

Report on an announced inspection of

HMP Lincoln

3–7 December 2007

by HM Chief Inspector of Prisons

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Introduction

HMP Lincoln is a Victorian local prison serving the courts of Lincolnshire, Nottinghamshire and Humberside. On our last visit, we noted that both the fabric of the prison and the morale of staff remained damaged by the effects of a serious riot in 2002. On our return, for this full announced inspection, we were pleased to find that not only had the damaged accommodation been repaired and brought back into use, but that in most obvious respects the prison had returned to normality, although there remained plenty of scope for further improvement.

Despite our previous recommendations that Lincoln's reception be replaced, the inadequate facility remained, although we were assured that a bid for new resources had recently been agreed. Fortunately, caring staff – well supported by prisoner Insiders – made good efforts to help prisoners through their difficult early days and a new first night centre had just opened. Suicide and self-harm arrangements were sound, as was clinical support for detoxification. However, prisoners and staff told us that illegal drugs were readily available. This no doubt added to an evident bullying problem, which was a particular issue on the poorly managed vulnerable prisoner unit. The segregation unit was grubby and badly in need of refurbishment.

The environment was generally clean and bright, particularly the refurbished A wing, and access to telephones and showers was good. Staff-prisoner relationships were positive. They were supported by an effective personal officer scheme, which is not something we often find in busy local prisons with transient populations. Conversely, legal services were poor for a local prison. The diversity agenda was underdeveloped, as was provision for foreign national prisoners. Health services were good, but health care staff were not sufficiently integrated into the work of the prison.

As is too often the case in local prisons, prisoners did not have sufficient purposeful activity and many spent too long in their cells. It was therefore particularly disappointing that the limited provision was of poor quality, affected by haphazard allocation arrangements and suffering from poor management of learning and skills. However, physical education provision and the library were both good.

Resettlement provision was generally good, with a thoughtful strategic approach and some worthwhile reintegration services that were well supported by the voluntary sector. Drug treatment was reasonable, but facilities for visitors remained poor.

Lincoln prison has gone through a difficult period, but this inspection found that normality had returned, with both accommodation and staff morale repaired following the disturbances. In effect, the prison had successfully turned a particularly unfortunate page in its history. The new governor still has plenty of work ahead to develop a fully effective local prison, particularly given the poverty of purposeful activity, but there are some solid foundations now in place.

Anne Owers
HM Chief Inspector of Prisons

March 2008

Fact page

Task of establishment

HMP Lincoln is a category B prison holding adult / young adult male remand and convicted prisoners; adult male sentenced prisoners; life-sentenced prisoners and prisoners serving indeterminate sentences for public protection.

Brief history

HMP Lincoln opened in 1872. Parts of the prison are Grade II listed buildings. It is a local prison serving the Crown Court of Lincoln, and the magistrate's courts of Lincolnshire, Nottinghamshire and Humberside. In 2002, there was a major disturbance in the prison, during which extensive damage was caused, in particular to A wing and the first night centre. Following a complete refurbishment, A wing and the first night centre reopened in May 2007. The vulnerable prisoner population on E wing prevents the delivery of a fully integrated regime for the whole of the prison, and when the prison operates to full capacity, there are insufficient activity spaces for the prisoner population.

Area organisation

East Midlands

Number held

690

Certified normal accommodation

448

Operational capacity

738

Last inspection

12–15 September 2005

Description of residential units

There are four residential units, three of which are of original Victorian design. The most recent wing (E) opened in 1992. A wing holds prisoners on induction and those participating in detoxification programmes. There is also one landing of enhanced remand and convicted working prisoners. The first night centre is located on A wing. B wing has been refurbished, and holds sentenced and convicted prisoners. C wing has been refurbished, and holds remand and convicted prisoners, both working and non-working. D wing is the segregation unit. E wing is designated for vulnerable prisoners. J wing is designated accommodation for prisoners participating in the short-duration drug programme. The healthcare centre has inpatient accommodation.

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 Prisoners spent too long in the reception area, which was inadequate for its purpose. The work by staff and prisoner Insiders was good. A new first night centre had opened but the time spent there was too short. Suicide and self-harm (SASH) arrangements were working well. Detoxification arrangements were satisfactory.

There were many complaints of bullying from the vulnerable prisoner unit, which was not well managed. Drugs were easily available. Prisoner discipline issues were generally well managed but the facilities in the segregation unit were very poor. Overall, the prison was not performing sufficiently well against this healthy prison test.

- HP4 Relationships between prison and escort staff were good and prisoners reported positively on their treatment during escort. There were some significant delays in escort vehicles getting into the establishment, and some prisoners arrived too late to be settled properly on their first night. The one court video link was well used.
- HP5 The reception area continued to provide an inadequate environment for prisoners and staff. Many prisoners spent too long in reception, with little to occupy them. Positive staff attitudes and good work by prisoner Insiders helped to mitigate the poor physical environment and procedural difficulties. Our survey showed that prisoners thought they were treated well in reception and that they felt safe on their first night. The new first night centre was beginning to provide an important resource, but many prisoners spent only a short time there.
- HP6 The induction programme for those on standard location was adequate, and the resettlement information gathered here was recorded on the prisoner resettlement passport. However, the first night and induction arrangements were inadequate for prisoners with poor use of English and for vulnerable prisoners moving directly onto E wing.
- HP7 There was a full-time SASH coordinator. A total of 350 assessment, care in custody and teamwork (ACCT) documents had been opened in 2007 to date, and there were 15 open at the time of the inspection; the standard of these documents was good. ACCT reviews were well conducted. There had been 183 incidents of self-harm in 2007 to date.
- HP8 There was a full-time violence reduction coordinator, who worked from the same office as the SASH coordinator. There were effective monitoring arrangements, but interventions for confronting bullies and supporting victims were inadequate; however, a revised strategy was due to be launched shortly after the inspection. Nonetheless, significantly fewer prisoners than at comparator establishments reported feeling unsafe at the time of the inspection. A disproportionately high proportion of reports of bullying came from the vulnerable prisoners unit. Very few staff had received any training in anti-bullying issues.
- HP9 The vulnerable prisoners unit had a mixed population of sex offenders and those who were seeking protection from their creditors. There was no effective control on allocations onto the wing, nor was it clear where managerial authority lay. The unit had fewer regular staff than elsewhere in the establishment and personal officer arrangements were weaker. Prisoners we spoke to in this unit were more negative about their experiences. The unit required review and its role overhauled.
- HP10 There had been 1,194 adjudications in 2007 to date. Adjudication arrangements were generally well managed, and there was a quality control system.
- HP11 Use of force was well managed, although planned interventions were not routinely video-recorded. Although the special unfurnished cell was not frequently used, it provided a poor environment in which to hold prisoners, even for brief periods.

- HP12 The segregation unit was in a poor state of repair and the layout was inappropriate. Staff behaviours were respectful towards segregated prisoners, and efforts had been made to enhance the regime. Most prisoners spent the minimum time practicable in the unit.
- HP13 A total of 2,281 security information reports had been submitted in 2007 to date. There had been difficulties in analysing security trends, and this had impacted on the management of some key issues, including drug misuse. The chief security concerns were the use of drugs and the availability of mobile telephones within the establishment.
- HP14 Security categorisation processes were well established. Twenty-five per cent of unsentenced prisoners were from outside of the area.
- HP15 Significantly higher numbers of prisoners than in other local prisons reported that it was easy or very easy to get hold of illegal drugs. The 20% positive mandatory drug testing rate was likely to be masking a more significant issue of substance misuse. Around 120 programmes, either to maintain **abstinence** or to detoxify, were started each month and the quality of this service was satisfactory.

Respect

- HP16 The environment was generally good, particularly on the new A wing, and prisoners had adequate opportunities to take showers and obtain clean clothing and bedding. The menu lacked sufficient healthy and culturally diverse choices. Services available to foreign national prisoners were inadequate, and essential legal services to prisoners were weak. The race equality agenda was under-developed. Staff-prisoner relationships were assessed as being good. The incentives and earned privileges (IEP) scheme was not applied consistently, but incentives to progress to the enhanced regime were good. Prisoners had easy access to the applications and complaints processes, and the quality of responses to complaints was satisfactory. Local health services were delivered well but the service was isolated from other parts of the establishment. Overall, the prison was performing reasonably well against this healthy prison test.
- HP17 Generally, the prison environment was clean, and the newly refurbished A wing was particularly bright and well maintained. Some of the external areas, particularly outside C wing, were littered with rubbish.
- HP18 Clothing exchange stores had a good stock of clothing and hygiene equipment for prisoners. The survey confirmed that prisoners felt able to obtain clothing and sheets and take showers as necessary. Arrangements to enable prisoners to clean their cells did not operate well. The offensive display policy was not clear.
- HP19 Response times to cell bells varied, and records showed that some were not answered at all.
- HP20 The small, clean kitchen was staffed by three industrial caterers. Not all of the prisoner kitchen workers had completed the basic food hygiene certificate. There was a heavy reliance on bought-in factory products, and the menus did not offer the

recommended daily portions of fruit and vegetables, healthy options or sufficient culturally diverse choices.

- HP21 Lunch was served before noon, and dinner before 5.30pm, and breakfast packs were distributed with the evening meal. Medical and religious diets were catered for and there were appropriate arrangements for the storage and preparation of halal food.
- HP22 The concerns of vulnerable prisoners that food might be contaminated were not adequately addressed. Prisoners were consulted about the catering, but catering staff did not attend the prisoner representative committee meetings.
- HP23 The prison shop operated effectively, and there was an opportunity to access it other times for prisoners who had not been able to submit their weekly orders in time.
- HP24 Delays in processing cheques received from family members were excessive.
- HP25 Staff-prisoner relationships were observed to be positive, and many members of staff were seen to be actively engaged with prisoners during association and meal times. In our survey, prisoners responded significantly better against the comparator when asked if most staff treated them with respect. Staff regarded the welfare of prisoners as an important part of their role.
- HP26 Staff and prisoners understood the personal officer scheme. Analysis of wing history sheets showed positive examples of interaction between personal officers and prisoners, and fairly regular written entries. There was evidence that personal officers knew and were in contact with their prisoners, but other aspects of the role, such as reviewing behaviour, setting sentence plan targets and contributing to key decision processes, were less well developed.
- HP27 The revised IEP scheme was well understood, but despite good monitoring, it was not evident that the scheme was being consistently and fairly applied across the establishment. There were good incentives to progress to the enhanced regime, and the structured basic regime allowed prisoners to demonstrate and be rewarded for improvements in behaviour. A weekly review board offered an element of objectivity but did not include adequate input from key staff or prisoners. More than half of prisoners surveyed thought they had been treated fairly in the operation of the scheme.
- HP28 The applications and complaints process was easily accessed by prisoners. All healthcare complaints were sent directly to the primary care trust (PCT). In the previous six months, 439 complaints had been submitted, and 95% of all stage one complaints had been responded to within three working days. In our survey, prisoners' perceptions of the fairness and promptness of applications were significantly better than the comparators. The general quality of responses to complaints was satisfactory.
- HP29 Legal services work was divided among those staff who had received the relevant training. The service offered was neither consistently offered nor available daily. Work was not monitored, and not all new receptions were seen by trained staff. A proactive bail information officer saw all new remand prisoners.
- HP30 A diversity strategy had been published and a committee formed to take this work forward, but this did not cover all the key areas of need. A range of positive

adjustments had been made for the 14% of the population with a disability. Not all prisoners disclosing a disability had been seen.

- HP31 Around 11% of the prisoner population were from black and minority ethnic backgrounds. The race equality action team meetings had recently been revived, but had been poorly attended. The race equality officer post was full-time, and much time was spent dealing with complaints. Work on race impact assessments had not been kept up to date. There was little celebration of diversity. Across a wide range of issues in the survey, black and minority ethnic prisoners expressed significantly more negative views than did white prisoners.
- HP32 Approximately 9% of the prisoner population were foreign nationals. A comprehensive policy document had recently been published, but little had been implemented. No prison committee was responsible for taking forward foreign national issues, and the liaison officer was given little dedicated time. There was little use of translation services, and hardly any written material was available in languages other than English. No foreign national prisoner representatives had been appointed, and telephone credits in lieu of visits were not provided.
- HP33 The chaplaincy team worked well together and were visible around the establishment. The programme of activities was well publicised, and opportunities for corporate worship offered. Chaplaincy team members were fully integrated into the prison regime and opportunities were offered for prisoners to engage in purposeful activities. The facilities offered in the main chapel were adequate, but multi-faith facilities were under-developed.
- HP34 The Lincolnshire PCT commissioned healthcare services. In our survey, 42% of prisoners, against the 34% comparator, rated the overall quality of health services at the establishment as good or very good. There was a lack of integrated working between health services and the rest of the prison, and there were examples of the healthcare department not being involved in the prison regime. Reception and secondary screenings were carried out well, and primary care services were appropriate. Some lifelong condition clinics were in operation. The management of medications was poor, and Nursing and Midwifery Council guidelines for the administration of medications were not always followed.
- HP35 Dentistry services were poor; the waiting lists were not well managed and remand prisoners were under the mistaken belief that they could not receive treatment.
- HP36 There was a poor regime for inpatients. Healthcare accommodation was used by default to house disabled prisoners, but the association room was on the upper floor, with no lift access. The overall environment of the department was poor, and the waiting areas were particularly unfit for purpose. Infection control audits and action plans were lacking.
- HP37 Primary mental health services were being developed, but prisoners had little access to a range of talking therapies, and there were no day services for those less able to cope with life on the wings. Mental health in-reach services only accepted patients who were already on, or requiring, an enhanced care programme approach, and their current caseload was only 14 patients. Referral criteria were rigid.

Purposeful activity

- HP38 The learning and skills agenda was significantly underdeveloped and did not provide an adequate service to prisoners. Allocation arrangements were haphazard. The library service was good. There was good recreational physical education (PE) available. Too many prisoners spent too long on the wings with nothing to do. Overall, the prison was not performing sufficiently well against this healthy prison test.
- HP39 There was no strategic plan to develop the learning and skills agenda in the establishment, and the leadership and management in this area were poor. Management information was not available and was clearly not being used to measure and improve performance.
- HP40 Over one-third of prisoners were unemployed and more than half remained on the wings during the working day. A total of 243 prisoners were recorded as being officially unemployed at the time of the inspection.
- HP41 The activity allocation system focused mainly on filling vacancies, and was insufficiently coordinated. Health assessments of prisoners' suitability for particular work places were not made available to those charged with allocation. Staff filled sought-after posts, such as wing cleaning jobs, without using the formal allocations system.
- HP42 There was a sophisticated pay policy, but this was not monitored closely enough to ensure that it was fairly applied.
- HP43 Lincoln College was the contracted provider of education and training. The quality of learning and skills provision was inadequate across all areas and poorly managed. Fewer than one-third of prisoners had had an adequate assessment of their literacy, numeracy and language needs. Teaching in some classes was unsatisfactory. Quality improvement arrangements were particularly poor. Although most prisoners were able to participate in education, attendance and punctuality were poor. The library provided a good service to prisoners; all prisoners had appropriate access and two-thirds were active users. In our survey, prisoners recorded high levels of satisfaction with access to the library. The provision of specialist books from outside of the establishment worked well. Books were available in 27 different languages.
- HP44 There were good opportunities for using the PE department, and 35% of prisoners visited the department regularly. There were no accredited vocational courses offered but there was support for prisoners who were undergoing detoxification. Showering facilities were inadequate.
- HP45 It was not easy to calculate time out of cell from the published core day, of which there was more than one version. Very few prisoners could achieve 10 hours out of cell and many experienced far less than this. All prisoners had the opportunity of at least one hour of association per day, but criteria for evening association differed between wings. Staff actively supervised prisoners and interacted with them during association. There were good opportunities for outdoor exercise, except in inclement weather.

