

Report on an unannounced inspection of

HMP Leeds

5 – 14 December 2007

by HM Chief Inspector of Prisons

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Introduction

Leeds is a large inner-city local prison. It has had a chequered history: successive governors have tried, with greater or lesser success, to root out a negative culture among some of its staff. Our last inspection, in August 2005, found that culture beginning to take hold again, with a particularly worrying racial angle. Since August 2005, there have been 12 self-inflicted deaths in the prison.

This unannounced inspection found that there were still considerable problems in the prison, but that vigorous management attempts were being made to grapple with them. Leeds was still failing to perform sufficiently well in any of our key areas, except for resettlement, and indeed was performing poorly in relation to activity. There had nevertheless been progress in all areas, as managers tried to put in place the building blocks for solid and sustained improvement.

The safety of prisoners had rightly had considerable managerial attention, given Leeds' recent history. The segregation unit was much improved, as were first night support arrangements. A multidisciplinary area working party was taking a proactive approach to reducing deaths in custody and identifying risk; and there was an innovative safer custody unit, largely for those withdrawing from drugs. However, this approach had not percolated down to staff on the wings: support for prisoners at risk of suicide was inconsistent; emergency call bells were not always answered; night staff were poorly trained; and some cell observation panels were blocked. A large proportion (44%) of prisoners had felt unsafe at Leeds, anti-bullying procedures were underdeveloped, there was a high incidence of drug use, and vulnerable prisoners were not always held safely and decently.

Many of the prison's safety problems stemmed from the distant and negative relationships between most staff and prisoners. Only around half the prisoners surveyed said that most staff treated them with respect. These findings paralleled those in a recent Prison Service survey. Inspectors saw some good interactions, but also some poor ones, and complaints against staff were not rigorously investigated. Black and minority ethnic prisoners, and Muslim prisoners in particular, continued to report more negatively about their experiences at Leeds, particularly in relation to safety and victimisation – in spite of considerable proactive race relations work by managers and specialist officers. Indeed, in all areas of prison life, we found extremely committed individuals whose work and priorities did not yet appear to have percolated to all their colleagues.

Activity levels at Leeds remained poor. Around a third of prisoners were unemployed, and a check during the core day revealed nearly 40% of men locked behind their doors. Those who were unemployed would spend over 22 hours a day locked in their cells, and those who were employed would often arrive late and leave early; nor were they allocated to courses or work that met their assessed needs. The prison's reported statistic, of an average of nine hours a day out of cell for its prisoners, was simply fictional. Some education, and the PE provision, was of good quality; however, most of the work was not, nor were most prisoners able to obtain qualifications.

The prison's resettlement work had improved and involved a number of community agencies and employers. All sentenced prisoners had their resettlement needs assessed on arrival; though there was no formal custody planning for short-term or remanded prisoners. Most of the resettlement pathways were adequately covered, though work with children and families was underdeveloped, except for the work of Jigsaw, a voluntary organisation running an excellent visitors' centre. Resettlement work was, however, undermined by the fact that too

many prisoners stayed too long at Leeds without the opportunity to engage in positive work or programmes. This was particularly the case for indeterminate-sentenced prisoners, as in many local prisons, and also for those being maintained on methadone, where the delayed roll-out of the integrated drug treatment system meant that there were few opportunities to transfer to training prisons which could support their treatment.

This inspection showed that there were still fundamental problems that needed to be addressed at Leeds. We did, however, find a management team that was committed to working methodically and vigorously to tackle the underlying causes as well as the symptoms. This is no easy task, in a prison system that is creaking at the seams and facing considerable challenges over the next few months. They, and the many good and committed staff in the prison, will need considerable support.

Anne Owers
HM Chief Inspector of Prisons

April 2008

Fact page

Task of the establishment

HMP Leeds is a category B local prison. It takes until trial all adult male prisoners remanded from the West Yorkshire area and convicted prisoners for short periods following sentencing.

Brief history

HMP Leeds was built in 1847, when all four wings held male and female prisoners. Two new wings were opened in autumn 1994 and a new gate complex was opened in September 2002.

Area organisation

Yorkshire and Humberside

Number held

1000

Certified normal accommodation

674

Operational capacity

1000

Last inspection

22 August 2003 (Full)

22-26 August 2005 (Unannounced)

Description of residential units

A wing: Vulnerable prisoners; the segregation unit is at sub-level.
B wing: Closed for refurbishment.
C wing: Convicted and unconvicted prisoners.
D wing: Includes the induction unit, first night wing and detoxification unit.
E and F wings: Convicted and unconvicted prisoners; voluntary drug testing units.

Healthy prison summary

Introduction

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

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

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

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

HP3 Most prisoners did not have long journeys. Reception processes were slow and the reception building unsuitable. Most prisoners felt safe in the supportive environment of the first night centre but induction was poor. Anti-bullying and violence reduction procedures were inadequate. Recent strategic attention had been paid to suicide and

self-harm policy but basic support for prisoners at risk was not good enough. The segregation unit was much improved and previous high levels of use of force had reduced. Detoxification and maintenance programmes were good but services were not well integrated. The prison was not performing sufficiently well against this healthy prison test

- HP4 There were few problems with escorts as most prisoners were local and did not have long journeys. Most prisoners said they were well treated by escort staff but most found vans uncomfortable.
- HP5 The reception building was busy, cramped and difficult to supervise. Holding rooms had a lot of graffiti on walls and there was no information displayed and no peer support. Some important information needed for initial assessments did not always arrive with prisoners. Some prisoners waited many hours in reception because of problems with cell availability. Despite the poor physical conditions, significantly more than the comparator¹ in our survey said they had been treated well in reception.
- HP6 First night procedures were mostly good and night staff were well briefed about those on open assessment, care in custody and teamwork (ACCT) documents. However, they were not routinely informed of others who might need special attention, such as those new to custody or recalled. The first night centre was calm and cells were clean and prepared. All new prisoners had first night interviews, showers and a meal and were seen by healthcare. They were given an information booklet but some sections were out of date. In our survey, 82% of prisoners, significantly more than the comparator, said they had felt safe on their first night.
- HP7 Responses in our survey about induction were poor and few prisoners felt it covered what they needed to know. Arrangements for inducting vulnerable prisoners were unclear. Many prisoners did not complete induction but most important departments held brief interviews with prisoners on their first morning. There was no peer support. Information was delivered unimaginatively and inconsistently and some was out of date. The poor induction process had a considerable impact on life for prisoners later on.
- HP8 Many more prisoners than the comparator said they had felt unsafe at Leeds at some time but the number who actually felt unsafe at the time of the survey was more positive. Black and minority ethnic and Muslim prisoners felt significantly less safe than others. Only about seven bullying investigations were carried out each month and many incidents were not investigated. Allegations of bullying were not dealt with consistently and there was little monitoring of behaviour. Alleged bullies were often placed on the basic regime after very little investigation or evidence against them. Others received warnings or were moved wings. There were no specific interventions to challenge bullies and poor support for victims. Managers had recognised that procedures were inadequate and a wider violence reduction action plan that included bullying had just been developed.
- HP9 Vulnerable prisoners were held separately on A wing. Although there was some concern about the mix of sex offenders and others, such as those in debt, most said they felt relatively safe. Arrangements for holding an overspill of vulnerable prisoners

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments.

on other wings were extremely poor. Some had spent some months in conditions where they felt unsafe and had few, or even no, opportunities for association or exercise.

- HP10 A recent initiative led by the area manager was beginning to consider what could be done to reduce the numbers of deaths in custody, including reviewing progress made on recommendations from investigations into deaths in custody. However, despite a high incidence of deaths in custody and self-harm, some basic matters had not been addressed. Night operational support grade staff had not received ACCT training, and observation panels into cells were often blocked even for those identified as at risk. Initial ACCT assessments were reasonably completed but care maps were not well targeted, and reviews were not sufficiently multidisciplinary. ACCT checks were too regular and predictable, particularly at night. The detoxification and safer custody unit managed through healthcare was an impressive facility but not sufficiently integrated with the rest of the prison. The large group of Listeners felt supported by managers, but not by all wing-based staff.
- HP11 There were no major physical or procedural security weaknesses, although there were problems common to many local prisons of drugs and other items being thrown over the walls. Many security information reports related to drugs and mobile telephones but relatively distant staff-prisoner relationships did not support good dynamic security. The rules were not displayed on wings and many men complained that they were applied inconsistently on different wings. Adjudications were generally well conducted.
- HP12 The segregation unit was bright, spacious, well maintained and calm. Segregation was properly authorised but all men were unnecessarily strip searched on entry without risk assessment. Showers, exercise and telephone calls were not part of the daily routine but had to be requested. Segregation reviews were regular and well attended but not all targets were appropriate. Records indicated reasonable levels of interaction.
- HP13 Use of force had reduced from previous levels and was now lower than the average for local prisons. Planned removals appeared well managed but documentation was not always well completed. Video recordings of use of force were not monitored. Special accommodation was little used.
- HP14 Around 250 men were on drug maintenance programmes and about 50 were detoxifying. Clinical management was a joint responsibility of the substance misuse and health services, which mostly worked well but there was occasional confusion about referral criteria. Most prisoners could begin detoxification or maintenance programmes immediately. All new arrivals were considered for the safer custody detoxification programme, which provided good support. However, prisoners not on the programme had little or no psychosocial support.
- HP15 In our survey, significantly more than the comparator said it was easy to get drugs in the prison. The random mandatory drug testing rate over the previous six months had been just over 17% but there was a considerable variation across the wings. The high numbers of men on methadone medication masked the actual extent of drug use. Suspicion testing was well managed.

Respect

- HP16 Relationships between staff and prisoners were sometimes distant and distrustful. The prison was generally clean but shared cells were cramped. Most men could shower daily but facilities were limited. Prisoners were dissatisfied with food. The incentives and earned privileges scheme was negative and punitive. Some good diversity and race relations work was taking place but many black and minority ethnic prisoners still had negative perceptions. Work on diversity and foreign national prisoners was underdeveloped, in spite of the active work of specialist officers. General health services were reasonably good but mental health services were inadequate. The prison was not performing sufficiently well against this healthy prison test.
- HP17 A recent measuring the quality of prison life (MQPL) report was negative about staff relationships, and in our survey significantly fewer prisoners than the comparator said most staff treated them with respect. Fewer than previously said they had a member of staff they could turn to for support. Some individual interactions were good but we also saw some prisoners ignored or rebuffed by staff. Staff almost always addressed prisoners by their surname alone. Prisoners said some staff bullied them and complaints against staff were not always robustly investigated.
- HP18 Some training had taken place for personal officers but there was little evidence of this. Some wing files had regular personal officer entries but these said little and most were observations about behaviour or just a list of 'strikes' under the incentives and earned privileges (IEP) scheme. Few entries said anything about the men's individual circumstances or resettlement needs.
- HP19 B wing, which we had previously found to have unacceptable conditions, was closed for refurbishment. Residential areas were generally in a good state of repair and clean but some cells were in poor condition. Most prisoners could shower daily. Single cells were mostly shared, many with inadequate toilet screening. Contrary to Prison Rules, no distinction was made between unconvicted and sentenced prisoners, who routinely shared cells. Few prisoners wore their own clothes and there were problems getting sufficient kit. There was no accommodation on the wings suitable for wheelchair users. Cell emergency bells were frequently left unanswered for some time. A good range of notices was displayed but there was little general consultation with prisoners. There was poor access to telephones.
- HP20 The chaplaincy was well integrated and most religious needs were met, although there were vacancies for some chaplains. Considerable effort had been made to extend the role of chaplaincy services to provide resettlement support for men in the community after release.
- HP21 The IEP scheme was almost entirely driven by officers' negative observations of prisoners' behaviour. Prisoners on basic had a very limited regime with no association. They were reviewed regularly but some spent a long time on the basic regime. Unconvicted prisoners on basic did not receive their legal entitlements to visits.

- HP22 In our survey, nearly 60% said the food was bad and prisoners complained that portion sizes were small, which some were. Portion control was inadequate as food was often left over. Distribution of shop orders unnecessarily impacted on the whole regime on Saturdays. Some men had to wait nearly two weeks for their first orders and catalogue items could not be ordered, which disadvantaged those with no external support.
- HP23 A full-time diversity manager was part of the senior management team. Prisoners with disabilities were seen and monitored on arrival. Regular and well-attended diversity forums were held with staff and prisoners. The diversity liaison officer had a good awareness of disability issues and held forums with prisoners to discuss practical issues. The prison did not identify those with any issues about sexuality and there was no special provision for older prisoners.
- HP24 An active race equality action team included external community representatives and ethnic monitoring data were well scrutinised. Race relations representatives consulted other prisoners and gave regular feedback to the race equality officer but relatively little was done to promote racial diversity. Racist incident report forms were submitted by a wide range of people, well investigated and subject to external scrutiny. However, there were insufficient interventions for those where a racist incident had been proven. Our survey indicated that the perceptions of black and minority ethnic prisoners and Muslim prisoners were significantly worse than white prisoners, particularly in relation to safety and victimisation. While race relations structures had improved, there remained some way to go to effect real cultural change.
- HP25 There were 63 foreign national prisoners, four of whom were held on immigration warrants alone, one for over 18 months. The foreign national policy covered most basic issues and a range of translated materials was available, and both formal and informal interpreting services were used. Prisoners had to apply for overseas telephone calls. There was a supportive foreign national coordinator but no prisoner representatives or regular consultation arrangements and support arrangements.
- HP26 It was easy to get application and complaint forms and help was available from prisoner information desk workers on each wing but few prisoners in our survey believed applications and complaints were sorted out fairly. Prisoners were given copies of application forms but reply times were not monitored. The complaints model had recently been revised to increase confidence in the system and some monitoring was undertaken but this had yet to have an impact. There was a good bail information service and legal services officers provided help each weekday.
- HP27 Changes in the primary care trust arrangements had led to some uncertainty, which, together with staff shortages, impacted on health services. A new health needs assessment to replace an out of date one was about to begin. New arrivals were seen, but there was no subsequent secondary health screen. Prisoners' perceptions of health services were relatively positive compared to other local prisons and there were suitable services for those with life-long conditions. However, there were delays in seeing the GP, exacerbated by the time it took to deal with applications and the lack of a nurse triage system. The dentistry service was reasonable. Most medications were provided daily in possession and there was some secondary dispensing. There was little therapeutic input to the in-patient regime and some of those located in in-patients were there only because they were in wheelchairs. The mental health in-reach team had only 46 prisoners on its caseload, and the criteria for

taking on patients were very strictly applied. There was no accessible primary mental health care provision and no day care services.

Purposeful activity

HP28 Too many prisoners spent most of the day locked in cells and there were too few activity places, which were not well used to allow more men to participate in work and education. Allocations to activities depended on location rather than assessed need. Some good education classes were run but the quality of jobs in workshops was poor and there was little opportunity to gain vocational skills. While the library was good and most prisoners had reasonable access to recreational physical education, the prison was performing poorly against this healthy prison test.

HP29 Time out of cell for those without work, about a third of the population, was very poor at about 2.5 hours a day. The most time a prisoner in full-time work could spend out of cell was eight hours, so it was impossible to reach the average time out of cell of nine hours that the prison was declaring. We found almost 40% of prisoners locked in their cells during the activity period one afternoon. Different core days on each wing did not help accurate monitoring and there was wide and unfair discrepancy between wings. Most prisoners had association every day except for Saturdays but many had only 30 minutes and evening association was restricted to those with jobs. Most prisoners were able to have exercise daily but no outdoor clothing was provided.

HP30 Many prisoners missed the initial basic skills assessment as part of induction and although those involved in education had individual learning plans, these were not formally linked to sentence planning. Prisoners received appropriate information and guidance about education and jobs during induction but this did not inform allocation to activities, which was based on the wing where a prisoner was accommodated. Many prisoners were unable to attend education because there were insufficient places. The range of education courses was good for short-term prisoners but there was little for more able prisoners. There was no evening or weekend education but outreach was provided on wings and workshops. Attendance at classes was satisfactory but punctuality was poor. Teaching was broadly satisfactory and some was good. Vulnerable prisoners on A wing had a more limited range of educational activities.

HP31 As with education, there were not enough work places or activities to enable prisoners to develop vocational skills. Workshops generally replicated a commercial environment. Most had some form of structured training but while skills development led to accredited qualifications on most of the vocational courses, there were few opportunities for accreditation. Employment skills developed by prisoners went unrecognised by both the prison and prisoners.

HP32 The library was welcoming and well managed with a good book stock. A rota covered all wings and ensured access once a week and about 400 prisoners used the library each week. The library contributed well to the development of prisoners' literacy and to family learning and regularly ran successful projects and courses. There was appropriate access to Prison Service Orders and legal materials.

HP33 The physical education (PE) department promoted health and personal fitness well and PE sessions ran during the day, in the evening and at the weekend. Over 40% of

the population used the gym at least twice a week. Short Open College Network courses had been introduced that met the needs of many short-term prisoners. The gym was well equipped but too small and cramped. The showers were in a poor state.

Resettlement

- HP34 The resettlement strategy was reasonably comprehensive, but did not describe in detail how the needs of specific groups would be met. Offender assessment system plans were mostly up to date and basic resettlement needs were identified for those serving short sentences but not for prisoners on remand. There were some satisfactory reintegration services but not enough focus on promoting contact with families. Drugs services linked well to the local community. National difficulties meant that lifers, those serving indeterminate sentences for public protection and those on drug maintenance programmes were not able to make timely progress to other prisons. The prison was performing reasonably well against this healthy prison test.
- HP35 The resettlement strategy was up to date but not clearly based on a needs analysis of the population. It covered each of the identified resettlement pathways but did not differentiate between the distinct resettlement needs of different groups such as remanded, convicted, life-sentenced and recalled prisoners and how they would be met. There was strong senior management commitment to the strategy, although backed by a complicated meeting structure. Good links had been made with the voluntary sector.
- HP36 There were 171 prisoners in scope for offender management and all had contact with their offender supervisors about once a month. A high number of prisoners (610) were eligible for the offender assessment system (OASys) and 89% were up to date. Most of those with sentences of less than 12 months had their basic resettlement needs identified on arrival and referrals made to appropriate services, but there was no formal custody planning for them or for remand prisoners. Licence recalls, of whom there were 110, had little support and information about their position or to help them address the reasons for their recall. Public protection arrangements were appropriate.
- HP37 Prisoners with indeterminate and potentially indeterminate sentences were promptly identified but support for them was poor and their needs were not met. Few wing staff were able to deal adequately with their queries and few staff and no senior managers attended the lifer consultation committee. An increasing number of prisoners sentenced to indeterminate sentences for public protection (IPP) or to life remained at Leeds for too long. Lifers were unreasonably expected to share cells with short-stay prisoners and one said he had had eight cell mates in two months.
- HP38 Prisoners were helped to prepare for release with good housing services but 25% still left with no fixed abode and the reasons for this had not been clearly identified. Careers advice was appropriate and focused on helping prisoners find employment on release and there were particularly good links with employers in construction industries. Job clubs and a preparation for release course offered short courses to enhance employability and develop skills. Prisoners serving short sentences were able to get help with retaining existing employment. Prisoners could also attend

financial management courses, were helped to set up Credit Union accounts and received benefits and housing finance advice.

- HP39 There were major difficulties getting through to the visits telephone booking line, although visits could also be booked at the prison. A well-run visitors' centre had supportive staff and provided good links to community services and family support. The visits environment was unwelcoming and had poor facilities. Most prisoners had too few opportunities for visits. There was little provision for children and structured family visits were run only infrequently. Some family, domestic violence and relationship skills courses had been run for prisoners and their partners. Lack of association, particularly in the evenings, impeded telephone contact with families.
- HP40 The drug strategy was up to date but not based on a needs analysis and did not include alcohol services. The counselling, assessment, referral, advice and throughcare (CARAT) service had a high caseload but unnecessarily assessed all new receptions without any screening. The CARAT service was spread across the prison, which did not help consistent delivery. Most CARAT work was case management with little interventional work. The short duration programme had run for two years but not for vulnerable prisoners on A wing. E and F wings were supposed to operate as voluntary testing units but pressures on space meant many prisoners were not on the testing regime and testing targets were not met. There were few progression opportunities for the large number of men maintained on methadone because of the slow roll-out of the integrated drug treatment system (IDTS). Many prisoners came from nearby and links to local drug intervention programmes were good.

Main recommendations

- HP41 The reception building should be replaced or fully remodelled to provide an appropriately safe and respectful environment for new arrivals at the prison.
- HP42 Effective bullying and violence reduction strategies should be developed, which ensure that all alleged incidents of violence and bullying are reported, and investigated and monitored by senior managers.
- HP43 The overall management of safer custody procedures should be improved to ensure good quality assessment, review, interventions, monitoring and engagement with all prisoners potentially at risk.
- HP44 Managers should develop a clear strategy to deal with the underlying negative staff culture and improve relationships between staff and prisoners, including the development of an effective personal officer scheme.
- HP45 Black and minority ethnic and Muslim prisoners' negative perception of some aspects of their treatment should be examined and discussed at regular specific consultation meetings with these groups of prisoners in order to understand and tackle the underlying causes.
- HP46 A full assessment of the mental health service provision should be undertaken and appropriate primary and secondary mental health services provided to meet identified needs.

- HP47 Sufficient work and education places should be provided to allow all prisoners the opportunity to participate in purposeful activity.
- HP48 The amount of time prisoners spend out of their cells should be increased, particularly at weekends, and all prisoners should have the opportunity for at least one hour of association and one hour of exercise every day.
- HP49 All prisoners, including those unconvicted and those serving less than 12 months, should have a written plan setting out how their resettlement needs will be met.
- HP50 A senior manager should review all aspects of visits and contact arrangements to ensure that there are good and suitable arrangements to encourage men to remain in contact with their children, partners and families, that families are involved as appropriate and that all staff understand the importance of such contact in terms of safety and good resettlement outcomes.
- HP51 A new or refurbished visits facility should be provided to accommodate the volume of visits required, with access for people with disabilities, a supervised play area, refreshment facilities and more private closed, social and legal visit booths. The environment should be made welcoming and suitable for children.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Most prisoners did not have long journeys. Prisoners said they were generally well treated by escort staff but most found vans uncomfortable. No information about Leeds was provided at courts.
- 1.2 Most prisoners came from local courts and few had long journeys. In our survey, 80% said they had spent less than two hours in escort vans and half of those had spent less than an hour. Responses about feelings of safety and comfort on the journey were more positive than the comparator, although 70% still said they found vans uncomfortable. Some prisoners complained that vans were dirty but those we saw were in reasonable condition. Prisoners said escort staff had treated them well.
- 1.3 Despite the short distances, some journeys were longer as pick ups were made at different courts around the West Yorkshire area. Some men in reception who had come from local courts like Huddersfield had spent about three hours on the van. Prisoners could be further delayed when several vans were at reception as each prisoner was booked in individually. Prisoners were not given any information at court about what to expect when they arrived at Leeds.
- 1.4 Reception staff reported a good relationship with the escort contractors and all available information was passed by escort staff to the prison when prisoners arrived. Few prisoners were brought from courts during the day. We were told that population pressures and the demands of Operation Safeguard meant this was less likely to happen as there was a need to ensure that prisoners who might be held in police cells met the required criteria. Arrivals after 7pm were not unusual but the full reception and first night procedures were mostly followed, except that very late arrivals might not be able to see the GP in the first night centre.
- 1.5 There were no reported problems with producing prisoners at court on time. Prisoners leaving to attend court or for transfers could have breakfast before they left as all prisoners were supplied with breakfast packs the evening before. There was a reasonable stock of decent clothing for those who did not have suitable clothes for court appearances but reception staff said it was sometimes difficult to get unmarked shirts.

Recommendations

- 1.6 Prisoners who have completed court appearances in the morning should be brought to the prison during the day.
- 1.7 Information about what to expect on arrival at Leeds should be provided at courts.

First days in custody

Expected outcomes:

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

1.8 The reception building was not fit for purpose. Facilities were poor and some prisoners waited too long to move to residential wings. Staff generally treated prisoners well. First night procedures were good and there was awareness of the risks of cell sharing but staff sometimes had no information about previous convictions or background and had to rely on what prisoners told them. Induction was poor.

Reception

- 1.9 Reception was cramped, contained several blind spots and was difficult to supervise. The holding room had a lot of graffiti. No information was displayed for new arrivals, there was no access to water or hot drinks and toilet facilities were poor. Televisions with DVD players had been installed in holding rooms but could not receive television signals. A film describing reception procedures was not yet ready to show new arrivals. The only working television was behind the reception counter. A separate small holding room for vulnerable prisoners also had poor facilities.
- 1.10 Reception was busy, with about 76 receptions and discharges each day. The video link was used regularly and reduced the numbers attending court.
- 1.11 Prisoners who had previously been in Leeds were asked if they could remember their prison number so that records could be traced, although there was no system for their quick retrieval. Property was checked efficiently and prisoners were allowed to take numbers from their mobile telephones. Searching was carried out respectfully and clean prison clothing was issued to all prisoners but remand prisoners were not told about their right to wear their own clothes (see section on residential units). Prisoners were offered a hot meal.
- 1.12 Many waited too long in reception. The final holding room before escort to the residential wings had bare walls, no toilet facilities and nothing to occupy prisoners. We found one prisoner who had waited almost six hours in this bleak and dirty room.
- 1.13 Reception staff were relaxed with prisoners and despite the poor physical surroundings, significantly more prisoners than the comparator in our survey said they had been well treated in reception. There were no Listeners or Insiders in reception to support distressed or anxious new arrivals.

First night

- 1.14 First night procedures were good and in our survey, 82%, significantly better than the comparator, said they had felt safe on their first night. The atmosphere on the first night centre was relaxed, cells were clean and pillows and mattresses were in reasonable condition. There was a good supply of toiletries, cutlery, towels and bedding.

