any planned interventions was for the supervising officer to check that staff were in date for control and restraint (C&R) procedures.

2.194 Use of force paperwork should be accurately completed and management checks rigorous. (6.33)

Not achieved. Some of the statements we saw were unsigned. The paperwork we viewed was

unsatisfactory and there were some vague entries in a few cases, where staff had written 'approved C&R techniques were used' rather than specifying what they had actually done. Not all documents included a certification record. There was no formal management monitoring of paperwork. F213s (the form used to report injuries to prisoners), although referenced, were not routinely attached to use of force records.

We repeat the recommendation.

Further recommendation

2.195 All use of force records should include a fully completed F213.

2.196 Use of force certifying officers should be independent of the incident. (6.34)

Not achieved. In many of the documents we saw, the certifying officer had been directly involved in the incident.

We repeat the recommendation.

2.197 The use of the body belt should cease. (6.35)

Achieved. The body belt had not been used since the previous inspection.

Additional information

2.198 There was no use of force committee. Responsibility for management oversight fell to one of the security managers and there was no analysis of data to identify hotspots and trends. Use of force was low, with only 82 recorded uses in 2010 and 83 in 2009.

2.199 Prisoners were kept handcuffed routinely following incidents occurring while being transported to the CASU, even when records stated that they had been compliant.

2.200 Staff were well trained, with over 80% having undergone refresher training during the previous 12 months.

Further recommendations

2.201 There should be regular analysis of use of force data, to identify trends and hotspots.

2.202 Compliant prisoners should not be handcuffed following incidents.

Segregation unit

2.203 The use of unfurnished accommodation should cease at the earliest possible time once the prisoner concerned has calmed down. (6.36)

Partially achieved. The CASU was not overused. With one exception, the records of prisoners held in special accommodation showed that they had been carefully monitored and removed when it was safe to do so. In 2010, special accommodation had been used on only one occasion, for a prisoner who was intoxicated and violent. It was not clear from the file how the prisoner had behaved during his time in special accommodation or how often he had been monitored. The file recorded that, after five hours, 'prisoner now calm and vacancy being made

on J wing to accommodate as CASU full', which implied that he had been kept in the cell awaiting a vacancy, rather than because of his behaviour.

We repeat the recommendation.

2.204 Unfurnished cell paperwork should be accurately completed, its use authorised and signed by a governor, and management checks rigorous. (6.37)

Not achieved. The records we examined had not all been fully completed. The use of special accommodation had been authorised and signed by a governor in all cases. Examples of incomplete records we found included one in which the assessment of the prisoner's location by a designated manager had not been completed, and another which had only one entry in the occurrence log for detention over five hours.

We repeat the recommendation.

2.205 A gate should be installed to separate the prisoner toilet and cellular accommodation in the CSU. (6.38)

Not achieved. The toilet used by prisoners attending for adjudications was within the cellular area of the CASU.

We repeat the recommendation.

2.206 The metal sheeting enclosing the ends of the small CSU exercise yards should be removed to provide a less claustrophobic environment (facing away from the unit). (6.39)

Not achieved. The two small CASU exercise yards were enclosed with metal sheeting, restricting prisoners' view. They were clean but bare and unattractive and had no seating.

We repeat the recommendation.

Further recommendation

2.207 Seating should be installed in the care and separation unit exercise yards.

2.208 Plastic screens should be installed over the windows of the two dirty protest cells to prevent material being lodged in the grille if used for this purpose. (6.40)

No longer relevant. The dirty protest cells had vents on either side of the windows which needed to be kept clear for ventilation. After use by prisoners undertaking a dirty protest, the cells were subjected to a deep clean before being used again.

2.209 Additional storage space should be provided in the CSU, including a secure area for C&R equipment. (6.41)

Achieved. Storage space for C&R equipment was provided in the loft of the CASU. There was a designated area, which had been separated off from the boiler room by a locked door.

2.210 Daily access to telephones should be offered at times that meet the individual needs of prisoners in the CSU. (6.42)

Achieved. Prisoners could access telephones routinely during the day, on alternate days, at times which met their needs. If they needed to make a telephone call outside the day staffing

period, this was available by application. Prisoners we spoke to were satisfied with this arrangement and told us that staff were accommodating.

2.211 Subject to risk assessment, prisoners in the CSU should be offered the opportunity for corporate worship. (6.43)

Achieved. Prisoners in the CASU were offered the opportunity to attend prayers or chapel, subject to a risk assessment, but in practice this rarely happened. We saw three applications to attend Muslim prayers which had been thoroughly assessed and the reasons for refusal had been recorded.

2.212 Prisoners entering the CSU should not be routinely strip-searched without clear information of its necessity. (6.44)

Achieved. Prisoners entering the CASU were not routinely strip-searched, although they were required to change into prison clothing. Prisoners we spoke to in the CASU told us that they had been subjected to rub-down searches.

2.213 Special strip clothing should only be used if risk assessed as necessary and not left routinely in the strip cell. (6.45)

Achieved. Strip clothing was not left in the special cell but was provided when required.

2.214 All staff required to work in the CSU should firstly undertake training to do so. (6.46)

Partially achieved. There was a stable staff group in the CASU but occasionally staff from other areas of the prison were required to work there. Staff were recruited by application and underwent a thorough induction process. They had all been trained in the adjudication liaison officer role and a programme of mental health awareness training was being delivered.

Additional information

2.215 At the time of the inspection, there were nine prisoners held in the CASU, which had space for 22 prisoners in 20 cells.

2.216 The unit was clean and accommodation was in good condition, except for some small amounts of graffiti which had not been painted over. There was no in-cell electricity, so prisoners could not have televisions, but they were provided with battery-powered radios.

2.217 There were daily visits from the duty governor and health services staff. Representatives from the Independent Monitoring Board (IMB) visited weekly. Education staff attended three days a week to provide individual sessions and in-cell work. Interaction between staff and prisoners on the unit was relaxed and relationships were positive. Staff had good knowledge of the prisoners in their care.