Resettlement

- HP46 There was a generally effective resettlement strategy, and appropriate priorities were applied when tackling offender management issues. Resettlement and reintegration services were reasonable, supported by some good relationships with the voluntary sector. Drug treatment services were reasonable. Facilities for visitors to the establishment were still poor. Overall, the prison was performing reasonably well against this healthy prison test.
- HP47 A recently introduced reducing reoffending strategy clearly demonstrated how managers intended to deliver all the pathway requirements. However, a comprehensive needs analysis of the population had not been carried out so that the strategy could be amended, where necessary, to ensure that it met the population's needs. Regular meetings took place.
- HP48 Resettlement staff carried out an effective initial interview, but the information gathered was not used optimally. There were 115 prisoners in scope for this stage of the rollout of the offender management initiative, and seven offender supervisors had been identified to manage this population. There was a backlog of 26 offender assessment system assessments yet to be completed. There was a further backlog of 162 assessments for those prisoners who were not yet in scope, and some prisoners were discharged or transferred without completed assessments.
- HP49 Prisoners serving indeterminate sentences for public protection were held by the establishment, but there had been little movement for them to other establishments. Life-sentenced prisoners had a dedicated manager, but, again, progression for these prisoners was slow. Little was done in relation to custody planning for prisoners serving less than 12 months.
- HP50 The prison had secured the services of the Lincolnshire Action Trust, a charitable organisation, to assist the resettlement agenda. All new receptions were interviewed during induction to identify accommodation needs.
- HP51 The establishment had recently held a networking event at which over 70 agencies, including some potential employers, had attended.
- HP52 There was no use of prisoner peer workers in the resettlement function.
- HP53 Although the drug strategy document was out of date, treatment provision was reasonable. Separate parts of the strategy tended to operate in isolation, and while information was collected and shared at drug strategy meetings, there was little evidence that this was used to evaluate the effectiveness of the strategy or to plan future developments. The short duration drugs programme operated well. The multi-disciplinary counselling assessment referral advice and throughcare team (CARAT) had a caseload of 245 active cases.
- HP54 The parenting course Being Dad operated, and completion enabled prisoners to participate in one of the family days facilitated by the establishment. The Storybook Dads programme was also run. A professional play worker attended visits.
- HP55 Provision for contact with the outside world was generally acceptable, but there was not always good prisoner access to telephones. There was no opportunity for evening

visits. Booking arrangements operated well. The visits area was adequate but there were no hot drinks available on one day during the inspection, as the vending machine was out of order. As previously reported, there were only limited facilities for visitors.

Main recommendations

- HP56 The reception area should be refurbished or replaced to provide a clean and welcoming environment that is fit for purpose.
- HP57 The role of E wing should be reviewed and its management, staffing and allocation arrangements overhauled. Each prisoner coming onto E wing should sign a compact accepting that they will behave respectfully to other prisoners on the wing, and the incentives and earned privileges (IEP) scheme should be used to ensure that the compact is used.
- HP58 The race equality policy should include a section on how the prison intends to engage actively with black and minority ethnic prisoners in its care, and relevant external organisations.
- HP59 All areas used to deliver health services should be refurbished and made fit for purpose.
- HP60 There should be sufficient activity places to occupy the population purposefully during the core working day.
- HP61 Clear and effective strategies should be introduced for the development, management and coordination of learning and skills across the prison. This should be supported by a quality improvement system, including regular and rigorous self-assessment; observation of teaching and learning across all programmes; the collection and use of the views of prisoners; and rigorous monitoring of performance.
- HP62 The segregation unit should be renovated and the facilities updated to an acceptable standard, and the special unfurnished cell completely redesigned.
- HP63 A full comprehensive resettlement needs analysis should be carried out to ensure that the resettlement strategy meets the needs of the population.

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 Working relationships between prison and escort staff were good, and prisoners reported good treatment during escort. Some escort vans experienced significant delays getting into the establishment, and some arrived too late to ensure that prisoners could be settled properly on their first night. These issues were taken up at regular meetings between prison and escort contract staff. The one court video link was well used, but was not sufficiently well promoted for use in place of professional and inter-prison visits.
- 1.2 Global Solutions Limited (GSL) was the main escort provider. Escort staff and prison reception officers described their working relationship as good, and we observed this to be the case. Prisoners were collected from and delivered to reception in a professional and efficient manner, and the occurrence book kept at the prison gate showed that most escort vehicles remained in the prison for only a short time. However, escort staff told us that as there was room for only one vehicle to park outside reception, at peak times there could be several escort vans waiting outside the prison gate – sometimes for over an hour.
- 1.3 Our analysis of the prisoner escort records for the week before the inspection showed that escort vans arrived at the prison at regular intervals between noon and 8pm. The majority of prisoners arriving before 1pm had been transferred from police cells under Operation Safeguard. The peak periods were 2–3pm and 6–7pm. Prisoners who arrived after 7pm had usually left court cells at around 4pm. The longest recorded journey was six hours, and in our prisoner survey 94% said that they had spent less than four hours in the escort van. Overall, 74% of prisoners surveyed said that they had been treated well or very well by escort staff, which was significantly better than the 68% comparator.
- 1.4 Since the reopening of A wing in May 2007, the prison had more places than was needed for the courts in its catchment area. This meant that vacancies created by prisoners being released were often filled from courts outside Lincolnshire, and even outside the East Midlands. At least once a week, escort vans from out of area would arrive after 7pm, which usually resulted in significant delays in getting prisoners settled into the establishment. On the evening we visited reception and conducted our night visit, three prisoners were still in the reception holding cells at 10.25pm. Managers from the prison, GSL and the National Offender Management Service, which was responsible for the prison escort contract service, met every two months and there was evidence that issues of concern, such as the late arrival of prisoners, were raised.
- 1.5 The video link suite was located off the main visits hall and contained one court room and two briefing rooms. These rooms could also be booked in place of legal, probation or inter-prison visits, although we found limited awareness of this facility among staff and prisoners. The booking diary showed that the court video link was well used, although video link staff told us that some courts were still reluctant to use the facility.

Recommendations

- 1.6 Prison and escort managers should work together to reduce the time that vans have to wait to enter the prison.
- 1.7 Prisoners should arrive at the prison before 7pm.

Housekeeping point

- 1.8 The availability of the court video link for professional interviews and inter-prison visits should be better promoted to prisoners and staff.

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.

- 1.9 The reception area continued to provide an inadequate environment for prisoners and staff. Many prisoners spent too long in reception with little to occupy them. Staff attitudes were positive and prisoner Insiders worked effectively. The new first night centre was a good resource but many prisoners spent insufficient time there. The induction programme was adequate and formed the starting point for the resettlement passport. The first night and induction arrangements for prisoners with poor use of English and for vulnerable prisoners on E wing were ill defined and inadequate.

Reception

- 1.10 Situated opposite the main gate, the reception area was reached by a short flight of steep steps. There was a stair lift but none of the staff we spoke to knew how to operate it, and we found no evidence of its use. The reception area still provided poor and shabby surroundings for prisoners – many of whom spent several hours there – and an inadequate working environment for staff. The holding rooms were not large enough for the numbers of prisoners that could be held there at any one time, and contained little to occupy prisoners. Interviews and discussions with prisoners often took place in semi-open areas, including the main reception corridor. Strip searches were conducted in an unscreened area in the main office.
- 1.11 Although reception staff focused largely on completing paperwork and processing prisoners' property, they were friendly and approachable, were good at putting prisoners at their ease and dealt patiently with prisoners' queries. A member of the health services team and a substance use nurse saw all new receptions (see sections on health services and substance use). In our survey, 63% of prisoners said that they had been treated well or very well in reception, and this was significantly better than the 58% comparator.
- 1.12 The use of prisoner Insiders had been in operation for only a short time; there were four dedicated to reception, and additional Insiders were available in the first night centre and on

each of the residential wings to assist staff in routine tasks and provide information and support to prisoners. All were on the enhanced level of the incentives and earned privileges scheme and they received no payment for being an Insider. Staff were complimentary about the contribution of Insiders, and those we spoke to were proud of their work and felt that it was valued by staff and prisoners. Insiders were clear about the responsibilities and boundaries of their work and they all said that they would refer any problems or concerns to the staff in their working area. They had not met together as a group, and their support and supervision were not yet as well developed as for the Listener group (see section on suicide and self-harm).

- 1.13 Prisoners leaving for court in the morning were provided with a hot drink and toast in reception, and prisoners arriving during the day were offered hot drinks and a meal. The one shower was used only in exceptional circumstances, and there was no access to a telephone in reception. Prisoners were given an advance on their telephone PIN credit, but those transferring from other prisons had to wait until their PIN numbers had been cleared. This was a particular problem for those arriving on a Friday, as administrative staff did not work at the weekend. Less than one-third of prisoners surveyed had been given the opportunity to have a shower or make a free telephone call on the day of their arrival. Only smokers were offered a reception pack.

First night

- 1.14 The first night centre had moved to the first floor of A wing in September 2007, and staff were still adapting to the new location. There were places for 48 prisoners; in addition, those undergoing a detoxification regimen were located on the second floor of A wing. First night centre staff ensured that sufficient information was provided to new receptions and dealt with any immediate problems. This was reflected in our survey, which showed that prisoners were significantly more likely to be offered help or support in dealing with a range of issues than at similar prisons.
- 1.15 Against the comparator of 73%, 86% of prisoners said that they felt safe on their first night at the establishment. However, the high throughput of prisoners meant that for many the first night centre was little more than the place they slept on their first night rather than the location for focused attention to risks and needs. During the inspection, we observed first night centre staff trying to locate newly arrived prisoners onto other wings to make space for that evening's intake.
- 1.16 Vulnerable prisoners were located directly to E wing, but it was not clear who was responsible for delivering first night and induction procedures or ensuring that they had been completed. During the inspection, two foreign national prisoners (with poor use of English) arrived late on the Monday evening of the inspection and were placed on E wing. They had still not received a proper first night interview (including the opportunity to make a telephone call to their family) or undergone induction by Thursday lunchtime. Probation and healthcare interviews had been carried out using the telephone translation service, but these had occurred in isolation. Four other foreign national prisoners with poor use of English were locked up on the first night centre without any use of the telephone translation service to obtain key information and ensure that their immediate problems were dealt with.
- 1.17 There were 13 young adult prisoners (aged 18–21 years) at the time of the inspection, of whom 12 were unsentenced. Based on this Inspectorate's thematic report on young adult male prisoners (dated October 2006) and consultation with the Prison Service Women and Young People's group, a policy had been published in September 2007 addressing the allocation of young adult and vulnerable young adult prisoners. This policy was being adhered to, in that

young adults were not placed on residential units with sex offenders and did not share cells with adult prisoners. However, the policy did not deal with the assessment of maturity, and we found no evidence of such assessments being carried out in individual cases.

Induction

- 1.18 Except for E wing prisoners, induction was based in the first night centre and started on the first working day after prisoners' arrival. In our survey, 69% of prisoners said that they went on an induction course within their first week and 49% said that it covered everything they needed to know about the establishment. The main session lasted for approximately an hour and was delivered by an Insider and a member of staff; it covered the key information that prisoners needed to know and was supported by a prisoner information booklet and various handouts. There was little material in translation or in other formats. Insiders encouraged prisoners to come to them for any further information or help. The session we attended was delivered in the induction room, which, although well equipped, was not adequately heated.
- 1.19 The remainder of the induction process was based on individual meetings with staff from various agencies or departments, which resulted in the relevant resettlement information being gathered and recorded on the prisoner resettlement passport (see section on offender management and planning). Gymnasium induction was scheduled to take place twice a week but numbers were limited to 30 per session, and we found some prisoners who had been waiting for over 10 days to complete this part of their induction and thereby use the gymnasium. First night centre staff tracked the progress of individual prisoners through all elements of the induction programme.

Recommendations

- 1.20 Procedures should be reviewed to ensure that prisoners spend as short a time as possible in reception.
- 1.21 There should be regular, formal meetings of prisoner Insiders, where they can share and develop their knowledge and practice and receive appropriate support and guidance from a nominated member of staff.
- 1.22 Prisoners should be able to have a shower before being locked up on their first night.
- 1.23 Prisoners should be able to make one free telephone call, in private, on reception or in the first night centre, and this opportunity should be documented.
- 1.24 Wherever possible, new prisoners should remain on A wing until they have completed their induction.
- 1.25 Prisoners located in units other than the first night centre should receive the same essential first night procedures and a full induction.
- 1.26 Procedures should be put in place to ensure that prisoners with poor use of English receive equivalent care to English speakers during their first days in custody.
- 1.27 There should be regularly updated needs assessments of all young adult prisoners.
- 1.28 Induction information should be provided in a range of accessible formats.

Good practice

- 1.29 *The Insider scheme improved the experience of prisoners during their first days at the establishment by providing information, advice and support.*

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 The general environment on residential units was clean, and the newly refurbished A wing was particularly bright and well maintained. Some external areas were littered with rubbish. Clothing exchange stores had a good stock of clothing and hygiene equipment for prisoners. Prisoners could obtain clothing and sheets, and take showers. There was no specific time for prisoners to clean their cells, and due to the locked-door policy during association, they were not able to maintain the cleanliness of their cells regularly. The offensive display policy was open to interpretation by staff and prisoners. The response times to cell bells varied, and records were unable to demonstrate that some were answered at all.
- 2.2 The physical environment of the five residential wings was generally good and most communal areas were clean. A wing, the largest single wing, was newly refurbished and offered a clean and welcoming environment. It contained a combination of single and double cells, and accommodated a detoxification unit on the second floor. In-cell sanitation was provided and adequate washing facilities were available.
- 2.3 B and J wings were well maintained and had a combination of single and double cells, and adequate shower facilities. C wing, which held remand prisoners and short-term sentenced prisoners, was less well maintained. Some of the external areas, particularly the external grounds outside C wing and the roof area between D and E wings, were littered with rubbish.
- 2.4 Each of the wings had small, poorly equipped association areas; some prisoners therefore associated on the landings. Regimes for each wing differed (see section on time out of cell), and there was no clear scheduled time for prisoners to obtain cleaning material to clean their cells. In our survey, 52% of prisoners said that they normally obtained cell cleaning materials every week, which was significantly worse than the 66% comparator. The policy of locking cells during association periods did not allow prisoners the flexibility of using this time to maintain the cleanliness of their cells.
- 2.5 A, B and C wings had laundry facilities, and the remainder of the wings were able to use the main laundry, which employed prisoners from E wing. All wings had a well-stocked clothing exchange store, each of which was appropriately equipped with a range of sizes of clothing and a good supply of hygiene products for prisoners. The clothing stores were run by prison orderlies, who were observed assisting and supporting new prisoners, and there was a clear procedure for exchanging clothes. In our survey, prisoners responded significantly better than the local prisons comparator to being able to obtain clean clothes and sheets, and take showers. Enhanced prisoners were permitted to wear their own clothes during visits and on the wing, and were able to obtain quilts.
- 2.6 There was an offensive display policy, outlining the restrictions on the display of materials and the sanctions that would be imposed if it was not adhered to. However, it was not specific and

was therefore open to different interpretation by staff and prisoners. We observed a variety of potentially offensive material displayed by prisoners.