- 1.15 Staff on the first night centre had difficulty finding cells for new arrivals, sometimes because places on other wings were not always declared or identified efficiently. About five or six prisoners a day were assessed as requiring a single cell, which added to the pressures on space. Governors interviewed prisoners who asked for protection and further assessed those who needed a single cell. No prisoner assessed as suitable to share spent his first night alone and a landing cleaner was given a small bonus to share with a new arrival when numbers were uneven.
- 1.16 All new arrivals were risk assessed before being allocated a cell, although staff sometimes had no information about previous convictions or behaviour and had to rely on what prisoners told them. No distinction was made between unconvicted and convicted prisoners in allocating cells. A coroner at an inquest into the death of a prisoner murdered by his cellmate at Leeds had highlighted the problem that staff had no access to the police national computer after 5pm and at weekends. Some first night centre officers used the offender assessment system to aid their decisions. An electronic cell-sharing risk assessment database highlighted prisoners assessed as medium or high risk, their ethnicity, the reasons for this assessment and when reviews were due.
- 1.17 New arrivals were interviewed on the first night centre and an induction log was started. This was continued by other departments the following day and passed to the offender management group, which began a resettlement and learning plan (see section on offender management and planning). Information was given according to a checklist and the race relations policy was read out. Prisoners were asked if they were new to custody but not how they felt about it if they were. Sole carers of children were identified and details of next of kin recorded.
- 1.18 The telephone system was explained and prisoners were offered £4 credit repayable at 50 pence a week. Unless there were identified public protection issues, they could use the telephone until 10am the following morning, after which they had to wait for their personal identification number account to be activated. Some new receptions said it could take over a week for money to be credited to this account. We were told staff would make a telephone call on behalf of any prisoners subject to communication restrictions. Most prisoners received reception packs, with larger packs available to those with sufficient cash. Prisoners with no cash were also offered an advance of tobacco and the repayment rates were explained.
- 1.19 All prisoners signed compacts about behaviour, in-cell television and telephone use. They were given a pen, letter and envelope and a copy of an information booklet. This was useful but some information was out of date and a stark introduction warned against prison mutiny rather than providing any reassuring message. Locally and nationally produced information was available in a range of languages. Not all prisoners were told about the use of the emergency cell bells or the wing routine for the following morning.
- 1.20 New arrivals were usually seen by chaplains on their first evening and given a diary and information leaflet. They were also seen by healthcare. The screening included a second assessment of suicide risk factors, with a score of 10 or above prompting the automatic opening of an assessment, care in custody and teamwork (ACCT) form. Five Listeners were resident on the first night centre but there was no formal Insiders scheme to provide support and mentoring for new arrivals.
- 1.21 A staff protocol covered the use of safer cells on D wing, particularly those on the first night centre. Night staff were not routinely made aware of new arrivals who might be at heightened risk, such as those new to custody, recently given a long sentence or recalled.

Induction

- 1.22 New arrivals were briefly interviewed by important departments at tables on the main landing on their first morning. This was not an ideal environment but allowed immediate needs to be identified. An officer also gave a talk about prison life and the help available. In our survey, more prisoners than the comparator said they got help and support with feelings of depression, drugs and health problems. There was no peer support.
- 1.23 Men who had been in prison within the previous 12 months were offered a short induction. There was a lack of clarity about what this involved. Some officers said they visited individuals in their cells to ask if they had any problems, while others met prisoners as a group to check they were familiar with processes and procedures.
- 1.24 Men new to prison or who not been in prison within the previous 12 months were given a longer induction. This involved a presentation using over 70 slides, many of which were too wordy, and an officer simply reading extracts from the information booklet. Not all officers used the same presentation and some of the information given was out of date. Staff said this usually took place in a classroom but we saw an officer deliver it in a corridor because the room was locked. Records of who had completed induction were incomplete, although most prisoners signed to confirm they had attended an induction talk. In our survey, only 34% of prisoners, significantly worse than the comparator of 59%, said they had been on induction in their first week.
- 1.25 It was not clear what induction was given to vulnerable prisoners. Some said they had not received induction and none of those in a group could remember a coherent induction process.
- 1.26 D wing was described as the induction wing but prisoners could be moved quickly to other wings and were not interviewed individually beforehand. In our survey, only 19% said induction covered everything they needed to know.

Recommendations

- 1.27 Prisoners in reception should be given information about the reception process and provided with refreshments.
- 1.28 The prison, through the court users group, should emphasise the importance of ensuring all relevant information available in court travels with the prisoner to assist staff completing first night assessments.
- 1.29 There should be improved access to the police national computer to establish prisoners' previous convictions where these have not arrived from court.
- 1.30 Prisoners should spend no longer than an hour in the holding room after the reception processes have been completed and managers should monitor this.
- 1.31 All new prisoners should be told on their first night about the use of the emergency cell bells and the routine to expect for the first 24 hours in custody and asked about their reaction to imprisonment.

- 1.32 An Insiders scheme should be developed and new prisoners given the opportunity to meet with peer supporters, including Listeners, in reception and before they are moved from the first night centre.
- 1.33 Night staff on the first night centre should be made aware of prisoners who may be at heightened risk or need additional reassurance, such as those in prison for the first time, and be watchful of them.
- 1.34 Better facilities should be provided for agencies and departments interviewing prisoners on their first morning in custody.
- 1.35 All prisoners, particularly those in custody for the first time or withdrawing from drugs, should receive an induction that meets their needs.
- 1.36 The prisoner information booklet should be updated and clearly describe the induction process.
- 1.37 Prisoners should be able to get money credited to their telephone account within 24 hours.

Housekeeping points

- 1.38 Previous records of prisoners still available in the prison should be retrieved quickly to inform first night assessments.
- 1.39 Managers should monitor how long prisoners are held in reception waiting to be escorted to residential wings.
- 1.40 All wings should cooperate with the first night centre to reduce the regular pressures to identify spaces for new arrivals.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 Residential areas were generally in a good state of repair and largely clean. Most prisoners shared cramped cells with poorly screened toilets. Convicted and remand prisoners routinely shared cells. Communal areas were well maintained and there was a good range of association equipment. Prisoners had poor access to telephones. Calls could not be made in private and the lack of regular evening association for some made contacting families difficult. Showers were mostly in satisfactory condition but not all were accessible. Few prisoners wore their own clothes.
- 2.2 The prison was typically Victorian with a radial design plus two new wings in gallery style (see fact page). B wing, which we had previously found to have unacceptable conditions, was closed for refurbishment. Population pressures meant that most single cells were shared, with convicted and remand prisoners routinely in the same cell. Most cells were in a good state of repair, warm and well ventilated. Some on the older wings were damp with peeling plaster and blocked sinks and two cells on C wing were unfit for use. Some prisoners complained of being cold. Conditions were cramped. All cells usually contained a table, two chairs and two cupboards but some chairs were broken and cupboards were not lockable. There were no courtesy keys to cells.
- 2.3 Residential areas were clean and there was little graffiti. Most cells were clean but were not subject to regular inspection. Fewer prisoners in our survey than the comparator said they had easy access to cleaning materials. Little offensive material was displayed. Smoking was allowed only in cells.
- 2.4 No cells had been adapted for use by prisoners with disabilities and anyone using a wheelchair was located in healthcare (see section on diversity). Once refurbished, B wing was expected to have some adapted cells. Evacuation procedures were clear and all wings had a list of prisoners requiring help.
- 2.5 Cell call bells were tested daily. We saw some staff responding promptly to bells but a number were left unanswered for more than 10 minutes. Prisoners said they sometimes waited 20 minutes or more and we saw staff muting emergency bells in the wing office. There was no system for managers to check that arrangements worked effectively.
- 2.6 Communal areas were clean and well maintained. Notice boards were dedicated to particular topics, including race relations and foreign nationals. Some had been translated into appropriate languages. Some notices, including about wing routine, were out of date. Recreational facilities on all wings were in good condition and included pool, football and table tennis tables. Facilities on E and F wings were better than in the older part of the prison.
- 2.7 Access to telephones was poor, with the ratio of telephones to prisoners ranging from 1:30 to 1:83, all well below our expectation of 1:20. A few had privacy hoods but these offered little

privacy and prisoners said it was difficult to hear the person they were talking to. Each call could last up to 10 minutes and prisoners had to wait another 10 minutes before they could use the telephone again. Limited association time made contacting family more difficult, particularly for those whose family worked during the day. We saw prisoners on E wing queuing for 30 minutes, most of their association time, to use the telephone. In our survey, significantly more prisoners than the comparator said they had problems getting access to telephones.

- 2.8 Mail was posted and received within a working day. There was confusion over entitlements to free letters but no restriction on mail sent at prisoners' own expense. Legal letters were occasionally opened in error.
- 2.9 Prisoner consultation meetings were scheduled quarterly but the last one had been in March 2007. There were arrangements for monthly wing meetings but the practice had slipped.

Hygiene, clothing and possessions

- 2.10 In-cell toilets were not fully screened and the arrangements were disrespectful and prisoners found them demeaning. Cells on A wing had a separate toilet but no door. Toilets on the other wings were only partially screened by either a low panel or, on E and F wings, a wall. Screens bought for the older wings had not been fitted as the brackets were the wrong size. There were some communal toilets on A wing.
- 2.11 In our survey, more prisoners than the comparator said they could shower daily. Showers were clean and well maintained but not all were in use. On A wing, showers at the far end of the landing were closed because they were difficult to supervise. Only two sets of showers on the ground floor of F wing were in use, providing 12 showers for up to 240 prisoners. There did not appear to be any reason for this, particularly given that all showers on E wing, which had an identical layout, were used. A medical bath on the ground floor of E wing had been boarded up. Some showers on C and D wings were used for storage. Notices such as 'cleaners only or you will get a strike' were posted on the only cubicle showers on D wing but it was unclear whether these originated from staff or prisoners. Staff said they allowed prisoners requiring more privacy, such as those with medical conditions, to use these cubicles but this was not made clear on the notices. Cleaners' cells on D wing were covered with warnings and handwritten signs, some abusive, instructing other prisoners not to ask for anything and to stay away.
- 2.12 Televisions and kettles were available for all cells. Prisoners on remand and those on the enhanced level of the incentives and earned privileges (IEP) scheme could wear their own clothing but few did so. They were not told this on reception and practice was discouraged by an unreasonable requirement that prisoners wanting to wear their own clothes had to have seven sets of underwear. Nor were prisoners allowed to mix their own clothes with prison clothes even though prison underwear was often in short supply. There was no shortage of other prison clothing but coats and warm weather items were not issued. Prisoners were allowed to have clothing handed in at the visitors' centre and few reported problems with access to discharge clothing. Prisoners were issued holdalls on discharge.
- 2.13 There were small laundries on each wing and prisoners had set days to use them. The washing machine on D wing had been broken for over two months and equipment on other wings was sometimes unreliable. The clothing exchange store acted as a distribution centre for clothing but most laundry was sent outside the prison. Sheets were changed weekly. Prisoners said that everyone was issued with a bedding pack on arrival but it was not always made clear that they needed to bring their sheets with them when they left the first night centre. If they did

not, they had to sleep in previously used sheets. Mattresses were mostly in good condition but it could take a long time to get a new one.

Recommendations

- 2.14 Cells should be refurbished and decorated as part of a rolling programme, with those in worst condition identified for priority.
- 2.15 Single cells should not be used to accommodate two prisoners.
- 2.16 All prisoners should have a lockable cupboard.
- 2.17 Convicted and remand prisoners should not have to share cells.
- 2.18 Prisoner consultation groups should be held regularly and minutes posted on all wings.
- 2.19 Emergency cell call bells should be answered within five minutes and managers should check this regularly.
- 2.20 In-cell toilets should be fully and appropriately screened.
- 2.21 There should be at least one telephone to every 20 prisoners on each wing and all should be in privacy booths.
- 2.22 Prisoners should be able to make calls home at times convenient to families who work.
- 2.23 All showers should be used, with equal access for all prisoners.
- 2.24 At a minimum, all unconvicted prisoners should be allowed to wear their own clothing without unnecessary restrictions, including being allowed to mix with prison clothing.

Housekeeping point

- 2.25 Unofficial notices should be removed.

Staff-prisoner relationships

Expected outcomes:

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

- 2.26 Relationships between staff and prisoners were generally distant and distrustful. Despite some good individual interactions, the overall culture was negative and did not encourage prisoners to engage positively. Prisoners were invariably addressed by their surnames alone. Some work to bring about cultural change was just beginning.

- 2.27 In our survey, significantly fewer than the comparator said they were treated with respect by most staff. Far fewer men than at our last inspection said they had a member of staff they could turn to for support and more than in other local prisons said they had been victimised by staff. A measuring the quality of prison life (MQPL) exercise in August 2007 was also very negative about relationships with staff, with scores among the least positive in the whole prison estate. Many comments made during MQPL discussions were similar to those made to us, including disrespectful treatment and bullying by staff, inconsistent treatment, an unwillingness to help and poor communication about issues of importance to prisoners. Prisoners said some individual officers were helpful but they were in the minority. Some staff and prisoners said Leeds was regarded as a 'hard' or 'macho' prison and that many officers wanted to maintain that reputation.
- 2.28 We saw some good individual interactions but also prisoners being ignored or rebuffed when they sought help from officers on the wing. A minority of officers were hostile to helping inspectors, which did not suggest that they were likely to be helpful to prisoners. The vast majority of staff addressed prisoners by their surname alone and some used terms such as 'bodies' to refer to them. Some entries in wing files referred to prisoners deemed at risk of self-harm as manipulative and a drain on staff resources. Significantly fewer prisoners than the comparator said staff spoke to them most of the time during association and one prisoner commented 'the only time staff talk to you is when they are telling you not to do something'.
- 2.29 Some complaints against staff were not well investigated or dealt with at a sufficiently senior level, particularly as many prisoners alleged a culture of staff bullying. One history sheet recorded that a prisoner who had properly raised a justified grievance through his solicitor had been warned by an officer that 'this type of bullying would not be accepted by staff'. There were no regular or useful consultation meetings where prisoners could discuss concerns directly with managers. The last minutes of a prisoner consultation meeting were dated March 2007 with a later annotation that the June and September meetings had been postponed 'due to annual leave etc., incident, industrial action.'
- 2.30 The relatively new senior management team recognised and was determined to deal with many of these issues. The recently appointed head of residence was developing a residential strategic plan, which had identified many key areas that needed to improve, including cultural change, communications and relationships.

Recommendations

- 2.31 Regular open forums and consultation meetings should be held with prisoners to identify what improvements could be made to facilitate better relationships, and regular feedback provided to all staff and prisoners.
- 2.32 All complaints about staff should be reviewed by a member of the senior management team.
- 2.33 Prisoners should be addressed by their first name or title and surname according to preference.

Personal officers

Expected outcomes:

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

- 2.34 There was a written personal officer policy but the scheme was not operating effectively. When there were regular entries in wing files by personal officers, these were usually negative observations about behaviour and showed little individual knowledge of prisoners.
- 2.35 Responses in our survey to whether prisoners had met their personal officer in their first week and found them helpful were similar to the low comparator in other local prisons. The number who found their personal officer helpful had fallen significantly since our last inspection in 2005. Some prisoners in groups said they knew who their personal officers were but rarely saw them, others had never met them.
- 2.36 A comprehensive personal officer policy had been introduced in the summer of 2007 and set out 10 guiding principles for personal officers. Leeds had been involved in a national pilot for training personal officers, and officers on A and C wings had received some training as part of this initiative. History sheets indicated that a minority of personal officers, particularly those on A wing, had introduced themselves to prisoners as required under the policy. Few contained weekly personal officer comments, weekly information sheets, which were supposed to be completed, or senior officer management checks. In the very few cases where weekly information sheets had been completed, there appeared to be good interaction and engagement with personal officers. Comments on A wing were usually more detailed than on other wings but otherwise it did not appear that initial training for personal officers had had much impact.
- 2.37 There were considerable gaps in entries in some of the records and most comments were observations about behaviour, almost all negative. A number of history sheets were no more than a list of 'strikes' under the IEP scheme. Very few entries contained anything about the men's individual circumstances, families, resettlement needs or sentence planning targets. We saw none that identified any special needs.

Recommendations

- 2.38 All personal officers should introduce themselves to prisoners, get to know their personal circumstances and record contact in wing files regularly to build up an accurate chronological account of a prisoner's time at Leeds and any significant events affecting him.
- 2.39 Men with specific care needs such as older prisoners and those with disabilities should have regularly monitored care plans as part of their wing files.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

3.1 Management arrangements for safer custody were complex and confusing. Many incidents of bullying were not reported, investigations were not always thorough and outcomes were not monitored. Some managers were new and there was evidence that progress was being made.

Safer custody

- 3.2 Management arrangements for safer custody were complex and confusing. The head of residence was responsible for self-harm and suicide prevention. The safer custody manager, normally associated with suicide prevention and anti-bullying, was employed by the primary care trust to manage the safer custody unit. This was a good resource but was not well integrated with the rest of the prison and largely associated with drug detoxification. Bullying and violence reduction had recently become the responsibility of the senior psychologist.
- 3.3 Other key safer custody staff worked on the first night centre and included three senior officers managed by a principal officer. One of the senior officers was responsible for suicide prevention and a new post had been introduced to manage the operation of violence reduction and cell-sharing risk assessments. The third senior officer had some responsibilities as a bullying prevention manager but his main role was as residential manager for the first night centre. He saw his key task as maintaining a database on bullying investigations and said he had too little time to follow up incidents that had not been referred for investigation. The three officers covered each other's duties during absences. They did not have job descriptions and the amount of dedicated time allocated was unclear. No wing officers were specifically responsible for promoting safer custody.
- 3.4 The prison was aiming to establish a more holistic approach to safer custody. Violence reduction and bullying were discussed at a monthly meeting held on the same day as a separate consecutive safer prison meeting that focused on self-harm and suicide. There was good attendance from a range of departments but not all staff attended both meetings. The violence reduction section was chaired by the senior psychologist and the safer prison section by the head of residence. There was no prisoner representative at the violence reduction section.
- 3.5 The psychology department produced a monthly violence reduction/safer prison report to the senior management board. This included a wide range of indicators of safety, including levels of self-harm, reported incidents of bullying and the use of force. When requested, management information was also provided on other indicators such as complaints, incentives and earned privileges (IEP) warnings issued and incidents of aggression.

Bullying and violence reduction

- 3.6 The written bullying prevention and violence reduction policies were out of date and did not reflect management arrangements or what was happening in practice. A violence reduction action plan had been produced and progress had been made on some of the goals identified, including the design and implementation of bullying awareness and violence reporting training. Some bullying awareness training for principal officers had taken place in November 2007 and progress had been made on developing training for staff completing cell-sharing risk assessments. This had a high profile, not least due to the implementation of recommendations following the investigation of the murder of a prisoner by his cellmate. Prisoners assessed as medium or high risk if sharing a cell were regularly reviewed.
- 3.7 Some research into staff and prisoner perceptions of bullying had been completed by the psychology department in March 2007 but was not yet finalised. In the last survey of prisoners' experiences of bullying (June 2005) conducted by a university department, 78% of prisoners reported at least one behaviour indicative of bullying and 39% reported some indicator of physical assault. The research made several recommendations, particularly for training of staff and prisoners.
- 3.8 In our survey, more prisoners than the comparator said they had felt unsafe at some time in Leeds but only 15%, against a comparator of 20%, felt unsafe at that time. However, black and minority ethnic and Muslim prisoners felt significantly less safe. The ethnicity of victims or bullies was not monitored in the bullying referrals investigated. Our survey results also indicated a higher level of victimisation by staff and prisoners than in other local prisons. Some allegations of assault by staff were poorly investigated. Scores for feeling safe in the MQPL exercise (see section on staff-prisoner relationships) were reasonably positive but Leeds was placed 36th out of 39 local prisons for what it did to support safety. In our structured interviews with prisoners, drugs and theft of canteen were the main issues affecting feelings of safety.
- 3.9 An initial report of bullying and the subsequent investigation by a residential manager were recorded on a bullying information report, the final section of which indicated action taken. Completed forms were forwarded to the bullying prevention manager and entered on an electronic database. The bullying prevention manager produced a brief report for the violence reduction meeting recording the number, location and nature of bullying information reports. New procedures for reporting, investigating and monitoring were in draft.
- 3.10 There were about seven bullying investigations a month, although many incidents where bullying was a factor had not been referred for investigation. These included security and racist incident reports and records of incidents in wing history sheets. There had been no referrals from healthcare staff, who were in a good position to identify suspicious or unexplained injuries, and few referrals from adjudications. The number of prisoners seeking protection and the reasons why were not monitored. The underlying reasons for bullying were not routinely analysed, although many were thought to be associated with bullying for medication. This was being addressed through improved supervision. Under-reporting was regularly raised as a concern in the bullying prevention manager's report and in the monthly safer prison report to the senior management board.
- 3.11 There was no dedicated telephone line for families or visitors to report concerns about bullying. Until recently, a Leeds prisoner working in the visitors' centre had gathered information from families on bullying and prisoners thought to be at risk of self-harm. He had made 40 contacts with families in August 2007 alone but had since been replaced by two women prisoners from

HMP Askham Grange with evidently less good links into the prison. The violence reduction meeting had noted that less valuable information was now received.

- 3.12 Much of the discussion at the violence reduction meeting centred on meeting standards and audit requirements rather than examining the nature of bullying, the complexities of bullies who were also victims and how best to improve outcomes for prisoners.
- 3.13 Bullying was not dealt with and monitored consistently across wings. Some bullies were placed on the basic regime, often with little evidence or thorough investigation. Written statements were rarely taken. Others were given a warning but most were moved to another wing or transferred out. Sometimes the victim rather than the bully was moved. There were no interventions to challenge perpetrators or to examine their own experiences of victimisation. In most cases, victim support plans were opened but were rarely active documents, an issue raised regularly in reports to the violence reduction meetings.
- 3.14 Most vulnerable prisoners were located on A wing. They felt relatively safe despite the mix of sex offenders and others. Most felt safe during movements apart from when they were escorted to the gym through C wing when they were subjected to abuse. Muslim vulnerable prisoners mixed with other prisoners for Friday prayers without serious incident. There had been no significant complaints about food tampering. About 10 vulnerable prisoners were located on D4, although they were moved to C4 during the inspection. They had an extremely poor regime with no regular access to workshops, education, gym or library. Cell cards were marked 'rule 45' to ensure staff did not unlock them when other prisoners were in the vicinity but this also identified them clearly to other prisoners who subjected them to abuse through their doors. Some had spent several months in an environment where they felt unsafe, particularly when collecting food.

Recommendations

- 3.15 The safer custody management structure should be simplified, including clarifying the role of the safer custody unit, to develop a more cohesive and holistic approach.
- 3.16 A full survey of prisoners' perceptions and experiences of bullying by other prisoners and staff should be completed to identify where prisoners feel most unsafe and compare the experiences of different prisoner groups. The results should be used to inform development of the strategy.
- 3.17 Interventions should be developed for perpetrators and victims of bullying.
- 3.18 Vulnerable prisoners should be held only on A wing or exceptionally for short periods in the segregation unit.

Housekeeping point

- 3.19 Job descriptions should be developed for staff in safer custody roles.

Self-harm and suicide

Expected outcomes:

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

3.20 A senior level group had been established to examine how to reduce the numbers of deaths in custody and, as well as implementing practical changes, had identified cultural issues which needed to be addressed. However, not enough was done to ensure that lessons from death investigation reports were learned quickly. Assessment, care in custody and teamwork (ACCT) procedures were inadequate and the safer custody unit was not sufficiently involved. The active group of Listeners largely felt supported. Not enough attention was paid to basic emergency procedures.

3.21 There had been 19 self-inflicted deaths since 2002, two homicides and one unclassified death. Fifteen inquest hearings were outstanding. The area manager led a working party considering what could be done to reduce the number of deaths in custody at Leeds. This aimed to provide a consistent approach to the implementation of recommendations made following Prisons and Probation Ombudsman investigations, support and advise the prison, and investigate and develop ways to improve long-standing cultural issues. The group included area office staff, prison managers, primary care trust representatives and an academic from the University of York who was reviewing all deaths in the prison since 2004. Common risk factors were identified and how these could be better communicated to staff explored.

3.22 As part of the working party activities, a performance manager was coordinating action plans resulting from previous inspections and audits, including a thorough review of progress made on recommendations from death in custody investigations in recent years. Ninety-seven actions had been identified, of which 33 were considered 'green', 46 'amber' and 18 'red'. Other managers were tasked with delivering separate important elements, including a local protocol for investigating near-fatal incidents and a needs analysis of prisoners who self-harmed or attempted suicide. Findings from previous inquests were not considered.

3.23 Some practical measures had been taken in response to identified concerns from previous deaths. Instructions on communicating risks to prisons had been circulated to local probation staff and all prisoners recalled on licence were seen for a comprehensive interview, although this could take up to 10 days, which was too long.

3.24 A number of investigation reports from the Prisons and Probation Ombudsman were outstanding, some having been delayed for some time because of police investigations. The investigation into the last apparent self-inflicted death on 28 September 2007 had not yet started but a note announcing it had only been published to prisoners on 5 October 2007. We were also concerned to find that a formal complaint from a prisoner relating to events surrounding this death had not been passed to the Ombudsman.

3.25 Two recent near-fatal incidents, one in a safer cell, had been identified and reported to the prison's senior management board. As yet, there were no established procedures for formal

investigation of such incidents to establish what, if any, lessons could be learned. The primary care trust was independently developing guidelines for the investigation of serious incidents.