2.218 The limited regime in the CASU included daily exercise, which could take place in association with others, and showers were available every other day. Prisoners could have access to Listeners.

2.219 Reviews of detention for good order or discipline (GOOD) were held at the required intervals and were attended by health services staff and the IMB. Targets were set but were often not specific about the reasons for segregation. Representatives from prisoners' 'home unit' did not routinely attend to encourage reintegration.

- 2.220 Only a third of prisoners held in the CASU over the previous six months had been reintegrated into the prison, the remainder being transferred to other prisons. We saw no evidence of phased returns to encourage a return to normal accommodation.

Further recommendation

- 2.221 Return to normal accommodation for segregated prisoners should be encouraged by measures such as representation of unit staff at good order or discipline (GOOD) reviews and phased returns to residential units.

Housekeeping point

- 2.222 Cells in the care and separation unit should be cleaned of graffiti before being used for a new occupant.

Incentives and earned privileges

- 2.223 **The incentives and earned privileges (IEP) scheme should be reviewed to ensure that there are additional incentives to progress to enhanced status and clearer reasons to avoid the basic level. (6.54)**

Achieved. The IEP scheme had been reviewed in July 2010. Incentives to become enhanced had been improved to include access to enhanced accommodation, where cooking facilities were being introduced, and preference for certain employment. These were in addition to the previous privileges of an improved visits experience and access to cash. Disincentives to demotion to basic had been increased, with a reduction of association time.

- 2.224 **Repeated IEP warnings should lead to downgrading of prisoners to the next level down. (6.55)**

Achieved. On each residential unit, when prisoners had received three warnings, the next warning triggered an IEP review with the unit senior officer. An option at the review was for downgrading but could also result in a final warning. The warnings we saw were appropriate.

- 2.225 **The links between the IEP policy and the voluntary drug testing programme should be clarified. (6.56)**

No longer relevant. The prison no longer operated a voluntary drug testing programme.

Additional information

- 2.226 At the time of the inspection, only 1% of prisoners were on the basic level of the IEP scheme and 61% of prisoners were on the enhanced level.

- 2.227 The IEP scheme was well promoted and understood by staff and prisoners. The scheme incorporated positive behaviour commendations, which were used to identify prisoners eligible for review with a view to promotion and also mitigated against warnings at a review. Prisoners were positive about the provisions for those on the enhanced level, particularly the increased amount of freedom they had on A to F wings.

- 2.228 All prisoners who had attained enhanced status at their previous prison retained this IEP level on arrival at Lindholme. Other prisoners were placed on the standard level and could be awarded positive IEP entries every month. Once a prisoner had achieved three positive entries, their IEP level was reviewed, which meant that it took a minimum of three months to gain enhanced status. Prisoners in our groups complained that progress at their previous establishments was not taken into account.

Further recommendation

- 2.229 Prisoners should be considered for promotion to the enhanced level within six weeks of their arrival at the prison.

Catering

- 2.230 The catering manager should ensure that prisoners are given appropriate portions of food. (7.11)

Achieved. Prisoners told us that food portions were adequate. Observations we made at the point of service confirmed this, and there had been no recent complaints received about the size of food portions.

- 2.231 All matters of concern raised by the area manager and area catering manager should be addressed within the timescale identified. (7.12)

Not achieved. Despite a report from the area catering manager in November 2010, some essential equipment had not been repaired at the time of the inspection.

We repeat the recommendation.

- 2.232 The kitchen building should have the necessary repairs and replacements carried out immediately. (7.13)

Not achieved. The kitchen equipment remained of a mixed standard of repair. We were told that some of the equipment had been out of order for almost three years.

We repeat the recommendation.

- 2.233 Wing cleaning officers and wing cleaners should be trained and wear the appropriate clothing while carrying out their duties. Colour-coded cleaning materials should be only used in the appropriate areas. (7.14)

Not achieved. Some servery workers had undergone basic hygiene training before the departure of the catering manager in October 2010. None of the cleaning officers on duty had undergone any food hygiene training. Colour coding was confusing and servery cleaners were unsure of which colours should be used and where.

We repeat the recommendation

- 2.234 The appropriate utensils should be used to serve meals. The catering department should make greater attempts to embrace cultural events. (7.15)

Partially achieved. Wing serveries were equipped with distinct tools for the serving of halal and non-halal food. The catering department had taken part in Black History Month, in addition to the annual provision of Ramadan and other cultural celebrations. There were few other

special menu choices outside of specific cultural events.
We repeat the recommendation.

2.235 Prisoners should be able to gain qualifications while working in the kitchen. (7.16)

Not achieved. There were no catering qualifications available to prisoners who worked in the kitchen, beyond basic food hygiene and food handling.
We repeat the recommendation.

2.236 Lunch should be served between noon and 1.30pm, and dinner between 5pm and 6.30pm. (7.17)

Not achieved. We observed lunch being served at 11.30am, and serving of the evening meal was completed by 4.55pm on the first night of the inspection. We were told by prisoners and staff that this was normal practice.
We repeat the recommendation.

2.237 Breakfast packs should be issued on the day they are to be eaten. (7.18)

Not achieved. Breakfast packs were issued to the wings at lunchtime on the day before consumption.
We repeat the recommendation.

Additional information

2.238 The kitchen was designed for 600 prisoners but was catering for almost 1,000. There had been some investment in larger equipment but this was inadequate and poorly maintained. Up to 30 prisoners could be employed in the kitchen, and at the time of the inspection there were 25 prisoners working there.

2.239 There was no catering manager in post at the time of the inspection but there was a recruitment exercise under way. The menu provided a four-week cycle, with prisoners preselecting their meals a week in advance. The menu was varied and included healthy options, vegetarian and halal meals. There was a good balance of hot and cold meal options.

2.240 Consultation was restricted to an agenda item on the prisoner council, which had not been attended by any of the catering staff for over three months.