- 2.7 In our survey, 29% of prisoners, against the 36% comparator, said that the cell bell was answered within five minutes. An event report for the cell bell system showed that the response times varied. While the bells were responded to, this did not necessarily mean that the prisoner was visited, and during the daytime, despite records showing that a number of prisoners had rung their bell, there was no record that it had been responded to at all.

Recommendations

- 2.8 All external areas should be kept clear of litter.
- 2.9 Prisoners should have an opportunity to clean their cells, and the lock door policy should not hinder this.
- 2.10 The offensive display policy should be rewritten to clearly identify what constitutes acceptable items that can be retained in-cell and what can be displayed openly.
- 2.11 Cell bells should be answered within five minutes.

The vulnerable prisoners unit

- 2.12 The vulnerable prisoners unit was located on E wing. The population mix included sex offenders, prisoners who for various reasons were likely to attract adverse attention from other prisoners and those who had been assaulted or claimed to have been in debt in the main prison. The sex offenders alleged that others on the wing operated in a bullying fashion towards them. There was no compact to regulate expected behaviour, and the consistent involvement of staff in prisoners' lives was ineffective.
- 2.13 The vulnerable prisoners unit was located on E wing. About 60% of the population of the wing were sex offenders or prisoners who for various reasons were likely to attract adverse attention from other prisoners. The remainder were a mixture of those who had been assaulted or claimed to have been in debt in the main prison. There was evidence that some of the latter group acted in a predatory or aggressive fashion towards the others on the wing. There was no clear protocol on how to decide whether a prisoner could be accepted onto the wing. Prisoners who were sex offenders claimed that there were examples of name calling and kicking of cell doors by others on the wing when they were locked up. There were persistent claims that meals were being adulterated and that alien items had been found in the food (see section on catering). There was no compact to regulate expected behaviour.
- 2.14 Between 40% and 50% of the bullying incidents reported each month emanated from E wing, and this had been the case for several months before the inspection. However, at the time of the inspection there were no prisoners on E wing on the basic level of the incentives and earned privileges (IEP) scheme, and none were being monitored under the anti-bullying strategy.
- 2.15 In group discussions, the vulnerable prisoners were the most negative group in regard to feeling that they were ignored by the establishment. They were the most critical of the personal officer scheme, and wing files examined on this wing showed the least evidence of entries

made by staff about prisoners. On some days during the inspection, none of the staff on duty on E wing were regulars.

Recommendations

- 2.16 Clear protocols should be drawn up to establish which prisoners should be admitted onto E wing.
- 2.17 There should be regular staff on E wing.
- 2.18 The personal officer scheme on E wing should be re-launched.

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.

2.19 Staff-prisoner relationships were generally positive and staff actively engaged with prisoners during association and meal times. Prisoners generally felt that staff treated them with respect.

2.20 In our survey, 75% of prisoners, against the 68% comparator, reported that most staff treated them with respect. Staff interacted well with prisoners and actively engaged with them during association and meal times. A number of staff said that they considered the welfare of prisoners as an integral part of their role, and were observed assisting and reassuring prisoners. A good example of positive staff engagement was observed in reception, when staff dealt with a prisoner who was withdrawing from drug use and threatening to harm himself. In our survey, 71%, against the 63% comparator, reported that they had a member of staff they could turn to for help if they had a problem.

Personal officers

Expected outcomes:

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

2.21 The personal officer scheme was understood by staff and prisoners, and the experience of prisoners was significantly better than at comparator prisons. Our analysis of wing history sheets showed positive examples of interaction between personal officers and prisoners, and fairly regular written entries. While there was evidence that personal officers knew and were in contact with their prisoners, other aspects of the role, such as reviewing behaviour, setting sentence plan targets and contributing to key decision processes, were less well developed.

- 2.22 The personal officer scheme had been re-launched in February 2007. No specific training had been provided, although the policy document clearly set out responsibilities and guidelines, and all staff were reminded of the requirements of the scheme as part of their annual appraisal.
- 2.23 Although the scheme was not yet working fully or consistently on all wings, it appeared to be understood and accepted by prisoners and staff. In our survey, 32% of prisoners (against the 15% comparator) said that they had met their personal officer in the first week, and 48% (against the 23% comparator) thought that their personal officer was helpful or very helpful.
- 2.24 We sampled 28 prisoner wing history files on A, B and C wings. In over two-thirds, it was clear who the personal officer was and there were only two examples of changes of personal officer. In one-quarter of cases, there was an entry to show that the personal officer had introduced themselves to the prisoner. Written entries, either by the personal officer or other staff, were made, on average, every 10 days. There were regular management checks, but when these highlighted insufficient entries, it was not clear how the responsible personal officer would be aware of the criticism if they did not read the file. There were no inappropriate comments in the files, and we assessed 40% as demonstrating positive interaction with the prisoner. Comments were mostly observational, but there were two outstanding examples of good staff-prisoner relationships (one on A wing and one on B wing), as highlighted by the frequency and quality of interactions noted in the file.
- 2.25 The personal officer scheme was less effective on E wing (see paragraph 2.15).
- 2.26 Although personal officers were supposed to complete monthly reviews of prisoner behaviour as part of the IEP scheme, we found only four files that contained evidence of such reviews. Some files contained the prisoner's resettlement passport, but there was no evidence of personal officers setting targets for prisoners who were not subject to offender management. Personal officers were not routinely consulted or involved in decisions about their prisoners, such as activity allocation or sentence planning.

Recommendations

- 2.27 The roll-out of the personal officer scheme should continue until the policy is fully and consistently in operation on all residential wings.
- 2.28 Personal officers should be consulted and provide input on all matters relating to their prisoners.
- 2.29 There should be regular management checks of wing history files and personal officers should be formally notified of inappropriate or inadequate entries.

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 A full-time violence reduction coordinator was co-located with the suicide and self-harm (SASH) coordinator. A multidisciplinary safer custody committee met monthly to discuss violence reduction issues. There had been no staff training in this area. Disproportionate numbers of allegations of bullying were received from E wing. Services to challenge bullies and to support victims were underdeveloped but there were plans to change these arrangements.
- 3.2 There was a prison-wide strategy to address violence, and these issues were discussed at the same meeting as the SASH agenda. A full-time violence reduction coordinator worked from the same office as the SASH coordinator. Prisoners were represented on the safer custody committee, and bullying issues were a standing agenda item on the prisoner council. In our survey, 40% of prisoners, which was similar to the local prison comparator, said that they had felt unsafe at some time at the establishment, but only 14% (against the 21% comparator) said that they felt unsafe at the time of the inspection. Of the 26 questions on bullying, the answers from Lincoln prisoners were significantly weaker than the comparators in 10 cases and better in only three.
- 3.3 During the previous 10 months, 128 bullying information reports had been received. These were carefully analysed for both area of submission and ethnicity, in terms of perpetrators and victims. The most significant issue to have emerged was the disproportionate number of bullying incidents (56) alleged to have occurred on E wing (see section on the vulnerable prisoners unit).
- 3.4 The strategy to address bullying, and its consequences for both victims and perpetrators, was acknowledged to be inadequate, and a revised strategy was due to be launched shortly after the inspection. This included a clear statement to prisoners of areas of concern, and an approach to bullies that offered psychological intervention and a simplified set of shorter- and longer-term targets for behavioural improvement. Victims were to be managed in a similar way to those dealt with under the assessment, care in custody and teamwork (ACCT) process, in terms of identifying issues that needed to be addressed (e.g. self-esteem).
- 3.5 Allegations of bullying were followed up with some form of investigation, although this was frequently frustrated by prisoners' unwillingness to appear as informants.
- 3.6 There had been no formal training of staff in bullying matters.

Recommendations

- 3.7 Staff should be trained in anti-bullying strategies.
- 3.8 The revised violence reduction strategy should be implemented as soon as possible.

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.

3.9 A total of 350 ACCT documents had been opened in 2007 to date, and there were currently 15 open ACCT documents, the standard of which was good. There had been 183 incidents of self-harm in 2007 to date, although there were a significant number of repeated incidents by the same few prisoners. There had been one death by self-harm that was still under investigation by the Prisons and Probation Ombudsman. There was a full-time SASH coordinator. Listener suites had recently been refurbished and introduced. Listeners felt supported in their work. A multidisciplinary committee met regularly to monitor trends.

- 3.10 There was a clear and explicit SASH prevention policy, and a monthly meeting reviewed self-harm events in the previous month and analysed trends. A total of 350 ACCT documents had been opened in the first 10 months of 2007. There had been 183 incidents of self-harm over the same period, involving a significant number of repeated incidents by the same few prisoners, and including one apparently self-inflicted death; this was still under investigation by the Prisons and Probation Ombudsman.
- 3.11 There was a full-time SASH coordinator, who worked from a central office with the violence reduction coordinator (see section on bullying and violence reduction).
- 3.12 The prison had four gated cells where prisoners could be observed constantly. None of these was in the segregation unit. One was in use during the inspection, and we observed a good level of interaction between the staff and the prisoner. A number of safer cells with fewer potential ligature points were available, and there was a protocol for their use. Two Listener suites had recently been established and a further suite was planned. None had yet been used.
- 3.13 A multidisciplinary safer prisons committee met monthly and was chaired by one of the residential governor grades. The wide membership included a Listener, the local Samaritans branch manager, a member of the prison health services team, but not the mental health in-reach team. The agenda covered all the major issues; there was a record of open discussion, and key action points were recorded.
- 3.14 A register of open ACCT documents was held in the prison centre and at the gate, and this was updated daily by the SASH coordinator. At the time of the inspection, there were 15 open ACCT documents. The standard of the open ACCT documents we examined was good. There

were frequent entries noting observations about prisoners, and the care plans drawn up in response to the issues highlighted were appropriate. The SASH coordinator saw all open ACCT documents each day she was on duty, and noted her assessments on them.

- 3.15 During the inspection, we attended one ACCT review; this was conducted sympathetically. Although health services staff were present at this review, and we were told that they regularly contributed to self-harm reviews, their involvement was not recorded on the ACCT documents.
- 3.16 When an ACCT document was closed, a sheet was placed in the prisoner's wing file noting the key issues that had been involved. Prisoners who had been on open ACCT documents were approached three weeks before release to see if they wanted the opportunity to talk with Samaritans on release. The SASH coordinator held a stock of diversionary aids for prisoners, such as games and jigsaw puzzles.
- 3.17 We examined the action plans to follow up recent deaths in custody. There were no major outstanding issues requiring local action, although one of the reports from the Prison and Probation Ombudsman had drawn attention to the poor quality of facilities in the reception area (see section on reception and first night arrangements).
- 3.18 There was an active group of Listeners, and they expressed appreciation of the support received from most staff, and in particular from the SASH coordinator. There were arrangements to allow Listeners to be moved at night in order to see prisoners who had requested their presence. However, none of the Listener suites was equipped with any gated accommodation, so the safety of Listeners would have been compromised when providing night-time support to prisoners assessed as being at high risk of causing violence if accommodated in a double cell.
- 3.19 We spoke to the local Samaritans coordinator, and she confirmed that the work of Listeners was supported and that she felt supported by the establishment. There was a continuing problem of training Listeners who were then either released or transferred to lower security prisons. There had been a recent agreement that Listeners would stay at the establishment for a period of six months after training.
- 3.20 Night staff were clear about their responsibilities for safety and were aware of all fire precautions and what to do in the event of a self-harm incident. All night staff carried anti-ligature knives. During our night visit, the alarm was raised because one prisoner had attempted self-strangulation with his television aerial flex. Staff responded quickly and the prisoner was calmed and reassured by discipline staff and by night duty health services staff. There were anti-suicide response kits in each area of the prison and these were checked monthly.
- 3.21 Trends of self-harm were monitored and there were arrangements for health services staff to pass concerns about unexplained injuries to the SASH coordinator; there had been none in the previous three months.
- 3.22 There was a helpline that could be used by anxious family members to raise concerns about prisoners. This was tested during the inspection and a response was received within an hour. However, this had been the first use of this helpline for many months. There had been no recent experience of involvement of prisoners' families in resolving self-harm threats, and it was believed by prison staff that in many cases the causal factors related to the outside situation, and that prisoners might become acutely embarrassed about the involvement of family.

Recommendations

- 3.23 The contributions and input of the health services staff at assessment, care in custody and teamwork (ACCT) reviews should be clearly recorded for the benefit of all staff.
- 3.24 A member of the mental health in-reach team should attend the safer prisons committee.
- 3.25 One of the Listener suites should have a secured area created to allow a Listener to operate safely if the prisoner involved has been assessed as high risk.

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.

- 3.26 There was a diversity strategy, and a committee had been formed to take this work forward, but this did not cover issues relevant to elderly and openly homosexual prisoners. A range of positive adjustments had been made for the 14% of the population with a disability, but resource limitations and the lack of a dedicated disability liaison officer (DLO) meant that not all prisoners disclosing a disability had been seen. Staff training deficits relating to disability and broader diversity issues were evident.
- 3.27 The establishment had a newly produced diversity strategy which outlined their policy, or planned policy, for supporting prisoners with disabilities, but this did not deal in detail with associated issues related to the small elderly population or those who were openly homosexual.
- 3.28 A well attended diversity committee had met twice to take forward this work, but managers from health services, education and psychology had not been present. A prisoner representative had attended one of these meetings, and it was planned that they should be present at all subsequent meetings. The committee had started to analyse information about the disabled prisoner population, and action taken to make appropriate adjustments.
- 3.29 Much of this work was being done by a residential governor and the health and safety officer, both of whom had significant responsibilities in other areas of work, limiting their ability to take the diversity agenda forward. A dedicated DLO had not been appointed, although some wing-based staff had been given responsibility for disability issues. The establishment had advertised for a full-time diversity manager, whom they anticipated would oversee the whole diversity agenda.
- 3.30 A question about disability was included in the prisoner resettlement passport completed during induction, and 101 prisoners (14% of the population) had self-declared a disability. These covered a range of physical, learning and mental disabilities and indicated a significant potential demand for services and facilities to be tailored to meet needs. The health and safety officer and manager responsible for diversity were attempting to see these prisoners individually; however, resource limitations had meant that many prisoners had not been assessed, and much work remained to be completed. Nevertheless, we saw positive examples

of work with disabled prisoners, including providing buddies and individual emergency evacuation plans for the small number of prisoners with severe mobility impairments.