- 3.26 A comprehensive policy document (June 2006) described the care for suicidal prisoners and those who self-harm. The head of residence was the policy lead and the policy group met monthly and was well attended by managers from an appropriate range of departments. A Samaritan but only one Listener also attended. The Listener reported on the number of contacts made in the previous month, raised any concerns about the operation of the scheme and made a good contribution to the discussions. The suicide prevention coordinator provided a report to the meeting that included data on self-harm and the use of assessment, care in custody and teamwork (ACCT) procedures. It also compared reports of bullying incidents against acts of self-harm, which was potentially informative if data on bullying had been accurate (see section on bullying and violence reduction).
- 3.27 In a recent six-month period, there had been on average 26 incidents of self-harm involving 15 prisoners each month, higher than the average for local prisons. The psychology department had interviewed all prisoners who had self-harmed over a four-month period. This research aimed to identify triggers and alert staff to them. It also recommended developing ways of encouraging prisoners to report any concerns about others. Self-harm incidents were not monitored by ethnicity.
- 3.28 The ACCT database was up to date. About 65 ACCT forms were opened each month, many as a precaution following the initial healthcare assessment. On one day of the inspection, 18 ACCTs were open across most units. There were 33 trained ACCT assessors, including about five from non-unified grades. Two were detailed as ACCT assessors each day and also interviewed prisoners recalled on licence. Initial ACCT assessments were reasonable but care maps were not well targeted. Reviews were not sufficiently multidisciplinary, with most attended only by a senior officer and another officer from the wing. One review had been attended by only a senior officer, who had decided to close the case. Too little notice was given to other departments to attend and there was little use of wider skills as part of a team.
- 3.29 There was no continuity in managing cases and not all senior officers responsible for managing reviews had the appropriate skills to identify the needs of prisoners at risk, some of whom they might have met for the first time. The psychology department had identified a need to improve how men were questioned about self-harm during reviews. Some prisoners on an open ACCT were also on the basic regime but there was little evidence of discussion about whether this potential clash with prisoner care was appropriate. Records of reviews indicated little thought was given to potential sources of support, such as that available from the safer custody unit.
- 3.30 Guidance on how to complete ACCT documentation had been produced for staff. Each ACCT form included a quality checklist but these were not always completed. ACCT checks were too regular and predictable, particularly at night. ACCT documents were checked by managers but this usually involved just a signature with no comment on the quality of the care or documentation.
- 3.31 There were no accurate records of safer custody training. Reports to the senior management board indicated that suicide prevention training was poorly attended, with only 20 staff attending in the previous six months. Training for operational support grades working at night only started during the inspection after we raised concerns.
- 3.32 An impressive safer custody unit with a multidisciplinary team provided a four-week rolling programme for prisoners with drug or mental health problems or at risk of self-harm. This

included some provision for vulnerable prisoners on A wing (see sections on health services and substance use). The programme included sessions on anxiety, self-esteem and relaxation. The unit was run by the primary care trust and largely seen as a clinical resource and insufficiently integrated in the wider work of the prison. Staff from the unit had a high profile on the first night centre, which they visited daily to complete an initial assessment of all new receptions, but few referrals were made following ACCT assessments or reviews. Some Listeners had participated in the safer custody programme with a view to promoting it more widely.

- 3.33 The chaplaincy ran support groups for prisoners with depression or who had been bereaved. It also ran two weekly support groups for prisoners considered at risk of self-harm, including a group for vulnerable prisoners. Around five or six attended the groups each week. Chaplains did not routinely attend ACCT reviews. A weekly single point referral meeting in healthcare brought together all agencies and individuals providing counselling services (see section on health services). Most prisoners were seen within two weeks.
- 3.34 There was a large group of 30 trained Listeners, many of whom remained on hold for six months after training. They were located on all wings and in the segregation unit and significantly more than the comparator in our survey said they could speak to a Listener at any time. Listener suites on all wings accommodated two Listeners and were used for 24-hour contact but wing staff did not always abide by the protocol for their use. Some Listeners had completed mental health awareness training and others a course on bereavement. Black and minority ethnic prisoners were reasonably well represented and some spoke languages other than English. Listeners met regularly with a Samaritan and the suicide prevention coordinator. They felt mostly well supported, particularly by more senior managers, but some wing staff were not so supportive and used Listeners inappropriately. A recent staff notice had been issued outlining the role of Listeners to promote more consistency across the wings.
- 3.35 Portable telephones with a direct line to the Samaritans were available on each wing. Logs were kept and the telephones were used frequently. Prisoners could also contact the Samaritans free of charge from landing telephones.
- 3.36 There were 23 safer cells, most on D wing and others in the segregation unit and healthcare. A staff notice had been issued giving specific guidance on their use. Authorisation by the duty governor was required before anyone on an open ACCT could be held in segregation and records were kept. Seventeen prisoners had been held there in the previous seven months and we were satisfied with the scrutiny given to these cases. Special accommodation had been used only once in the previous 12 months for a prisoner at risk of self-harm. One prisoner on an open ACCT had been punished with cellular confinement but allowed to serve this on D1 landing rather than in the segregation unit.
- 3.37 Not all emergency cell bells were answered promptly (see section on residential units) and there was no auditable system for monitoring responses. Ligature knives were available but not all staff carried them. Cleaning officers carried them and a ligature tool was provided in each office. Many observation panels were blocked, including one to the cell of a prisoner on an open ACCT. We drew urgent attention to this and the head of residence began to promote more staff vigilance during the inspection.

Recommendations

- 3.38 Findings from previous inquests should be examined and taken into account in reviews into deaths in custody.

- 3.39 Interviews with prisoners recalled on licence should begin the day after recall to ensure any immediate concerns are addressed.
- 3.40 In cooperation with the primary care trust, all serious or near-fatal incidents of self-harm should be investigated to establish what lessons can be learned and promote good practice.
- 3.41 Staff from a range of disciplines and departments, including the safer custody unit, should be involved in assessment, care in custody and teamwork (ACCT) procedures through initial assessments and participation in reviews.
- 3.42 ACCT procedures should ensure more consistency of case manager, sufficient notice of reviews and more considered care maps. Management checks should comment on the frequency and quality of entries in the on-going daily record and the level of engagement with prisoners.
- 3.43 Accurate and up to date records of staff who have completed ACCT training should be held.
- 3.44 All staff should support the Listener scheme and adhere to the protocol on the use of Listeners.
- 3.45 All observation panels should be clear and all officers should carry a ligature knife.

Housekeeping points

- 3.46 More Listener representatives should attend the safer prison meeting.
- 3.47 The ethnicity of prisoners who self-harm should be recorded and monitored by the suicide prevention coordinator.

Good practice

- 3.48 *The area manager-led working party on deaths in custody was a good initiative to examine and deal at a strategic level with causal factors behind deaths in custody.*

Diversity

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

- 3.49 The diversity manager had a high profile and prisoner groups were regularly consulted about diversity matters but not all aspects were covered. Monitoring of equality of opportunity for minority groups was not robust. Residential staff were not supportive of prisoners with disabilities. Many staff were out of date with diversity training, although a local disability awareness package had been produced and a regular diversity newsletter was issued.

- 3.50 In our survey, 3% of prisoners said they were gay or bisexual and 13% considered themselves to have a disability. A policy document covered the treatment of prisoners with physical, sensory and mental disabilities. This addressed practical considerations such as reception and first night procedures, evacuation and access to the regime. There was a short section on the needs of older prisoners but there was no policy guidance about sexuality.
- 3.51 There was no monitoring to examine the extent to which minority groups were able to participate fairly in all aspects of the regime or analysis to ensure minority group needs were met. Only 37% of staff were up to date in their diversity training, although the disability liaison officer had introduced a local disability awareness package.
- 3.52 A full-time diversity manager reported directly to the governor and was part of the senior management team. His remit included race relations, foreign nationals and disability issues and also wider diversity issues. The manager was highly visible: consulting prisoners about race relations, liaising with external agencies and participating at other prison meetings. A quarterly diversity newsletter was produced covering issues such as race and religion and information about foreign national status. It was aimed at staff and prisoners and was available throughout the prison.
- 3.53 A senior officer acted as disability liaison officer (DLO) and split his time with foreign national issues. He kept a list of prisoners with mobility problems or physical impairments such as blindness or hearing difficulties. This was largely dependent on self-disclosure and was not designed to identify those with learning disabilities. A number of prisoners were wheelchair users and located in healthcare as this was the only place with wide enough doors. Ramps had been installed throughout the prison but the age and fabric of the building meant access to workshops and other areas was limited. The refurbishment of B wing included two adapted cells with integral showers. A bid to convert two cells on A wing had been rejected, even though most wheelchair users were vulnerable prisoners who would otherwise have been located on A wing.
- 3.54 A number of prisoners with disabilities were located on the residential wings. The DLO kept a list of evacuation details, which were posted on the wings. Officers we spoke to were aware of prisoners on the wing requiring extra help but some were unwilling to help with practical problems. One deaf prisoner had been struggling to use the mini-com but the wing officers would not help him. By contrast, the prison had trained fourteen staff to 'sign', some to advanced levels, and they were used at some meetings.
- 3.55 Diversity forums were held with prisoners. These were chaired by the diversity manager and discussed issues about food and religion and national and local initiatives such as the complaints procedures project being piloted by the national race equality group. Sexuality and disability issues were not covered. The DLO had also held two forums with prisoners with disabilities in 2007 to discuss practical problems such as access to the regime and their quality of life.

Recommendations

- 3.56 Diversity monitoring should be introduced to examine the extent to which older prisoners, prisoners with disabilities and prisoners from other minority groups have fair access to the regime.
- 3.57 The diversity policy should set out how the needs of different minority groups will be met, based on an analysis of these needs in consultation with prisoners.

- 3.58 The disability liaison officer should be supported by designated residential wing staff who are given the remit of improving awareness about disability and other diversity issues on the wings.
- 3.59 All staff should be trained in diversity issues.

Race equality

Expected outcomes:

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

3.60 Black and minority ethnic prisoners accounted for 12% of the population. In our survey, they were more negative than white prisoners in many areas and Muslim prisoners reported some particularly poor perceptions. Prison managers placed a strong emphasis on race relations and consultation with prisoners was well developed. Racist incidents were investigated thoroughly and were subject to external scrutiny. There was little celebration of cultural diversity.

3.61 Black and minority ethnic prisoners accounted for 12% of the population, with prisoners of Pakistani origin the largest group. Significant management attention had been paid to race issues and race had a high profile. Many prisoners said they felt confident in the system and believed problems would be dealt with.

3.62 However, in our survey, many more black and minority ethnic prisoners compared to white prisoners and Muslim prisoners compared to non-Muslims said they felt unsafe, had been victimised by other prisoners and were threatened by staff. Over 60% of black and minority and Muslim prisoners said that they had felt unsafe at some time compared to less than 40% of other prisoners. Thirty nine per cent of Muslim prisoners and 31% of black and minority prisoners said they felt unsafe at the time of the survey compared to only 10% of non-Muslims and 11% of white prisoners respectively. Black and minority ethnic and Muslim prisoners were more positive about access to education and gym and treatment in reception, and were more likely to say their religious beliefs were respected. However, 28% of Muslim prisoners said they had been victimised by staff and prisoners because of their religious beliefs. No non-Muslims said they had been victimised by staff in this way, and only 2% said they had been victimised by other prisoners. Many of the responses of Muslim prisoners reflected the relatively negative perceptions of black and minority ethnic prisoners, but a number were worse, particularly about food. There were 25 black and minority ethnic staff (almost 5%) in prisoner contact posts. Those we spoke to said race relations were improving and prisoner representatives also acknowledged that managers were making a real effort to achieve this, but it was evident that the attention paid to structural issues had yet to be reflected in real cultural change.

3.63 Race equality was well promoted. A full-time diversity manager had responsibility for all race and diversity issues. He was supported by a full-time race equality officer (REO) who worked exclusively on race issues. There was an established network of race relations prisoner representatives on each wing, including one full-time race orderly who met several times a week with the REO to discuss issues and concerns.

3.64 The race equality action team (REAT) met every two months. It was well attended and included two prisoner representatives and external representatives, including from the local race equality action councils. Action points were followed up through a separate document.

Data monitoring had identified some areas where prisoners were over-represented on particular wings and the REAT forum examined statistical information in some depth. The diversity manager also chaired a race relations advisory group meeting on alternate months to the REAT attended by the REO, prisoner representatives and regime providers such as the chaplaincy, kitchen and education. This looked at practical issues such as complaints, religious festivals and feedback from prisoner consultation meetings.

- 3.65 Consultation extended beyond the prisoner representatives to include feedback to impact assessments. The Prison Service race equality action group (REAG) had carried out a prisoner survey to gauge views on the complaints and racist incident reporting systems, and the results were widely distributed to prisoners. Prisoners also formed part of the consultation group with REAG during its regular visits to the prison as part of a pilot project.
- 3.66 Only 37% of staff were up to date in their diversity training (see section on diversity), although the diversity manager had supplemented this by arranging visits to local religious centres. All but one of the REAT members had attended the relevant course. The REO had attended diversity training, training in investigations and REAG training on managing and promoting race equality in prisons.

Managing racist incidents

- 3.67 Race complaint boxes were emptied regularly and a confidential line for reporting incidents was checked daily but rarely used. There had been 270 incidents in the first 11 months of 2007. The REO conducted almost all investigations, which were thorough, mostly completed on time and signed off by the deputy governor. The log was scrutinised regularly by the REAT. The REO routinely interviewed all parties and included evidence such as adjudication paperwork and wing history sheets. Responses to complainants were respectful, in writing and, where necessary, forwarded to those who had been transferred or discharged. Racist incident report forms were regularly scrutinised by a panel that met solely to review recorded incidents and make recommendations for improvements. This panel consisted of representatives from local race equality councils, prisoners, the governor and agencies such as victim support. Prisoner representatives said this reinforced the openness of the process, which they then fed back to other prisoners.
- 3.68 However, not all complaints were passed to the REO and not all relevant information was shared between the violence reduction coordinator and race equality staff. In one case, a prisoner with issues about his immigration status also stated he had been bullied because of his sexuality but his case had not been referred to the violence reduction team or diversity manager. The REO and prisoner representatives also raised concerns about the lack of interventions. Mediation was advertised but was not used due to lack of trained facilitators.

Race equality duty

- 3.69 Race impact assessments were largely up to date. Issues such as staff training had been highlighted at regular update meetings. Responsibility for investigating issues arising from impact assessments, such as the movement of prisoners around the prison and clashes between association and religious services, had been tasked to particular individuals.
- 3.70 Racial diversity was under-promoted and there had been little recent celebration of cultural diversity.

Recommendations

- 3.71 Interventions should be introduced to tackle issues raised in racist incidents, and should include structured mediation.
- 3.72 All relevant information should be shared between the violence reduction coordinator and race equality staff and others as relevant.
- 3.73 There should be more events to celebrate racial, ethnic and cultural diversity and raise awareness of the work being done.

Good practice

- 3.74 *The external scrutiny panel enabled external bodies and prisoners to examine racist incident report forms in detail and comment on their effectiveness.*

Foreign national prisoners

Expected outcomes:

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

3.75 There were 63 foreign national prisoners including four held solely under immigration powers. The movement of detainees had improved but some still spent too long at Leeds once their criminal warrant had expired. The foreign national policy was comprehensive and there were some translated materials. Interpreting services were well used. Peer support and support on the wings for foreign national prisoners was inadequate.

3.76 There were 63 (18%) foreign national prisoners, although there had been as many as 200 the previous year. A wide range of nationalities was represented, frequently over 30 countries. Thirteen of the men had been born outside the UK but claimed to be UK citizens and were awaiting confirmation from the Border and Immigration Agency (BIA). Foreign national issues were managed by the diversity manager. The foreign national liaison officer was also the disability liaison officer and was supported by a clerk in the custody office. There was no designated relief for the senior officer, although key tasks such as immigration paperwork were undertaken by the clerk and generic discipline staff in his absence. His role was to act as a source of information for staff and prisoners and to liaise with the immigration authorities. He met regularly with individual foreign national prisoners and was aware of the detail of many cases.

3.77 Four prisoners were held solely under immigration warrants, with an average stay in 2007 of 5.5 months. Three had only just been released from their criminal warrants but one prisoner had been an immigration detainee for 18 months and had returned to Leeds following problems of non-compliance at an immigration removal centre. Regular risk assessments were completed by the prison but there appeared to be little urgency about his case from the immigration authorities. Most detainees were moved within weeks of expiry of their criminal sentence. Ten prisoners were held on dual warrants, which would normally result in their removal to an immigration centre once their criminal warrant expired.

- 3.78 The foreign national liaison officer identified all foreign national prisoners on induction. A screening form was completed to identify any immigration issues and eligibility for the early or facilitated release schemes. This was largely dependent on self-disclosure but was used to establish the home countries of those without documentation. Prisoners were also questioned about eligibility for bail and referred to their embassies for additional support, although only the Dutch embassy contacted the prison regularly. A database of all foreign national prisoners was up to date and included languages spoken. It also included a list of prisoners willing to act as interpreters.
- 3.79 Interpreting services were regularly used during first night procedures and in other areas of the prison, primarily for Mandarin and Vietnamese prisoners. Staff knew how to use the system and were aware of prisoners on their wings with little English. The professional telephone interpreting service had been used 95 times over a three-month period. The need for classes in English for speakers of other languages (ESOL) was identified early.
- 3.80 The prison had aimed to develop its foreign national strategy on the bases of good practice elsewhere. The policy was thorough and covered practical issues such as telephone calls, access to information about deportation and the various release schemes. An action plan, based on the Inspectorate thematic review of foreign nationals, had identified shortages in provision and timescales for actions to be completed. A range of information, including the induction booklet and guidance about deportation, had been translated into key languages.
- 3.81 The BIA held immigration surgeries every two months, primarily to raise awareness about the facilitated and early release schemes but immigration staff also saw individual prisoners about their cases. The foreign national liaison officer kept a list of local legal practices, including three branches of the Immigration Advisory Service (IAS), but in practice obtaining independent advice was difficult. The IAS had an eight- week waiting list for new cases and some solicitors were unable to take on new casework. The lack of independent advice or voluntary groups with an interest in foreign national issues resulted in some anxiety for prisoners, many of whom had problems to do with their children or property, for which they had no source of help.
- 3.82 Some foreign national prisoners felt they were not supported and had been forgotten on the wings. Many wing files contained little evidence that specific issues for foreign national prisoners had been identified. The history sheet for one man with little English and unable to communicate well had no entries for six weeks and it was unclear whether anyone knew anything about him.
- 3.83 This sense of isolation was exacerbated by the lack of peer support. There were no foreign national prisoner representatives, although a forum was being prepared by the foreign national liaison officer. Foreign national issues were discussed at the quarterly diversity meetings chaired by the governor. The foreign national liaison officer provided a detailed report to this meeting. Race relations representatives often dealt with individual cases and brought them to staff attention but the lack of foreign national representatives and any specific formal meeting with staff meant there was no avenue to deal with practical concerns. Foreign national prisoners were supposed to have free monthly telephone calls in lieu of visits but these had to be applied for and some prisoners with little or no English were unaware of them. Foreign nationals were able to use extra private cash for telephone calls but could not use the telephone outside regime hours at times to suit their home country's time zone.
- 3.84 In our survey, foreign national prisoners generally reported similarly or more positively than British prisoners about treatment by staff and other prisoners but more negatively about problems on arrival and access to association, gym, visits and the library. Significantly fewer

than British prisoners thought that their experience at Leeds would make them less likely to offend in future.

Recommendations

- 3.85 The prison should increase contact with independent immigration advice agencies to assist immigration detainees and foreign national prisoners.
- 3.86 Foreign national support groups should be established and foreign national representatives appointed to provide peer support.
- 3.87 Foreign national prisoners should be given free monthly international telephone calls automatically and should be able to make calls at times to suit their home country's time zone.
- 3.88 Entries in wing files should demonstrate that staff are aware of and meet the individual distinct needs of foreign national prisoners.

Applications and complaints

Expected outcomes:

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

3.89 Prisoners were used to manage prisoner information desks to help with applications and complaints but few prisoners in our survey believed they were sorted out fairly. Reply times for applications were not monitored. A number of new initiatives had been introduced to build prisoner confidence in the complaints system but these were not yet fully embedded.

3.90 In our survey, more prisoners than the comparators said it was easy or very easy to get application and complaint forms. Forms were readily available on the wings with boxes for posting them. A prisoner on each wing acted as a prisoner information desk (PID) worker who was able to offer advice and information about the facilities available. Most PID workers had a good level of knowledge.

3.91 Applications included two carbon copies, one of which was kept by the prisoner. The system worked reasonably well but some prisoners continued to believe that applications were ignored. Despite the carbon copy proof and a log kept by PID workers, there appeared to be delays. There were no management checks of the logs and no agreed timescales for responses. In our survey, 44% believed applications were sorted out fairly and 37%, significantly fewer than the comparator, said they were sorted out promptly.

3.92 Complaints were posted in a locked box on each wing that was emptied daily by the complaints clerk. Complaints were logged and forwarded to the appropriate department for response within an agreed timescale depending on the type of complaint. Complaint returns and timescales were monitored, although interim responses were treated as the end point and there was no continued monitoring to ensure the full response was received. Around 300 complaints were received each month.

- 3.93 In our survey, only 16% of prisoners, significantly worse than the comparator of 25%, said complaints were sorted out fairly and only 17%, significantly worse than the comparator of 26%, said they were sorted out promptly.
- 3.94 The measuring the quality of prison life (MQPL) survey had also indicated that prisoners lacked confidence in the complaints system. The prison had therefore introduced a number of changes to make the system fairer and more transparent. This was reinforced by Leeds being part of the complaints and racist incidents pilot taking place in four prisons across the country. Each month, a 10% sample was taken from all complaints and distributed to the senior management team to evaluate against identified criteria of quality. A selection of these was then further scrutinised each quarter by a newly formed scrutiny panel. This included representatives from within the prison, including prisoners, and partner organisations in the community. The head of performance undertook monthly evaluations of the range and type of complaint, location, ethnicity and responses given. Each complaint response was returned to the prisoner with a questionnaire requesting feedback.
- 3.95 These were positive initiatives but were not yet properly embedded or fully understood by prisoners. The questionnaire analysis and evaluation of complaints by type had been completed only to the end of September and the senior management team evaluations had not yet been compiled to indicate progress and what work was still required. The scrutiny panel had met only twice. The broad feedback had been useful but the panel's role and how it would give specific feedback were unclear. Complaints against staff were not automatically passed to the scrutiny panel and not all we saw were fully investigated.
- 3.96 A database of complaints received was maintained on computer and available to all staff. Confidential access requests were appropriately anonymous but prisoners making a complaint against staff were named while the staff member was not. This risked leaving prisoners open to retaliation.

Recommendations

- 3.97 The application system should incorporate target timescales for responses, which managers should monitor.
- 3.98 Management checks of at least 10% of complaint responses should be undertaken every month and an analysis included in management reports.
- 3.99 Where interim responses are given to complaints, final response times should also be monitored.
- 3.100 The database of prisoner complaints should not include sensitive and individually identifiable information.
- 3.101 Complaints against staff should automatically be included in the complaints monitored by the senior management team and the scrutiny panel.
- 3.102 An agreed timescale for the collation, evaluation and management of the full range of data on complaints should be agreed and monitored through the senior management team.

Good practice

- 3.103 *The recent introduction of the complaints scrutiny panel was a positive initiative to boost prisoner confidence in the complaint management process.*

Legal rights

Expected outcomes:

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

- 3.104 Legal services were separated into bail support and legal support. A generally good service was provided but staff were not sufficiently trained.
- 3.105 Bail information was undertaken in partnership with the probation service. One probation officer was allocated permanently along with one of three prison officers undertaking the role in rotation. All prisoners on remand or trial were interviewed and offered information or support. A clear distinction was made between bail support and general legal services and, while there was some overlap, they were undertaken by different staff.
- 3.106 In the previous three months, bail support officers had interviewed over 430 prisoners, prepared over 150 reports and successfully secured bail in 49 cases. Bail information staff collated information and, where appropriate, pursued potential support, mostly with accommodation. Training for bail support officers comprised distance learning, which they believed was of limited value. The probation officer was due to leave imminently and her replacement was likely to learn the role by shadowing the current post-holder.
- 3.107 Prisoners not eligible for bail support or requiring more general advice and information could speak to the legal services team. The support provided was mostly confined to guidance on where to get information, lists of potential solicitors and giving out legal papers. All sentenced prisoners were asked if they wanted to appeal at their reception board and those who did were referred to the legal services officers. Prisoners with immigration concerns were usually referred to the diversity officer, who had made appropriate links. Prisoners were able to make free telephone calls about legal issues but few were aware of this and it was not advertised on the wings.
- 3.108 In our survey, significantly more prisoners than the comparator said it was easy or very easy to contact their solicitors and attend legal visits. The two prison libraries contained a reasonable range of legal books and documents, including Prison Service Orders and Instructions. Most text books could be borrowed for up to three days and some of the more popular books had a short waiting list. Further information could be downloaded from the internet by the librarian.
- 3.109 The two video courts were used about 120 times a month. Four further video booths were available for other purposes, including legal consultations, probation interviews and inter-prison contact. These had been used 639 times in 2007.

Recommendation

- 3.110 The prison should ensure appropriate training for all bail support and legal services staff.

Housekeeping point

- 3.111 Information about free legal telephone calls should be publicised on all wings.

Substance use

Expected outcomes:

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

- 3.112 Clinical provision was extensive and mostly good, with effective links with the community. Responsibilities were split between healthcare staff and the substance misuse service, which occasionally led to a lack of coordination but generally worked well. Psychosocial provision was limited to the safer custody and short duration programmes and the roles of different departments were not clearly defined. There was wide variation in drug use between wings, and the overall random mandatory drug testing rate did not give an accurate picture of the scale of the problem. Discounting those on clinical support, almost one in three main location prisoners tested positive

Clinical management

- 3.113 A very detailed clinical policy for substance misuse covered all aspects of treatment and provision. Care of substance misusers was incorporated into the general nursing role. The small substance misuse service team comprised a team leader and one full-time worker. They were not involved in the day-to-day administration or management of clients as the assessment and administration of drugs was managed by general healthcare staff.
- 3.114 New arrivals were given an initial screening and, when appropriate, a urine test. A GP was present every evening so clinical support could begin immediately for those who needed it. Anyone arriving late was given symptomatic relief and the programme began the next day. In our survey, over two-thirds of prisoners said they had received help for their drug problems within 24 hours of reception.
- 3.115 Prisoners who had previously been supported in the community could be put on a maintenance programme during any period of remand and up to six months post-sentence. Those who had been using drugs illicitly were usually offered a detoxification programme, although a maintenance programme could be offered subject to clinical need. Demand was high. Approximately 150 new programmes (detoxification and maintenance) were started every month and about 250 prisoners were on a maintenance programme and 50 on detoxification at any given time.