2.241 Serveries were reasonably clean but some food trolleys were in a filthy state, with many days' waste burned on and rotting in the food storage areas. Most were also in poor repair, often with one of the storage areas being sealed closed. There was confusion over who should clean the trolleys, with the kitchen and wing staff identifying the other as being responsible. Food was sometimes left on the wings overnight. Some food comment books were dated 2001–2007 and there had been little input from managers or catering staff for over four months.

Further recommendations

2.242 Food trolleys should be maintained to an acceptable standard and cleaned daily to remove old food residue.

2.243 Food comment books should be readily available at the point of food service and checked regularly by managers and catering staff.

Housekeeping point

2.244 The catering manager or his/her deputy should attend the prisoner council.

Prison shop

2.245 The Aramark annual survey should be extended to allow all prisoners an opportunity to be consulted. (7.26)

No longer relevant: Aramark no longer managed the shop contract, and DHL (the new contractor) had not conducted a survey.

Housekeeping point

2.246 The prison shop contractor should conduct an annual satisfaction prisoner survey.

2.247 All prisoners should be able to order from the shop catalogues, regardless of their incentives and earned privileges (IEP) status. (7.27)

Achieved. Prisoners on all levels of the IEP scheme had access to the catalogue ordering process.

2.248 An administrative charge should not be levied on any catalogue orders. (7.28)

Achieved. The administrative charge had been discontinued.

Additional information

2.249 The prison shop, with around 350 items, was run under the national DHL contract, and the list of products was appropriate for the population. Prisoners complained that prices were too high for those with limited finances.

2.250 Prisoners could wait up to 10 days to receive their first shop order, although reception packs were available for newly arriving prisoners (see paragraph 2.34).

2.251 Wing staff were able to see how much money prisoners had in their accounts by accessing P-Nomis. Printouts were available by application but prisoners were charged 10 pence per sheet to cover administration costs.

2.252 A good selection of catalogues was available, and daily newspapers and periodicals could be purchased from a local newsagent via the prison library.

Strategic management of resettlement

2.253 The resettlement strategy should include specific, time-bound objectives. (8.6)

Not achieved. Although we were provided with a resettlement strategy dated August 2010, it was already out of date, for example referring to the enhanced thinking skills programme, which has since been replaced with the thinking skills programme (TSP). Objectives were fairly specific but not time bound and did not identify who was responsible for each action.
We repeat the recommendation.

- 2.254 **The type and range of resettlement services provided for prisoners should be based on an up to date assessment of the resettlement needs of all categories of prisoners represented within the prison's population. (8.7)**

Not achieved. We found no evidence of a recent and up-to-date assessment of prisoner resettlement needs to inform the type and number of services provided.
We repeat the recommendation.

- 2.255 **The membership and terms of reference of the resettlement function team should be revised to ensure that it is able to implement, monitor and review the resettlement strategy effectively. (8.8)**

Partially achieved. The membership and terms of reference for the bimonthly resettlement meeting had been revised. Membership included outside agencies which were involved with the establishment. All the resettlement pathways were discussed there but not in sufficient depth. The limitations of the resettlement strategy (see recommendation 2.253) made it difficult to see how actions would be monitored and managers held to account against timescales and progress required. The group was relatively newly formed and the governance it provided was still in its infancy.

Housekeeping point

- 2.256 **The resettlement meeting should provide adequate monitoring and regular review of progress against the strategy and specific actions.**

- 2.257 **Relevant information about the quality and outcome of resettlement services should be collected and analysed routinely in order to inform management decisions. (8.9)**

Not achieved. Little attention had been given to evaluating the quality and outcomes of the resettlement services provided.
We repeat the recommendation.

Offender management and planning

- 2.258 **Each prisoner should be able to work with an identified member of staff who is responsible for ensuring that sentence/custody plans are prioritised, implemented and achieved. (8.26)**

Achieved. The introduction of layered offender management had provided every prisoner with a named offender supervisor. All prisoners had a sentence or resettlement plan.

- 2.259 **There should be sufficient offender supervisors to respond adequately to the demands of the offender management caseload. (8.27)**

Partially achieved. The number of offender supervisors had increased and staff did not report

problems with managing their workloads. However, there was a backlog of offender assessment system (OASys) assessments. While this had been halved in the previous few months, it would take several months to clear it. The number of prisoners arriving from other prisons without a current OASys assessment was an ongoing issue that needed resolution nationally.

Further recommendation

2.260 The number of prisoners arriving at the establishment without a current assessment and plan should be addressed nationally.

2.261 Offender supervisors and case administrators should have ready access to shared documentation. (8.28)

Achieved. The offender management unit (OMU) was developing and contained a range of services. The development of small teams, which included offender supervisors and case administrators, had promoted good practice and they worked well together.

2.262 Uniformed staff should supervise prisoners on entry to, and during their time in, the Leger Centre. (8.29)

Partially achieved. Uniformed staff were based in the OMU, providing adequate supervision of prisoners when required.

2.263 ROTL should always be considered as part of a structured resettlement plan. (8.30)

Partially achieved. Offender supervisors considered release on temporary licence (ROTL) as part of the resettlement plan. While the use of ROTL was increasing, it had remained relatively low over the previous year.

Additional information

2.264 A new head of resettlement had been appointed. The OMU integrated offender supervisors, public protection, lifer staff, case administrators, and observation, classification and allocation staff. Allocation of cases, based on their risk of harm to others, was appropriate. Nine uniformed staff provided a pool of offender supervisors from which to draw. The limitations of this model had been recognised and there was a plan to reduce this to three or four, in order to improve skills and confidence in the work by undertaking it more often.

2.265 The OMU building had ample interview rooms, and video-conferencing had been made available. The involvement of community-based offender managers in sentence planning had improved. Boards were carried out on time, with contributions from relevant departments. All prisoners were given a copy of their sentence plan. Reviews were timely.

2.266 Offender supervisors undertook a basic assessment for those serving less than 12 months and a fuller OASys assessment for others. While prisoners serving over 12 months received a copy of their sentence plan based on their OASys assessment, others who did not require a full OASys assessment and plan did not receive a copy of their initial resettlement plan.