- 3.31 While many staff had attended diversity training, this mainly focused on race equality, and few had undertaken any disability-specific or broader diversity training. This lack of training was evident during the inspection, with some staff on wings having little awareness about the needs of prisoners with disabilities on their units.

Recommendations

- 3.32 The diversity strategy document should be broadened to include the policy towards elderly and openly homosexual prisoners, and these issues should be standing agenda items on the diversity committee.
- 3.33 A disability liaison officer should be appointed with ring-fenced time to assess and meet the needs of all disabled prisoners, and to ensure that appropriate adjustments are made.
- 3.34 Disability-specific and broader diversity training should be offered to key staff in contact with prisoners.

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.

3.35 Nearly 11% of the prisoner population were from black and minority ethnic groups. Meetings of the race equality action team (REAT) had, until recently, been poorly attended, with no external groups present. The race equality policy covered the key processes involved, but not the broader diversity agenda, and only 56% of staff had been diversity trained within the previous three years. The full-time race equality officer (REO) dealt effectively with racist incident investigations, although these were not externally quality assured, and there were no interventions to address racist behaviour. Work on impact assessments was under-developed, and there was no regular consultation with a black and minority ethnic prisoner group. There was little proactive work to organise events to celebrate diversity. Black and minority ethnic prisoners were more negative than white prisoners across a range of issues.

- 3.36 At the time of the inspection, nearly 11% of the prisoner population were from black and minority ethnic groups. However, the new Governor accepted that some aspects of work to develop the race equality agenda were under-developed, and he had emphasised the importance of this issue to the whole staff group.
- 3.37 Strategic management was carried out by a REAT, but meetings over the previous few months had not been regular, and attendance had been poor. This had been recognised by the Governor, and the most recent meeting, which he chaired, was well attended, including prisoner representatives, with a stated commitment to sustain these attendance levels and to review the terms of reference and meeting structure. No external members or organisations attended the REAT meetings. A race equality action plan had been written; this outlined a

number of key actions to develop the agenda, encompassing the systematic monitoring and analysing of the race equality template (SMART) activities and an evaluation of 'action' points.

- 3.38 The race equality policy outlined the processes to support work in this area, and the roles and responsibilities of staff and prisoners, but did not outline how the establishment intended to engage actively with the diverse groups in its care. Only 56% of staff had attended diversity training in the previous three years.
- 3.39 A full-time REO had been appointed a few months before the inspection, and he had recently attended REO training. The post holder's remit was not only to ensure that racial complaints were adequately dealt with, but also that the broader race equality agenda was developed. The REO did not have a deputy, so there was no-one to cover this post during periods of absence.

Managing racist incidents

- 3.40 A total of 58 racist incident report forms (RIRF) had been received in 2007 to date. Racist incident complaints boxes and supplies of RIRFs were prominently located on all residential units, and the REO held the only key. He opened the boxes each morning, but acknowledged that delays could occur if he was absent from work. All RIRFs were logged.
- 3.41 We examined a number of closed RIRFs and found the quality of investigations and responses to prisoners to be good; there was an example of a staff action towards a prisoner being overturned, and a formal investigation instigated. It was clear that the REO took his responsibilities seriously, although the paperwork had not been quality assured by an external organisation. The establishment did not have any interventions to challenge racism or to support the victims of racist bullying.

Race equality duty

- 3.42 Of the 10 initial impact assessments completed, nine had been returned as unsatisfactory by scrutineers at Prison Service Headquarters and no work had been done to develop these further. The REO was not involved in work to identify prisoners convicted of a racially motivated offence but, being co-located with the violence reduction coordinator, information was shared between them when bullying behaviour had a racist element. In addition, the outcomes of RIRF investigations were noted in wing files. The REO complained that he was not given open access to security information reports (SIRs) with a racist element; he felt that this impaired his ability to respond effectively in these cases (see section on security).
- 3.43 There were some black and minority ethnic prisoner wing representatives, but they did not meet with the REO, and there had been little engagement with relevant community groups. No events had been held to celebrate racial, ethnic and cultural diversity, other than to mark some key religious festivals such as Christmas and Ramadan.
- 3.44 The Governor and REO both highlighted a lack of ownership of the race equality agenda by the wider staff group, and some black and minority ethnic prisoners told us that they felt there was a lack of commitment from the establishment to address their particular needs. This was reinforced in our survey, in which black and minority ethnic prisoners were less positive than white prisoners in 19 of the 56 questions we routinely analyse, and more positive in only five. Black and minority ethnic prisoners were significantly more likely to say that they felt unsafe, and less likely to have a staff member they could turn to if they had a problem. Twenty-two per

cent of black and minority ethnic prisoners (compared with no white prisoners) said that they had been victimised by staff because of their race or ethnic origin.

Recommendations

- 3.45 Those staff in contact with prisoners should receive diversity training on appointment, and refresher training at least every three years.
- 3.46 A deputy race equality officer (REO) should be appointed and trained.
- 3.47 The quality of racist incident report forms (RIRF) should be externally assured.
- 3.48 An intervention should be developed to address racist behaviour and bullying.
- 3.49 Impact assessments should be brought up to date, and prisoners actively involved in their completion.
- 3.50 Procedures should be developed to identify and make staff aware of prisoners with a history of racially motivated offending.
- 3.51 A monthly black and minority ethnic prisoner consultation meeting should be run, and the issues raised discussed at the race equality action team (REAT) and other relevant prison committee meetings.
- 3.52 The establishment should organise events to celebrate racial, ethnic and cultural diversity, working collaboratively with external partner organisations.

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.

3.53 Approximately 9% of the prisoner population were foreign nationals. A comprehensive policy document had recently been published, but much of what it contained had not been implemented. No prison committee was responsible for progressing foreign national issues, and the liaison officer was not given sufficient time to develop the agenda. Support for newly arrived foreign national prisoners was poor, and there was little use of telephone translation services or availability of materials in languages other than English. No foreign national prisoner representatives had been appointed, and telephone credits in lieu of visits were not provided.

3.54 At the time of the inspection, 62 prisoners (approximately 9% of the population) were foreign nationals, with details of their nationality and immigration status recorded on a database. A comprehensive and thoughtful policy document had recently been published which outlined how the establishment aimed to work with foreign national prisoners, both in terms of their immigration status and day-to-day support offered. However, foreign national issues were not discussed at any of the prison committee meetings, and much in the policy document was aspirational rather than practised.

- 3.55 Liaison with immigration services was reasonably well developed, and a bi-weekly surgery was attended by local immigration staff to provide advice and information to foreign nationals who requested this support. Fifteen individuals were being held on Immigration Service Order number 91 paperwork, and a weekly email was sent to the Border and Immigration Agency to keep them abreast of these cases. All paperwork was dealt with by the foreign nationals' clerk, and was served to prisoners by the foreign nationals officer.
- 3.56 The foreign nationals officer was nominally given 36 hours per week to undertake these duties, but regular cross-deployment to other work had meant that this time had been significantly reduced. The current post holder was also legal services trained.
- 3.57 Newly arrived prisoners with little or no use of English were provided with minimal assistance to understand what was happening to them, and telephone translation facilities had only been used on five occasions in the preceding eight months. The only translated materials available were those provided by the Prison Service, although a language translation software package had been ordered and was awaited. No list of staff or prisoners who were able to speak other languages was kept, and the services of the foreign nationals liaison officer were not well publicised.
- 3.58 No foreign national prisoner representatives had been appointed, and no prisoner consultation group run, or peer support facilitated. In addition, prisoners not receiving a visit were not routinely given a telephone credit to contact families and friends abroad.

Recommendations

- 3.59 **Work with foreign national prisoners should be covered by a dedicated prison committee meeting to which prisoners should be invited.**
- 3.60 **The foreign nationals liaison officer post should be ring fenced, with cross-deployment to other duties only taking place in emergency situations. The support offered to foreign national prisoners should be published to prisoners.**
- 3.61 **Telephone translation services should be routinely used when new prisoners with little or no use of English arrive at the establishment, and when required at other times.**
- 3.62 **A greater range of translated materials should be provided to prisoners, including key information about prison rules and regimes.**
- 3.63 **A list of staff and prisoners able to speak languages other than English should be developed and kept up to date.**
- 3.64 **Foreign national prisoner wing representatives should be appointed, and monthly consultation meetings held.**
- 3.65 **Foreign national prisoners not receiving monthly visits should be provided with a credit to the value of a five-minute telephone call to their families and friends abroad.**

Contact with the outside world

Expected outcomes:

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

3.66 There were some delays in the delivery of mail and in the processing of money sent into prisoners, but mail provision was generally acceptable. Prisoners reported few problems about access to telephones, although were not able to use the telephone during the evening. Visits were generally reasonable but, as we have identified in previous reports, there were only limited facilities for visitors.

Mail

3.67 In our survey, 40% of prisoners said that they had problems sending or receiving mail, which was significantly better than the 45% comparator. All wings had post boxes, but most of these were damaged and easily open to misuse, and there were clear signs that they had been broken into at some point, although the reason for such damage was not clear. The A wing post box was more substantial. Prisoners were entitled to public expense letters each week, and the number depended upon their incentives and earned privileges (IEP) status. There was no limit to the number of letters that they could send at their own cost, although only 12 stamps could be held in-possession.

3.68 All prisoners' post was managed by a team of five operational support grade (OSG) staff. Provision was generally good, although staff shortages meant that the team was often depleted, which could result in a less efficient service. Targeted monitoring of mail for public protection or security reasons was appropriate, and 5% of incoming and outgoing post was censored each day. Post was usually delivered to each wing in the afternoons.

3.69 Internal mail was supposed to be collected and delivered by an OSG each day, but this role was invariably dropped. Although some departments delivered their own internal post because of this, internal mail delivery was not consistent and there could be substantial delays in information exchanges across the establishment.

3.70 During the inspection, a number of prisoners complained that it could take a long time to receive money sent in to them. Because the establishment only banked once a week and cheques took a further 10 days to clear, there could be substantial delays. We came across an example of a three-week delay for a cheque to be credited to a prisoner's account. Prisoners were not aware of why delays occurred, and no information for prisoners was available.

Telephones

3.71 All wings had a reasonable number of telephones available for prisoner use, with at least two per landing. Not all the telephones had privacy hoods, and, given that calls were usually made during association, we were told that it was often difficult to hear clearly.

3.72 The criteria for association varied from wing to wing (see section on time out of cell) and not all prisoners were able to use the telephone during the evening. We were told that prisoners could ask to use the telephone in the evening, but this appeared to be an informal arrangement on

some wings and by some staff, rather than a formal agreement. Despite this, in our survey only 21%, against the 34% comparator, said that they had difficulty in accessing telephones.

Visits

- 3.73 A detailed and comprehensive booklet had been produced by the establishment for families and friends visiting the prison. It included information on how the establishment operated, what items could be sent in, the frequency of visits and who to contact regarding concerns, as well as information about the visits process and what to expect.
- 3.74 Visiting orders were managed through the visits clerk and were sent out to families in blocks. Visitors could book all their entitled visits at the same time in advance, although only one visit was allowed per weekend. However, we did see some flexibility regarding this issue: a visitor from Ireland was allowed to visit on Saturday morning and afternoon, and on Sunday afternoon. In our survey, a significantly high 77% said that they received their entitled number of visits. The arrangements for booking visits was generally good, and an integrated database was installed, so that whenever a visit was booked for a person with whom a prisoner was not allowed contact, this was automatically identified.
- 3.75 Visits took place from Tuesday to Sunday between 2pm and 4pm and on Saturdays between 9.30am and 11am. Evening visits had been curtailed for some time owing to minimal demand. The visits area was light and airy, and although the furniture was fixed to the floor, this did not appear to have a negative impact on interaction. A children's play area was staffed by volunteers and childcare workers on Thursday to Sunday. The establishment had developed a detailed handbook for these staff, outlining expected conduct and advising about what to expect when working in a prison. Vending machines sold snacks and drinks and there was a counter service run by the Women's Royal Voluntary Service, although this was not always available. On one day during the inspection, the counter service was not available and the drinks vending machine was broken.
- 3.76 Vulnerable prisoners were separated, but only by means of a walkway where staff patrolled. Prisoners we spoke to said that they did not feel unsafe or unduly threatened by this arrangement. The vulnerable prisoners' waiting area remained poor and was, in effect, a corridor. By contrast, main location prisoners had a relatively large waiting area.
- 3.77 The system for managing visits was limited by poor facilities, although staff treated visitors courteously. The establishment had no visits centre. On arrival, visitors booked in at a building next door to the prison, where biometric identification was used. This building had a small and cramped waiting area, with insufficient seating, and we saw many visitors having to stand while awaiting entry. Although visits started at 2pm, the visits booking-in area opened at 1pm. We observed the process for managing visitors on two separate days, and the average time taken was about half an hour. On both days, visitors began to be taken over to the visits room well before visits started, although some visitors did not get in until about half an hour after visits had started. Disabled access was via the main gate, and we observed the appropriate management of one visitor using a wheelchair.
- 3.78 Baby changing facilities were restricted to a small area in the outside visits building, which was effectively part of the staff rest area. If a baby needed changing during a visit, the visitor would have to be escorted back to this building. Although the prison planned to undertake a visitors' questionnaire, this had not been completed to date.

Recommendations

- 3.79 All wings should have letter boxes of the same standard as on A wing.
- 3.80 All prisoner telephones should have privacy hoods.
- 3.81 Money sent in to prisoners should be made available without unnecessary delays, and agreed timescales should be published on all wings.
- 3.82 An agreed and realistic mechanism for managing internal post should be established.
- 3.83 Prisoners should be able to use telephones daily, and at times convenient to their families and friends.
- 3.84 The visits waiting area for vulnerable prisoners should be improved.
- 3.85 Light refreshments and hot drinks should always be available for visitors.
- 3.86 An appropriate baby changing area should be available during visits.
- 3.87 The visitors' reception area should be expanded and the facilities enhanced.
- 3.88 A visitors' survey should be undertaken to inform the development of facilities.

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' applications were collected and logged, but the responses to the prisoners were not recorded. Applications boxes on some wings were damaged and therefore not secure or confidential. Significantly more prisoners perceived applications as being sorted out fairly and promptly than the comparators. Prisoners could obtain complaints forms easily, and there was a separate healthcare complaints form. All healthcare complaints were sent directly to the primary care trust (PCT) and tracked by the complaints clerk. In the previous six months, 439 complaints had been submitted and 95% of all stage one complaints had been responded to within three working days. Prisoners' perceptions of the fairness and promptness of applications were significantly worse than the comparators. The general quality of responses to complaints was satisfactory. The monitoring data collected focused on prison targets rather than quality. There was no quality assurance process and the ethnicity of complainants was not monitored.
- 3.90 Prisoners' applications were collected and logged by wing staff, but the responses to the prisoners were not recorded. Application forms were readily available on wings; however, the applications boxes on some wings were damaged and therefore not secure or confidential. In our survey, 62% of prisoners reported that they felt applications were sorted out fairly and 60%

felt that they were sorted out promptly; both figures being significantly better than the comparators of 40% and 39%, respectively.