- 3.116 Considerable effort had been put into ensuring consistency and continuity of provision between the community and prison. In Calderdale, where many came from, prisoners could be given documentation outlining their current prescribing regime by drug intervention programme workers at the point of arrest or at court to improve access to prison prescribing. The substance misuse service undertook most of the liaison between the community and prison and helped to facilitate the link back to the community on release. Internal research provided some evidence that the extension of the clinical programme had already had a positive impact on the frequency of post-custody drug-related death.
- 3.117 Although it mostly worked well, this model separating the substance misuse service and general nursing presented some problems. The service was largely responsible for developing systems and procedures but these were not always fully understood by general nursing staff. One new arrival was told that he was not being referred to the substance misuse service or given a urine test because he was not subject to prescribing in the community. Another prisoner who was moved wings on return from court missed his maintenance the following morning because his prescription had not transferred with him. Both issues were resolved but they were indicative of some lack of coordination.
- 3.118 Prisoners subject to clinical support were supposed to be located on D wing but demand was such that prisoners were accommodated wherever there were spaces. Almost as many were on C wing and a few were on A wing because of their status. E and F wings held 18 each. The time taken to administer methadone across wings had a disproportionate impact on the regime, particularly at weekends. This problem was compounded by the static nature of this population. The slow implementation of the integrated drug treatment system (IDTS) in the area meant prisoners on a maintenance programme were rarely transferred.
- 3.119 Leeds had not received any funding under IDTS but was implementing the clinical aspect of the model, although without full psychosocial support. All new prisoners were interviewed by the safer custody team to determine potential candidates for the safer custody detoxification programme. This was designed for the most vulnerable of prisoners at risk of self-harm, up to two-thirds of whom also received clinical support. Up to 48 prisoners on main location and 36 on A wing could attend at any given time, with a four-week rolling programme for main location and three weeks for vulnerable prisoners. The programme offered much of what was in the IDTS 28-day psychosocial programme. It had its own dedicated drug worker but no direct links to the counselling, assessment, referral, advice and throughcare (CARAT) service, so some work could be duplicated or missed altogether. Prisoners on E and F wings had to wait until a space came up on D or C wing before they could access the safer custody programme. Six prisoners were on the waiting list and staff said they might have to wait some time given the limited spaces in the prison.
- 3.120 Prisoners unable or unwilling to access the safer custody programme could attend the short duration course, but this was delivered only every five weeks for up to 12 prisoners. The CARAT team saw all prisoners the day after arrival but most of their work consisted of assessment and care management rather than interventions (see section on resettlement pathways). There was no joint care planning between CARAT and the substance misuse service or safer custody teams and it was unclear where each role began and finished.

Drug testing

- 3.121 The random mandatory drug testing (MDT) positive rate since April was 17.14% but this disguised considerable variations across wings. The rate rose to 24% when A wing (vulnerable prisoners) was discounted. Also, given the high number of prisoners on clinical support for substance misuse, many tested positive but were consistent with medication (72 in the

previous six months). If this group was also discounted, the rate among other prisoners rose to 33%. This meant that one in every three prisoners on main location and not subject to clinical support tested positive.

- 3.122 Suspicion testing was relatively low, with only 34 tests undertaken in the previous eight months despite an average of 55 drug-related security information reports in each of the previous three months. Tests were rarely undertaken on only one piece of security information and this approach was reflected in a positive rate of over 60%.
- 3.123 MDT facilities were appropriately resourced, with three holding cells and information on treatment options and testing procedures prominently displayed. Prisoners testing positive were placed on a programme of frequent testing.
- 3.124 The security management of drugs was reasonably good. In the previous seven months, there had been 89 separate drug finds of varying sizes. However, given the level of MDT, it was apparent that drugs were entering the prison, despite these finds. In our survey, 45% of prisoners, significantly more than the comparator of 32%, said drugs were easy or very easy to get in the prison.

Recommendations

- 3.125 Prisoners on all wings should be able to access the safer custody detoxification programme as soon as required.
- 3.126 The roles of the CARAT, substance misuse service and safer custody teams and general healthcare nurses should be clearly defined and delineated and protocols between each established.
- 3.127 Psychosocial support should be provided to all prisoners requiring clinical support for substance misuse.
- 3.128 Joint care planning should be undertaken across departments to ensure continuity of provision for those on clinical support.

Section 4: Health services

Expected outcomes:

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

4.1 There had been recent changes in management and more were planned. The health needs assessment was out of date. Staff shortages were impacting on service delivery and some record-keeping was inadequate. Delays with healthcare applications added to long waits to see the GP and there were no triage systems. Dental services were reasonable. Some aspects of medicines management needed attention. The in-patient facility was routinely used for prisoners in wheelchairs rather than for clinical need and there was little evidence of therapeutic engagement. There was a lack of primary mental health provision and the in-reach team's criteria were strict. There was no day care provision.

General

- 4.2 Leeds primary care trust (PCT) commissioned and provided health services and worked closely with the prison. A new management structure had just been introduced, together with plans to cluster the health services department with HMPs Wealstun and Wetherby, resulting in changes to the overall management structure. The health needs assessment had been undertaken in 2004 but a new one was planned in early 2008, with the results informing the new structure and planned delivery of care.
- 4.3 The health services department was near E and F wings. The ground floor contained various offices, three consulting rooms, a dental suite and a pharmacy. Prisoners waited to be seen in a large unwelcoming holding room with hard wooden benches, graffiti on the walls and some burns on the ceiling. There were two small rooms for vulnerable prisoners. Health promotion materials were displayed in the corridors so prisoners had little access to them.
- 4.4 Access to the pharmacy was through a locked and gated door. Stock was kept on open shelves and internal and external preparations were segregated. There were a number of examples where medicines labelled for dispensing to individual patients had been returned to stock. There was a fridge for thermolabile products. Maximum and minimum temperatures were within the permitted range and recorded daily. A further store room in the pharmacy also had a lockable gated door. This contained two controlled drug cabinets, both of which were locked but one was not secured to the wall or floor.
- 4.5 Medicines were also stored in four separate wing treatment rooms. All had gated stable doors to allow some consultation with patients. Medicines were stored in locked metal cupboards and each treatment room had a controlled drug cabinet and fridge, although the maximum and minimum temperatures were not recorded regularly. Two fridges appeared to be outside the permitted temperature range. A third fridge thermometer had no batteries. Stock in all locations was stored appropriately.
- 4.6 The main dental surgery was in the healthcare block and a second surgery in the safer custody suite. The standard of equipment was good and cross-infection controls were satisfactory.

- 4.7 The in-patient unit was on the upper floor and contained 20 beds in single cells, a large association room and various clinical rooms. The wing treatment rooms were not all on the ground floor making access difficult for the less mobile. There was also a treatment room on the centre of the prison. The rooms were reasonably clean but some were small and cramped and some infection control procedures were insufficient.
- 4.8 Emergency equipment including automated external defibrillators was kept at various locations and there were anaphylaxis kits in each treatment room. These were checked regularly by pharmacy staff but there were no up-to-date records of checks of the emergency kit. One appeared not to have been checked for six months, which was unacceptable.
- 4.9 Prisoners received little information about health services apart from that given in the prison induction booklet. There were no patient forums and health issues were not an agenda item at the prisoner consultation committee meetings.

Clinical governance

- 4.10 A new head of health services for the three prisons had recently been appointed and staff were being consulted on changes to the management structure of the team. Apart from the in-reach team and administrative staff, all staff were employed by Leeds PCT. There were several nursing vacancies. The four distinct nursing teams of in-patients, primary care, out-patients and safer custody were each led by a manager. Most nursing staff wore a navy blue uniform but no one wore name badges. A team of administrative staff undertook an appropriate range of duties.
- 4.11 There were regular clinical governance meetings across all three prisons and the prison partnership board had similar arrangements.
- 4.12 A clinical director took the lead in substance misuse and a GP provided nine sessions a week. The GP had been working at the prison for six months but had received little induction. Out-of-hours medical cover was provided by a local GP service. Various other health professionals, including a full-time counsellor, provided sessions.
- 4.13 The pharmacy service was commissioned and provided by Leeds PCT. It was a complete in-house service and also provided the pharmacy service for Wealstun and Wetherby. Two full-time pharmacists employed at Leeds were supported by two full-time pharmacy technicians and one full-time dispensing assistant. One of the pharmacists spent half a day at each of the other sites.
- 4.14 Not all staff had received resuscitation training in the previous 12 months and clinical supervision was not taking place. The range of policies included an infection control policy. This did not include any reference to pandemic flu, and other parts of it relating to nurses' uniform and appearance were not adhered to. There was no information-sharing policy.
- 4.15 There was an electronic clinical information system (EMIS) but administrative staff also used a separate database (HCMS). Some entries in clinical notes were reasonable but in some cases information available in other prison documents, such as the prisoner escort record and wing history sheets, was not recorded so the necessary action had not been taken. One new arrival complained of severe toothache but had not been referred to the dentist, while another who admitted to using illegal medications was not referred to the substance misuse team. Most clinical interventions were recorded on EMIS but some clinical entries for in-patients were handwritten and other comprehensive entries about behaviour were recorded only in wing

history sheets so there was no contemporaneous record of care. Some prisoners who had suffered an accident or injury were not seen by health services staff.

- 4.16 Paper-based clinical records were kept in filing cabinets in the healthcare department. Records were sealed and sent to storage when a prisoner was released but were not retrieved if he returned, even though his previous EMIS record was reopened. The counsellor recorded brief details of interventions with his clients on EMIS but also kept more comprehensive records off site. Life-long condition records were not up to date or comprehensive. Lists on the EMIS and HCMS systems did not match. Dental records were appropriately annotated and stored and a brief entry included in the clinical records.
- 4.17 Prescriptions were generated on EMIS by the prescriber. The prescription appeared as an FP10 prescription, with items on the prescription and a corresponding list of what the patient was entitled to as repeat medication. The front had an administrative box for pharmacy use and the back contained a 28-day morning, noon, afternoon and night administration matrix to allow nurses to record the administration of supervised and daily in-possession medications. These forms were returned to the prescriber for signature before supply was made to the patient. HR013 prescription forms were used for in-patient prescribing and for patients requiring daily supervised administration. These were handwritten by the prescriber and signed at the time of writing.
- 4.18 Some patients had both types of prescription and administration chart in use. One patient who had not presented for his daily dose of methadone for two days was given the prescribed dose minus 10ml on the third day but there was no written order for this single reduced supply and it was not in accordance with the written direction of the prescriber. This was contrary to legislation.
- 4.19 The prison complaints system was used for healthcare matters. There was no information about the NHS complaints system or the PCT's patient advice and liaison service (PALS).

Primary care

- 4.20 In our survey, half of prisoners said the quality of healthcare was good or very good. New arrivals were seen by a nurse in a room on the first night centre for a full clinical assessment including tuberculosis screening. They were referred to the GP, who attended each evening if required. Prisoners were asked to give their consent for staff to contact their GP or other health professionals in the community. A standard letter was sent and responses filed on EMIS. There was no subsequent secondary health screen.
- 4.21 Prisoners submitted an application form in dedicated healthcare boxes for appointments. These were supposed to be emptied daily and the forms sorted by one of the administrative staff. Requests to see the GP were reviewed by one of the senior nurses before being added to the waiting list. Of three applications we posted on various wings on the second day of the inspection, two arrived in the department the following day and one took another day to arrive but none had reached the senior nurse by the end of the week. Waiting times to see the GP were at least a week and prisoners said they often waited 10 days. There was no nurse triage. Waits for other allied health professionals did not exceed six weeks.
- 4.22 Hepatitis B vaccinations were offered. A flu vaccination campaign had been run but other relevant vaccinations, such as meningitis C for those under 24 years of age, were not available. A notice to prisoners (May 2007) stated that condoms and lubricants were available on request but some staff believed these could not be issued due to security concerns. It was unclear how prisoners who arrived since May would be aware of their availability.

- 4.23 A team of healthcare assistants supervised by a practice nurse undertook phlebotomy clinics, ear syringing and other clinics as required. The practice nurse saw prisoners with life-long conditions such as coronary heart disease and provided care in line with national service frameworks. She also ran a sexual health clinic and individual smoking cessation support. Wound care was carried out by nurses in the treatment rooms on the wings.
- 4.24 There were no appointment times and prisoners were seen on a first come, first served basis. Those brought down to the health centre for appointments stayed in the waiting room for the whole morning or afternoon.
- 4.25 There were several examples of a lack of proactive care by health services staff. One profoundly deaf prisoner had waited over two months for new hearing aids and staff reviewed his case only when we brought it to their attention.

Pharmacy

- 4.26 The pharmacists and pharmacy staff were not directly involved in the administration of medicines, which was dispensed by nurses from wing treatment rooms. Most treatment rooms operated with a single member of staff but there were usually two in the rooms used for methadone administration using a computerised administration system (Methasoft). There was a separate time for dispensing methadone. The pharmacists were not routinely involved in healthcare clinics but sometimes assisted nursing staff with clinics for chronic conditions such as coronary heart disease.
- 4.27 A written in possession policy stated that the default position was for seven-day in possession supply. This was subject to a risk assessment of the patient, carried out by nursing staff, and a risk assessment of the medicine, carried out by the pharmacist. A significant proportion of medication was given in possession but most was provided as daily Venalink packs. We saw nurses issuing a complete day's supply of loose tablets from a stock container. Nursing staff had been told that up to three days' medicine could be supplied in possession if they considered it appropriate but the instruction was confusing and led to prisoners disputing with nursing staff during administration of medications. Medication for court visits was supplied daily in possession. The in possession policy was being reviewed. A member of pharmacy staff visited each treatment room at least monthly to date-check the stock. There were several examples of medicines that had been secondary dispensed and we saw one incident of secondary dispensing at administration time.
- 4.28 There was no policy for prisoners reporting sick. Nursing staff were observed administering 1g of paracetamol to patients presenting at the treatment rooms. One room contained an exercise book with records of paracetamol given this way but we were told this was not current practice and no entry was made in clinical records.
- 4.29 There was a monthly clinical meeting between the prescribers, nursing staff and pharmacists. A quarterly medicines and therapeutic committee meeting was attended by representatives from the PCT, Wetherby and Wealstun, prescribers and a pharmacist.

Dentistry

- 4.30 The dental contract was for four sessions a week, one of which was in the safer custody suite. All four were provided by the same dentist and qualified dental nurse team and the PCT monitored the contract. Approximately 15 patients were booked in each session. The standard and range of dental checks and treatment were at least equal to that in the NHS. Oral health

information was provided to individual prisoners by the dentist and hygienist. Funding for one oral health promotion session a fortnight had recently been withdrawn. Dental staff had no input to general health promotion.

- 4.31 The waiting time for an initial assessment at the main dental surgery was two weeks and treatment normally started two weeks after that. Prisoners wrongly believed that the dentist did not treat prisoners on remand or with less than six months to serve. This was probably because the wording on the dental application form stated that only 'emergency treatment' would be provided in such cases. Prisoners on the safer custody course could see the dentist in the second week, so in effect there was no waiting list for them and, therefore, potential inequality of service provision.
- 4.32 The waiting list was produced and managed by healthcare staff. Priority was given to urgent cases but the lack of protocols for triaging applications invariably meant some prisoners were not seen as quickly as they should have been while others were prioritised unnecessarily. Emergencies were usually seen at the next available session. There were also no protocols to assist healthcare staff when dealing with dental problems in the absence of the dental team or for out-of-hours dental cover. No dental cover was available when the dentist was on annual leave.
- 4.33 No figures were available for the failure to attend rate, which was estimated to be in the region of 30%. The reasons for non-attendance had not been investigated, although anecdotal evidence suggested a problem with prisoners not being given their appointments. The failure rate was partly offset by overbooking sessions but this was not satisfactory.

In-patients

- 4.34 All 20 in-patient beds were on the prison's certified normal accommodation certificate and the beds were routinely used to house prisoners who were wheelchair users. Five such prisoners were in-patients, one of whom had been there over two years.
- 4.35 A minimum of four prison officers (discipline or hospital officers) with at least one registered mental health nurse were on duty during the core day. One nurse and an officer provided cover at night, while another nurse provided care to the rest of the prison population. Patients could attend education classes on the unit each afternoon but there was little interaction between staff and patients at other times. Prisoners were locked in their cells 30 minutes early twice during the inspection while staff used the association room facilities.
- 4.36 Three patients were awaiting transfer to NHS secure mental health beds but only one was officially on the in-reach caseload because the policy was to relinquish care of prisoners admitted to the hospital. Staff on the in-patient unit appeared unaware of this and seemed to be doing little to progress individual cases.
- 4.37 Patients had individualised care plans and those known to the disability liaison officer also had a care plan on their wing file, although in-patient staff seemed unaware of these. Discipline staff made entries in the wing files and observation book. These often provided a detailed insight into the patient's mental health but were not used during the weekly ward rounds by the consultant psychiatrist.

Secondary care

- 4.38 One of the administrative staff organised outside hospital appointments. Only two out of 212 had been cancelled due to staff shortages in the previous three months. A total of 30 had been cancelled altogether, mainly because the patients were no longer at the prison.

Mental health

- 4.39 All referrals were reviewed and allocated appropriately at a weekly meeting attended by all those providing a service to prisoners with mental health issues.
- 4.40 There were only three registered mental health nurses in the primary care team and staff shortages meant they could not provide a primary mental health care service because they were used for generic nursing duties. There were about 70 current prisoners on the waiting list but many more who had been on the list had either transferred or been released. This was unacceptable.
- 4.41 A full-time counsellor saw about 20 clients each week. A part-time counsellor working from the chaplaincy provided bereavement counselling.
- 4.42 The mental health in-reach team was provided by Leeds Partnership Trust as part of the forensic team. The team consisted of a manager, four band 6 nurses, a mental health support worker, a part-time clinical psychologist and a consultant psychiatrist who provided three sessions a week. The team also provided sessions to the local magistrates court and four approved premises. They dealt only with prisoners with severe and enduring mental health issues. They had a caseload of 46 and provided one-to-one support including cognitive behaviour therapy and psychosocial interventions. The team undertook care coordination work (care programme approach) with community mental health teams and would register new CPA cases if required. They attended assessment, care in custody and teamwork (ACCT) reviews and multi-agency public protection arrangement meetings for their clients. They also undertook monthly mental health awareness training for discipline staff.
- 4.43 There were no day care services for prisoners with mental health problems, although a room in in-patients had been identified for the purpose.
- 4.44 In the previous six months, 12 prisoners had transferred to NHS mental health beds, only one of whom had waited more than a month from assessment to transfer.

Recommendations

- 4.45 The healthcare waiting rooms should be improved and health promotion materials made readily available in them.
- 4.46 All health service areas should meet infection control standards.
- 4.47 Prisoners with disabilities should have appropriate access to all necessary health service areas.
- 4.48 All emergency equipment should be the subject of documented checks at least weekly.

- 4.49 Prisoners should be given correct information about health services in a format they can understand and should be involved and consulted when planning their care and treatment.
- 4.50 All health service staff should have resuscitation training at least annually.
- 4.51 Health service staff should have clinical supervision.
- 4.52 Health service policies should include a contingency plan for pandemic flu and there should be an information-sharing policy.
- 4.53 Clinical records should provide one contemporaneous record of clinical interactions.
- 4.54 All clinical records should be stored in accordance with the Data Protection Act and Caldicott principles.
- 4.55 The controlled drug cupboards in the pharmacy should be secured to the fabric of the building.
- 4.56 Schedule 2 controlled drugs should be administered only according to an appropriate prescriber's written directions.
- 4.57 Prisoners should be able to use the NHS complaints procedures.
- 4.58 Prisoners should receive a secondary health screen within 72 hours of arrival.
- 4.59 The applications systems should be improved to ensure no unnecessary delays in prisoners seeing the GP or any allied health professionals.
- 4.60 There should be appointment times for health service professionals to avoid prisoners waiting long periods in the department.
- 4.61 Triage algorithms should be used to ensure consistency of care and advice.
- 4.62 The full range of immunisations and vaccinations should be available.
- 4.63 Prisoners should be able to see a pharmacist for advice about medicines.
- 4.64 The medicines in possession policy should be updated and followed consistently.
- 4.65 Secondary dispensing should stop.
- 4.66 Condoms and lubricants should be available to prisoners on request.
- 4.67 Effective out-of-hours and absence cover for the dentist should be provided and a protocol should be developed to assist healthcare staff when dealing with dental emergencies in the absence of the dental team.
- 4.68 Health service beds should not be part of the prison's certified normal accommodation.
- 4.69 In-patient facilities should not be used to accommodate prisoners with disabilities without a clinical need for in-patient care.

- 4.70 In-patients should have access to day care at least in line with the published regime.
- 4.71 In-patient staff should work closely with the mental health in-reach team to ensure appropriate care to those with mental health issues.
- 4.72 Day care should be provided for those with mental health problems.

Housekeeping points

- 4.73 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2- 8°C range. Corrective action should be taken where necessary and monitored by pharmacy staff.
- 4.74 Patient-named medications should not be returned to stock.
- 4.75 Policies in relation to nurses' uniform and appearance should be followed.
- 4.76 Health service staff should wear name badges.

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 There were insufficient work and education places and approximately a third of prisoners had no allocated activity. An appropriate initial assessment test was conducted but only about 60% of prisoners received it as part of induction. Individual learning plans were not well linked to sentence planning. Prisoners received appropriate information and guidance on induction but this was not routinely shared with the regime management unit. Allocation to work and education was not always based on prisoners' needs. The range of education courses was good but vulnerable prisoners did not have equitable access. Punctuality was poor. Workshops mirrored a commercial environment and most had structured training. Teaching was satisfactory. Library provision was good and managed effectively.
- 5.2 Initial education assessment was based on a simple screening test that gave an indication of potential support need. However, only about 60% of prisoners received this during induction. No further diagnostic assessment of literacy and numeracy needs was routinely carried out and many prisoners were not appropriately assessed until they joined education courses. Results of assessments that did take place were not routinely shared with workshops instructors or tutors. Links between sentence planning and learning and skills were mostly informal
- 5.3 Prisoners received appropriate information, advice and guidance on induction but this was not routinely shared with the regime management unit and did not inform the allocation process. Allocation to activities was linked to wing location rather than individual need or preference as each wing accessed particular workshops and education classes. So, although there was a good range of courses, they were not all available to every prisoner. There were some opportunities to progress but little provision for more able learners or prisoners serving long sentences. The focus was on short courses that enabled prisoners at Leeds for a short time to achieve a qualification. Learners had an individual learning plan (ILP) but they were not routinely linked to sentence planning. Many contained too few challenging targets and were used inconsistently in education.
- 5.4 There was no evening or weekend education. Literacy and numeracy support was provided in all workshops. Vulnerable prisoners did not have equitable provision, with only 10% of education places for approximately 20% of the population. Some education outreach was provided to the segregation unit.
- 5.5 Attendance at classes was satisfactory but punctuality was poor. Prisoners routinely arrived up to 30 minutes late and classes frequently finished early to allow prisoners to be escorted back to the wings. This considerably reduced the core day and opportunities for learning and development. The education provider planned the provision well and had resourced it to

ensure that classes continued when staff were absent and had put in place suitable procedures to evaluate the quality of teaching and learning. All contracted education hours had been delivered and the prison had successfully secured additional funding to extend the number of teaching hours. There were 240 full-time places in education, based on 27.5 hours a week, and 60 prisoners were accessing education part-time. Teaching was broadly satisfactory and there were some reasonable achievements.

- 5.6 There were about 167 full-time workshop places. The range of workshops included textiles, printing and food packing. One workshop offered an introduction to work course and vocational training took place on the wings in painting and decorating, barbering and industrial cleaning. The range of activities to enable prisoners to develop good vocational skills and enhance their employment opportunities was narrow. There were opportunities for prisoners in workshops to improve their literacy and numeracy skills. Accredited qualifications were available in most vocational workshops and achievement was generally satisfactory. However, only four of the 90 prisoners in the textile workshop were working towards an accredited qualification.
- 5.7 The workshops mirrored a commercial environment and most prisoners not on an accredited course had some form of structured training. In textiles, this was well planned and linked to a clear and comprehensive training guide, with some recording of learners' progress. However, this was not accredited and the employment skills developed went unrecognised by the prison and prisoners.
- 5.8 Approximately a third of prisoners were unemployed, unable to go to work or education due to lack of available places. There were waiting lists for most activities. The pay scheme was equitable and did not disadvantage prisoners wishing to access education. Prisoners received increases in their pay for achievement of qualifications and for production in the workshops where accredited training was not available.

Library

- 5.9 The library provision was very good and managed effectively and enthusiastically by a well-qualified and experienced librarian. The library was small but attractively laid out and welcoming. It was provided under a service level agreement with the Leeds library service.
- 5.10 Access was good with a well planned rota covering all wings. Around 400 prisoners used the library each week and significantly more than the comparator in our survey said they attended weekly. It was open during the day seven days a week and the weekend opening catered effectively for working prisoners. It was not open in the evenings and prisoners in education often had to leave classes early for their library visit. There were appropriate arrangements for those unable to visit the library. Healthcare, the segregation unit and the first night wing had their own book stock, with additional requests dealt with by one of the five orderlies who assisted the librarian. Information about library opening times was prominently displayed on all wings and a simple booking system for visits was run effectively. Library staff mounted regular and imaginative outreach activity on wings to promote the library and reading.
- 5.11 The book stock was good and regularly refreshed. Book loss was low at 4%. The library held a good range of DVDs and audio books and a suitable range of legal reference books. Prison Service Orders were printed from the internet on request. Facilities for private study and browsing were limited and there were no tables or seating.
- 5.12 Provision of appropriate books for prisoners with low literacy levels was satisfactory. A small number of books in a wide range of languages and foreign language newspapers catered

adequately for foreign national prisoners. Prisoners' specific requests were met quickly through Leeds library service.

- 5.13 The library contributed well to the development of prisoners' literacy and to family learning. It offered regular library users free writing and drawing paper, and attractive stationery for writing letters to their children. It also regularly ran successful projects and courses across the prison.