2.267 The use of home detention curfew (HDC) was under review, as it was relatively low. Only 53 had been granted in the 12 months before the inspection. We were told that the large number

of foreign national prisoners was excluded from HDC and ROTL because of objections from UKBA, in too many cases without valid evidence of the risk.

Further recommendation

2.268 All prisoners should receive a copy of their resettlement plan.

Categorisation

2.269 Prisoners should be routinely invited to comment in writing before recategorisation decisions are made. (6.14)

Not achieved. Prisoners were still not able to contribute in writing to the recategorisation board before decisions were made.

We repeat the recommendation.

Additional information

2.270 Most recategorisations were from C to D. The review timescales were appropriate and completed on time, with about 100 per month being completed. A range of staff was involved in the review process. Prisoners were informed of the decision in writing and could appeal. The database was up to date and showed that 81 prisoners had been transferred to a category D prison in 2010 and 19 were waiting for transfer at the time of the inspection. Transfer to most prisons was timely, with the exception of more-distant prisons. We were not able to find out how many foreign national prisoners had been transferred to category D establishments in the previous year in comparison with other prisoners.

Further recommendation

2.271 The number of foreign national prisoners transferred to a category D establishment should be recorded, monitored and any issues addressed.

Public protection

No recommendations were made under this heading at the last inspection.

Additional information

2.272 Public protection work was managed from the OMU and the team contained probation staff, who managed these cases, explained the procedures to relevant prisoners and informed them of restrictions. The public protection policy was thorough and had been updated in April 2010. An interdepartmental risk management panel regularly reviewed all public protection cases. At the time of the inspection, the prison held 37 multi-agency public protection arrangements (MAPPA) level 1, 59 level 2 and seven level 3 cases.

Indeterminate-sentenced prisoners

No recommendations were made under this heading at the last inspection.

Additional information

- 2.273 Lifers and prisoners serving indeterminate sentences for public protection (IPP) were managed by a dedicated team in the OMU. Seventy-two life-sentenced and 66 IPP prisoners were held at the time of the inspection. Little individual work was provided to life-sentenced prisoners due to a shortage of psychologists. Family days for life-sentenced prisoners were held and were well attended.

Resettlement pathways

Accommodation

- 2.274 **Appropriately selected and trained prisoners should be used to support and enhance the work of resettlement staff. (8.36)**

Partially achieved. One peer supporter had been in post but had recently been transferred out of the establishment. There were currently no peer supporters. There was an appropriate selection and training process and the purpose of the role was clear, in terms of supporting the work of the resettlement staff through basic guidance or signposting to specialist services.

- 2.275 **Clear records should be kept on the number of prisoners released without a settled address and used to inform resettlement services. (8.37)**

Not achieved. Data were gathered to demonstrate performance against the key performance target for the number of prisoners receiving help and guidance from the accommodation services but it did not specify how many prisoners were released without appropriate and settled accommodation. Therefore, it was impossible to tell how many had been discharged with no fixed accommodation.

We repeat the recommendation.

Additional information

- 2.276 Two part-time accommodation officers from Shelter provided a range of housing advice, guidance and support, including emergency and supported housing advice, during the week. An assistant funded through the Shelter project supported them. Despite these limited resources, the key performance target for the number of prisoners receiving help and guidance from the accommodation services was achieved every year. At any one time, there were 200 prisoners waiting for support and guidance from Shelter staff, who prioritised contact based on release date. In November 2010, 34 referrals had been received, with nine being of no fixed address, and 14 prisoners had been referred for interviews with housing providers.
- 2.277 Posters and other materials had been developed to advertise the accommodation services but there were few on the wings, and most were only in English. The accommodation officers attended the older prisoner and disability forums, to encourage consultation with prisoners.

Education, training and employment

- 2.278 **Prisoners should be given better access to job search activities. (8.42)**

Not achieved. Jobcentre Plus staff, careers information and advice service (CIAS) staff and

Supporting Others through Volunteer Action (SOVA) staff all provided help with job searches but it often did not directly involve the prisoner. This was usually because of the lack of internet access and availability of computers for prisoner use. Staff had to complete online applications or search for jobs for individual prisoners, rather than showing them how to do it for themselves.

We repeat the recommendation.

Further recommendation

2.279 Computers with suitable internet access should be provided for prisoner job searches.

2.280 Prisoners should have access to Jobcentre Plus. (8.43)

Partially achieved. A member of staff from the local Jobcentre Plus attended the prison two to three days a week to help prisoners during the last three weeks of their sentence to understand how to claim benefits and to provide them with limited help with searching for jobs. The lack of both internet access and availability of computers severely restricted the service that they could provide (see further recommendation 2.279).

2.281 A pre-release course should be developed and introduced. (8.44)

Not achieved. Although a pre-release course had been introduced after the previous inspection, it had stopped running when its funding had been removed. Discussions were taking place with Manchester College to provide a new pre-release course but at time of the inspection it was not operating.

We repeat the recommendation.

Finance, benefit and debt

2.282 Prisoners should be able to access courses on budgeting and finance if required. (8.70)

Not achieved. A finance and budgeting course was not available at the time of the inspection. **We repeat the recommendation.**

Additional information

2.283 Finance, benefit and debt was the least developed of the reducing reoffending pathways and lacked a lead manager. Jobcentre Plus and the CIAS provided advice about rent arrears and other debts. The contract with Citizen's Advice had ended several months before the inspection. Prisoners could open bank accounts when they were close to release but the number that had done so in the previous year had been low.

Further recommendation

2.284 A lead manager for the finance, benefit and debt pathway should be identified.

Mental and physical health

No recommendations were made under this heading at the last inspection.

Additional information

- 2.285 Discharge planning for general and mental health was managed well, with adequate time given for preparation of those due to be released. There were satisfactory procedures for the management of the terminally ill and use was made of the inpatient beds at another local prison when required. The care programme approach was used effectively for prisoners with severe and enduring mental health problems.