- 3.91 Prisoners could obtain complaints forms easily, along with confidential access envelopes. Wing senior officers collected the forms and took them to the complaints clerk each morning to be logged and distributed. The complaints clerk kept records of all complaints forms and liaised with the two complaints coordinators (both wing principal officers) to chase up delayed responses. In the previous six months, 439 complaints had been received, with an average of 73 submitted each month. Ninety-five per cent of stage one complaints were responded to within three working days. Separate healthcare complaints forms were available on wings, and these were sent directly to the PCT and copied to the complaints clerk to track.
- 3.92 The highest number of complaints was about property and medical matters, followed by mail and visits, but there were no particular trends. The subject matter and speed of reply were recorded to report timeliness in accordance with prison targets, rather than to check the quality of responses or to extract other management information. Replies were not quality assured by managers to ensure a consistent standard, and the ethnicity of complainants was not monitored.
- 3.93 We sampled 30 completed complaint forms and found the general quality of responses to be satisfactory, although few of the replies addressed the prisoner as 'Mr...' or apologised when errors were acknowledged. In our survey, 20% of prisoners felt that complaints were sorted out fairly and 18% said that they were dealt with promptly, which in both cases was significantly worse than the local comparators of 27% for both. Black and minority ethnic prisoners responded significantly worse to questions related to obtaining applications and complaints forms, and to whether the applications system was fair (see section on race equality).

Recommendations

- 3.94 Prisoners' applications should be subject to tracking by managers to ensure that prisoners receive a timely and adequate response to their query.
- 3.95 Applications boxes should be secure and only accessible to prison staff.
- 3.96 The replies to prisoners' complaints should be monitored by managers to check quality, and identify trends in complaints and the ethnicity of complainants.

Good practice

- 3.97 *Separate healthcare complaints forms were made available to prisoners and were sent directly to the primary care trust, and to the complaints clerk to record and track.*

Legal rights

Expected outcomes:

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

- 3.98 Legal services work was divided among those staff who had received the relevant training. The service offered was not consistent or available on a daily basis, owing to cross-deployment of staff to other areas. Work was not monitored, and not all new receptions were seen by the trained staff. The legal services office was not equipped with up to date legal information or literature. A proactive bail information officer saw all new prisoners placed on remand.
- 3.99 There was not a full-time dedicated legal services officer post at the establishment, although there were three legal services-trained staff, and another member of staff who had received legal aid training. Any one of these trained staff would be detailed to undertake legal services work, although one of them had not done so for over three months. During the inspection, an officer had been detailed to undertake 12 hours of legal services work, but was cross-deployed to the first night centre owing to staffing issues. We were told that this was a common occurrence, as legal services work was not prioritised.
- 3.100 Access to legal services was made on application, and not all new receptions were seen by the trained staff. At the time of the inspection, we were told that there was no backlog of work; however, because legal services were not covered on a full-time basis, staff were often faced with a backlog of work. Information pertaining to the nature of the work undertaken was not recorded, and consequently there was no monitoring of the quality of the service offered to prisoners. The legal services office provided sparse information and resources, although legal books were available in the library. Information advertising legal services was not displayed across the establishment.
- 3.101 All new receptions who had been placed on remand were seen by a full-time bail information officer on a daily basis, and he made links with solicitors and families. During the previous two months, he had seen over 200 prisoners. Against a comparator of 25%, 32% of prisoners said that it was easy for them to obtain bail information.
- 3.102 Legal visits were available to solicitors every weekday morning from 9.30am to 11.30am in the visits hall. These were booked through the legal services telephone booking line and were held in one of four legal visits cubicles, which were private. Legal representatives could also use the video link facility (see section on courts, escorts and transfers). Fifty per cent of the prisoners surveyed said that it was easy for them to communicate with their legal representative and 70% said that it was easy to attend legal visits – both figures were significantly better than the comparators.

Recommendations

- 3.103 There should be a full-time legal services officer, who should see all new receptions.
- 3.104 Legal services should be advertised and promoted across the establishment.
- 3.105 Monitoring of the legal services should take place to identify trends, workload, training needs of the legal services officer and quality of the service provided.
- 3.106 Resources in the legal services office should be improved and updated.

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.

Clinical Management

- 3.107 The level of provision for substance misusers was reasonably comprehensive and flexible. Prisoners did not receive psycho-social support and there was limited appropriate accommodation for them to move to after completing a substance misuse programme. Mandatory drug testing (MDT) rates varied across wings, and information collated was restricted to that required for key performance target monitoring purposes.
- 3.108 Clinical provision for substance misusers was extensive. The target of 56 programmes a month was invariably exceeded, and over the preceding six months, the monthly average was 118. At the time of the inspection, 85 prisoners were receiving some form of clinical support: 49 were on methadone, 23 were on buprenorphine, four were receiving a benzodiazepine detoxification programme and nine were on alcohol detoxification.
- 3.109 The substance misuse team consisted of a team leader, five trained staff and one health services assistant. Provision was available seven days a week. All prisoners were seen at reception by a general nurse, and when substance misuse was indicated, further contact and assessment was undertaken by one of the substance misuse specialists. The team had more than doubled in size in the previous 12 months, and there had been difficulties in finding appropriate accommodation in the reception area. As a consequence, assessments and interviews were sometimes undertaken at a desk in the corridor, offering little or no confidentiality or privacy. In our survey, 59% of prisoners indicated that they had received support for their drug problems within 24 hours of arrival at the establishment, which was significantly higher than the 50% comparator.
- 3.110 If required, symptomatic relief was available immediately upon arrival, and new receptions with substance misuse issues were seen by the general practitioner (GP) on the following morning, although there was no GP with a special interest qualification. Prisoners who had been on a maintenance programme in the community could be maintained on methadone during remand and up to three months post-sentence. If a reduction was required, this could be done at a rate as low as 5 ml per week. If a prisoner had not been subject to support before coming into the establishment, then a 14-day buprenorphine detoxification was offered. A range of further symptomatic medication was provided, along with the main programme, and this could be extended beyond any formal programme.
- 3.111 In principle, all prisoners on a clinical support programme were held on A wing. Initially, only one landing had been identified for such prisoners; however, demand had outstripped this, and at the time of the inspection 67 such prisoners were scattered across the wing. A further 18 were allocated on other wings across the establishment. When prisoners with substance misuse issues were accommodated on B or D wing, an officer was expected to escort them to C wing to receive their medication. In reality, there was often no officer available, and drugs were then taken to prisoners – which was, in effect, secondary dispensing (see section on health services). Until A wing had reopened, substance misusers had been accommodated on

C wing, and the substance misuse team still had a small office there. As the team had expanded, the office had become too small and was also in an inappropriate location.

- 3.112 With the increase in demand for clinical support since the reopening of A wing, and the limited office and interview facilities, little psychosocial support was provided for prisoners with substance misuse issues. The counselling assessment referral advice and throughcare (CARAT) team saw all newly arrived prisoners on the day after reception, but there was no formal programme of activity for clinically managed prisoners, and often contact would not be picked up again for a further two weeks. There was no identified drug-free wing or voluntary testing unit, and as a consequence there was nowhere specifically for prisoners to move to after completing a substance misuse programme. The risk of relapse was therefore high. In theory, the top landing of A wing was drug free and subject to voluntary testing, but prisoners here had to be on the enhanced level of the IEP scheme, which might have been unrealistic for many drug users.

Drug testing

- 3.113 The random MDT positive rate, including refusals, over the previous six months was 20%, although this disguised considerable variations across different wings. If E wing (where vulnerable prisoners were accommodated) were to be excluded from the figures, the rate rose to 25%. The data collated monthly only related to KPTs; as a consequence, other information, needed to understand patterns and types of use for the wider drug strategy, was missing. It was therefore not possible to establish which drugs were most likely to be detected through MDT. In addition, various anomalies were not included in submitted figures – for example, relating to occasions when a prisoner tested positive within 30 days of arrival at the establishment, when an adjudication was abandoned or not pursued for various reasons, or when a prisoner was transferred or released before an adjudication. Prisoners testing positive but consistent with medication were also not included. When all of these factors were taken into account, and those in the latter group excluded from the calculation, the positive rate across the main location wings was approximately 30%.
- 3.114 During the same six-month period only 27 suspicion tests had been undertaken, but a further 79 had not been completed. The main reason for this appeared to be the redeployment of allocated staff. We also saw examples of a three-week delay from SIR submission to drug test request. Recent attempts to improve the management of testing staffing had resulted in a fixed rota, but this meant that testing was, on a week-by-week basis, too predictable.
- 3.115 Generally, the security management of drugs within the establishment was reasonably good. In the previous six months there had been 42 specific drug finds, along with a large number of other possible related objects, including mobile telephones. There had also been three separate finds of syringes and needles. In our survey, a significantly high 40% of prisoners, compared with the 32% comparator, said that drugs were easy or very easy to obtain at the establishment.

Recommendations

- 3.116 The substance misuse team should be found appropriate accommodation that allows them to undertake assessments at the point of reception effectively.
- 3.117 Psycho-social support should be provided to all prisoners receiving clinical support for substance misuse as part of the overall programme of provision.

- 3.118 Joint care planning should be undertaken between the counselling assessment referral advice and throughcare (CARAT) and the substance misuse teams to ensure continuity of provision for those on clinical support.
- 3.119 The establishment should appoint a general practitioner with special interest to ensure both a flexible and consistent substance misuse programme.
- 3.120 A voluntary testing and/or drug-free area should be identified within the establishment for prisoners to move to after completing a substance misuse programme, without requiring enhanced status.
- 3.121 Management information regarding mandatory drug testing (MDT) should be collated separately from that supplied specifically for key performance target purposes and should include a detailed breakdown of information by wing.
- 3.122 The management of suspicion testing should be reviewed to ensure that appropriate staffing levels are available and that testing is not undertaken on a predictable basis.

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 The overall environment of the healthcare department was poor. Although there were formal meetings between prison managers and those from the primary care trust (PCT), there was a lack of integrated working between health services and the rest of the prison. Reception and secondary health screening was carried out well, and primary care services were appropriate. The management of medications was poor, Nursing and Midwifery Council guidelines for the administration of medications not always followed and the healthcare department's own policies not always adhered to, in part owing to discipline staff not being available to supervise prisoners. Dentistry services were poor and waiting lists badly managed, and remand prisoners were under the mistaken belief that they could not receive treatment. There was a poor regime for inpatients. Primary mental health services were being developed and in-reach services only saw patients with or requiring an enhanced care programme approach.

General

- 4.2 Health services were commissioned and provided by Lincolnshire PCT, which was an amalgamation of three PCTs, one of which had commissioned and provided health services at the establishment since April 2004. The PCT was undertaking a review of all services commissioned and also had plans to revise the management arrangements for three prisons within their area. A health needs assessment had been carried out in the summer of 2006, but there was no clear action plan.
- 4.3 Various meetings took place between PCT staff and prison health services staff, and a Prison Partnership Board met every three months; however, from our observations, the health services were not integrated into the establishment. For example, health services had not been included in the induction programme when A wing reopened, and they had not been consulted when times for association and exercise were changed.
- 4.4 The healthcare centre was, in effect, in two separate locations. One section was located in a wing adjacent to A wing, while primary care was, for the most part, based between C and E wings. The healthcare centre accommodated a dental suite, two treatment rooms (in which emergency equipment was kept), an optician's room, three interview rooms and various offices. There were two waiting rooms; the one for vulnerable prisoners was small, cramped and had no access to toilet facilities, and the other was even more unfit for purpose, being small, cold and smelly, and containing only wooden benches. Some of the graffiti on the walls and ceilings dated back to 2004. There was no door on the toilet, and during the inspection the light switch was broken, so there was no light in the room.
- 4.5 The pharmacy was located within the healthcare centre, and access was generally restricted to pharmacy staff; the doctor could gain entry to the dispensary out of hours by obtaining pharmacy keys from the gatehouse. The pharmacy was cluttered and lacked clear bench space.

- 4.6 A, B, C and E wings had treatment rooms in which medicines were stored. Each room was accessed by a locked and gated stable door. The treatment room on A wing was of a reasonable standard, having been refurbished; the other rooms had basic facilities.
- 4.7 The inpatient area had a total of 10 inpatient beds on the ground floor and there were also three cells in use on the upper floor. One double cell had safer cell (anti-ligature) furniture, two of the cells contained hospital beds and there was one gated cell. Four of the cells had camera observation, but the monitors were not always observed and one designated observation cell had a blind spot in it. The area also contained a toilet, a shower and a bathroom; none of these areas had good disabled access, although the large cell used by disabled prisoners had accessible washing facilities. There was also a servery, a storeroom and a treatment room, from which medications were administered. Patients and orderlies had to wear prison clothing, as there was no means for laundering their own clothes. The whole of the inpatient area was in a poor state of decoration and repair; for example, one of the cell doors did not have a flap on it. The association area was upstairs, so was not accessible to disabled prisoners. The wing orderlies also had cells upstairs, but the rest of the upper floor had been condemned and was used as a storage area.
- 4.8 The primary care area comprised a clinical room that was used as a nurses' station, a room for the clinical records, a general practitioner's (GP's) office and a treatment room from which medications were dispensed. The waiting room was across the landing from the clinical rooms and was small and unwelcoming. Emergency equipment was stored in the nurses' room.
- 4.9 An infection control nurse had previously visited the department to inspect specific areas, but there were no infection control audits or action plans. There were no health promotion materials in any areas of the healthcare department.
- 4.10 Prisoners did not receive specific written information about health services, except in the general induction booklet, which was only available in English.
- 4.11 In our survey, 42% of prisoners, against the 34% comparator, rated the overall quality of health services at the establishment as good or very good.

Clinical governance

- 4.12 A clinical governance committee met regularly and staff had clear lines of accountability. The head of health services was acting into the post, having previously been the health services manager; she was a band 7 registered general nurse (RGN). There were five band 6 nurses, all of whom had specific roles and responsibilities. A recent recruitment drive had resulted in several new recruits, both registered nurses (general and mental health) and healthcare support workers, so the team was almost at full strength. Staff had a wide range of skills and competencies. The head of health services had a system for checking staff registration details. The GP services were provided by a locum agency, and out-of-hours cover was by a small group of local GPs.
- 4.13 There was one full-time administrative officer, supported by a part-time post. They were both based in the main healthcare centre, so most administrative tasks needed in the primary care setting were undertaken by nursing staff.
- 4.14 Various allied health professionals had Service Level Agreements with the PCT to provide services, such as the dentist and pharmacy services. A PCT-employed physiotherapist worked

at the prison one day per week. Staff had good links with the local occupational therapy department, so were able to obtain aids for individual prisoners as required.