Recommendations

- 5.14 A wider range of education courses and accredited vocational qualifications should be provided to meet the needs of prisoners.
- 5.15 Allocation to education and work should be improved so that it is based on assessed need and preferences and allows all prisoners access to the full range of activities.
- 5.16 The prison should ensure that prisoners attend education classes on time and do not leave early.
- 5.17 Vulnerable prisoners should have equitable access to education and training opportunities.
- 5.18 Seating and desk space should be provided in the library.

Physical education and health promotion

Expected outcomes:

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

- 5.19 Health and personal fitness were well promoted. The gym was well equipped but small and cramped. The showers were in a poor state. The lack of outside facilities severely restricted the range of sport and exercise but over 40% of prisoners used the gym at least twice a week.
- 5.20 Health and personal fitness were well promoted and prisoners who did not take the physical education (PE) induction when they first arrived were encouraged to do so. PE officers visited the wings to talk to prisoners about PE and there were good PE notice boards on all wings.
- 5.21 PE was available during the day, in the evenings and at weekends. Access was equitable. Vulnerable prisoners had three sessions a week, unemployed prisoners two sessions and employed prisoners three sessions. Over 40% of prisoners said they used the gym at least twice a week, better than the comparator. Specialised remedial provision was available for prisoners over the age of 45 and for those who were overweight or unfit. PE officers gave valuable support to the four-week detoxification programme, running a well structured programme that gradually developed cardio-vascular fitness.
- 5.22 Community links were satisfactory. Prisoners played in the Leeds and District basketball league and the prison had hosted a tournament in 2007. The Yorkshire special needs power lifting squad used the gym on Sunday mornings, assisted by prisoners.

- 5.23 Staffing levels were sufficient and comprised a senior officer, eight prison officers and two orderlies. The gym was well equipped but small and cramped. The showers were in a poor state and lacked ventilation. There were no outside facilities, which severely restricted the range of sport and exercise on offer. The inside sports hall was adequate for circuit training and some team games, including basketball.
- 5.24 All prisoners were issued with PE kit and, if necessary, trainers when they visited the gym. The number of reported injuries was low and these were satisfactorily recorded.
- 5.25 The range of accredited provision had been changed to meet prisoners' needs. Short Open College Network-accredited courses had replaced longer qualifications. Courses included introduction to basketball, basketball skills, health and fitness, introduction to personal instruction and fitness and healthy lifestyle. Most lasted one week and most learners achieved their qualification.

Recommendations

- 5.26 The size of the free weights area in the gym should be increased.
- 5.27 Gym shower facilities should be improved.

Faith and religious activity

Expected outcomes:

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

- 5.28 The chaplaincy was well integrated and most religious needs were met, although there were vacancies for some chaplains. Considerable effort had been made to extend the role of chaplaincy services to provide resettlement support for men in the community after release.
- 5.29 There was one full-time chaplain, a Catholic nun who offered appropriate support across the prison. Another full-time chaplain, who had been the coordinator, had recently left and the post was about to be advertised. In the interim, the role was undertaken by the part-time Free Church/Baptist chaplain. There were also vacancies for a Sikh and a Pagan chaplain. Two Muslim chaplains, both Sunni Muslims, worked part-time and a third was due to join the team shortly. Attempts were being made to obtain support from a Shia Muslim chaplain. A Catholic priest attended on Sundays to say Mass. Prisoners' religious needs were being met apart from the one prisoner who identified himself as a Pagan, although appropriate support was being sought.
- 5.30 Information on religious activity and pastoral support was available across the prison. New arrivals were given a copy of the chaplaincy information sheet but this was out of date. A number of religious study groups met regularly. Other non-faith-based support groups were also run by the chaplaincy, including a weekly Alcoholics Anonymous group, a bereavement group, a self-harm support group and a lifer group.
- 5.31 In our survey, similar to other local prisons, just over half of prisoners said their religious beliefs were respected and black and minority ethnic and Muslim prisoners were particularly positive about being able to see a religious leader of their faith in private. Only 5% said they had been

victimised because of their religion, although this increased to 19% among black and minority ethnic prisoners and 28% among Muslims.

- 5.32 A multi-faith room offered an appropriate environment for worship. Prisoners from A wing were segregated on the balcony. A Sunday service was held in healthcare but not in the segregation unit.
- 5.33 The West Yorkshire Community Chaplaincy had been formed at Leeds the previous year and had made considerable strides in offering a range of support in the community for men on release. This included links to religious groups as well as help with housing, employment, money and debt problems, alcohol and drug support. This positive initiative was not widely advertised across the prison.

Recommendation

- 5.34 Information about the West Yorkshire Community Chaplaincy should be widely advertised across the prison.

Housekeeping point

- 5.35 Information about chaplaincy services should be updated regularly.

Time out of cell

Expected outcomes:

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

- 5.36 Time out of cell varied considerably. Most work was full-time and many were on waiting lists. Employed prisoners could expect eight hours out of their cells but unemployed prisoners, at least a third of the population, only about two. Association and exercise were rarely cancelled and most prisoners had access to a restricted regime. Regime monitoring did not reflect what actually took place. The weekend regime was particularly impoverished.
- 5.37 Time out of cell varied considerably. All wings operated their own regime, so prisoners' experience was inconsistent, although unlock and lock up times were broadly similar. Prison records indicated that 398 out of the 998 prisoners were not employed, including 247 able to work and waiting for a place. When we checked at 10am and 3pm, between 30% and 40% were locked in their cells. The reported average time unlocked was just over nine hours but this was not possible to achieve. Our interviews indicated that employed prisoners were out of cell for a maximum of eight hours on weekdays, apart from wing cleaners who were unlocked for most of the day. The most unemployed prisoners could expect was about 2.5 hours, although this could reduce to 1.5 hours when exercise was cancelled in poor weather.
- 5.38 Association was rarely cancelled but this was not logged. Half of prisoners in our survey said they had association more than five times a week. Unemployed prisoners received about an hour each day in the morning or afternoon to make telephone calls, shower, clean their cells and associate. Most wings operated a landing rota association, allowing around 60 prisoners to be out of their cells at a given time. This session was sometimes restricted due to staffing

problems, such as the need to staff an escort at short notice. Employed prisoners were always given evening association. Some wings operated a split period that meant working prisoners had only between 30 and 45 minutes to associate. This sometimes resulted in long queues for the showers and telephones. Vulnerable prisoners who were allocated to other wings when A wing was full were given association on A wing, but only when staff were available to move them. A note about one of the overspill vulnerable prisoners said he was not to have association on A wing, so he had no opportunity for association at all and there was no clearly allocated exercise period. There was some dispute about who was responsible for such prisoners, and some spent very long periods locked up.

- 5.39 The number of prisoners on methadone maintenance on C wing and, to a lesser extent, other wings significantly impacted on the regime as staff time was taken up in supervision periods of over an hour (see section on substance use).
- 5.40 Access to exercise was reasonably good and significantly more prisoners than the comparator said they went out on exercise three or more times a week. It was, however, sometimes cancelled in poor weather and a sample of two wings indicated four cancellations in a two-week period. No cold weather clothing was issued. Exercise yards were bleak and none had any seating.
- 5.41 Wings kept their own records and there was no central register, so managers could not scrutinise the regime curtailments. Some staff said the duty governor was responsible for authorising any cancellations of association but this was not recorded.
- 5.42 Time out of cell at weekends was particularly poor. Most prisoners were locked up for much of the day on Saturdays, which were largely taken up with the issue of treatments and canteen. There was exercise, some access to the gym and short association periods for enhanced level prisoners but staff referred to Saturday as 'no regime day'. This poor regime was exacerbated by the serving of only a cold sandwich meal at tea time. Sundays were marginally better, with some social and domestic periods, but overall the weekend was characterised by long periods locked up.
- 5.43 Inaccuracies in regime monitoring included the allocation of additional time to all prisoners for showers, even though these took place during association. Some returns never varied and all wings reported that their cleaners worked seven days a week when this was not the case. None of the individual wings was responsible for submitting association times to the regimes clerk as this was done centrally. This meant the prison was recording what should have taken place rather than what had actually happened and practices such as the split association period were not recorded accurately.

Recommendations

- 5.44 The number of part-time activity places should be increased to ensure that more prisoners can participate in work and training and increase their time out of cell.
- 5.45 Prisoners should be issued with cold weather clothing for outside exercise.
- 5.46 All prisoners should have at least one hour of association every day.
- 5.47 Regime monitoring should be accurate and reflect what takes place and any variations to the published regime should be recorded.

- 5.48 A central register should be set up recording any changes to the regime such as cancellation of association and exercise. This should be scrutinised by senior managers.
- 5.49 Canteen distribution should be organised so as not to impact on the whole prison regime.

Section 6: Good order

Security and rules

Expected outcomes:

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

- 6.1 There were no major physical or procedural security weaknesses. About 320 security information reports were submitted each month; most related to drugs and mobile telephones. Each cell was searched at least every three months. Dynamic security was poor. Rules were initially explained but not publicised on wings. Reallocation after categorisation was hampered by population pressures.
- 6.2 There were no major physical or procedural security weaknesses. Nets had been installed over the exercise yards to prevent drugs being thrown over the wall but some other areas remained exposed. Many mobile telephones were found in the prison. Night staff parked cars inside the prison but they were not searched.
- 6.3 On average, 320 security information reports (SIRs) were submitted each month, mainly related to drugs and mobile telephones. Managers acknowledged information received. The security department was sufficiently staffed, including access to three police personnel. Poor staff-prisoner relationships and the lack of constructive activity impeded the development of good dynamic security (see section on staff-prisoner relationships).
- 6.4 Cell searching targets were met, with all cells searched at least every three months. Some concerns that prisoners were not searched in accordance with the local security strategy had been noted at the September security meeting. Concerns had also been raised about the efficiency of systems for accounting for prisoners, and two checks had taken over an hour to complete.
- 6.5 There had been over 400 incident reporting system submissions in the year to date, of which only six had been serious assaults. Thirty-six visitors were subject to closed visits. A weekly stability report reflecting good order indicators was completed.
- 6.6 Information about rules and routines was given during induction but this was not displayed prominently in residential areas and rules were sometimes applied inconsistently between wings.

Categorisation

- 6.7 Observation, classification and allocation (OCA) staff interviewed all new receptions and initial allocations were made within two working days. Prisoners were allocated to the lowest appropriate security category. Categorisation and allocation decisions were explained to prisoners. Unsentenced prisoners were held locally, which was convenient for domestic and legal visits.

- 6.8 As elsewhere, there were difficulties transferring prisoners sentenced to life and other indeterminate sentences. In some cases, it was difficult to transfer determinate sentenced category C prisoners due to population pressures. There were particular problems transferring prisoners on drug maintenance programmes as the integrated drug treatment system (IDTS), which would allow their treatment to continue, had not rolled out to many category C prisons.
- 6.9 Prisoners said they had little or no contact from the OCA department after the initial allocation interview. Prisoners who spent sufficiently long at Leeds had their categorisation reviewed periodically.

Recommendations

- 6.10 Nets should be installed over exposed areas to prevent drugs being thrown over.
- 6.11 Night staff's cars should be searched when they enter the prison.
- 6.12 Managers should carry out regular checks to ensure that searching is carried out correctly.
- 6.13 Rules and routines should be prominently displayed throughout the establishment.

Discipline

Expected outcomes:

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

- 6.14 Adjudications were generally well conducted but not all were fully investigated before a finding of guilt was reached. Punishments were usually consistent with agreed guidelines. Use of force had decreased and planned interventions were well conducted. The segregation unit was bright and well ordered but prisoners had a restricted regime and had to apply for exercise, telephone calls and showers.

Disciplinary procedures

- 6.15 Adjudications were generally well conducted and adjudicators checked that the prisoner understood the procedure and the charge. However, not all charges were properly investigated before a finding of guilt was reached. In some cases, the punishment was given based only on a prisoner's guilty plea. Prisoners were informed about the adjudication the day before. Some adjudication papers had not been signed off by the principal or senior officer. Officers giving evidence and on report sheets used only the prisoner's surname. Prisoners were not made aware of the appeals procedure or given writing paper and a pen.
- 6.16 There had been 1801 adjudications in the year to date and only 12 were waiting to be heard by the independent adjudicator, who came monthly. A large proportion of charges related to substance misuse and adjudications relating to these were appropriately adjourned for confirmation tests. At the end of September 2007, 135 adjourned adjudications were waiting to be dealt with.

- 6.17 There was little evidence that assaults or bullying incidents were referred to the safer custody coordinator. Some prisoners misusing drugs were referred to the counselling, assessment, referral, advice and throughcare (CARAT) team but the reasons for using drugs were not explored at adjudication.
- 6.18 Tariff standardisation meetings took place and adjudication paperwork was examined to ensure that punishments were within the guidelines.

Use of force

- 6.19 A use of force advisory group met regularly but not all identified issues were addressed by the next meeting. Levels of use of force had reduced since our last inspection, which the prison attributed to de-escalation training. In the previous six months, force had been used 93 times. The records indicated that it had been used mostly as a last resort, although we found one incident where this appeared not to have been the case. The psychology department monitored use of force for trends, location and ethnicity. There were regular control and restraint training sessions and 93% of staff were up to date in their training.
- 6.20 Use of force paperwork was not always completed satisfactorily. One member of staff involved in an incident had not submitted any paperwork, some injury reports (F213s) were incomplete and one was missing, and in most cases the certifying officer had been involved in the incident.
- 6.21 Planned removals were filmed but the tapes were not reviewed to identify what could be learned from the incident. Healthcare was involved in all planned removals. Whenever possible, the prisoner was asked to state to camera any injuries or complaints about treatment. It was difficult to identify staff involved as control and restraint helmets were not numbered.
- 6.22 The special cell had been used only four times in the year to date for an average of two hours forty-five minutes. Proper authorisation had been obtained and healthcare had been involved. Special cell monitoring had stopped when some cardboard furniture had been installed, although this still amounted to special accommodation, and when a prisoner was relocated to a dirty protest unfurnished cell. There were some mistakes in recording timings.
- 6.23 There had been no use of the body belt for at least the previous year.

Segregation unit

- 6.24 All prisoners entering the segregation unit were initially placed in a de-escalation cell and required to change into prison clothing laid out in the cell under supervision, which amounted to a strip search. If calm, the prisoner was then relocated to a normal segregation cell.
- 6.25 The segregation unit was bright and calm, with mostly well-maintained facilities. It contained 19 normal cells, two gated cells, a special cell, two safer cells and two dirty protest cells. Prisoners were located on the unit with proper authorisation and were given written reasons. Reviews took place on time with good representation but not all targets were appropriate. Two prisoners had been held on the unit for more than 28 days: one for his own protection, who was due to be transferred; and the other because his racist views made him a threat to good order. Segregation unit staff opened a separate history sheet on each prisoner and recorded interaction was adequate.

- 6.26 There was a published staff selection policy and the senior officer on the unit ensured that appropriate training was provided. The segregation unit principal officer and his team had produced a development plan for the unit outlining how they intended to introduce the required standards to make it safer. The gated cell had been used for a prisoner who was repeatedly self-harming. A member of staff had been posted outside the cell at all times.
- 6.27 The regime consisted of exercise, telephone calls and showers but these had to be applied for first thing in the morning. Prisoners were visited by relevant agencies daily but only those on the unit for long periods were seen by the mental health in-reach team. The education department worked with prisoners on the unit but those on offending behaviour courses could not continue. The servery area was unused and meals were served at the cell door. The exercise yard was overlooked by other prisoners and was unwelcoming and untidy. The amount of rubbish that had collected behind the window grills was a health hazard and fire risk.
- 6.28 The incentives and earned privileges (IEP) scheme in the segregation unit worked well and prisoners could have a television if their behaviour was appropriate.

Recommendations

- 6.29 Prisoners should be informed how to appeal against an adjudication finding at the end of the hearing.
- 6.30 All charges should be fully investigated and recorded before a finding of guilt is reached.
- 6.31 Adjudications involving violence and bullying should be referred to the safer custody coordinator.
- 6.32 Staff should be reminded that to be legitimate, force should only be used as a last resort.
- 6.33 Use of force paperwork and video tapes should be reviewed by a manager not involved in the incident with a view to learning how its use could be further reduced.
- 6.34 The certifying officer for use of force should not have been involved in the incident.
- 6.35 Special cell records should be used whenever a prisoner remains in an unfurnished cell as defined in Prison Service Order 1600 and reviewed regularly.
- 6.36 Prisoners entering the segregation unit should be strip searched only when this is indicated by risk assessment.
- 6.37 All prisoners held in the segregation unit longer than 30 days should have a care plan to prevent psychological deterioration.
- 6.38 All prisoners in the segregation unit should be offered daily exercise, showers and telephone calls as a matter of routine.
- 6.39 Prisoners in the segregation unit should collect their meals from the servery area.

- 6.40 When possible within the constraints of good order and security, prisoners in the segregation unit should be allowed to continue work, education and offending behaviour programmes.
- 6.41 The segregation unit development strategy should be fully implemented and review dates agreed with senior managers. It should incorporate how prisoners will be encouraged to address unacceptable behaviour.
- 6.42 The segregation unit exercise area should be improved, rubbish in unit windows removed and a regular cleaning protocol introduced.

Housekeeping points

- 6.43 All adjudication papers should be checked in advance by a designated manager.
- 6.44 Prisoners should be addressed by the title and surname or first name on charge sheets and during adjudications.
- 6.45 Prisoners should be given writing paper and a pen at adjudications.
- 6.46 Control and restraint helmets should be numbered.
- 6.47 The use of force advisory group should ensure that all matters arising are addressed by the following meeting.

Incentives and earned privileges

Expected outcomes:

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

- 6.48 The incentives and earned privileges scheme was not applied consistently across the prison. The scheme was dominated by negative comment on behaviour. The regime for prisoners on basic level was too restricted.
- 6.49 The incentives and earned privileges (IEP) scheme dated February 2006 was not applied consistently across the prison, particularly in the management of prisoners on the basic level. Prisoners who arrived on enhanced level were allowed to keep this status and anyone arriving who had previously been on basic was automatically placed on the standard level. Prisoners were given some information about the scheme at induction but many did not know what benefits there were to encourage progression through the system. There were 21 prisoners on basic, 764 on standard and 206 on enhanced.
- 6.50 The scheme operated a 'strike' system for prisoners warned about inappropriate behaviour but staff on different wings interpreted the rules differently so prisoners could either be placed on report or given a strike for the same thing.
- 6.51 Prisoners on basic level had a very poor regime, with no association and only four domestic periods a week, which did not even allow a daily shower. Remand prisoners on basic level

were allowed only 30-minute visits every other day and convicted prisoners only two 30-minute visits every 28 days. A separate document was opened when a prisoner was placed on basic but entries were inadequate to support a judgement on whether a prisoner should progress. Prisoners on basic had their status reviewed every seven days, although those on basic because of bullying were reviewed every 14 days. Some prisoners remained on basic level too long (exceeding three reviews).

- 6.52 The scheme was primarily based on negative observations of prisoners' behaviour, with little reference to sentence planning targets. Prisoners could apply for promotion to enhanced level but staff and prisoners said this largely depended on how good the personal officer was. In one case, a prisoner had to resort to a solicitor's letter before the personal officer wrote the required report for his review, which had been outstanding for some months.

Recommendations

- 6.53 The incentives and earned privileges (IEP) scheme should be reviewed and staff trained in its use to ensure that it is applied consistently.
- 6.54 Prisoner representatives and prisoner information desk representatives should receive training in the IEP scheme so that they can help explain the scheme to prisoners.
- 6.55 Prisoners on the basic regime should have the opportunity to shower and use the telephone daily and some daily association linked to a regime that offers them the opportunity to demonstrate improvement.
- 6.56 Unconvicted prisoners should not have their visits reduced under the IEP scheme.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Prisoners were dissatisfied with the quality of food and the size of portions. There was little opportunity to give meaningful feedback. The menu was reasonably varied but fresh fruit and vegetables were not available often enough. None of the prisoners working in the kitchen was studying for a national vocational qualification.
- 7.2 In the measuring the quality of prison life (MQPL) report of August 2007, the insufficient and poor quality food was highlighted as one of the most negative aspects of Leeds. Similar comments were made throughout the inspection and in our survey nearly 60% said the food was bad or very bad. The portions appeared small but we saw substantial leftovers thrown away in the kitchen instead of being offered as seconds. Food temperatures were not routinely recorded at the servery and prisoners complained that meals were often cold. Prisoners had only a short time to eat meals before staff had their own lunch.
- 7.3 A food survey had been conducted in July 2007 but with limited questions. We looked for food comments books on three wings and found only one but this had no comments. Catering staff had not been represented at the last prisoner consultation meeting in March 2007 but they generally talked to prisoners while lunch was served and could hear feedback directly.
- 7.4 The three-week menu cycle was reasonably varied but it was not possible to have five portions of fruit and vegetables a day. Men could have two hot meals a day during the week. Special diets for medical reasons were authorised by healthcare. The menu had some cultural variation but there was little celebration of food from different cultures and there had been no race impact assessment of catering. Breakfast packs issued with the evening meal were rarely saved until morning.
- 7.5 All halal food arrangements were in place and the Muslim chaplain said these were satisfactory. However, Muslim prisoners in our survey were particularly dissatisfied with the food and significantly fewer Muslim prisoners than non-Muslim prisoners said the food was good.
- 7.6 The kitchen was generally clean and well equipped, although we found left-over food, unwashed trays and no lid on a flour bin during our night visit. Thirty-five prisoners were employed in the kitchen. There were facilities to deliver national vocational qualifications, including a classroom, but no prisoners were studying for one.

Recommendations

- 7.7 Portion control on the wing serveries should be better managed and any leftovers offered to prisoners.
- 7.8 Prisoners should be able to eat five portions of fruit and vegetables a day.

- 7.9 Prisoners working in the kitchen should be encouraged to study for relevant qualifications.
- 7.10 There should be more celebration of food from different cultures.
- 7.11 Food should not be left uncovered in the kitchen at night.
- 7.12 A more detailed food survey should be undertaken, comments books should be clearly visible and a catering manager should attend monthly consultation meetings.

Housekeeping points

- 7.13 Prisoners should have at least 30 minutes to eat their meal.
- 7.14 Breakfast packs should be given out in the morning they are to be eaten.
- 7.15 Food temperatures should routinely be recorded and checked at the servery.

Prison shop

Expected outcomes:

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

7.16 There was an effective canteen bagging system but prisoners could not order from catalogues and new arrivals could wait up to two weeks for their first order.

7.17 An extensive canteen list offered approximately 350 items and was available through the prisoner information desk workers. Aramark operated an effective bagging system and details of available spends were given on the canteen sheet each week. Some prisoners did not get their first canteen for nearly two weeks and canteen distribution unnecessarily impacted on the whole of the regime on Saturdays (see section on time out of cell). A race impact assessment relating to canteen was being updated.

7.18 There was no catalogue ordering system. Prisoners could buy radios through Aramark but otherwise had to rely on visitors to bring goods in, which was unfair on those without outside support.

Recommendations

- 7.19 Prisoners should be able to buy items from the canteen within their first 24 hours.
- 7.20 Prisoners should be able to order items from a catalogue.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 There was strong senior management commitment to the resettlement strategy, which comprehensively covered the resettlement pathways. However, it was not based on a needs assessment and did not specify how the needs of different groups of prisoners would be met. Some prisoners, particularly lifers and those on maintenance programmes, found it difficult to progress or meet their sentence plan targets at Leeds.
- 8.2 There was strong senior management commitment to the resettlement strategy, which was up to date but not apparently based on a needs analysis. It covered the resettlement pathways but did not make clear how the needs of different groups, such as remand, convicted, life-sentenced, vulnerable and recalled prisoners, would be met. The strategy was clearly linked to the area strategy but the associated action plan was not sufficiently detailed. It was monitored and developed by a quarterly offender management policy board meeting and a monthly offender management group (OMG) heads meeting. A complex meeting structure made monitoring the strategy more confusing than it needed to be and minutes did not reflect a strategic overview of offender management.
- 8.3 In line with the area, the strategy had two additional pathways: 'voluntary and community sector' and 'prolific and priority offenders', which demonstrated commitment to supporting additional strategies to deal with known risk factors.
- 8.4 One of the main problems faced by Leeds was progressing different groups of prisoners. Finding prisons prepared to take lifers, prisoners serving indeterminate sentences for public protection (IPP), prisoners on drug maintenance programmes and prisoners who were wheelchair users was difficult. Prisoners often therefore stayed at Leeds for long periods without being able to address their offending behaviour or otherwise engage with resettlement needs.

Recommendations

- 8.5 The resettlement strategy should be based on a needs analysis and address specific needs of different groups of prisoners, such as indeterminate-sentenced, remand, convicted, vulnerable and recalled prisoners. A working action plan should be monitored by a management team through a clear meeting structure.
- 8.6 Prisoners, particularly lifers and indeterminate public protection (IPP) sentenced prisoners, should be able to progress from Leeds to enable them to address offending behaviour issues and progress through their sentence.

Offender management and planning

Expected outcomes:

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

8.7 The prison had adapted well to the concept of offender management. Basic resettlement needs were identified for all sentenced prisoners and, although few prisoners felt they had been involved in the development of their sentence plan, OASys plans were mostly well completed and up to date. Some home detention curfew and parole opportunities were delayed. Recalled prisoners needed more timely information and support. Public protection issues were well managed. Leeds fulfilled its requirements as a local prison for indeterminate and potential indeterminate prisoners but national problems meant they remained at Leeds too long.