Drugs and alcohol

- 2.286 **The prison drug strategy should be informed by an annual needs analysis and include annual development objectives that are monitored through the drug strategy group. (8.60)**

Achieved. The drug strategy group met every two months to monitor the strategy and targets. A needs analysis had been performed annually since the previous inspection and was used to inform the drug strategy. The next needs analysis was due to take place in March 2011.

- 2.287 **The issue of prisoners continuing to use drugs before and during the P-ASRO course should be addressed. (8.61)**

Achieved. The prison addressing substance related offending (P-ASRO) programme was no longer abstinence bound. Members were tested twice during the programme and jointly managed by a key worker and CARAT worker.

- 2.288 **The CARAT team leader should be a stand-alone post at HMP Lindholme. (8.62)**

Achieved. A stand-alone post had been created following the previous inspection. The CARAT team comprised a team leader and eight CARAT workers.

- 2.289 **Prisoners for whom an assessment on the severity of dependence questionnaire indicates the need for a more intense programme than P-ASRO should be transferred to an alternative establishment to meet this need. (8.63)**

Achieved. Prisoners who were identified as requiring a programme more intense than that delivered on the P-ASRO course were transferred to the 12-steps programme delivered at HMP Wolds or to a prison offering a therapeutic community.

- 2.290 **The alcohol strategy should incorporate both testing and treatment provision and ensure that, where necessary, they are delivered to meet the needs of prisoners and the wider establishment. (8.64)**

Achieved. The alcohol strategy formed part of the strategic document and treatment was delivered according to the needs of all prisoners. Prisoners with solely alcohol problems could be managed by CARAT workers and treatment was considered as a primary issue.

- 2.291 **VDT should be available for those who need and want it and should be applied appropriately and consistently in line with Prison Service Order 3601 and not linked to the incentives and earned privileges (IEP) scheme. (8.65)**

Achieved. Compliance-based drug testing was carried out and this was not linked to the IEP scheme.

- 2.292 Prisoners employed in high-risk (from a health and safety point of view) areas should be subject to compliance testing. (8.66)

Not achieved. No prisoners employed in high-risk areas were subject to compliance-based drug testing.

We repeat the recommendation.

Additional information

- 2.293 The CARAT team's caseload was 227, with approximately 60 referrals a month. Doncaster Alcohol Services provided a service for prisoners on two days each week. Six P-ASRO courses a year were delivered and the prison was on target to have 64 completions in 2011.

- 2.294 Compliance-based drug testing data were limited and applied mainly to prisoners on the P-ASRO scheme. There were only 15 compacts and two to three positive tests each month.

Children and families of offenders

- 2.295 Signposting to the prison, designated car parks and visitors' centre should be improved and clearly differentiate between the facilities for HMP Moorland, HMP Lindholme and IRC Lindholme. (3.81)

Not achieved. Signposting to the relevant visitors centres remained vague. The primary and most obvious sign directed visitors to a car park near HMP Moorland. There was another, smaller sign for Lindholme prison and IRC visitors but it was not easy to see.

We repeat the recommendation.

- 2.296 Arrangements for the operation of the new visits hall should be kept under regular review – with inputs from prisoners and visitors, as well as staff – to ensure best use of the facilities. (3.82)

Achieved. There had been a review of the visits arrangements following complaints from visitors and prisoners. A new system was due to be initiated in February 2011, with a telephone booking line being introduced.

- 2.297 Families should be invited and encouraged to participate with key aspects of a prisoner's sentence, where appropriate. (8.73)

Not achieved. Families were not routinely invited to significant sentence-related activity. We saw no evidence of any engagement with prisoners' families.

We repeat the recommendation.

- 2.298 Where necessary, prisoners should be able to access programmes/interventions aimed at improving their parenting skills and family relationships. (8.74)

Not achieved. No parenting skills or relationship-based programmes were available at the time of the inspection, other than a small number of prisoners being able to access Storybook Dads.

We repeat the recommendation.

- 2.299 Prisoners who are primary carers should receive additional resources and support to allow them to maintain contact with their children and fulfil their parental responsibilities. (8.75)

Not achieved. There were no additional facilities or resources available to prisoners who were identified as primary carers.

We repeat the recommendation.

Additional information

- 2.300 The visitors centre was bright and adequate for its purpose. There was some information available but the information for visitors booklets on display were dated 2007 and referred to a previous booking and visits system.
- 2.301 Hot drinks and cold snacks were available and there was a small, unsupervised play area. A play bus provided by a local charity was parked outside the centre and provided pre-visit entertainment for children for both the prison and the IRC.
- 2.302 The main visits hall was large and facilitated 60 visits on Tuesday, Wednesday, Thursday, Saturday and Sunday. Provision was insufficient to meet need if prisoners requested their full visits entitlement. The visits hall had been provided as an integral part of the prison's expansion but paradoxically provided less capacity for visits than the original hall. The chairs were bolted to the floor, with a large gap between them, resulting in a high level of noise during visits. There were six closed visits booths.
- 2.303 The booking process was open to abuse, with prisoners booking spaces when they had no intention of attending or arranging visitors, so that they could remain in their cell. This, coupled with the long and complicated booking process, often led to sessions not being full, despite the system showing that all spaces were taken. Prisoners expressed frustration with the system and were looking forward to the new, and hopefully more efficient, system.
- 2.304 Family visits were run four times a year and were popular with prisoners and families. These were restricted to enhanced prisoners with no record of involvement in violence or drug activity and were not linked to a family relationship-based programme. There was no prison visitor scheme.

Further recommendation

- 2.305 The visitors information should be updated and reflect current procedures.

Attitudes, thinking and behaviour

- 2.306 There should be a needs analysis completed to assess the cognitive skills needs of the population. (8.79)

Not achieved. Staff we spoke to were not aware of a local needs analysis for either TSP or Controlling Anger and Learning to Manage it (CALM). The planned provision of TSP during 20011 was based solely on staff availability.

We repeat the recommendation.