- 4.15 Not all staff had been trained in resuscitation within the previous 12 months, and it was not clear if all the resuscitation equipment was checked on a regular basis, as there was no documented evidence. Staff had access to clinical supervision, but felt that they received informal support from their peers.
- 4.16 Discipline officers from the segregation unit provided cover for the inpatient unit. There appeared to be no management supervision of this group of staff, none of whom had received any mental health awareness training.
- 4.17 Clinical records were kept in a separate clinical records room next to the primary care area. There was a simple tracking system for logging the removal of records, and nurses appeared to use this. However, we found several sets of clinical records on desks in healthcare department offices (and in unlocked offices), in excess of the number that appeared to have been booked out from the clinical records room. Entries in the records were comprehensive and appropriate. If a prisoner was released from the establishment, his clinical records were sealed and sent to a central storage area, although we observed several piles of notes of ex-prisoners that had yet to be dealt with. If a prisoner returned to the prison, attempts were made to retrieve his old records.
- 4.18 Most prescriptions were written on standard HR013 prescription and administration charts, which were faxed through to the pharmacy. A number of forms were examined, and examples found where prescriptions did not contain a date of writing on the form. This was contrary to the provisions of the Medicines Act 1968. The charts were not always completed correctly by staff providing the medication to patients. Doses given to patients in-possession were incorrectly annotated on the chart to indicate that they had been administered. Some duplication of charts was also observed.
- 4.19 The dental records were appropriately annotated and stored, but the dentist did not use a medical history questionnaire, or use or annotate the clinical records.
- 4.20 The PCT had introduced a health services complaints system, which was separate to the main prison complaints system (see section on applications and complaints). There was no patient forum, and healthcare issues were not discussed at the prison consultative committee.
- 4.21 While there were some policies and protocols, there did not appear to be an information-sharing protocol or a communicable diseases policy. Some of the policies were not applicable to the prison setting.
- 4.22 The Medicines and Therapeutics Committee had recently started meeting on a quarterly basis; it was attended by the PCT and minutes were available. Topics discussed included prescribing levels of drugs and drug wastage. There was a formulary present, which had recently been updated.

Primary care

- 4.23 When prisoners arrived at the establishment, they were seen by a mental health nurse and a reception health screening was carried out. There were three nurses allocated to reception each afternoon and evening, two registered mental nurses (RMNs) and a substance use nurse, but there was only one small room that they could use. Nurses obtained only verbal

consent to make contact with the prisoner's GP or other community health services. Attempts were then made to see prisoners on the following day for a secondary health screen. However, because of the way the induction programme had been organised, with no provision made for prisoners to be seen by health services staff, it was sometimes difficult for nurses either to find the prisoner that required a secondary health screen or to find a convenient location in which to carry out the task. In spite of this, the majority of prisoners were seen within a couple of days of their arrival. At this time, they signed a medication compact and were assessed as to whether they were fit for work. We found cases of good, individualised patient care and follow-up of healthcare issues.

- 4.24 In our survey, 95% of prisoners said that they saw a member of health services staff in reception and 77% had access to someone from the healthcare department within the first 24 hours. However, one foreign national prisoner who arrived at the beginning of the inspection week was not seen for a secondary health screen for several days; when we enquired as to why, we were told that it was due to security reasons. This had resulted in him not receiving appropriate health services support during his first few days in prison.
- 4.25 If prisoners wanted to see a member of the health services team, they completed a general applications form, but put it in a specific health services box for collection. This system was new, and not all the boxes were labelled. We tested the system on J wing and found that the application form that we submitted took several days to arrive, even though we had been told that all the boxes were emptied daily. There was nowhere on the application form for the prisoner to put a date, so it was not possible to audit the length of time from application to being seen.
- 4.26 Nurses carried out triage clinics daily, but not all of them were trained in triage, and no triage algorithms were used. From our examination of the waiting lists, after an application was received there was a three- to five-day wait to see a nurse, and at least a four-day wait to see the GP if this was required. The GP attended A wing twice a week, and prisoners from all the other wings were allocated to his clinic on E wing, which occurred three times a week. Prisoners were brought to the waiting rooms after the roll check during the early part of the morning, but were often not returned to their cell or place of work until the end of the morning. Prisoners we spoke to complained about the unnecessary waits in unfit waiting rooms.
- 4.27 Some of the nurses had specific skills and relevant qualifications to carry out lifelong condition clinics and other specialist care, such as wound care. Most prisoners were referred to the clinics from reception; each nurse maintained his or her own register of patients and there was no central register. The nurses then saw their patients when clinic space and their own availability allowed. Patients received care in line with national guidance.
- 4.28 Not all prisoners who had an accident or an injury were seen by health services staff: of the 47 F213 (accident/injury) forms that we examined, eight (17%) had not been seen.
- 4.29 One of the band 6 nurses took the lead for immunisations and vaccinations. Hepatitis B and influenza vaccinations were given, but other relevant vaccinations, such as for meningitis C or measles, mumps and rubella, were not.
- 4.30 Prisoners were not able to obtain barrier protection. The only health promotion activity available was the smoking cessation programme that was part of the PCT's overall service. Prisoners applied to take the course and were seen and assessed by one of the smoking cessation advisors. Some prisoners were referred from the lifelong condition clinics, and were given priority on the waiting list. There was no group support. The healthcare support worker

who took the lead for smoking cessation maintained a caseload of about 12 prisoners at a time; at the time of the inspection, there was a waiting list of approximately 30 prisoners.

- 4.31 The physiotherapist had a good working relationship with gymnasium staff. He referred patients to the gymnasium and then reviewed their progress. He saw approximately 16 patients per week and had a reasonably short waiting list.
- 4.32 Waiting lists for the allied health professionals were managed by the administrative officer, but were only validated on an ad hoc basis when she had time, so were not reliable. At the time of the inspection, the next available appointment with the optician was in three months' time. There was no podiatry service, although we were told that the provision of a new service was under review. However, there were prisoners who had been on a podiatrist waiting list for nearly five months.

Pharmacy

- 4.33 There was a full-time technician (employed by a local pharmacy), and a pharmacist visited for half a day each week. The technician was available from 8am to 5pm on most weekdays, and medication was given out by nurses at other times. Prisoners were not able to see a pharmacist.
- 4.34 All medicines were securely stored in locked metal cabinets both within the dispensary and on the wings. Medicines were not stored in an orderly fashion. We observed examples of different strengths of the same drug mixed together, and of the same stock items being located in three separate places in one treatment room. Named patient medication and stock items were clearly segregated in the majority of treatment rooms. However, there was evidence that a medicine that had previously been issued to an individual patient, supplied by a third-party pharmacy, had been returned to stock. Examples of different batch numbers in the same manufacturer's carton, and mixed medication clearly labelled with a patient's name within one container, were also found. There were insufficient records to determine whether fridge temperatures were maintained at the correct temperature at all times.
- 4.35 Medicines were administered and supplied from the treatment rooms during twice-daily treatment times. Medicines that were not given in-possession were administered by nursing staff, almost entirely from general stock, rather than named patient medication. There was an in-possession policy and associated risk assessment; however, it was not fully implemented or adhered to. Medication given in-possession was generally for seven days, or was given daily in Henley bags. Night medications were given in-possession during the afternoon, as there was no provision for a later administration time. Patient information leaflets were generally given with the first supply of medications, but not routinely with subsequent supplies; however, patients could request them if needed. Court medication was dealt with by the nursing staff. There were several patient group directions available, although it was unclear if these were used correctly or effectively.
- 4.36 Medications that were not in-possession were usually supplied as 'stock', rather than named patient medication. There was no dual labelling of stock. There was evidence of secondary dispensing by health services staff as pre-labelled and blank labelled. Henley bags were available on A wing for health services staff to use for dispensing medicines. When no officer was available to supervise prisoners to queue at the hatch for medications, nurses took medicines, including controlled drugs, to the prisoner's cell. We witnessed occasions when there was no obvious observation of those queuing for medications.

- 4.37 Files were available for each treatment room, containing standard operating procedures, stock lists, drugs alerts, pharmacy checks and pharmacy-relevant information. The technician visited the treatment rooms at least three times per week to make appropriate checks. Up to date reference sources were available in some but not all healthcare locations.
- 4.38 'Special sick' supplies were recorded on the front of the patient's prescription chart, and these records appeared to be in order. If a patient presented with symptoms after 3pm, it could not be guaranteed that they would see a member of health services staff that day. For out-of-hours medication, although there was a mechanism whereby the nursing staff could record the medicines given, to enable this to be communicated to the pharmacy, it was evident that the system was not always used.

Dentistry

- 4.39 The dental surgery was sited within the main healthcare block. The standard of equipment was good, although the dental team reported that a number of items of equipment had broken down recently. Cross-infection control measures appeared satisfactory; however, there was no clear demarcation of the clean and dirty areas within the surgery.
- 4.40 The dental contract had not been registered on the NHS Business Services Authority Dental Services Division systems, and no forms had been submitted; it was therefore assumed to be a non-NHS contract. No data had been submitted directly to the PCT, so the PCT had no means of monitoring the contract. The contract was for two sessions per week, which was insufficient for the prison population. Both sessions were provided by the same dentist and dental nurse team, which had been in post since February 2007.
- 4.41 At the time of the inspection, the waiting time for an initial assessment was approximately five weeks, and for treatment approximately six weeks. Approximately 12 patients were booked for each session. Emergencies were normally seen on the next available session; however, the poor management of the waiting lists may have led to delays in treating some prisoners.
- 4.42 There appeared to be little support for the dental staff from the contract holder. The dentist was a non-UK graduate. No formal prison induction programme had been provided for the dentist. Communication between the dentist and the patients appeared to be a problem, and often the dental nurse had to intervene to explain things to the patient.
- 4.43 The dental staff reported that they were unable to provide metal dentures, crowns and bridgework without the consent of the health services manager, and this was confirmed by the Notice to Prisoners 053/2006. Prisoners we spoke to were under the impression that they could not receive dental treatment if they were on remand. This was incorrect, as the range of treatments available should have been identical to those provided under the NHS.
- 4.44 No figures were available for the failure-to-attend rates; these were estimated at 10–20%. No work had been done to ascertain the reasons why patients failed to attend appointments. Anecdotal evidence suggested that a number of patients missed their appointments owing to excessive waiting times in the poor waiting room. There were no protocols to assist the health services staff when dealing with dental problems in the absence of the dental team, and no protocol for out-of-hours dental cover.

Inpatient care

- 4.45 At the time of the inspection, there were 11 inpatients. One of them used a wheelchair and occupied the designated large room that had good disabled access. Some of the other patients were there for mental health issues, and it was clear that the unit was used to accommodate prisoners with disabilities or those having difficulty coping with prison life. There were usually two discipline staff on duty during the core day, and at least one member of the nursing team. The discipline officers made entries in the wing history sheets, while the nursing staff used individualised care plans. The clinical staff did not refer to the wing history sheets.
- 4.46 There was a lack of a therapeutic regime, and we observed prisoners locked in their cells when the published regime for the wing stated that they would be unlocked. We were told that this was because of staffing issues. Neither the patients nor the wing orderlies were given any evening association. This meant that the orderlies were unable to clear away the food from the servery after the evening meal had been served, so it remained *in situ* overnight.

Secondary care

- 4.47 Appointments with outside hospitals were arranged by the administrative staff and were limited to a maximum of four per day. If staff had to cancel and rebook appointments, they did not record them as cancellations, so it was not possible to obtain a true figure for the number of cancelled outside hospital appointments. Discipline staff we spoke to stated that appointments were rarely cancelled owing to lack of staff, but also commented that appointments for X-rays were slotted in when staffing allowed. The lack of documented evidence made it impossible to ascertain whether patient care was ever compromised.

Mental health

- 4.48 There was a team of primary mental health care nurses, each of whom had a caseload of patients. Prisoners could be referred to them by health services staff or from other disciplines, or prisoners could refer themselves. Our examination of referrals revealed waits of over five weeks to be seen, but this did not reflect the true situation. Often, the RMNs noted individuals who required their services when they assessed them in reception, and they would then follow them up as part of their caseload, rather than adding them to the waiting list. This meant that there was an inequality in service provision. Primary mental health care staff were only able to provide one-to-one care; there were no group sessions, and access to talking therapies was limited to one counsellor, who was attached to the chaplaincy. Primary mental health care staff attended assessment, care in custody and teamwork reviews and good order or discipline reviews in the segregation unit. There were no day services for those prisoners less able to cope with life on the wings.
- 4.49 The mental health in-reach services, commissioned by the PCT from the Lincolnshire Partnership Trust, were limited. The team consisted of two RMNs (only one of whom was a permanent member of the team) and a part-time occupational therapist. A specialist registrar in forensic psychiatry attended the prison for one session per week, and the team said that they had access to a consultant psychiatrist, but there were no consultant sessions provided. The team was not based at the establishment, and referrals that were sent to them could take up to five days to arrive. They only took on patients who were either already subject to an enhanced CPA or whose presentation warranted it. If prisoners were not accepted by the team, a letter was written to the referrer, explaining the reasons for the non-acceptance. At the time of the inspection, there were only 14 prisoners (under 2% of the prison population) on their caseload.

They saw their patients two to three times per week, but did not provide any group support. They used their own clinical records, but also wrote in the prison clinical records, which resulted in a duplication of work.

- 4.50 In the first six months of the fiscal year, seven prisoners had been transferred to secure NHS mental health beds; three had waited over a month from identification of need to referral, and one of these had then waited over a month from referral to assessment and over three months from assessment until transfer.
- 4.51 Only 10 discipline staff had received mental health awareness training within the previous 12 months, which was well below targets set by Offender Health.

Recommendations

- 4.52 Health services should be better integrated into the management of the prison.
- 4.53 The health needs assessment should be reviewed and an action plan devised.
- 4.54 There should be a full infection control audit carried out and an action plan devised and acted upon.
- 4.55 All the current Service Level Agreements should be reviewed to ensure that prisoners receive an appropriate level of care.
- 4.56 Prisoners should be given information about prison health services in a format that they are able to understand, which explains how to access the services.
- 4.57 Health promotion materials, including oral health promotion, should be available and health promotion activities encouraged.
- 4.58 There should be regular, documented checks of all emergency equipment.
- 4.59 All staff should have annual resuscitation training.
- 4.60 All clinical records should be kept securely in accordance with the Data Protection Act and Caldicott principles.
- 4.61 There should be an information-sharing policy that includes obtaining written consent from prisoners to obtain and share clinical information about them.
- 4.62 There should be triage algorithms to ensure consistency of advice and treatment.
- 4.63 There should be a centralised system for the maintenance of lifelong condition registers.
- 4.64 All disease prevention programmes should be available to prisoners, in line with national and local campaigns.
- 4.65 Barrier protection should be freely available.
- 4.66 Prisoners should be able to see a pharmacist.