Sentence planning and offender management

- 8.8 Leeds had adapted well to the concept of offender management and it helped that all relevant functions, such as custody, population management, observation, classification and allocation and all resettlement pathway services, came under one functional head.
- 8.9 Basic resettlement needs, including financial, housing, employment and drugs issues, were identified by offender management officers in the resettlement and learning plan for most prisoners serving less than 12 months and referrals were made to appropriate departments. Remand prisoners were not covered and staff said those serving between six and 12 months were sometimes missed due to lack of time. Prisoners who had been assessed were automatically flagged up 28 days before release and seen by an officer to follow up any outstanding issues. A new passport system was due to be introduced and aimed to make the process more efficient.
- 8.10 Seven officers, three probation officers and three Probation Service officers acted as offender supervisors and had good knowledge of the prisoners for whom they were responsible. All 171 prisoners in scope for offender management had met their offender supervisor (contact was usually once a month) and had an up-to-date offender assessment system (OASys) plan.
- 8.11 There were 610 prisoners in scope for OASys. Figures from September 2007 showed that 69 had not been initiated before the introduction of offender management but these were steadily being completed. The assessments we looked at were well completed, although none contained prisoner signatures or comments and the targets involving staff did not task specific staff to assist. Prisoners managed under the offender management model and OASys had annual sentence plan boards.
- 8.12 Almost 40% of parole dossiers were late. Home detention curfew (HDC) applications were processed automatically but staff estimated that a quarter of prisoners missed the opportunity for HDC due to delays in getting reports back from probation areas. On average, 12 prisoners a month applied for HDC and about a third of these were granted.
- 8.13 There were 110 recalled prisoners. Information on the reasons for recall was often late. This was better when there was an offender supervisor and those who had one returned to the

same supervisor. One prisoner said he had waited 6.5 months before receiving the reasons for his recall. Recalled prisoners often faced long delays before finding out their hearing date and many described feeling in limbo. All recalled prisoners we spoke to said there was a lack of information and support. Leeds had accepted that recalled prisoners were at increased risk of suicide or self-harm following an investigation into the recent self-inflicted death in custody of a recalled prisoner. Safer custody staff completed detailed vulnerability assessments but there appeared little link with offender management. Recalls were a low priority for completing resettlement and learning plans. Most residential staff did not know who the recalled prisoners were.

Public protection

- 8.14 A public protection steering group met quarterly. Public protection issues, including child protection, harassment, multi-agency public protection arrangements, and prolific and priority offenders, were flagged up by custody staff from the local inmate database system within two days of arrival. There were 141 prisoners subject to risk management arrangements, including those identified as very high risk on OASys. Cases were allocated an offender supervisor and reviewed every six months by the inter-departmental risk management meeting, which met monthly. A public protection reception panel met weekly to discuss new receptions. Some prisoners said they had not had an opportunity to discuss the implications of being subject to risk management arrangements.

Indeterminate-sentenced prisoners

- 8.15 As a local prison, it was not planned that Leeds would deal with indeterminate-sentenced prisoners other than in the short term, but many remained for significant periods with few opportunities to progress. Some lifers had been at Leeds for two years. A recent central instruction to allow prisons to transfer suitable indeterminate-sentenced prisoners to category C prisons had not yet had much impact.
- 8.16 Thirteen per cent (127) of prisoners had an indeterminate sentence and 90 of these were indeterminate public protection sentences (IPPs). The number of IPP prisoners was increasing at a rate of about four a month. There were 38 potential indeterminate-sentenced prisoners who were usually identified promptly and interviewed by the lifer manager within about a week. However, we spoke to some lifers who said they had not been interviewed or given any information.
- 8.17 The lifer manager was a knowledgeable senior officer. The position for indeterminate-sentenced prisoners was monitored at lifer meetings but these took place irregularly. Three had been held in the financial year in June, July and November.
- 8.18 Monthly lifer consultation groups allowed indeterminate-sentenced prisoners to raise concerns but received little staff or management support. A non-IPP lifer support group also took place each Tuesday facilitated by the chaplaincy. Other support for lifers was limited and the wing lifer liaison officers did not appear to have a detailed understanding of their role or the lifer system. Two lifer liaison officers did not understand what a life sentence was and did not see it as their job to know who the lifers on the wing were or to identify themselves to them. None of the liaison officers we spoke to could remember when they had last attended a lifer meeting. Lifers said most of their questions related to their sentence were not answered and that specific counselling about dealing with a life sentence would have been helpful. The lack of support from lifer officers had been raised at the September 2007 lifer meeting.

- 8.19 Lifers were expected to share cells with short-stay prisoners and one said he had had eight different cell mates in two months.

Recommendations

- 8.20 All prisoners serving over 12 months should take part in an annual sentence planning/OASys board and have an opportunity to comment formally on their sentence plan. Where relevant, individual named staff should be tasked to support targets.
- 8.21 Applications for home detention curfew and parole should be given appropriate priority and not delayed by late reports.
- 8.22 Recalled prisoners should be given written reasons for their recall within the specified time limits with speedy notification of hearing dates.
- 8.23 Recalled prisoners should receive ongoing support and be kept informed of their position. Late notification of reviews and hearings should be routinely chased.
- 8.24 Offender supervisors should explain the implications to prisoners subject to public protection arrangements.
- 8.25 Consultation groups for indeterminate-sentenced prisoners should have management support and input to provide up-to-date authoritative advice.
- 8.26 All potential and indeterminate-sentenced prisoners should have regular access to well-trained proactive lifer liaison officers who are able to keep them informed of their position.
- 8.27 Prisoners sentenced to life imprisonment should not have to share cells with short-stay prisoners.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

- 8.28 There were good housing support services but 25% of prisoners were still released with no identified accommodation. There were some good links with local employers but only limited opportunities for prisoners to increase their employment prospects through accredited training. There was little support from health services for most prisoners being released but good community links for those with severe mental health problems. Prisoners could open a bank account but budget management courses did not meet the need.

Accommodation

- 8.29 A full-time Shelter housing adviser offered prisoners advice and support with accommodation problems and advised their families about housing benefits, default agreements, rent or mortgage arrears, possession proceedings and referrals to legal advice. He was supported by a team of three officers who were able to deal with less complex accommodation, employment and domestic issues. A full-time coordinator had developed links with voluntary organisations and charities to support housing needs on release. The coordinator had also trained prisoner information desk workers, who had information about, and applications for, all the resettlement services provided. Despite the good services provided, 25% of prisoners were still released without recorded accommodation and the reasons for this had not been clearly identified.

Education, training and employment

For further details, see learning and skills and work activities in section 5

- 8.30 Links between learning and skills and resettlement were not sufficiently well developed. Well-focused information, advice and guidance was given to prisoners at induction linked to improving their employment opportunities but this information was not routinely used in allocation to activity or by the offender management unit.
- 8.31 There was some focus on developing prisoners' employability skills. Personal and social integration courses included a preparation for work course with advice on preparing CVs and writing job applications but places were limited. A goals course also helped develop skills to use in gaining employment. In our survey, significantly more prisoners than the comparator said the education they had received in prison would help them on release.
- 8.32 A job club helped prisoners with job search and interview techniques, as well as offering opportunities for prisoners to follow short courses, such as health and safety in the construction industry. Prisoners could also get support from Jobcentre Plus and a range of other agencies working in the prison, including the Prince's Trust and Business Link. An external training provider visited the prison regularly and helped prisoners to attend education and training on release.
- 8.33 The range of vocational training courses and the number of places available was insufficient. However, the prison had developed good links with employers, particularly in the construction industry. Staff had a good understanding of employment needs in the areas where prisoners were released. Prisoners on short sentences were asked if they wanted to contact their employer, or for the prison to do so on their behalf, to establish whether their job could be kept open.

Physical and mental health

- 8.34 A policy stated that prisoners would be seen before release but this did not happen and they were not given any help with accessing health and social services in the community. Administrative staff sent letters to prisoners' GPs or, if they did not have one, the local patient services department summarising the care received at Leeds. All prisoners transferring to another establishment were seen and assessed by a nurse. Health services staff were not involved in resettlement meetings. Care programme approach meetings were held for prisoners known to the mental health in-reach team to hand care over to the relevant community mental health team or, if the prisoner was being transferred, the in-reach team at

the new establishment. With the prisoner's permission, these meetings included his personal officer, family or carers.

- 8.35 There was a brief palliative care policy but little awareness of it.

Finance benefit and debt

- 8.36 A member of staff from Jobcentre Plus offered advice and help with benefits. Prisoners could open bank accounts with Credit Union, who provided a debit card on release. Arrangements were made for benefits to be paid into the account. The service was well advertised through posters, leaflets and the prisoner information desk workers. A three-week full-time budget management course was run but only 16 prisoners, 10% of those being discharged, attended each month. In our survey, significantly more prisoners than the comparator said they knew who to contact in the prison about claiming benefits and opening a bank account on release. However, two-thirds thought they would have a problem with money and finances on release.

Recommendations

- 8.37 The reasons why 25% of prisoners are released with no identified accommodation should be explored and addressed.
- 8.38 The number of places on the preparation for work courses should be increased.
- 8.39 Prisoners should be given information and assistance to access health and social care services on their release and support in accessing the services if required.
- 8.40 A needs analysis for budget management courses should be conducted and provision should meet the identified need.

Drugs and alcohol

- 8.41 The various strands of the drug strategy were not well integrated. The drug strategy was not based on an analysis of need and there was no alcohol strategy. Just over half the population were clients of the counselling, assessment, referral, advice and throughcare (CARAT) service. No CARAT service group work was run but prisoners had the opportunity to attend the short duration programme. Voluntary testing was infrequent. Links with local drug intervention programmes were good.
- 8.42 The drug strategy group met monthly with good representation from across the prison, partner agencies and local drug intervention programme (DIP) teams. The written drug strategy was reasonably comprehensive but was not based on an up-to-date needs analysis and there were no annual objectives against which to measure progress. Although all areas of the drug strategy were covered, each department operated in isolation and there was little coordination.
- 8.43 The CARAT service was provided by Lifeline and the team comprised a team leader, two senior workers and 8.5 main grade staff. The team leader was on long-term sick leave but the post was covered. All prisoners regardless of their stated drug history were seen and assessed the day after reception. While this ensured that the team's key performance target was achieved, in reality over half of prisoners seen in the previous two months had not required any further contact and close to 60 hours a month were wasted on unnecessary assessments.

- 8.44 The CARAT caseload stood at 502, just over half the population. The majority of work consisted of assessment, information-giving and throughcare facilitation. Little one-to-one intervention work was undertaken and clients needing such input were usually referred to the short duration programme (SDP). This was frustrating for some CARAT staff. Staff turnover was high and it was rare for the full complement of staff to be in place. There was no system for prioritising clients even though most had their level of dependence assessed as part of the standard assessment process. No group work was delivered, although this was planned. Managing, coordinating and integrating the CARAT team was difficult, particularly as its members were not based in one office in the prison.
- 8.45 The SDP had been run since October 2005 and had replaced the slightly longer prison addressing substance-related offending (P-ASRO) programme. A treatment manager and three facilitators had overall responsibility for delivering 120 prisoner starts a year and were likely to meet the target for 2007-08. Links to the CARAT service were reasonable. No course had yet been run for vulnerable prisoners on A wing.
- 8.46 The CARAT team had developed good community links and liaised effectively with DIP teams to facilitate post-release provision. In the previous six months, 313 prisoners had been linked post-release to such programmes and 228 of these had been in the main geographic areas covered by the prison of Leeds, Bradford, Calderdale and Kirklees. The CARAT team was also part of the Yorkshire and Humberside working group, which had agreed a range of procedures and protocols to support community reintegration. Pre-release work was undertaken individually.
- 8.47 In theory, all prisoners could access a voluntary testing programme but the programme had recently been operating in name only. E and F wings had been identified as voluntary testing units but testing on these wings was rare. The target of 400 compacts was consistently met each month but the target of 600 tests had not yet been met in 2007. A total of 433 tests had been carried out in April but the level had fallen steadily and only 78 had been completed in October. Staff said prisoners on other wings, including A wing, could be brought to E and F wings for testing but this had not happened for several months. There was no obvious lead for voluntary testing and the two voluntary testing wings operated slightly differently from each other. Prisoners had to have three positive tests to be excluded from the programme and few were at Leeds long enough for this to happen, given the frequency of tests. Both E and F wings had prisoners subject to clinical support and the pressure on prison places meant it was impossible to restrict access only to those willing to sign a voluntary testing compact.
- 8.48 There was no alcohol strategy or any reference to alcohol misuse in the overall substance misuse strategy document. The lack of needs analysis made it difficult to assess the actual extent of alcohol misuse or alcohol-related offending. The CARAT service was not contracted to work with prisoners with alcohol-only problems and no treatment programme was available. An alcohol awareness programme was provided through the education healthy living programme but a programme previously run through the Jigsaw project was no longer funded. The level of demand for alcohol treatment was indicated by the fact that about 60 alcohol detoxification programmes were started each month.

Recommendations

- 8.49 The drug strategy should be informed by an annual needs analysis and include annual development objectives that are monitored through the drug strategy group.

- 8.50 All elements of the drug strategy group should work together to ensure effective coordination and consistent treatment provision.
- 8.51 An alcohol strategy should be developed or incorporated in the drug strategy, include testing and treatment provision and ensure that, if both are necessary, they are delivered to meet the needs of prisoners and the wider establishment.
- 8.52 Voluntary testing should be available for those who need and want it and should be applied appropriately and consistently in line with Prison Service Order 3601.
- 8.53 The CARAT team should be accommodated in one office in the prison to help coordinate work more effectively.
- 8.54 The CARAT team should prioritise clients to manage the limited resources more effectively and assessments should be undertaken only when there is reasonable evidence to suggest likely take-up of provision.

Children and families of offenders

- 8.55 The visits hall was not fit for purpose. Entitlement to visits was insufficient and problems booking visits caused significant frustrations. Some late visitors were treated poorly and life bans were inappropriately used. The visitors' centre offered good service and a caring problem-solving approach to visitors, prisoners, the community and staff. The number of family visits organised did not meet prisoners' needs. Counselling was available to prisoners but not to families and the role of family support worker was underdeveloped.
- 8.56 Entitlement to visits depended on a prisoner's incentives and earned privileges (IEP) level, which unfairly penalised families. However, the rules were conflicting in different documents and staff were confused. Only convicted enhanced level prisoners' entitlements met our minimum expectation of one hour a week and unlimited time for remand prisoners.
- 8.57 Visitors could book visits in person at the gate or by telephone but it was difficult to get through to the booking line. Calls often took a long time to be answered and visitors said they had to keep trying over several days. We got through only on our eighth attempt over four days. Visitors' centre staff said they often had to deal with frustrated relatives who had been unable to book a visit. These problems meant few prisoners could have a visit in their first week and significantly fewer in our survey said this had been the case.
- 8.58 The visitors' centre outside the prison was run by Jigsaw. It was staffed by six full-time and five volunteer workers and took placements from women prisoners at HMP Askham Grange. It was open from 9am to 5pm Tuesdays to Saturdays but was not available to evening or Sunday visitors. It offered good services and a caring problem-solving approach to visitors, prisoners, the community and staff. Services included booking visitors in, counselling and family support. Staff routinely identified first-time visitors, offered them information and support and, where necessary, referred them to other agencies. The centre was also a meeting place for drug intervention programme workers and prisoners who had just been released.
- 8.59 The centre contained excellent facilities, including a café area, large meeting room, two counselling rooms, baby changing facilities, lockers, toilets (including an adapted toilet), two free internet terminals, a play area and a telephone directly linked to a taxi firm. A wide range of information was available, including details of prison and community support services and

prison-related and practical information. Little of this was in languages other than English. Staff could advise visitors how to make formal complaints and a comments book was available. Several of the comments complained about how visitors felt they had been treated by officers in the visits room. There had been no comment since July 2007 and no indication of review by a governor since then. Funding for the centre was due to run out within 18 months and some funds had already dried up, resulting in the loss of Citizens Advice Bureau services, a families counsellor and three play workers.

- 8.60 Visits staff and managers told us that visitors could enter up to 30 minutes before the end of the visit. However, we saw some who arrived for an evening visit just before the advertised start time who were turned away. They had travelled from Manchester and gate staff told them they were required to be at the prison 15 minutes before the start. The prisoner they were visiting was not told what had happened and had to wait until the end of visits before he could return to his wing. He was not able to telephone his visitors until the following day to find out what had happened so was subject to undue worry. Staff said they would never help waiting prisoners to find out what had happened to their visitors.
- 8.61 The visits room could take only up to 24 prisoners and three on closed visits. There were three one-hour day-time visits sessions on Tuesdays to Sundays, an additional session on Saturday and Sunday mornings and evening visits on Wednesdays and Thursdays. This was insufficient for the number of prisoners and likely to be worse when B wing reopened. The room itself was unwelcoming and not suited to children, with no play area or children's activities. Little supportive information was displayed. Hard plastic chairs were fixed to the floor and arranged in rows. Visitors could buy hot and cold drinks and confectionery from a small snack bar, staffed by visitors' centre staff.
- 8.62 A further visits area directly above the main visits room contained nine small and four large booths for legal and special visits. It was open from 8.30am to 11.30am and from 1.30pm to 4.30pm on weekdays. Three further closed visits booths were for vulnerable prisoners who needed to be kept separate from others. All booths offered little privacy.
- 8.63 The vending machine for drinks and snacks was broken and there was no other way of getting a drink. There was no access for people with disabilities so prisoners or visitors who could not use the stairs had to have their legal visit in the main hall, which was inappropriate. Visitors in both areas had access to toilets throughout the visit. The chaplaincy operated a prisoner visitor scheme and 15 volunteers regularly visited.
- 8.64 Family visits also took place upstairs and were therefore inaccessible to prisoners with physical disabilities, although a loop hearing system was available. Three family visits lasting between 1.5 and two hours had taken place since April 2007. Eleven prisoners had taken part in the Story Book Dads family visit in June, eight in the Eid family visit in October and 12 in family visit held at the end of the Fathers Inside course in October. Four Christmas visits were planned with 12 prisoners on each. Leaflets advertising these had been put under all doors. Prisoners on A wing were excluded from family visits.
- 8.65 Prisoners about whom there were child protection concerns were monitored more closely during visits, although officers were given no information about the specific risks. Ten per cent of prisoners were routinely strip searched on leaving visits.
- 8.66 Thirty-six prisoners were on closed visits, mostly associated with drugs or having mobile telephones in possession. Closed visits lasted three months and were reviewed at the monthly security committee, although the time was reduced only if the original evidence was shown to be inaccurate. Prisoners were sent letters from the deputy head of operations stating why they

were on closed visits and how to appeal, although appeals were considered by the same person. They were not given an explanation if closed visits continued beyond three months. One prisoner had been on closed visits for almost eight months and 19 others had exceeded the three-month period.

- 8.67 Four people were banned from visiting for three months and three were banned for life. Letters sent to those with life bans did not consider their relationship to the prisoner or the impact such a ban might have. Security managers said life bans could be reconsidered but this was not made clear in the letters. The prison also had a policy that ex-prisoners could not return as visitors within six months of their release. This and the life bans were unreasonable and not based on an individual assessment of risk.
- 8.68 A Jigsaw counsellor delivered about six or seven one-hour sessions to prisoners each week. A service was also offered to staff but no longer to families. The service was publicised through the probation, chaplaincy and education departments. The counsellor attended the mental health reviews every Thursday and two-thirds of referrals came through this route.
- 8.69 A Jigsaw family support worker made referrals for prisoners and visitors to children's centres and Sure Start programmes in the community and helped families with problems such as nursery arrangements. She liaised with the prisoner in these cases, helping them to feel more involved. The family support worker had no input to prisoners' sentence plans and did not play a formal role with social services or legal aspects of childcare such as attending hearings and meetings on behalf of prisoners. She had no role in informing decisions on release on temporary licence in preparation for release or for primary carers.
- 8.70 Prisoners could accumulate up to 26 visits. Six prisoners had gone on accumulated visits in the previous six months. One prisoner who used a wheelchair had been unable to do so because the prison had not been able to find an establishment that would take him. There had been no requests for inter-prison visits in the previous 12 months.
- 8.71 A Jigsaw study had found that 90% of prisoners' families had no information about prison before their relative was convicted and Jigsaw had therefore run a pilot service offering information to families at Leeds Crown Court every Friday between January and April 2007. They worked with probation to identify families with needs. This work was due to start again at the beginning of 2008.

Recommendations

- 8.72 All convicted prisoners should be entitled to at least one hour of visits a week, and remand prisoners should have unlimited entitlement.
- 8.73 The visits booking system should be improved in order to deal with the number of visitors without undue delay.
- 8.74 Visitors who arrive within 30 minutes of the end of visits should be allowed entry and prisoners whose visitors are delayed or do not turn up should be helped to find out what has happened to them. Messages from visitors about delays, cancellations or to say they have been turned away should be passed to the prisoner.
- 8.75 Prisoners should be strip-searched before or after visits only where intelligence indicates it is necessary.

- 8.76 Prisoners should be removed from closed visits at the monthly review if evidence no longer indicates a significant risk. When closed visits continue beyond three months, prisoners should be given further specific reasons and allowed to appeal to a higher level.
- 8.77 Where visitors are banned, this should be for a fixed period and any bans should be based on individual risk assessment and take into account the relationship with the prisoner.
- 8.78 The visitors' centre should be open before and after all visits.
- 8.79 All prisoners with children, including vulnerable prisoners, should be able to take part in regular family visits.
- 8.80 Counselling for prisoners' families should be reintroduced.
- 8.81 The role of the family support worker should be enhanced to allow more input into relevant prison decisions and more direct support for prisoners with legal and other issues involving their children.

Housekeeping point

- 8.82 The comments book in the visitors' centre should be more accessible to visitors, read by a senior manager and responded to at least quarterly.

Good practice

- 8.83 *The visitors' centre offered a wide range of services, welcoming environment and helpful approach.*

Attitudes thinking and behaviour

- 8.84 Apart from substance use interventions, no offending behaviour programmes were run.
- 8.85 Apart from substance misuse interventions (see section on substance use), no offending behaviour programmes were run. This had been highlighted as one of prisoners' main concerns in the recent measuring the quality of prison life (MQPL) report. The resettlement strategy aimed to move prisoners to other establishments to meet offending behaviour needs and a group of sex offender treatment programme assessors from HMP Hull was visiting during the inspection. However, many prisoners were not able to move to address offence-related targets.
- 8.86 In partnership with the offender management group, Jigsaw had run three-day offence-related courses in the previous few years. They were trying to achieve Open College Network accreditation for the course and the unit to allow them to develop these and apply for further funding. Two Stepping Stone relationship skills courses had been run in February and April 2007 with partners and prisoners. Five prisoners had attended each of these. Two domestic violence courses had also been run delivered by STOP (start treating offenders positively), with 10 prisoners on each. The last course had been in March 2007.

Recommendation

- 8.87 As part of a resettlement needs analysis, an offending behaviour needs analysis should be completed and inform service provision.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations	To the governor
9.1 The reception building should be replaced or fully remodelled to provide an appropriately safe and respectful environment for new arrivals at the prison. (HP41)	
9.2 Effective bullying and violence reduction strategies should be developed, which ensure that all alleged incidents of violence and bullying are reported, and investigated and monitored by senior managers. (HP42)	
9.3 The overall management of safer custody procedures should be improved to ensure good quality assessment, review, interventions, monitoring and engagement with all prisoners potentially at risk. (HP43)	
9.4 Managers should develop a clear strategy to deal with the underlying negative staff culture and improve relationships between staff and prisoners, including the development of an effective personal officer scheme. (HP44)	
9.5 Black and minority ethnic and Muslim prisoners' negative perception of some aspects of their treatment should be examined and discussed at regular specific consultation meetings with these groups of prisoners in order to understand and tackle the underlying causes. (HP45)	
9.6 A full assessment of the mental health service provision should be undertaken and appropriate primary and secondary mental health services provided to meet identified needs. (HP46)	
9.7 Sufficient work and education places should be provided to allow all prisoners the opportunity to participate in purposeful activity. (HP47)	
9.8 The amount of time prisoners spend out of their cells should be increased, particularly at weekends, and all prisoners should have the opportunity for at least one hour of association and one hour of exercise every day. (HP48)	
9.9 All prisoners, including those unconvicted and those serving less than 12 months, should have a written plan setting out how their resettlement needs will be met. (HP49)	
9.10 A senior manager should review all aspects of visits and contact arrangements to ensure that there are good and suitable arrangements to encourage men to remain in contact with their children, partners and families, that families are involved as appropriate and that all staff understand the importance of such contact in terms of safety and good resettlement outcomes. (HP50)	
9.11 A new or refurbished visits facility should be provided to accommodate the volume of visits required, with access for people with disabilities, a supervised play area, refreshment facilities	

and more private closed, social and legal visit booths. The environment should be made welcoming and suitable for children. (HP51)

Recommendations

To NOMS

Courts, escorts and transfers

- 9.12 Prisoners who have completed court appearances in the morning should be brought to the prison during the day. (1.6)

Strategic management of resettlement

- 9.13 Prisoners, particularly lifers and indeterminate public protection (IPP) sentenced prisoners, should be able to progress from Leeds to enable them to address offending behaviour issues and progress through their sentence. (8.6)

Offender management and planning

- 9.14 Recalled prisoners should be given written reasons for their recall within the specified time limits with speedy notification of hearing dates. (8.22)

Recommendations

To the governor

Courts, escorts and transfers

- 9.15 Information about what to expect on arrival at Leeds should be provided at courts. (1.7)

First days in custody

- 9.16 Prisoners in reception should be given information about the reception process and provided with refreshments. (1.27)
- 9.17 The prison, through the court users group, should emphasise the importance of ensuring all relevant information available in court travels with the prisoner to assist staff completing first night assessments. (1.28)
- 9.18 There should be improved access to the police national computer to establish prisoners' previous convictions where these have not arrived from court. (1.29)
- 9.19 Prisoners should spend no longer than an hour in the holding room after the reception processes have been completed and managers should monitor this. (1.30)
- 9.20 All new prisoners should be told on their first night about the use of the emergency cell bells and the routine to expect for the first 24 hours in custody and asked about their reaction to imprisonment. (1.31)
- 9.21 An Insiders scheme should be developed and new prisoners given the opportunity to meet with peer supporters, including Listeners, in reception and before they are moved from the first night centre. (1.32)

- 9.22 Night staff on the first night centre should be made aware of prisoners who may be at heightened risk or need additional reassurance, such as those in prison for the first time, and be watchful of them. (1.33)
- 9.23 Better facilities should be provided for agencies and departments interviewing prisoners on their first morning in custody. (1.34)
- 9.24 All prisoners, particularly those in custody for the first time or withdrawing from drugs, should receive an induction that meets their needs. (1.35)
- 9.25 The prisoner information booklet should be updated and clearly describe the induction process. (1.36)
- 9.26 Prisoners should be able to get money credited to their telephone account within 24 hours. (1.37)