2.307 There should be a strategy to address the waiting list to enrol on the Thinking Skills course. (8.80)

Not achieved. There were 87 prisoners on the waiting list for TSP at the time of the inspection, with only 36 completions in the year to date, against an annual target of 74. Almost half of the TSP facilitator posts were vacant. As a result, the number of courses to be delivered in 2010/11 had been reduced from nine to five. This reinforced the need for a strategy to manage the waiting list for TSP, which was set to continue to grow during 2011/12.
We repeat the recommendation.

2.308 Personal officers should encourage and support prisoners to participate in offending behaviour programmes. (8.81)

Not achieved. There was little evidence of personal officers encouraging and supporting prisoners to attend offender behaviour programmes. While personal officers could attend post-programme review meetings for TSP and received the report, they did not routinely receive progress reports while the prisoner was attending the sessions, despite regular updates being sent to the OMU and offender manager. Personal officers rarely attended the post-programme review meeting for the P-ASRO course and did not routinely receive a copy of the report.

Further recommendation

2.309 The progress of those attending an offending behaviour programme should be communicated regularly to personal officers.

Additional information

2.310 The planned provision of P-ASRO from April 2011 to April 2012 reflected the completions target set. The key performance target for completions in 2010/11 would be exceeded. The first-year target for TSP had not been achieved. CALM was delivered in the prison by South Yorkshire Probation Trust and half of the completions counted towards the prisons key performance target, with the other half counting towards that of the Probation Trust. At the time of the inspection, 19 prisoners were waiting for a place on the P-ASRO course but reasons for the wait were valid and included important decisions about priority and motivation.

Section 3: Summary of recommendations

The following is a list of both repeated and further recommendations included in this report. The reference numbers in brackets refer to the paragraph location in the main report.

Recommendation	To NOMS
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- | | |
|-----|---|
| 3.1 | The number of prisoners arriving at the establishment without a current assessment and plan should be addressed nationally. (2.260) |
|-----|---|

Recommendations	To the governor
------------------------	------------------------

Courts, escorts and transfers

- | | |
|-----|--|
| 3.2 | Prisoners should be removed from the van at the earliest opportunity. (2.13) |
|-----|--|

First days in custody

- | | |
|------|--|
| 3.3 | The layout of reception should be improved to ensure that health services staff are not isolated, prisoners are monitored at the rear of reception and that new receptions and those awaiting transfer or release do not have contact in the initial holding area. (2.1) |
| 3.4 | Prisoners should be moved onto the induction wing at the earliest opportunity. (2.19) |
| 3.5 | The CSRA should be completed in private surroundings. (2.20) |
| 3.6 | Reception processes and staffing should be reorganised to ensure that prisoners spend minimal time there. (2.23) |
| 3.7 | Prisoners should be referred to by their first or chosen name in reception. (2.24) |
| 3.8 | All prisoners should have the opportunity to make a free telephone call and take a shower on the day of their arrival. (2.26) |
| 3.9 | Professional interpreting services should be used for all confidential induction interviews with prisoners with poor English. (2.29) |
| 3.10 | The induction programme should keep prisoners fully occupied during their five days on the induction wing. (2.30) |
| 3.11 | Cells for newly arrived prisoners should be checked and authorised by a member of staff. (2.39) |

Residential units

- | | |
|------|--|
| 3.12 | Cells designed for one prisoner should not be used for two prisoners. (2.43) |
|------|--|

- 3.13 The opportunity to wear their own clothing should be made available to prisoners as part of the incentives and earned privileges (IEP) scheme. (2.44)
- 3.14 Prisoners should be able to make telephone calls at times convenient to the caller (including official calls during working hours, calls to children and appropriate timing of international calls). (2.50)
- 3.15 Mail and telephone censors should have regular training in public/child protection and harassment issues in order to identify any threats or concerns including racist language. (2.51)
- 3.16 Showers on all wings should be cleaned and refurbished where required. All showers should be cleaned and in operational order. (2.56)
- 3.17 Prisoners should be supplied with sufficient prison clothing, in appropriate sizes. (2.57)

Staff–prisoner relationships

- 3.18 Prison managers should investigate the poor perceptions of foreign national prisoners in relation to staff–prisoner relationships. (2.60)

Personal officers

- 3.19 The personal officer scheme should be fully implemented and sentence planning documents made easily available to staff to help achieve this. (2.3)

Bullying and violence reduction

- 3.20 The safer custody meeting should monitor the impact of the anti-social behaviour/anti-bullying policy, undertake a more detailed analysis of collated data and explore preventative measures. (2.4)
- 3.21 All relevant staff should receive anti-bullying training. (2.63)

Legal rights

- 3.22 Monitoring of legal services should take place to identify trends, workload, training needs of the LSO and quality of the service provided. (2.95)

Substance use

- 3.23 The collocation of the counselling, assessment, referral, advice and throughcare (CARAT) and integrated drug treatment system (IDTS) services should proceed as soon as possible and prisoners should be provided with the full range of psychosocial elements of the programme. (2.105)
- 3.24 Target drug testing should be undertaken regularly and reflect the level of reported concern. (2.108)

Diversity

- 3.25 The REAT should develop an action plan outlining how the establishment can address the negative perceptions of both black and minority ethnic and Muslim prisoners about a range of issues at the prison. (2.5)
- 3.26 Renewed efforts should be made to engage positively with a range of community-based groups who work with diverse groups. (2.114)
- 3.27 The REO post should be ring-fenced and a job description written. (2.115)
- 3.28 All staff in prisoner contact roles should receive diversity training, and this should be tailored to reflect the population held at the establishment. (2.116)
- 3.29 Links with violence reduction work should be developed to include interventions for prisoners carrying out racially motivated bullying. (2.117)
- 3.30 There should be regular minority group forums to identify issues and provide appropriate levels of support. Relevant managers should attend. (2.120)
- 3.31 A free international telephone call should be facilitated for all foreign nationals, to enable contact to be maintained with immediate families living abroad, regardless of receiving social visits from non-family members. (2.125)