- 4.67 The Medicines and Therapeutics Committee should review and agree stock levels, and there should be an audit trail of all medications supplied, prescribed and administered.
- 4.68 The Medicines and Therapeutics Committee should review all healthcare policies and ensure that they are implemented and adhered to.
- 4.69 Secondary dispensing by health services staff should cease; medication should be pre-packed and dual labelled by pharmacy staff.
- 4.70 Prescription and administration charts should be used correctly. They must be clearly annotated by health services staff to ensure that it is possible to distinguish between witnessed administration of medication and those issued daily in-possession.
- 4.71 The dental contract should be revised to ensure that there are sufficient sessions to meet the demands of the population. It should be regularly reviewed by the primary care trust (PCT).
- 4.72 There should be out-of-hours dentistry cover.
- 4.73 A protocol should be developed to assist the health services staff when dealing with dental emergencies in the absence of the dental team.
- 4.74 Health services bed spaces should not form part of the prison's certified normal accommodation, and admission should only be on the basis of clinical need.
- 4.75 Day care services that provide constructive activity should be available to inpatients and prisoners who are less able to cope with life on the wings.
- 4.76 Mental health awareness training should be provided to discipline staff, in particular those working in the healthcare department, the segregation unit and reception.
- 4.77 The referral criteria for the mental health in-reach team should be reviewed.
- 4.78 All prisoners needing assessment by specialist mental health services should be seen within seven days and transferred expeditiously.

Housekeeping points

- 4.79 Waiting lists should be regularly validated.
- 4.80 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms to ensure that temperature-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 4.81 Up to date pharmacological reference sources should be available.
- 4.82 The Notice to Prisoners 053/2006 regarding dental services should be replaced.

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 Over one-third of prisoners were unemployed, and more than half remained on the wings during the working day. The activity allocation system focused mainly on filling vacancies and was insufficiently coordinated, although no group of prisoners was disadvantaged in terms of access to education and employment. The pay policy was not monitored closely enough to ensure that it was fairly applied. The quality of learning and skills provision was inadequate across all areas, and was poorly managed. Fewer than one-third of prisoners had had an adequate assessment of their literacy, numeracy and language needs. Teaching in some classes was unsatisfactory, and quality improvement arrangements were particularly poor. Attendance and punctuality in education classes were poor.
- 5.2 An inmate roll report produced from the establishment's database on the first day of the inspection showed that, out of 675 prisoners, 243 (36%) were recorded as unemployed. This did not include prisoners on the detoxification regimen or otherwise unable or unfit to work. Only 16 were shown as receiving no pay, which meant that they had declined to work, and only one of these was a convicted prisoner and therefore required to work. We regularly found between one-third and one-half of prisoners remaining on the wings during the working day. This was confirmed by the establishment's own figures for the week before the inspection, when between 58% and 65% of the population were recorded as being on the wings on any one day.
- 5.3 The activity allocation system was rudimentary, based on filling vacancies from a waiting list, rather than seeking to match available places to prisoners' assessed needs. All allocations to activity were supposed to be managed centrally, but we found separate systems for education, wing cleaning jobs and workshops. Some of these arrangements, particularly for the selection of wing cleaners, lacked transparency. Other aspects of activity allocation were poorly coordinated; for example, health services staff assessed prisoners for their suitability for work but did not enter this information onto the prison database, resulting in inappropriate allocations.
- 5.4 The prisoner pay policy had been updated in May 2007; it specifically addressed the standard of prisoners' work (with significant differences between the daily pay rates for those who consistently worked to poor and to acceptable standards). However, there was no central collation of information about pay levels and no apparent monitoring and analysis to ensure that prisoners' actual payments were fair.
- 5.5 Education and training were managed by the head of learning and skills and interventions, who reported to the Governor. Education classes were provided by Lincoln College, and the education department was open on weekdays between 8.30am and 11.30am, and 1.45pm to

4.15pm. There were no evening classes. Most prisoners attended part-time for between two and five half-days per week. Outreach provision was available for prisoners who worked, to enable them to attend classes in literacy and numeracy. Recent changes in the education timetable, and the move to part-time work and education, allowed most prisoners good access to education, and they were encouraged to take part. We found no evidence of the prioritisation of young adult prisoners for education classes.

- 5.6 The leadership and management of learning and skills were inadequate. The processes to improve the quality of the provision were also inadequate, and there was no overall approach to quality improvement. The establishment had not produced an overall self-assessment report since December 2005. No post-inspection action plan had been developed to enable the prison to address the identified weaknesses, and there was no development plan at the time of the present inspection. The education provider was not monitored effectively.
- 5.7 Arrangements to observe teaching and learning were unsatisfactory. The education department had an appropriate system, but this did not identify the level of unsatisfactory teaching observed during the inspection, and many new teachers had not yet been observed. In some lessons, prisoners were not adequately challenged. There was too much emphasis on practising test papers, and prisoners worked at a slow and self-determined pace. Lesson plans were used in all lessons, but some teachers gave insufficient thought to the needs of the prisoners. Against a comparator of 36%, 29% of prisoners surveyed thought that their education would help them on release.
- 5.8 The establishment did not use and analyse educational data effectively. It was unable to provide inspectors with adequate, reliable data relating to the number of learners, the performance of courses and individuals, or other relevant measures. The education department had only recently started to use a new database to record information about success rates. The establishment did not keep sufficient useful data about the vocational training provided.
- 5.9 Despite some recent actions to address gaps, communication across the establishment was poor. Teachers in education were not fully aware of the range of other training offered across the establishment. The results of prisoners' numeracy and literacy assessments were not communicated effectively to relevant staff, and teachers in the education department were not always informed if any of their learners were young adult offenders. However, communications within the education department, and between it and the college and other prisons, was effective. The education manager had made links with other parts of the prison, although these were largely informal.
- 5.10 In the workshops, prisoners worked at an appropriate rate and demonstrated satisfactory levels of skill in the operation of machinery and equipment. However, there were no qualifications or other forms of recognition for the skills developed in the industrial workshops or in waste management. The kitchen was accredited to offer National Vocational Qualifications; however, only four prisoners had begun this in the previous 12 months, and only one was continuing; he was making slow progress. Industrial cleaning qualifications were available to wing cleaners but were not available more widely. Qualifications in the laundry were under-developed, and no prisoners had yet been assessed for any part of the qualification. Our survey showed that 14% of prisoners thought that their vocational or skills training would help them on release; this was significantly poorer than the 24% comparator.
- 5.11 The planning of learning was weak throughout the establishment, with the exception of those programmes run in liaison with external agencies. In the education department, prisoners were given individual learning plans for each course they were on, but did not have an overall plan.

Outside of education, individual learning plans were not seen as useful by staff or prisoners and had little impact on prisoners' experiences.

- 5.12 Some learning facilities were poor. Information and communications technology training for vulnerable prisoners was only available in the charity workshop, and this provided an inadequate learning environment. The area designated for training in industrial cleaning was unsuitable, as there were no floor areas for prisoners to practice on, inadequate facilities for teaching and few teaching resources.
- 5.13 Arrangements to assess prisoners' literacy, numeracy and language needs were poor. Less than one-third of the prisoner population had had an adequate assessment of their needs. In our survey, 16% of prisoners said that they had received a basic skills assessment within the first week, and this was significantly worse than the 42% comparator. A process to test all new prisoners had recently been introduced, but had yet to have sufficient impact. Work was ongoing to ensure that all new prisoners attended the testing process. Insufficient attention was given to the needs of those for whom English was not their first language, and little distinction was made between those who might have been illiterate in their own language and those who were literate, but had poor English language skills.
- 5.14 Attendance and punctuality on many courses was poor (with average attendance being below 60%), management by some teachers was weak, and the register of attendance system was unreliable. In some classes, prisoners were signed in on the register but were not present when inspectors visited the class. On E-wing, prisoners tended to wander off during lessons, or failed to return from breaks for up to 30 minutes.

Library

- 5.15 Lincolnshire County Council provided the library service, and prisoner access had improved significantly since the previous inspection. Sessions were effectively timetabled on six days a week to ensure that all prisoners could attend the library for no less than 20 minutes each week. Prisoners who specifically requested it could also attend at other times. However, 28 of the 293 possible sessions between April and November 2007 were cancelled for prison operational reasons.
- 5.16 Two libraries served the needs of different wings. There was little duplication of stock between them and it was easy for a prisoner to request a book held in the other library. An effective electronic catalogue allowed prisoners to see what books were held in the other library, and advice and help were available from appropriately qualified librarians. Both libraries were well organised. Data on library usage had been available for only eight months; during this period, there had been almost 18,000 issues from just under 9,500 prisoner visits. At the time of the inspection, 478 prisoners (about two-thirds of the prisoner population) were active borrowers. The library was effective in retrieving books from those prisoners who were discharged, with only 109 lost books in the same period. There was a small library of books in the healthcare unit and the first night centre.
- 5.17 The library held a total of just over 10,000 volumes, both fiction and non-fiction. This included books in 27 different languages and, using the Lincolnshire Library book request system, others could be obtained at relatively short notice. In one instance, Lincoln and the other Lincolnshire prisons shared the costs of a number of Vietnamese books to meet the needs of an unexpected influx of Vietnamese prisoners. There were no braille books at the time of the inspection, but one had been ordered to meet the needs of a prisoner whose sight was failing.

- 5.18 There had been no recent prisoner survey to identify needs of the population. A decision had been taken to start a focus group, but this had not yet been implemented. Links with education and training were largely informal, although there was some evidence of book purchases being made to meet the specific needs of some areas of training. There was a wide range of 'easy reader' books for those with low levels of literacy. Some books dealt with CV writing, and others employment-related issues. Books on a range of aspects of personal and social development were available. The library contained many talking books, in both cassette tape and CD formats.

Recommendations

- 5.19 Allocation to activity spaces should be transparent and based on identified sentence planning needs.
- 5.20 The various activity allocation systems should be better coordinated and streamlined to ensure efficient and effective use of resources.
- 5.21 Young adult prisoners should be prioritised for access to education.
- 5.22 Senior managers should monitor and analyse pay levels to ensure that the application of the pay policy is fair.
- 5.23 A post-inspection action plan should be designed and implemented with the full involvement of the quality improvement group.
- 5.24 Data relating to the performance of all learning and skills activities within the prison should be collected, analysed and acted upon.
- 5.25 The quality of internal communications should be improved to ensure that teachers and instructors are fully aware of the resources available to address the individual needs of prisoners.
- 5.26 All prisoners entering the establishment should receive an appropriate assessment of their literacy, numeracy and language skills.
- 5.27 Effective individual learning plans should be introduced for all prisoners involved in education and skills.
- 5.28 The access and facilities for information and communications technology training for vulnerable prisoners should be improved.
- 5.29 Adequate training facilities should be provided for training industrial cleaners.
- 5.30 The standard of teaching should be improved.
- 5.31 The punctuality and attendance of prisoners should be improved and robustly managed by all staff.

Physical education and health promotion

Expected outcomes:

Physical education (PE) 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.

- 5.32 There were good opportunities to participate in PE, but facilities for some activities were limited. Management of recreational, remedial and detoxification programmes was good. The shower facilities were inadequate.
- 5.33 The PE department was staffed by one senior officer and five PE instructors. Recent staff absences had resulted in the cessation of accredited programmes; however, 46 prisoners had previously achieved some form of qualification. There was a good range of new machines and facilities for cardiovascular work. Weights were located in a netted area of the main sports hall, and this restricted some of the indoor sports activities. There were no outdoor facilities.
- 5.34 PE staff promoted a range of activities, resulting in 35% of the prison population using the PE facilities. Short, focused programmes for remedial work and detoxification were well managed, with clear links to the healthcare department. During induction, all prisoners completed a Par-Q form detailing prisoners' medical condition. There was close monitoring of accidents and injuries. Only five accidents had occurred in the previous six months, and the 'safe system at work' and risk assessments were looked at regularly, in conjunction with the health and safety officer.
- 5.35 All prisoners had the opportunity to attend the gymnasium twice per week, and our survey showed that 39% did so. Those who undertook any form of employment, including education, had the opportunity to attend for a further session during evenings and weekends. Every prisoner was given a clean gymnasium kit and training shoes if required. Prisoners were responsible for washing their kit, but had the opportunity for a clean kit if needed. Showers were available, but prisoners were reluctant to use them owing to the inadequacy of the facilities. Only seven showers were fully functioning, floor tiles were chipped and cracked, and the matting placed over them was dirty and unhygienic. The ceiling of the showers was covered in mould. Facilities for staff, storage of equipment and teaching of theory were inadequate.

Recommendations

- 5.36 The showers in the gymnasium should be refurbished and made fit for purpose.
- 5.37 The facilities for weights and the teaching of theory 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.

- 5.38 The chaplaincy team worked well together, and were proactive and visible around the establishment. The programme of activities was well publicised, and opportunities for corporate worship offered, although an application was initially required before this could commence. Chaplaincy team members were fully integrated into the prison regime. The facilities offered in the main chapel were adequate, but the multi-faith room was small and shabby.
- 5.39 The chaplaincy team offered a broad range of activities and support to prisoners, all of which was outlined in a well-published programme. Opportunities for corporate worship were offered to all faith groups, although prisoners had to apply initially before they could attend.
- 5.40 The chaplaincy team stated that they worked well together, demonstrating tolerance and cooperation with one another. A full-time Anglican coordinating chaplain and a full-time Muslim chaplain both carried out a range of generic duties, supported by several part-time chaplains from a variety of faith groups. The only notable gap in the chaplaincy team was for a Buddhist minister, and although all practicable steps had been taken to address this shortfall, the needs of the small number of Buddhist prisoners were not being met. The team had developed a range of good links with community-based faith groups, who contributed to the work at the establishment.
- 5.41 Chaplaincy staff attended a variety of prison meetings, and supported the assessment, care in custody and teamwork process, with one team member being an assessor. In addition, they were asked, when appropriate, to contribute to key decisions about prisoners – for example about sentence planning. The chaplains also took a lead when deaths in custody occurred, and to support prisoners during illness of relatives or bereavement.
- 5.42 The team were active and visible around the prison, including in the first night centre. In our survey, 58% of prisoners, against the 47% comparator, stated that they had seen a chaplain within 24 hours of arrival. The chaplaincy contributed to purposeful activity by offering a programme, including parenting, living with loss (bereavement) and a range of theological courses, and a full-time trained chaplain counsellor provided support to prisoners with issues from anxiety to childhood abuse.
- 5.43 The chapel was of adequate size to accommodate current numbers attending worship, but the multi-faith room was small and shabby, although did contain washing facilities. It was difficult for prisoners with mobility impairment to gain entrance to the chapel and multi-faith room, although the chaplaincy team made special arrangements for these prisoners to attend corporate worship. Numbers attending Friday prayers dictated that the main chapel, rather than the multi-faith room, was used for this purpose.
- 5.44 The searching policy outlined a culturally and religiously sensitive approach, and there appeared to be no unreasonable restrictions on keeping or using religious artefacts.

Recommendations

- 5.45 Prisoners should not have to apply to attend corporate worship.
- 5.46 A Buddhist chaplain should be appointed as soon as is practicable.
- 5.47 Multi-faith facilities should be adequate to meet the needs of those faith groups using the facilities.