Residential units

- 9.27 Cells should be refurbished and decorated as part of a rolling programme, with those in worst condition identified for priority. (2.14)
- 9.28 Single cells should not be used to accommodate two prisoners. (2.15)
- 9.29 All prisoners should have a lockable cupboard. (2.16)
- 9.30 Convicted and remand prisoners should not have to share cells. (2.17)
- 9.31 Prisoner consultation groups should be held regularly and minutes posted on all wings. (2.18)
- 9.32 Emergency cell call bells should be answered within five minutes and managers should check this regularly. (2.19)
- 9.33 In-cell toilets should be fully and appropriately screened. (2.20)
- 9.34 There should be at least one telephone to every 20 prisoners on each wing and all should be in privacy booths. (2.21)
- 9.35 Prisoners should be able to make calls home at times convenient to families who work. (2.22)
- 9.36 All showers should be used, with equal access for all prisoners. (2.23)
- 9.37 At a minimum, all unconvicted prisoners should be allowed to wear their own clothing without unnecessary restrictions, including being allowed to mix with prison clothing. (2.24)

Staff-prisoner relationships

- 9.38 Regular open forums and consultation meetings should be held with prisoners to identify what improvements could be made to facilitate better relationships, and regular feedback provided to all staff and prisoners. (2.31)
- 9.39 All complaints about staff should be reviewed by a member of the senior management team. (2.32)

- 9.40 Prisoners should be addressed by their first name or title and surname according to preference. (2.33)

Personal officers

- 9.41 All personal officers should introduce themselves to prisoners, get to know their personal circumstances and record contact in wing files regularly to build up an accurate chronological account of a prisoner's time at Leeds and any significant events affecting him. (2.38)
- 9.42 Men with specific care needs such as older prisoners and those with disabilities should have regularly monitored care plans as part of their wing files. (2.39)

Bullying and violence reduction

- 9.43 The safer custody management structure should be simplified, including clarifying the role of the safer custody unit, to develop a more cohesive and holistic approach. (3.15)
- 9.44 A full survey of prisoners' perceptions and experiences of bullying by other prisoners and staff should be completed to identify where prisoners feel most unsafe and compare the experiences of different prisoner groups. The results should be used to inform development of the strategy. (3.16)
- 9.45 Interventions should be developed for perpetrators and victims of bullying. (3.17)
- 9.46 Vulnerable prisoners should be held only on A wing or exceptionally for short periods in the segregation unit. (3.18)

Self-harm and suicide

- 9.47 Findings from previous inquests should be examined and taken into account in reviews into deaths in custody. (3.38)
- 9.48 Interviews with prisoners recalled on licence should begin the day after recall to ensure any immediate concerns are addressed. (3.39)
- 9.49 In cooperation with the primary care trust, all serious or near-fatal incidents of self-harm should be investigated to establish what lessons can be learned and promote good practice. (3.40)
- 9.50 Staff from a range of disciplines and departments, including the safer custody unit, should be involved in assessment, care in custody and teamwork (ACCT) procedures through initial assessments and participation in reviews. (3.41)
- 9.51 ACCT procedures should ensure more consistency of case manager, sufficient notice of reviews and more considered care maps. Management checks should comment on the frequency and quality of entries in the on-going daily record and the level of engagement with prisoners. (3.42)
- 9.52 Accurate and up to date records of staff who have completed ACCT training should be held. (3.43)
- 9.53 All staff should support the Listener scheme and adhere to the protocol on the use of Listeners. (3.44)

- 9.54 All observation panels should be clear and all officers should carry a ligature knife. (3.45)

Diversity

- 9.55 Diversity monitoring should be introduced to examine the extent to which older prisoners, prisoners with disabilities and prisoners from other minority groups have fair access to the regime. (3.56)
- 9.56 The diversity policy should set out how the needs of different minority groups will be met, based on an analysis of these needs in consultation with prisoners. (3.57)
- 9.57 The disability liaison officer should be supported by designated residential wing staff who are given the remit of improving awareness about disability and other diversity issues on the wings. (3.58)
- 9.58 All staff should be trained in diversity issues. (3.59)

Race equality

- 9.59 Interventions should be introduced to tackle issues raised in racist incidents, and should include structured mediation. (3.71)
- 9.60 All relevant information should be shared between the violence reduction coordinator and race equality staff and others as relevant. (3.72)
- 9.61 There should be more events to celebrate racial, ethnic and cultural diversity and raise awareness of the work being done. (3.73)

Foreign national prisoners

- 9.62 The prison should increase contact with independent immigration advice agencies to assist immigration detainees and foreign national prisoners. (3.85)
- 9.63 Foreign national support groups should be established and foreign national representatives appointed to provide peer support. (3.86)
- 9.64 Foreign national prisoners should be given free monthly international telephone calls automatically and should be able to make calls at times to suit their home country's time zone. (3.87)
- 9.65 Entries in wing files should demonstrate that staff are aware of and meet the individual distinct needs of foreign national prisoners. (3.88)

Applications and complaints

- 9.66 The application system should incorporate target timescales for responses, which managers should monitor. (3.97)
- 9.67 Management checks of at least 10% of complaint responses should be undertaken every month and an analysis included in management reports. (3.98)

- 9.68 Where interim responses are given to complaints, final response times should also be monitored. (3.99)
- 9.69 The database of prisoner complaints should not include sensitive and individually identifiable information. (3.100)
- 9.70 Complaints against staff should automatically be included in the complaints monitored by the senior management team and the scrutiny panel. (3.101)
- 9.71 An agreed timescale for the collation, evaluation and management of the full range of data on complaints should be agreed and monitored through the senior management team. (3.102)

Legal rights

- 9.72 The prison should ensure appropriate training for all bail support and legal services staff. (3.110)

Substance use

- 9.73 Prisoners on all wings should be able to access the safer custody detoxification programme as soon as required. (3.125)
- 9.74 The roles of the CARAT, substance misuse service and safer custody teams and general healthcare nurses should be clearly defined and delineated and protocols between each established. (3.126)
- 9.75 Psychosocial support should be provided to all prisoners requiring clinical support for substance misuse. (3.127)
- 9.76 Joint care planning should be undertaken across departments to ensure continuity of provision for those on clinical support. (3.128)

Health services

- 9.77 The healthcare waiting rooms should be improved and health promotion materials made readily available in them. (4.45)
- 9.78 All health service areas should meet infection control standards. (4.46)
- 9.79 Prisoners with disabilities should have appropriate access to all necessary health service areas. (4.47)
- 9.80 All emergency equipment should be the subject of documented checks at least weekly. (4.48)
- 9.81 Prisoners should be given correct information about health services in a format they can understand and should be involved and consulted when planning their care and treatment. (4.49)
- 9.82 All health service staff should have resuscitation training at least annually. (4.50)
- 9.83 Health service staff should have clinical supervision. (4.51)

- 9.84 Health service policies should include a contingency plan for pandemic flu and there should be an information-sharing policy. (4.52)
- 9.85 Clinical records should provide one contemporaneous record of clinical interactions. (4.53)
- 9.86 All clinical records should be stored in accordance with the Data Protection Act and Caldicott principles. (4.54)
- 9.87 The controlled drug cupboards in the pharmacy should be secured to the fabric of the building. (4.55)
- 9.88 Schedule 2 controlled drugs should be administered only according to an appropriate prescriber's written directions. (4.56)
- 9.89 Prisoners should be able to use the NHS complaints procedures. (4.57)
- 9.90 Prisoners should receive a secondary health screen within 72 hours of arrival. (4.58)
- 9.91 The applications systems should be improved to ensure no unnecessary delays in prisoners seeing the GP or any allied health professionals. (4.59)
- 9.92 There should be appointment times for health service professionals to avoid prisoners waiting long periods in the department. (4.60)
- 9.93 Triage algorithms should be used to ensure consistency of care and advice. (4.61)
- 9.94 The full range of immunisations and vaccinations should be available. (4.62)
- 9.95 Prisoners should be able to see a pharmacist for advice about medicines. (4.63)
- 9.96 The medicines in possession policy should be updated and followed consistently. (4.64)
- 9.97 Secondary dispensing should stop. (4.65)
- 9.98 Condoms and lubricants should be available to prisoners on request. (4.66)
- 9.99 Effective out-of-hours and absence cover for the dentist should be provided and a protocol should be developed to assist healthcare staff when dealing with dental emergencies in the absence of the dental team. (4.67)
- 9.100 Health service beds should not be part of the prison's certified normal accommodation. (4.68)
- 9.101 In-patient facilities should not be used to accommodate prisoners with disabilities without a clinical need for in-patient care. (4.69)
- 9.102 In-patients should have access to day care at least in line with the published regime. (4.70)
- 9.103 In-patient staff should work closely with the mental health in-reach team to ensure appropriate care to those with mental health issues. (4.71)
- 9.104 Day care should be provided for those with mental health problems. (4.72)

Learning and skills and work activities

- 9.105 A wider range of education courses and accredited vocational qualifications should be provided to meet the needs of prisoners. (5.14)
- 9.106 Allocation to education and work should be improved so that it is based on assessed need and preferences and allows all prisoners access to the full range of activities. (5.15)
- 9.107 The prison should ensure that prisoners attend education classes on time and do not leave early. (5.16)
- 9.108 Vulnerable prisoners should have equitable access to education and training opportunities. (5.17)
- 9.109 Seating and desk space should be provided in the library. (5.18)

Physical education and health promotion

- 9.110 The size of the free weights area in the gym should be increased. (5.26)
- 9.111 Gym shower facilities should be improved. (5.27)

Faith and religious activity

- 9.112 Information about the West Yorkshire Community Chaplaincy should be widely advertised across the prison. (5.34)

Time out of cell

- 9.113 The number of part-time activity places should be increased to ensure that more prisoners can participate in work and training and increase their time out of cell. (5.44)
- 9.114 Prisoners should be issued with cold weather clothing for outside exercise. (5.45)
- 9.115 All prisoners should have at least one hour of association every day. (5.46)
- 9.116 Regime monitoring should be accurate and reflect what takes place and any variations to the published regime should be recorded. (5.47)
- 9.117 A central register should be set up recording any changes to the regime such as cancellation of association and exercise. This should be scrutinised by senior managers. (5.48)
- 9.118 Canteen distribution should be organised so as not to impact on the whole prison regime. (5.49)

Security and rules

- 9.119 Nets should be installed over exposed areas to prevent drugs being thrown over. (6.10)

- 9.120 Night staff's cars should be searched when they enter the prison. (6.11)
- 9.121 Managers should carry out regular checks to ensure that searching is carried out correctly. (6.12)
- 9.122 Rules and routines should be prominently displayed throughout the establishment. (6.13)

Discipline

- 9.123 Prisoners should be informed how to appeal against an adjudication finding at the end of the hearing. (6.29)
- 9.124 All charges should be fully investigated and recorded before a finding of guilt is reached. (6.30)
- 9.125 Adjudications involving violence and bullying should be referred to the safer custody coordinator. (6.31)
- 9.126 Staff should be reminded that to be legitimate, force should only be used as a last resort. (6.32)
- 9.127 Use of force paperwork and video tapes should be reviewed by a manager not involved in the incident with a view to learning how its use could be further reduced. (6.33)
- 9.128 The certifying officer for use of force should not have been involved in the incident. (6.34)
- 9.129 Special cell records should be used whenever a prisoner remains in an unfurnished cell as defined in Prison Service Order 1600 and reviewed regularly. (6.35)
- 9.130 Prisoners entering the segregation unit should be strip searched only when this is indicated by risk assessment. (6.36)
- 9.131 All prisoners held in the segregation unit longer than 30 days should have a care plan to prevent psychological deterioration. (6.37)
- 9.132 All prisoners in the segregation unit should be offered daily exercise, showers and telephone calls as a matter of routine. (6.38)
- 9.133 Prisoners in the segregation unit should collect their meals from the servery area. (6.39)
- 9.134 When possible within the constraints of good order and security, prisoners in the segregation unit should be allowed to continue work, education and offending behaviour programmes. (6.40)
- 9.135 The segregation unit development strategy should be fully implemented and review dates agreed with senior managers. It should incorporate how prisoners will be encouraged to address unacceptable behaviour. (6.41)
- 9.136 The segregation unit exercise area should be improved, rubbish in unit windows removed and a regular cleaning protocol introduced. (6.42)

Incentives and earned privileges

- 9.137 The incentives and earned privileges (IEP) scheme should be reviewed and staff trained in its use to ensure that it is applied consistently. (6.53)
- 9.138 Prisoner representatives and prisoner information desk representatives should receive training in the IEP scheme so that they can help explain the scheme to prisoners. (6.54)
- 9.139 Prisoners on the basic regime should have the opportunity to shower and use the telephone daily and some daily association linked to a regime that offers them the opportunity to demonstrate improvement. (6.55)
- 9.140 Unconvicted prisoners should not have their visits reduced under the IEP scheme. (6.56)

Catering

- 9.141 Portion control on the wing serveries should be better managed and any leftovers offered to prisoners. (7.7)
- 9.142 Prisoners should be able to eat five portions of fruit and vegetables a day. (7.8)
- 9.143 Prisoners working in the kitchen should be encouraged to study for relevant qualifications. (7.9)
- 9.144 There should be more celebration of food from different cultures. (7.10)
- 9.145 Food should not be left uncovered in the kitchen at night. (7.11)
- 9.146 A more detailed food survey should be undertaken, comments books should be clearly visible and a catering manager should attend monthly consultation meetings. (7.12)

Prison shop

- 9.147 Prisoners should be able to buy items from the canteen within their first 24 hours. (7.19)
- 9.148 Prisoners should be able to order items from a catalogue. (7.20)

Strategic management of resettlement

- 9.149 The resettlement strategy should be based on a needs analysis and address specific needs of different groups of prisoners, such as indeterminate-sentenced, remand, convicted, vulnerable and recalled prisoners. A working action plan should be monitored by a management team through a clear meeting structure. (8.5)

Offender management and planning

- 9.150 All prisoners serving over 12 months should take part in an annual sentence planning/OASys board and have an opportunity to comment formally on their sentence plan. Where relevant, individual named staff should be tasked to support targets. (8.20)

- 9.151 Applications for home detention curfew and parole should be given appropriate priority and not delayed by late reports. (8.21)
- 9.152 Recalled prisoners should receive ongoing support and be kept informed of their position. Late notification of reviews and hearings should be routinely chased. (8.23)
- 9.153 Offender supervisors should explain the implications to prisoners subject to public protection arrangements. (8.24)
- 9.154 Consultation groups for indeterminate-sentenced prisoners should have management support and input to provide up-to-date authoritative advice. (8.25)
- 9.155 All potential and indeterminate-sentenced prisoners should have regular access to well-trained proactive lifer liaison officers who are able to keep them informed of their position. (8.26)
- 9.156 Prisoners sentenced to life imprisonment should not have to share cells with short-stay prisoners. (8.27)

Resettlement pathways

- 9.157 The reasons why 25% of prisoners are released with no identified accommodation should be explored and addressed. (8.37)
- 9.158 The number of places on the preparation for work courses should be increased. (8.38)
- 9.159 Prisoners should be given information and assistance to access health and social care services on their release and support in accessing the services if required. (8.39)
- 9.160 A needs analysis for budget management courses should be conducted and provision should meet the identified need. (8.40)
- 9.161 The drug strategy should be informed by an annual needs analysis and include annual development objectives that are monitored through the drug strategy group. (8.49)
- 9.162 All elements of the drug strategy group should work together to ensure effective coordination and consistent treatment provision. (8.50)
- 9.163 An alcohol strategy should be developed or incorporated in the drug strategy, include testing and treatment provision and ensure that, if both are necessary, they are delivered to meet the needs of prisoners and the wider establishment. (8.51)
- 9.164 Voluntary testing should be available for those who need and want it and should be applied appropriately and consistently in line with Prison Service Order 3601. (8.52)
- 9.165 The CARAT team should be accommodated in one office in the prison to help coordinate work more effectively. (8.53)
- 9.166 The CARAT team should prioritise clients to manage the limited resources more effectively and assessments should be undertaken only when there is reasonable evidence to suggest likely take-up of provision. (8.54)
- 9.167 All convicted prisoners should be entitled to at least one hour of visits a week, and remand prisoners should have unlimited entitlement. (8.72)

- 9.168 The visits booking system should be improved in order to deal with the number of visitors without undue delay. (8.73)
- 9.169 Visitors who arrive within 30 minutes of the end of visits should be allowed entry and prisoners whose visitors are delayed or do not turn up should be helped to find out what has happened to them. Messages from visitors about delays, cancellations or to say they have been turned away should be passed to the prisoner. (8.74)
- 9.170 Prisoners should be strip-searched before or after visits only where intelligence indicates it is necessary. (8.75)
- 9.171 Prisoners should be removed from closed visits at the monthly review if evidence no longer indicates a significant risk. When closed visits continue beyond three months, prisoners should be given further specific reasons and allowed to appeal to a higher level. (8.76)
- 9.172 Where visitors are banned, this should be for a fixed period and any bans should be based on individual risk assessment and take into account the relationship with the prisoner. (8.77)
- 9.173 The visitors' centre should be open before and after all visits. (8.78)
- 9.174 All prisoners with children, including vulnerable prisoners, should be able to take part in regular family visits. (8.79)
- 9.175 Counselling for prisoners' families should be reintroduced. (8.80)
- 9.176 The role of the family support worker should be enhanced to allow more input into relevant prison decisions and more direct support for prisoners with legal and other issues involving their children. (8.81)
- 9.177 As part of a resettlement needs analysis, an offending behaviour needs analysis should be completed and inform service provision. (8.87)

Housekeeping points

First days in custody

- 9.178 Previous records of prisoners still available in the prison should be retrieved quickly to inform first night assessments. (1.38)
- 9.179 Managers should monitor how long prisoners are held in reception waiting to be escorted to residential wings. (1.39)
- 9.180 All wings should cooperate with the first night centre to reduce the regular pressures to identify spaces for new arrivals. (1.40)

Residential units

- 9.181 Unofficial notices should be removed. (2.25)

Bullying and violence reduction

- 9.182 Job descriptions should be developed for staff in safer custody roles. (3.19)

Self-harm and suicide

- 9.183 More Listener representatives should attend the safer prison meeting. (3.47)
- 9.184 The ethnicity of prisoners who self-harm should be recorded and monitored by the suicide prevention coordinator. (3.48)

Legal rights

- 9.185 Information about free legal telephone calls should be publicised on all wings. (3.112)

Health services

- 9.186 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2- 8°C range. Corrective action should be taken where necessary and monitored by pharmacy staff. (4.73)
- 9.187 Patient-named medications should not be returned to stock. (4.74)
- 9.188 Policies in relation to nurses' uniform and appearance should be followed. (4.75)
- 9.189 Health service staff should wear name badges. (4.76)

Faith and religious activity

- 9.190 Information about chaplaincy services should be updated regularly. (5.35)

Discipline

- 9.191 All adjudication papers should be checked in advance by a designated manager. (6.43)
- 9.192 Prisoners should be addressed by the title and surname or first name on charge sheets and during adjudications. (6.44)
- 9.193 Prisoners should be given writing paper and a pen at adjudications. (6.45)
- 9.194 Control and restraint helmets should be numbered. (6.46)
- 9.195 The use of force advisory group should ensure that all matters arising are addressed by the following meeting. (6.47)

Catering

- 9.196 Prisoners should have at least 30 minutes to eat their meal. (7.13)

- 9.197 Breakfast packs should be given out in the morning they are to be eaten. (7.14)
- 9.198 Food temperatures should routinely be recorded and checked at the servery. (7.15)

Resettlement pathways

- 9.199 The comments book in the visitors' centre should be more accessible to visitors, read by a senior manager and responded to at least quarterly. (8.82)

Examples of good practice

Self-harm and suicide

- 9.200 The area manager-led working party on deaths in custody was a good initiative to examine and deal at a strategic level with causal factors behind deaths in custody. (3.49)

Race equality

- 9.201 The external scrutiny panel enabled external bodies and prisoners to examine racist incident report forms in detail and comment on their effectiveness.(3.75)

Applications and complaints

- 9.202 The recent introduction of the complaints scrutiny panel was a positive initiative to boost prisoner confidence in the complaint management process. (3.104)

Resettlement pathways

- 9.203 The visitors' centre offered a wide range of services, welcoming environment and helpful approach. (8.83)

Appendix 1: Inspection team

Anne Owers	Chief Inspector
Michael Loughlin	Team leader
Susan Fenwick	Inspection
Hayley Folland	Inspector
Paul Fenning	Inspector
Keith McInnis	Inspector
John Simpson	Inspector
Elizabeth Tysoe	Healthcare inspector
Bill Riall	Pharmacy inspector
Martin Wall	Dental inspector
Stephen Miller	Ofsted team leader
Alistair Pearson	Ofsted inspector
Marina Gaze	Ofsted inspector
Louise Falshaw	Researcher
Laura Nettleingham	Researcher
Olivia Adams	Researcher

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	713	72
Convicted but unsentenced	95	10
Remand	168	17
Civil prisoners	4	.4
Detainees (single power status)	2	.2 (Both have served sentences)
Detainees (dual power status)	10	1
Total	992	

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	71	10
6 months to less than 12 months	62	9
12 months to less than 2 years	100	14
2 years to less than 4 years	188	26
4 years to less than 10 years	141	20
10 years and over (not life)	22	3
Life	129	18 (Inc- IPP prisoners)
Total	713	

(This figure also includes – 713+279=992)

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	142	21	149	53
1 month to 3 months	183	28	70	25
3 months to 6 months	134	20	41	15
6 months to 1 year	86	13	17	6
1 year to 2 years	88	13	2	.7
2 years to 4 years	28	4	0	0
4 years or more	4	.6	0	0
Total	665		279	

(Does not include 48 out at court – 665+279+48=992)

(iv) Main offence	Number of prisoners	%
Violence against the person	181	18
Sexual offences	110	11
Burglary	163	16
Robbery	124	12.5
Theft & handling	79	8
Fraud and forgery	16	2
Drugs offences	99	10
Other offences	192	19
Civil offences	13	1
Offence not recorded/ Holding warrant	15	1.5
Total	992	

(v) Age	Number of prisoners	%
21 years to 29 years	451	45.5
30 years to 39 years	345	35
40 years to 49 years	133	13
50 years to 59 years	40	4
60 years to 69 years	20	2
70 plus years	3	3
Please state maximum age	73	
Total	992	

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison		
Between 50 and 100 miles of the prison		
Over 100 miles from the prison		
Overseas		
NFA		
Total		

(vii) Nationality	Number of prisoners	%
British	923	93.04
Foreign nationals	69	6.96
Total	992	

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	749	76.50
Irish	4	0.40
Other White	39	3.93
<i>Mixed</i>		
White and Black Caribbean	15	1.51
White and Black African	3	0.30
White and Asian	2	0.20
Other Mixed	4	0.40
<i>Asian or Asian British</i>		
Indian	31	3.12
Pakistani	42	4.23
Bangladeshi	2	0.20
Other Asian	28	2.82
<i>Black or Black British</i>		
Caribbean	31	3.12
African	19	1.91
Other Black	14	1.41
<i>Chinese or other ethnic group</i>		
Chinese	1	0.10
Other ethnic group	2	0.20
<i>Not stated</i>	6	0.60
Total	992	

(ix) Religion	Number of prisoners	%
Baptist	0	0
Church of England	317	32
Roman Catholic	198	20
Other Christian denominations	6	.6
Muslim	122	12
Sikh	6	.6
Hindu	1	.1
Buddhist	6	.6
Jewish	0	0
Other	35	3.5
No religion	301	30
Total	992	

Appendix 3: Safety interviews

Seventeen prisoners were approached by the research team to undertake structured interviews regarding issues of safety at Leeds on 10 and 11 December 2007. This is a small sample (2%) of the total population (approx 999) and individuals were randomly selected on all landings, across residential units A, C, D, E, F and segregation. B wing was closed. Participation in the interview process was voluntary.

An interview schedule was produced for the purpose of maintaining consistency, thus all interviewees were asked the same questions. All interviewees were asked to identify areas of concern with regards to safety in Leeds, as well as rating the problem on a scale of 1- 4 (1 = a little unsafe – 4 = very unsafe). A 'seriousness score' was then calculated, multiplying the number of individuals who thought the issue was a problem by the average rating score.

Location of interviews

A wing (VP)	= 3 interviewees
C wing	= 3 interviewees
D wing	= 3 interviewees
E wing	= 3 interviewees
F wing	= 3 interviewees
Segregation	= 2 interviewees

Demographic information

- The average age was 33 years, ranging from 21 to 53 years.
- Three interviewees stated that this was their first time in a prison.
- Twelve interviewees were sentenced, with sentence length ranging from three months to life. One interviewee was serving life. One interviewee had served his sentence and was on an immigration order, three were on remand and one was convicted awaiting sentencing.
- The length of time spent in prison so far ranged from three months to seven years.
- The length of time spent at Leeds ranged from four days to seven years.
- Five interviewees described themselves as being from a black and minority ethnic background.
- All but one interviewee had English as their first language.
- Six interviewees stated that they did not have a religious faith. Six classified themselves as Catholic, two as Christian and three as Muslim.
- None of the interviewees were foreign nationals.
- One interviewee reported having a disability.

Safety questions

The seriousness score is calculated using the number of people who felt that the issue in question was a problem and multiplying it by the average rating score (1 = a little unsafe – 4 = very unsafe). There were no issues that more than half the interviewees reported as a problem for them.