Health services

- 3.32 Tramadol and other opiate-based analgesics should be prescribed according to clinical need. There should not be a generic policy of withdrawal. A step-wise approach to pain management, such as the World Health Organization analgesic ladder, should be used. (2.144)
- 3.33 All pre-packed medications should be dual-labelled. (2.145)
- 3.34 The pharmacist should be supported to develop pharmacy-led clinics further. (2.149)
- 3.35 The range of specialist and nurse-led clinics should be developed quickly following the appointment of new nursing staff. (2.157)
- 3.36 Health promotion literature should be available to prisoners in a range of languages. (2.158)
- 3.37 Prisoners should have access to professional counselling services. (2.159)

Learning and skills and work activities

- 3.38 The prison should ensure that all prisoners have equal access to library services for a minimum of 30 minutes a week. (2.9)
- 3.39 Prison and education managers should continue to monitor and promote timely attendance. (2.161)

Physical education and health promotion

- 3.40 The showers and toilet facilities in the gym should be expanded. (2.167)
- 3.41 A suitable outdoor PE facility should be provided which can be used all year round. (2.168)

Time out of cell

- 3.42 All prisoners, regardless of location within the prison, should be given at least 10 hours out of cell per day. (2.169)
- 3.43 The core day should be adhered to. (2.173)

Security and rules

- 3.44 Sufficient resources should be dedicated to security work to address the issues of drug trafficking, drug use and associated general prisoner disorder. (2.11)
- 3.45 Sufficient resources should be available to carry out the required number of routine searches per month, and also timely targeted searches when reliable intelligence dictates. (2.174)
- 3.46 Information about prison rules should be made available in languages other than English. (2.183)

Discipline

- 3.47 Reasons for adjudication findings and for the decisions on the punishments given should be fully explained to the prisoner and recorded. (2.191)
- 3.48 All planned C&R interventions should be video recorded. (2.192)
- 3.49 Use of force paperwork should be accurately completed and management checks rigorous. (2.194)
- 3.50 All use of force records should include a fully completed F213. (2.195)
- 3.51 Use of force certifying officers should be independent of the incident. (2.196)
- 3.52 There should be regular analysis of use of force data, to identify trends and hotspots. (2.201)
- 3.53 Compliant prisoners should not be handcuffed following incidents. (2.202)
- 3.54 The use of unfurnished accommodation should cease at the earliest possible time once the prisoner concerned has calmed down. (2.203)
- 3.55 Unfurnished cell paperwork should be accurately completed, its use authorised and signed by a governor, and management checks rigorous. (2.204)
- 3.56 A gate should be installed to separate the prisoner toilet and cellular accommodation in the CSU. (2.205)

- 3.57 The metal sheeting enclosing the ends of the small CSU exercise yards should be removed to provide a less claustrophobic environment (facing away from the unit). (2.206)
- 3.58 Seating should be installed in the care and separation unit exercise yards. (2.207)
- 3.59 Return to normal accommodation for segregated prisoners should be encouraged by measures such as representation of unit staff at good order or discipline (GOOD) reviews and phased returns to residential units. (2.221)

Incentives and earned privileges

- 3.60 Prisoners should be considered for promotion to the enhanced level within six weeks of their arrival at the prison. (2.229)

Catering

- 3.61 All matters of concern raised by the area manager and area catering manager should be addressed within the timescale identified. (2.231)
- 3.62 The kitchen building should have the necessary repairs and replacements carried out immediately. (2.232)
- 3.63 Wing cleaning officers and wing cleaners should be trained and wear the appropriate clothing while carrying out their duties. Colour-coded cleaning materials should be only used in the appropriate areas. (2.233)
- 3.64 The appropriate utensils should be used to serve meals. The catering department should make greater attempts to embrace cultural events. (2.234)
- 3.65 Prisoners should be able to gain qualifications while working in the kitchen. (2.235)
- 3.66 Lunch should be served between noon and 1.30pm, and dinner between 5pm and 6.30pm. (2.236)
- 3.67 Breakfast packs should be issued on the day they are to be eaten. (2.237)
- 3.68 Food trolleys should be maintained to an acceptable standard and cleaned daily to remove old food residue. (2.242)
- 3.69 Food comment books should be readily available at the point of food service and checked regularly by managers and catering staff. (2.243)

Strategic management of resettlement

- 3.70 The resettlement strategy should include specific, time-bound objectives. (2.253)
- 3.71 The type and range of resettlement services provided for prisoners should be based on an up to date assessment of the resettlement needs of all categories of prisoners represented within the prison's population. (2.254)
- 3.72 Relevant information about the quality and outcome of resettlement services should be collected and analysed routinely in order to inform management decisions. (2.257)

Offender management and planning: sentence planning and offender management

- 3.73 All prisoners should receive a copy of their resettlement plan. (2.268)
- 3.74 Prisoners should be routinely invited to comment in writing before recategorisation decisions are made. (2.269)
- 3.75 The number of foreign national prisoners transferred to a category D establishment should be recorded, monitored and any issues addressed. (2.271)

Resettlement pathways

- 3.76 Clear records should be kept on the number of prisoners released without a settled address and used to inform resettlement services. (2.275)
- 3.77 Prisoners should be given better access to job search activities. (2.278)
- 3.78 Computers with suitable internet access should be provided for prisoner job searches. (2.279)
- 3.79 A pre-release course should be developed and introduced. (2.281)
- 3.80 Prisoners should be able to access courses on budgeting and finance if required. (2.282)
- 3.81 A lead manager for the finance, benefit and debt pathway should be identified. (2.284)
- 3.82 Prisoners employed in high-risk (from a health and safety point of view) areas should be subject to compliance testing. (2.292)
- 3.83 Signposting to the prison, designated car parks and visitors' centre should be improved and clearly differentiate between the facilities for HMP Moorland, HMP Lindholme and IRC Lindholme. (2.295)
- 3.84 Families should be invited and encouraged to participate with key aspects of a prisoner's sentence, where appropriate. (2.297)
- 3.85 Where necessary, prisoners should be able to access programmes/interventions aimed at improving their parenting skills and family relationships. (2.298)
- 3.86 Prisoners who are primary carers should receive additional resources and support to allow them to maintain contact with their children and fulfil their parental responsibilities. (2.299)
- 3.87 The visitors information should be updated and reflect current procedures. (2.305)
- 3.88 There should be a needs analysis completed to assess the cognitive skills needs of the population. (2.306)
- 3.89 There should be a strategy to address the waiting list to enrol on the Thinking Skills course. (2.307)
- 3.90 The progress of those attending an offending behaviour programme should be communicated regularly to personal officers. (2.309)