	Number who cited this as a problem	Average rating	Seriousness score
The availability of drugs	11	2.5	27.5
Existence of an illegal market/taking/stealing canteen from others	9	3	27
The aggressive body language of prisoners	8	2.5	20
The way staff behave with prisoners	8	2.5	20
Not enough cameras on the wings	10	2	20
A lack of trust in prison staff (confidentiality)	8	2	16
Not enough staff on duty during the day	6	2.5	15
Not enough staff on duty during association	6	2.5	15
The lack of information about the regime	7	2	14
Lack of confidence in the staff	7	2	14
Overcrowding	4	3	12
The healthcare facilities	6	2	12
The response of staff to fights/bullying/self-harm in the prison	5	2	10
Gang culture	5	2	10
The aggressive body language of staff	3	3	9
The layout of the prison	4	2	8
Not enough staff on duty at night	4	2	8
Isolation	4	2	8
Staff doing favours in return for something	3	2.5	7.5
Discrimination by prisoners based on sentence status	3	2.5	7.5
Detoxification facilities	3	2.5	7.5
Discrimination by staff based on sexual orientation	2	2.5	5
Discrimination by staff based on religion	2	1.5	5
Movements	3	1.5	4.5
Discrimination by prisoners based on ethnicity	2	2	4
Discrimination by prisoners based on age	2	2	4
Not enough cameras elsewhere in the prison	2	2	4
Discrimination by staff based on sentence status	1	3	3
Discrimination by prisoners based on sexual orientation	1	2	2
Discipline procedures	1	2	2
Discrimination by staff based on ethnicity	1	1	1
The way meals are served	1	1	1
Discrimination by prisoners based on disability	0	0	0
Discrimination by prisoners based on religion	0	0	0
Discrimination by staff based on age	0	0	0
Discrimination by staff based on disability	0	0	0

Comments

The comments and reasoning behind the answers given by interviewees were noted. Examples of this for the five issues with the top seriousness scores are:

Availability of drugs

- *'I stay away from drugs. If in cell with smack head you are unsafe then but if not am fine'.*
- *'Subutex is worth more than heroin'.*
- *'Floode.....causes a lot of debt. Inmates do it front of you...lot of VPs moved here for drugs due to debt on other wings'.*
- *'Causes bullying - C wing is by far the worst'.*
- *'Bullying and drugs E & F are ok but the old side...staff are the main culprits too many are corrupt'.*
- *'Some dealing - trouble is with the inmates not the staff and Prison Service. Dealers are the cause, makes those not involved unsafe'.*

Existence of an illegal market

- *'Drugs and phones'.*
- *'Has got better but every so often drugs come in through visits and people get into debt'.*
- *'Phones'.*
- *'Most jails but phones and drugs are bad, toiletries and canteen will be nicked if people can't pay their debts'.*

Aggressive body language of prisoners

- *'Don't like taking no for an answer and will be aggressive to anyone, staff and other prisoners, don't care'.*
- *'Bullies get dealt with and moved off the wing'.*
- *'If you act like an idiot you get treated like an idiot'.*
- *'Get a bit of push and shove but not major'.*
- *'Intimidation...and have little gangs but I stay away from them'.*
- *'If involved in drugs'.*

The way staff behave with prisoners

- *'Moods vary between staff'.*
- *'If you have any issues staff will always apologise afterwards'.*
- *'Officers apparently headbutted some guy at night but not sure if its true'.*
- *'Its borderline bullying and intimidation...talk to you like shit and then as soon as you raise your voice back at them they put you down the seg or on basic and you're never believed. You fall out with one you fall out with them all'.*

Not enough cameras on the wings

- *'There aren't any on wings, need to be everywhere because this is a Cat. B'.*
- *'Cameras are no deterrent anyway'.*
- *'There are no cameras but wouldn't feel any safer if there were'.*
- *'Cameras needed to see what staff get up to'.*
- *'None on wings - would stop bullying'.*

Particular wing issues

The safety results have been combined across all the wings, the majority of issues permeated across all wings with availability of drugs being the most prominent. There were several issues raised by vulnerable prisoners on A wing and the overspill landing on D wing, relating to movement around the jail and verbal abuse from other wings as a result.

Other issues

Exercise yards and showers were identified as particular hotspots for incidents to occur between prisoners and the chapel was cited as a common place for dealing drugs. Lack of staff was also a concern for many both during the day and on association.

Overall rating

Interviewees were asked to give an overall rating for safety at Leeds, with 1 being very bad and 5 being very good. The average rating was 3.

Appendix 4: Wing file analysis

Background

On 11 and 12 December 2007, the population at HMP Leeds was 980. A sample of wing history sheets was analysed; four files were looked at on each wing, resulting in a total sample of 20 across five wings. This represented 2% of the population.

All history sheets were assessed in terms of the frequency and quality of comments. The additional forms and information contained in the file were also noted.

Identification of the prisoner

All history sheets stated the prisoner's surname and number. The only means for identifying a prisoner's ethnicity was through photos attached to files. Photos were found in only three of the files of the files. If a prisoner was on assessment, care in custody and teamwork (ACCT), there was normally a photo included in this file that was located with the wing file. However, this clearly limits any basic knowledge about prisoners and whether ethnicity can be gleaned. No reference to a prisoner's ethnicity was made in the wing entry section or in any accompanying paperwork.

Frequency of entries

The frequency of entries was calculated in terms of the average number of days since the last entry.

	Average number of days since last entry in file
A wing	23 days
C wing	15 days
D wing	12 days
E wing	10 days
F wing	34 days

There were five management checks, four on A wing and one on F wing. In all files, initial entries indicated prisoners had received a race relations induction course and provided details of next of kin where applicable.

Quality of comments

Comments were assessed in terms of the level of positive interaction with prisoners. All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate, a record was kept. No comments were found to be inappropriate.

Wing	Interactional	Observational	Inappropriate
A	20	41	0
C	8	31	0

D	5	17	0
E	6	39	0
F	9	30	0
Total	48	158	0

Of the total 206 comments assessed, only 23% (n=48) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 77% (n=158) were deemed to be observational or functional in nature (e.g. 'x complies with the regime' or 'gave x formal warning').

Personal officers

History sheets were assessed in terms of whether it was clear who the personal officer was and the quantity and quality of comments made by the personal officer. In 45% (n=9) of the files, it was clear who the personal officer was. However, in only four – all from A wing – were the personal officer comments assessed as detailed. Only one file on A wing contained a notification of personal officer sheet.

Comments on bullying

Four references were made about bullying, three of located on A wing. All were victims of bullying and two had applied for VP status and were moved to A wing. Two files contained a bullying information report.

Notes on detoxification, self-harm, cell-sharing risk assessments

Approximately half of the files made reference to any substance misuse or detoxification needs. This information was found on either the cell-sharing risk assessment (CSRA) or the cell-sharing risk minimisation plan. Seven files made reference to previous or current risk of self-harm, again this information was found in either the CSRA or, for those on an open ACCT document, the care plan was kept in the wing file. All wing files had a cell-sharing risk assessment and all were completed on the same day of arrival.

Additional documentation

It was noted whether additional documentation was included and completed.

Documentation	Number of files included and completed
IEP warnings	5
Induction log	12
Behaviour report	5
Application for VP status	3
Compacts	20
Cell risk minimisation form	6
Notification of offender supervisor	1
ACCT care plan	8
Licence recall interview	2
Weekly information sheet	2
HCC information sheet	3

The figures above do not represent a judgement of the quality of the documentation and several points should be noted:

- Where weekly information sheets were completed, good interaction and engagement from personal officers was evident. More consistent use of these forms could greatly improve staff-prisoner relationships, particularly with personal officers.

Overall state of the file

All files were rated with a score from 1 (poor) to 4 (very good). The ratings were based on the level of evidence of interaction with prisoners, evidence of personal officer interaction and the frequency of comments.

All files were given a rating of 1 (poor), 2 (fair), 3 (good) or 4 (very good). In total, nine were rated as poor, nine as fair and one as good.

Appendix 5: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 5 December 2007, the prisoner population at HMP Leeds was 956. The sample size was 140. Overall, this represented 14% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, one respondent was interviewed.

Methodology

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

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

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

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

Response rates

In total, 136 respondents completed and returned their questionnaires. This represented 14% of the prison population. The response rate was 97%. In addition to the one respondent who refused to complete a questionnaire, one questionnaire was not returned and one was returned blank.

Comparisons

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

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since August 2006. This document also shows statistically significant differences between the responses of prisoners in 2005.

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

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

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from and the statistical significance is correct.



Prisoner Survey Responses HMP Leeds 2007

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

Key to tables

		HMP Leeds	Local prisons comparator	HMP Leeds 2007	HMP Leeds 2005
	Any percent highlighted in green is significantly better than the local prisons comparator/ 2005 survey responses.				
	Any percent highlighted in blue is significantly worse than the local prisons comparator/ 2005 survey responses.				
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator, or the 2005 survey.				
SECTION 1: General Information (not tested for significance)					
1	Number of completed questionnaires returned	136	3797	136	108
2	Are you under 21 years of age?	1%	4%	1%	0%
3	Are you sentenced?	74%	65%	74%	79%
4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	10%	6%	10%	
5	If you are sentenced, are you on recall?	21%	14%	21%	
6	Is your sentence less than 12 months?	14%	18%	14%	22%
7	Do you have less than six months to serve?	34%	31%	34%	30%
8	Have you been in this prison less than a month?	20%	22%	20%	20%
9	Are you a foreign national?	12%	13%	12%	7%
10	Is English your first language?	96%	91%	96%	95%
11	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	19%	25%	19%	20%
12	Are you Muslim?	14%	10%	14%	
13	Are you gay or bisexual?	3%	3%	3%	
14	Do you consider yourself to have a disability?	13%	15%	13%	
15	Is this your first time in prison?	21%	26%	21%	17%
16	Do you have any children?	53%	58%	53%	57%
SECTION 2: Transfers and Escorts					
17a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	48%	50%	48%	43%
17b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	63%	58%	63%	62%
17c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	18%	11%	18%	14%
17d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	35%	28%	35%	29%
17e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	18%	11%	18%	11%
18	Did you spend more than four hours in the van?	2%	5%	2%	1%
19	Were you treated well/very well by the escort staff?	72%	68%	72%	71%
20a	Did you know where you were going when you left court or when transferred from another establishment?	76%	74%	76%	87%
20b	Before you arrived here did you receive any written information about what would happen to you?	14%	14%	14%	16%
20c	When you first arrived here did your property arrive at the same time as you?	91%	83%	91%	93%

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator/ 2005 survey responses.			
	Any percent highlighted in blue is significantly worse than the local prisons comparator/ 2005 survey responses.			
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator, or the 2005 survey.	HMP Leeds	Local prisons comparator	HMP Leeds 2007 HMP Leeds 2005
SECTION 3: Reception, first night and induction				
21a	Did you have any problems when you first arrived?	83%	76%	83% 74%
21b	Did you have any problems with loss of transferred property when you first arrived?	5%	10%	5% 3%
21c	Did you have any housing problems when you first arrived?	25%	22%	25% 10%
21d	Did you have any problems contacting employers when you first arrived?	9%	6%	9% 2%
21e	Did you have any problems contacting family when you first arrived?	26%	31%	26% 24%
21f	Did you have any problems ensuring dependents were being looked after when you first arrived?	9%	8%	9% 2%
21g	Did you have any money worries when you first arrived?	33%	25%	33% 15%
21h	Did you have any problems with feeling depressed or suicidal when you first arrived?	23%	23%	23% 21%
21i	Did you have any drug problems when you first arrived?	38%	20%	38% 9%
21j	Did you have any alcohol problems when you first arrived?	27%	21%	27% 38%
21k	Did you have any health problems when you first arrived?	27%	24%	27% 30%
21l	Did you have any problems with needing protection from other prisoners when you first arrived?	11%	8%	11% 11%
22a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	17%	16%	17%
22b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	32%	27%	32%
22c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	19%	17%	19%
22d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	65%	57%	65%
22e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	25%	22%	25%
22f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	23%	21%	23%
22g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	55%	44%	55%
22h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	69%	52%	69%
22i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	55%	43%	55%
22j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	67%	52%	67%
22k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	30%	27%	30%
23a	Please answer the following question about reception: were you seen by a member of healthcare staff?	86%	85%	86% 86%
23b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	65%	68%	65% 64%
24	Were you treated well/very well in reception?	64%	58%	64% 59%
25a	Did you receive a reception pack on your day of arrival?	86%	73%	86% 76%
25b	Did you receive information about what was going to happen here on your day of arrival?	54%	42%	54% 43%
25c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	49%	41%	49% 48%
25d	Did you have the opportunity to have a shower on your day of arrival?	64%	32%	64% 70%

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator/ 2005 survey responses.				
	Any percent highlighted in blue is significantly worse than the local prisons comparator/ 2005 survey responses.	HMP Leeds	Local prisons comparator	HMP Leeds 2007	HMP Leeds 2005
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator, or the 2005 survey.				
SECTION 3: Reception, first night and induction continued					
25e	Did you get the opportunity to have a free telephone call on your day of arrival?	60%	54%	60%	59%
25f	Did you get information about routine requests on your day of arrival?	39%	31%	39%	28%
25g	Did you get something to eat on your day of arrival?	89%	82%	89%	81%
25h	Did you get information about visits on your day of arrival?	51%	40%	51%	55%
26a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	60%	48%	60%	49%
26b	Did you have access to someone from healthcare within the first 24 hours?	80%	67%	80%	83%
26c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	51%	32%	51%	30%
26d	Did you have access to the prison shop/canteen within the first 24 hours?	27%	21%	27%	19%
27	Did you feel safe on your first night here?	82%	73%	82%	74%
28	Did you go on an induction course within the first week?	34%	59%	34%	23%
29	Did the induction course cover everything you needed to know about the prison?	19%	43%	19%	15%
30	Did you receive a 'basic skills' assessment within the first week?	39%	35%	39%	
SECTION 4: Legal Rights and Respectful Custody					
31a	Is it very easy/easy to communicate with your solicitor or legal representative?	46%	43%	46%	
31b	Is it very easy/easy for you to attend legal visits?	72%	64%	72%	
32	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	43%	44%	39%
33a	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	85%	77%	85%	81%
33b	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	81%	83%	81%	87%
33c	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	57%	66%	57%	57%
33d	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	64%	60%	57%
33f	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	26%	29%	26%	26%
33g	Is the food in this prison good/very good?	18%	25%	18%	15%
34	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	44%	41%	36%
35a	Is it easy/very easy to get a complaints form?	86%	79%	86%	83%
35b	Is it easy/very easy to get an application form?	92%	84%	92%	92%
36a	Do you feel applications are sorted out fairly?	44%	42%	44%	41%
36b	Do you feel your applications are sorted out promptly?	37%	40%	37%	36%
36c	Do you feel complaints are sorted out fairly?	16%	25%	16%	48%
36d	Do you feel complaints are sorted out promptly?	17%	26%	17%	47%
36e	Are you given information about how to make an appeal?	33%	33%	33%	47%
37	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	13%	13%	13%	15%
38	Do you know how to apply to the Prisons and Probation Ombudsman?	49%	39%	49%	42%

Key to tables

		HMP Leeds	Local prisons comparator	HMP Leeds 2007	HMP Leeds 2005
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	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator, or the 2005 survey.				
SECTION 4: Legal Rights and Respectful Custody continued					
38	Is it easy/very easy to contact the Independent Monitoring Board?	34%	32%	34%	31%
40a	Do you feel your religious beliefs are respected?	54%	54%	54%	48%
40b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	58%	59%	62%
41	Are you able to speak to a Listener at any time, if you want to?	74%	64%	74%	69%
42a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	62%	64%	62%	71%
42b	Do most staff, in this prison, treat you with respect?	54%	69%	54%	57%
SECTION 5: Safety					
43	Have you ever felt unsafe in this prison?	44%	38%	44%	36%
44	Do you feel unsafe in this establishment at the moment?	15%	20%	15%	
45	Have you been victimised (insulted or assaulted) by another prisoner?	25%	23%	25%	17%
46a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	11%	12%	11%	11%
46b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	10%	8%	10%	7%
46c	Have you been sexually abused since you have been here? (By prisoners)	0%	1%	0%	0%
46d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	4%	6%	2%
46e	Have you been victimised because of drugs since you have been here? (By prisoners)	6%	3%	6%	3%
46f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	4%	4%	4%	4%
46g	Have you ever been victimised because you were new here? (By prisoners)	6%	5%	6%	3%
46h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	1%	0%	
46i	Have you ever been victimised because you have a disability? (By prisoners)	1%	2%	1%	
46j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	5%	
46k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	6%	4%	6%	3%
47	Have you been victimised (insulted or assaulted) by a member of staff?	32%	26%	32%	24%
48a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	19%	14%	19%	16%
48b	Have you been hit, kicked or assaulted since you have been here? (By staff)	4%	5%	4%	2%
48c	Have you been sexually abused since you have been here? (By staff)	2%	1%	2%	0%
48d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	5%	7%	5%
48e	Have you been victimised because of drugs since you have been here? (By staff)	11%	4%	11%	7%
48f	Have you ever been victimised because you were new here? (By staff)	2%	6%	2%	3%
48g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%	0%	
48h	Have you ever been victimised because you have a disability? (By staff)	5%	2%	5%	
48i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	5%	4%	5%	

Key to tables

		HMP Leeds	Local prisons comparator	HMP Leeds 2007	HMP Leeds 2005
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	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator, or the 2005 survey.				
SECTION 5: Safety continued					
48j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	2%	4%	2%	2%
49	Did you report any victimisation that you have experienced?	11%	11%	11%	9%
50	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	30%	23%	30%	
51	Have you ever felt threatened or intimidated by a member of staff in here?	30%	25%	30%	
52	Is it very easy/easy to get illegal drugs in this prison?	45%	32%	45%	43%
SECTION 6: Healthcare					
53	Do you think the overall quality of the healthcare is good/very good?	50%	34%	50%	31%
54a	Is it very easy/easy to see the doctor?	29%	26%	29%	
54b	Is it very easy/easy to see the nurse?	65%	48%	65%	
54c	Is it very easy/easy to see the dentist?	18%	8%	18%	
54d	Is it very easy/easy to see the optician?	15%	8%	15%	
54e	Is it very easy/easy to see the pharmacist?	21%	22%	21%	
55a	Do you think the quality of healthcare from the doctor is good/very good?	48%	35%	48%	42%
55b	Do you think the quality of healthcare from the nurse is good/very good?	61%	48%	61%	60%
55c	Do you think the quality of healthcare from the dentist is good/very good?	26%	20%	26%	17%
55d	Do you think the quality of healthcare from the optician is good/very good?	23%	16%	23%	20%
55e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	25%	32%	25%	41%
56	Are you currently taking medication?	63%	42%	63%	
57	Are you allowed to keep possession of your medication in your own cell?	46%	28%	46%	
SECTION 7: Purposeful Activity					
58a	Do you feel your job will help you on release?	25%	24%	25%	20%
58b	Do you feel your vocational or skills training will help you on release?	30%	24%	30%	28%
58c	Do you feel your education (including basic skills) will help you on release?	39%	36%	39%	42%
58d	Do you feel your offending behaviour programmes will help you on release?	18%	22%	18%	19%
58e	Do you feel your drug or alcohol programmes will help you on release?	32%	25%	32%	24%
59	Do you go to the library at least once a week?	43%	38%	43%	35%
60	Can you get access to a newspaper every day?	33%	38%	33%	28%
61	On average, do you go to the gym at least twice a week?	42%	39%	42%	38%
62	On average, do you go outside for exercise three or more times a week?	48%	40%	48%	59%
63	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	10%	8%	7%
64	On average, do you go on association more than five times each week?	51%	48%	51%	54%
65	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10%	17%	10%	15%

Key to tables

		HMP Leeds	Local prisons comparator	HMP Leeds 2007	HMP Leeds 2005
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SECTION 8: Resettlement					
66	Did you first meet your personal officer in the first week?	15%	16%	15%	14%
67	Do you think your personal officer is helpful/very helpful?	23%	24%	23%	28%
68	Do you have a sentence plan?	25%	23%	25%	31%
69	Were you involved/very involved in the development of your sentence plan?	14%	14%	14%	19%
70	Can you achieve all or some of your sentence plan targets in this prison?	9%	13%	9%	
71	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	20%	10%	20%	
72	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	15%	22%	15%	
73	Do you feel that any member of staff has helped you to prepare for release?	9%	15%	9%	
74	Have you had any problems with sending or receiving mail?	45%	44%	45%	56%
75	Have you had any problems getting access to the telephones?	39%	32%	39%	45%
76	Did you have a visit in the first week that you were here?	27%	37%	27%	19%
77	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	67%	65%	67%	65%
78	Did you receive five or more visits in the last week?	0%	0%	0%	
79a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	36%	28%	36%	
79b	Do you think you will have a problem with finding a job following your release from this prison?	63%	56%	63%	
79c	Do you think you will have a problem with finding accommodation following your release from this prison?	52%	50%	52%	
79d	Do you think you will have a problem with money and finances following your release from this prison?	66%	60%	66%	
79e	Do you think you will have a problem with claiming benefits following your release from this prison?	38%	40%	38%	
79f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	45%	38%	45%	
79g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	14%	20%	14%	
79h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	35%	25%	35%	
79i	Do you think you will have a problem with opening a bank account following your release from this prison?	48%	45%	48%	

Key to tables

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	Any percent highlighted in blue is significantly worse than the local prisons comparator/ 2005 survey responses.				
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator, or the 2005 survey.				
SECTION 8: Resettlement continued					
80a	Do you think you will have a problem with drugs when you leave this prison?	24%	17%	24%	26%
80b	Do you think you will have a problem with alcohol when you leave this prison?	14%	13%	14%	18%
81a	Do you know who to contact, within this prison, to get help with finding a job on release?	42%	39%	42%	38%
81b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	44%	43%	44%	34%
81c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	31%	30%	31%	32%
81d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	52%	45%	52%	44%
81e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	29%	30%	29%	30%
81f	Do you know who to contact within this prison to get help with external drugs courses etc	53%	45%	53%	40%
81g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	42%	36%	42%	30%
81h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	37%	31%	37%	
82	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	23%	32%	23%	32%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Leeds 2007

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

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		26	108	16	115	18	114
4	Are you sentenced? (Not tested for significance)	80%	72%	77%	75%	75%	73%
10	Are you a foreign national? (Not tested for significance)	24%	9%			29%	9%
11	Is English your first language? (Not tested for significance)	92%	98%	73%	100%	82%	99%
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			40%	17%	95%	7%
13	Are you Muslim? (Not tested for significance)	68%	1%	33%	11%		
17	Is this your first time in prison? (Not tested for significance)	33%	18%	36%	20%	50%	17%
21	Were you treated well/very well by the escort staff?	77%	71%	81%	70%	78%	72%
22a	Did you know where you were going when you left court or when transferred from another establishment?	60%	80%	67%	79%	47%	81%
24	Did you have any problems when you first arrived?	91%	81%	93%	83%	100%	81%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	83%	87%	93%	86%	75%	89%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	73%	63%	85%	63%	86%	64%
27	Were you treated well/very well in reception?	62%	65%	67%	65%	61%	66%
30	Did you feel safe on your first night here?	68%	86%	88%	83%	59%	86%
31	Did you go on an induction course within the first week?	48%	30%	50%	32%	50%	31%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	46%	46%	40%	46%	38%	47%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	79%	86%	88%	84%	77%	86%
38	Is the food in this prison good/very good?	17%	18%	19%	18%	6%	20%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	43%	50%	41%	41%	42%
40a	Is it easy/very easy to get a complaints form?	75%	88%	81%	88%	59%	91%
40b	Is it easy/very easy to get an application form?	87%	93%	85%	94%	79%	94%
41a	Do you feel applications are sorted out fairly?	29%	47%	44%	44%	18%	48%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
41c	Do you feel complaints are sorted out fairly?	12%	17%	13%	16%	12%	17%
48a	Do you feel your religious beliefs are respected?	61%	52%	60%	54%	60%	55%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	56%	64%	59%	71%	57%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	65%	61%	61%	62%	69%	61%
50b	Do most staff, in this prison, treat you with respect?	55%	55%	60%	52%	56%	55%
52	Have you ever felt unsafe in this prison?	62%	38%	50%	42%	61%	39%
53	Do you feel unsafe in this establishment at the moment?	31%	11%	13%	16%	39%	10%
55	Have you been victimised (insulted or assaulted) by another prisoner?	42%	20%	13%	28%	44%	22%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	23%	2%	0%	7%	28%	3%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	19%	2%	0%	6%	28%	2%
57	Have you been victimised (insulted or assaulted) by a member of staff?	39%	31%	27%	33%	44%	30%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	27%	2%	7%	6%	28%	3%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	19%	1%	0%	5%	28%	0%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	46%	27%	36%	31%	41%	29%
61	Have you ever felt threatened or intimidated by a member of staff in here?	42%	28%	15%	33%	41%	29%
62	Is it very easy/easy to get illegal drugs in this prison?	48%	44%	43%	44%	40%	44%
64	Do you think the overall quality of the healthcare is good/very good?	46%	51%	47%	52%	31%	53%
65a	Is it very easy/easy to see the doctor?	20%	30%	47%	28%	18%	31%
65b	Is it very easy/easy to see the nurse?	60%	66%	69%	65%	53%	68%
70a	Do you feel your job will help you on release?	32%	24%	25%	25%	23%	25%
70b	Do you feel your vocational or skills training will help you on release?	37%	30%	18%	31%	36%	29%
70c	Do you feel your education (including basic skills) will help you on release?	55%	36%	31%	41%	57%	37%
70d	Do you feel your offending behaviour programmes will help you on release?	28%	17%	23%	18%	27%	18%
70e	Do you feel your drug or alcohol programmes will help you on release?	28%	33%	23%	32%	18%	34%
71	Do you go to the library at least once a week?	35%	46%	15%	48%	29%	45%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Percentages which are not highlighted show there is no significant difference						
73	On average, do you go to the gym at least twice a week?	50%	41%	31%	44%	40%	43%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	9%	8%	8%	0%	8%
76	On average, do you go on association more than five times each week?	57%	51%	31%	54%	50%	52%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	10%	15%	9%	13%	10%
79	Did you first meet your personal officer in the first week?	24%	13%	23%	14%	19%	15%
81	Do you have a sentence plan?	32%	23%	31%	24%	25%	25%
91	Have you had any problems with sending or receiving mail?	42%	47%	46%	45%	47%	44%
92	Have you had any problems getting access to the telephones?	42%	39%	33%	39%	50%	37%
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	65%	67%	50%	69%	53%	69%
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	29%	21%	8%	24%	29%	21%