Housekeeping points

Learning and skills and work activities

- 3.91 The prison should ensure that library sessions take place as planned. (2.10)

First days in custody

- 3.92 Both holding rooms in reception should contain reading material and/or a television to keep prisoners occupied. (2.40)
- 3.93 Prisoner induction should provide the opportunity for prisoners to visit all key areas of the prison and to meet service providers. (2.41)

Residential units

- 3.94 The lists identifying which prisoners require assistance in an emergency should be kept up to date. (2.46)
- 3.95 Staff should supervise the distribution of laundered clothing to prisoners. (2.58)

Self-harm and suicide

- 3.96 The death in custody action plans should be endorsed by the safer custody committee, which should monitor progress. (2.80)

Applications and complaints

- 3.97 Envelopes for submitting a confidential complaint should be readily available on every wing. (2.86)
- 3.98 The outcome of the management quality assurance of replies to complaints should be logged and the information aggregated to inform quality. (2.92)
- 3.99 Replies to confidential access complaints should be logged on the central database and monitored in line with other complaints. (2.93)

Strategic management of resettlement

- 3.100 The resettlement meeting should provide adequate monitoring and regular review of progress against the strategy and specific actions. (2.256)

Faith and religious activity

- 3.101 It should be ensured that the capacity to provide Muslim services is maintained. (2.103)

Diversity

- 3.102 A database of multilingual prisoners should be maintained. (2.129)
- 3.103 The policy on gender should include the management of prisoners presenting as transgender or in the process of gender reassignment. (2.133)

Discipline

- 3.104 Cells in the care and separation unit should be cleaned of graffiti before being used for a new occupant. (2.222)

Catering

- 3.105 The catering manager or his/her deputy should attend the prisoner council. (2.244)

Prison shop

- 3.106 The prison shop contractor should conduct an annual satisfaction prisoner survey. (2.246)

Appendix I: Inspection team

Karen Dillon	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Sandra Fieldhouse	Inspector

Specialist inspectors

Michael Bowen	Health services inspector
John Grimmer	Ofsted inspector
Margaret Hobson	Ofsted inspector

Appendix II: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		880	83.9
Recall		6	0.6
Convicted unsentenced		61	5.8
Remand		1	0.1
Civil prisoners		0	0
Detainees		101	9.6
Other		1	
Total		1,050	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced		106	10.1
Less than 6 months		7	0.7
6 months to less than 12 months		27	2.6
12 months to less than 2 years		110	10.5
2 years to less than 3 years		131	12.5
3 years to less than 4 years		131	12.5
4 years to less than 10 years		330	31.4
10 years and over (not life)		73	7
ISPP		66	6.2
Life		69	6.5
Total		1,050	100

Age	Number of prisoners	%
Minimum age; 25	0	0
21 years to 29 years	507	48.3
30 years to 39 years	330	31.4
40 years to 49 years	159	15.1
50 years to 59 years	43	4.1
60 years to 69 years	8	0.8
70 plus years	3	0.3
Under 21	0	0
maximum age; 76	0	0
Total	1,050	100

Nationality	18–20-year-olds	21 and over	%
British		732	70
Foreign nationals		294	28
Not Stated		24	2
Total		1050	100

Security category	18–20-year olds	21 and over	%
Cat A Exceptional		0	
Cat A High Risk		0	
Cat A Provisional		0	
Cat A Standard		0	
Cat B		0	
Cat C		907	86.3
Cat D		19	1.8
Female Closed		0	
Female Open		0	
Female Semi		0	
Other		0	
Uncategorised sentenced		0	
Uncategorised sentenced male		3	0.3
Uncategorised unsentenced		0	
Unclassified		107	10.2
Unsentenced		6	0.6
YOI Closed		7	0.7
YOI Open		1	0.1
Total		1,050	100

Religion	18–20-year-olds	21 and over	%
Baptist		1	0.1
Buddhist		48	4.6
Church of England		210	20
Hindu		6	0.6
Jewish		1	0.1
Muslim		226	21.5
No religion		248	23.6
Not Stated		72	6.9
Other		55	5.3
Roman Catholic		177	16.6
Sikh		6	0.6
Total		1,050	100

Ethnicity	18–20-year-olds	21 and over	%
Asian or Asian British			
Bangladeshi		9	6
Indian		33	18
Other		63	35
Pakistani		74	41
Total		179	100
Black or black British			
African		55	41
Caribbean		57	42
Other black		23	17
Total		135	100

Chinese or other ethnic group		20	39
Chinese		32	61
Total		52	100
Mixed			
African		5	9
Asian		9	16.4
Caribbean		32	58.2
Other mixed		9	16.4
Total		55	100
Not stated code missing		41	100
Total		41	100
White			
British		525	89
Irish		6	1
Other white		57	10
Total		588	100
Total		1,050	

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
1 month to 3 months	235	25	0	
1 year to 2 years	147	15.4	0	
2 years to 4 years	35	3.6	0	
3 months to 6 months	209	22	0	
4 years or more	4	0.4	0	
6 months to 1 year	209	22	0	
Less than 1 month	111	11.6	0	
Total	950	100	0	

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
1 month to 3 months	39	39.5	0	
1 year to 2 years	0		0	
2 years to 4 years	0		0	
3 months to 6 months	4	4.1	0	
4 years or more	0		0	
6 months to 1 year	4	4.1	0	
Less than 1 month	52	53	0	
Total	99	100	0	

Main offence	18–20-year-olds	21 and over	%
Available in later version of Nomis		1,050	
Total		1,050	