Good practice

- 5.48 *The full-time counsellor chaplain offered one-to-one assistance to prisoners with a range of issues or difficulties.*

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.

5.49 It was not easy to calculate time out of cell from the published core day, of which there was more than one version. Very few prisoners could achieve 10 hours out of cell, and many experienced far less than this. All prisoners had the opportunity of at least one hour of association a day, but criteria for evening association differed between wings. Staff actively supervised prisoners and interacted with them during association. There was good opportunity for outdoor exercise, except in inclement weather.

5.50 A schedule of out of cell activities (core day) was displayed on all residential wings, but we found more than one version, and not all of them detailed both start and finish times, making it difficult to calculate how long a given activity would last. Based on the (undated) core day provided to us, only prisoners in full-time employment (of which there were very few) could achieve our expectation of 10 hours out of cell on a weekday. For the 36% of prisoners registered as unemployed at the time of the inspection, daily time out of cell varied between one hour and 40 minutes and four hours and 20 minutes per day. This was reflected in our survey, in which 7% of prisoners (against the 10% comparator) said that they spent 10 or more hours out of their cell. At weekends, prisoners were unlocked for association either in the morning or the afternoon, and could expect to spend a maximum of four hours a day out of cell.

5.51 The criteria for association also varied between wings; it was determined by employment status, incentives and earned privileges level, or neither, so that on one wing only prisoners in work were offered evening association, while on another it was open only to enhanced prisoners. On E wing, all prisoners had equal opportunity for association. This differential approach meant that all prisoners spent a minimum of one hour out of cell each day, but also that many prisoners were unable to telephone their families in the evening. On the rare occasions when association had to be cancelled, a rota system was operated to prevent any one wing being unfairly penalised. Our survey showed that 68% of prisoners went on association more than five times a week, which was significantly better than the 47% comparator.

5.52 Twenty-five per cent of prisoners, against the 17% comparator, said that staff normally spoke to them during association. We observed this to be the case during our evening visit and when prisoners were unlocked during the day. On most wings, we found staff on the landings mixing with prisoners rather than sitting in the wing office, and despite the large numbers of prisoners that could be unlocked at any one time, staff supervision was good and the environment was controlled. There was a requirement for cells to be locked while prisoners were on association (see section on residential units), and while this had been introduced to minimise opportunities for bullying and theft, many prisoners and some staff viewed it as unnecessarily restrictive.

- 5.53 Exercise periods were also adhered to, and 50% of prisoners surveyed (compared with the 41% comparator) said that they went outside for exercise three or more times a week. However, rather than provide prisoners with all-weather clothing, exercise was cancelled during inclement weather, and prisoners had no opportunity to spend time in the open air in those circumstances. The exercise yards were stark, with no seating.

Recommendations

- 5.54 Prisoners should spend at least 10 hours out of their cell on weekdays.
- 5.55 The core day and criteria for association should be consistent across the prison, and any difference in approach should be justifiable and non-discriminatory.
- 5.56 Prisoners should be issued with enough warm, waterproof clothing to go outside in all weather conditions.
- 5.57 The published core day should be standardised as much as possible and should include all start and finish times.

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 Responses to the large number of security information reports (SIRs) received were up to date, although some delays had previously been experienced, and information was not promptly recorded on the security intelligence system. Difficulties in analysing security trends were having an impact on the management of issues such as drug misuse by prisoners. Searching targets were met. The policy for closed visits and banning visitors was reviewed monthly. Prison rules were provided during induction, and were available on wings, although not in languages other than English. Categorisation processes were well developed, although the cross-deployment of staff could result in delays. Twenty-five per cent of unsentenced prisoners were from out-of-area, and problems were experienced in moving category B and C prisoners to training establishments.

Security

- 6.2 The security team met with other key prison staff each month. The security department had identified some vulnerable sections of the perimeter where they felt that contraband could be passed over the wall into areas to which prisoners had access, and bids were outstanding to fund additional security cameras.
- 6.3 The security department had dealt with 2,281 SIRs in 2007 to date, using the traffic light system to prioritise urgent and non-urgent actions, and during the inspection there were no delays in processing and responding to them. However, we did find examples where delays in dealing with SIRs led to the postponement of a suspicion mandatory drug test. The race equality officer (REO) had only restricted access to SIRs containing a possible racist element.
- 6.4 The routine searching target of 155 per month was achieved. We were told that until recently there had been difficulties in responding quickly to targeted searching work based upon intelligence received, although this had improved by the time of the inspection.
- 6.5 We were told that information was not always promptly recorded on the security intelligence system, and that staff shortages meant that the effective collection and analysis of security trend data were limited. While there were plans to address this shortfall, security staff we met considered this significantly to reduce their ability to respond effectively to the pressures they faced, in particular the high level of drug use at the establishment. Despite perceptions expressed in SIRs by some residential staff that gangs operated at the prison, intelligence analysis by the security department dispelled this as a myth.

- 6.6 A clear and comprehensive searching policy outlined when strip and squat searching would take place, and that more than one member of staff of the same gender as the prisoner should be present.
- 6.7 A closed visits policy had been produced, and at the time of the inspection six prisoners were subject to them. The policy also outlined the criteria for banning visitors, and 20 visitors were on the proscribed list. These decisions were based upon security criteria. Prisoners and visitors were notified in writing and told how to appeal. Prisoners subject to closed visits and banned visitors were routinely reviewed at the monthly security meeting.

Rules

- 6.8 The local wing rules and regulations were provided to prisoners during induction, and were available on all residential units. However, these were not available in translation, and staff acknowledged that prisoners with poor use of English might not have understood all prison rules. Where appropriate, the information available also outlined relevant appeals processes.

Categorisation

- 6.9 Categorisation processes were well developed. During the inspection, no delays were evident in this work, although we were told by observation, classification and allocation staff that regular cross-deployment to other duties sometimes caused backlogs. Categorisation was assessed on admission to the establishment, and reviewed according to sentence and at least annually. Categorisation decisions were made in reference to information held about the prisoner, and, where appropriate, staff working with them. Prisoners were notified of decisions in writing, but rarely verbally, and no special arrangements were made for those with little or no use of English.
- 6.10 Twenty-five per cent of the unsentenced prisoners held were from outside of the normal courts' catchment area for the prison, thus causing added distress and dislocation from families and friends, and difficulties to ongoing legal cases.
- 6.11 Population pressures meant that the prison was experiencing difficulties in moving many category B and C prisoners on to training establishments, although good relationships developed with HMP Whatton and local category D prisons meant that sex offenders and prisoners suitable for open prison conditions could be moved quickly.

Recommendations

- 6.12 All security information reports (SIRs) should be responded to in a manner that ensures that action can be taken in a timely way.
- 6.13 The REO should have unrestricted access to SIRs in which a racist element is suggested.
- 6.14 Security information should be recorded on the security intelligence system within 24 hours of being received.
- 6.15 Sufficient staff should be trained and profiled to analyse the security data received, and the results of this should be used to establish security priorities.

- 6.16 Unsentenced prisoners should be held in the most convenient local prison for their domestic and legal visits.
- 6.17 Sufficient spaces should be available to move category B and C prisoners to training prisons where their sentence planning needs can be met.

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.

- 6.18 Adjudication arrangements were generally well managed, although some delays in the laying of charges were identified. Use of force was also well managed, although some errors in paperwork were evident, and planned interventions were not routinely video-recorded. Use of the special unfurnished cell was minimal, although the environment provided was inadequate. The segregation unit was in a poor state of repair and the layout was inappropriate. Staff were respectful and efforts had been made to enhance the regime offered. Most prisoners spent the minimum time practicable in the unit. However, one had been held there for some time, which was having a detrimental impact on him.

Adjudications

- 6.19 Adjudication procedures were well developed, with quarterly tariff-setting meetings attended by adjudicating governors, and a list of suggested tariffs used during hearings. The security governor had conducted a quality assurance exercise of adjudication paperwork and decisions made, and this was used as a developmental tool for those involved.
- 6.20 A total of 1,194 adjudications had been dealt with in 2007 to date, which was proportionate to the number at the same time in the previous year, when the prisoner population was lower. Appropriate cases were referred to the independent adjudicator, who was a regular visitor to the prison.
- 6.21 The adjudications room, located in the segregation unit, was adequate, although the prisoner waiting area was small and unwelcoming. We observed the adjudication process and saw that prisoners were dealt with in a respectful manner, and were referred to by their first name or as 'Mr...'. The procedures were carefully explained by the adjudicating governor, and prisoners were encouraged to participate actively and provide mitigation; decisions and punishments were verbally explained, and reinforced in writing. However, prisoners were not provided with a pen and paper, nor made aware of the appeals procedure during the hearing.
- 6.22 Delays in the laying of charges had resulted in some positive mandatory drug tests not resulting in adjudication.

Use of force

- 6.23 Prison records indicated that force had been used on 64 occasions in 2007 to date, and a review of paperwork suggested that in most cases it was clear and justifiable why force had been used.

- 6.24 The level of force described appeared to be proportionate, with handcuffs, restraint and segregation used only when necessary, and there were a number of examples when none of these had been deemed necessary. Use of force was subject to regular ethnic monitoring and no trends or concerns had been identified. Paperwork indicated that health services staff were either present when planned interventions were conducted, or saw the prisoner as soon as was practicable afterwards.
- 6.25 Paperwork was not always fully completed, and we saw examples of use of control and restraint by staff who were out of date on their training and authorising officers who were involved in the use of force they were sanctioning. The establishment did not routinely record all planned interventions, and those that had been video-recorded in 2007 did not show the actual use of force. Control and restraint equipment was located in a secure room in the segregation unit.
- 6.26 The special unfurnished cell had been used three times in 2007 to date (in contrast to the 22 times it had been used during 2006), and none of these uses had been to manage self-harming or suicidal prisoners. The body belt had been used only once in 2007.
- 6.27 We reviewed some of the paperwork for use of the unfurnished cell, and it was clear that the individuals concerned were vulnerable, agitated or violent; however, in one case the prisoner was kept in the unfurnished cell for several hours after he had calmed down. Recorded observations were made at least every 15 minutes. Prisoners were not routinely strip searched when located in the cell, although we were told that strip clothing was used in all cases.

Segregation unit

- 6.28 Prisoners were received into segregation with the proper authorisation, and were located for appropriate reasons, with initial reviews taking place within 72 hours and a care plan developed after 30 days. Strip searching was not routinely used, but was based upon an individual risk assessment. Segregation staff were selected using a published policy.
- 6.29 The segregation unit was an 11-bedded facility, which was in a poor state of repair. Cells were dark and shabby, containing low-level beds, and we observed toilets which were badly stained and graffiti on the walls. The special unfurnished cell was particularly unsuitable, offering little natural light and a wooden pallet on the floor.
- 6.30 The physical design of the segregation unit meant that prisoners entered and left the unit through the main office where confidential prisoner information was stored and, in some cases, displayed on the walls. This was also the case for those prisoners attending adjudications. The location of the exercise yard meant that prisoners had to be escorted past an area where other prisoners could be present, risking contact between segregated prisoners and those on main location.
- 6.31 The regime offered the opportunity for a daily shower, telephone call and exercise, and staff provided radios and music players, the 'door' pack and in some cases a television to keep prisoners occupied. Education was offered on one day per week, and the librarian also visited weekly to deal with specific requests from prisoners, and to replenish the stock of books available to them. The duty governor, chaplain, an Independent Monitoring Board member and health services staff were daily visitors to those held in the unit. While most prisoners held did not attend corporate worship, we were provided with examples of when this had occurred, and also when a prisoner in the unit had continued to participate in an offending behaviour programme.

- 6.32 Although most prisoners in the unit were held for short periods, during the inspection one prisoner had been in the unit for some considerable time. It was not possible to relocate this prisoner to another area of the establishment, and efforts had been made to transfer him to another prison; however, prolonged segregation was having a detrimental impact on him. He was due to be managed under the area protocol for such eventualities, but there had been delays in taking this action.
- 6.33 Most prisoners we spoke to who had spent time in segregation said that staff treated them well, and with respect. An entry and exit survey had recently been introduced, to gain relevant information about prisoners entering the unit and also to obtain their views and feedback when exiting.

Recommendations

- 6.34 During adjudications, prisoners should be provided with a pen and paper, and those found guilty given details of how to appeal.
- 6.35 A suitable waiting area should be provided for prisoners attending adjudication hearings.
- 6.36 Where appropriate, charges should be laid promptly to maintain the credibility of the adjudications process.
- 6.37 Use of force paperwork should be comprehensively completed and properly authorised.
- 6.38 The authorising officer should not also be involved in the use of force, and all staff involved should be trained in control and restraint.
- 6.39 All planned uses of force should be video-recorded.
- 6.40 Prisoners should be held in the segregation unit for the minimum practicable time before being returned to normal location or transferred to another suitable prison. When such issues are complex, the area management protocol should be quickly instigated.

Good practice

- 6.41 *Entry and exit prisoner surveys in the segregation unit were designed to gain relevant suggestions and feedback about the running of the unit.*

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.

- 6.42 The revised incentives and earned privileges (IEP) scheme was well understood but despite good monitoring, it was not evident that the scheme was consistently and fairly applied across the establishment. There were good incentives to progress to the enhanced regime, and the

structured basic regime allowed prisoners to demonstrate and be rewarded for improvements in behaviour. A weekly review board offered an element of objectivity but did not include adequate input from key staff or prisoners. More than half of prisoners surveyed thought that they had been treated fairly in the operation of the scheme.

- 6.43 The IEP scheme had been revised in January 2007 and re-launched in March 2007; the policy document was clear and well understood by the prisoners and staff we spoke to. In this scheme, prisoners could retain enhanced status gained at other prisons; new prisoners were placed on the standard level and could apply for enhanced level after two months. At the time of the inspection, 78% of prisoners were on the standard level (which was consistent with over three-quarters of the population having been at the establishment for less than three months) and 21% were on the enhanced level.
- 6.44 Just seven prisoners – less than 1% of the population – were on the basic level, of whom four had been demoted under the anti-bullying scheme. We were told that there were generally fewer than 10 prisoners on basic, and managers acknowledged that this number was low. Our analysis of adjudication records showed that prisoners were not placed on report rather than being dealt with through the IEP scheme. However, a sample of prisoner wing history sheets showed some examples of prisoners who had not been referred for demotion to basic level, despite appearing to meet the criteria. Although there was no intervention to assist basic level prisoners to change their behaviour, the basic regime was structured so that prisoners could work their way up through four levels, earning back privileges at each level.
- 6.45 All referrals for promotion and demotion were referred to the weekly IEP review board, which was chaired by a principal officer. Effective monitoring and quality assurance ensured that decisions to promote or demote were administered fairly. However, from our sample of wing history files and discussions with staff and prisoners, it did not appear that the IEP scheme was applied consistently across all wings. Our survey showed that 56% of prisoners thought that they had been treated fairly under the IEP scheme, which was significantly better than the 46% comparator. It also showed that 7% of black and minority ethnic respondents were on enhanced level, compared with 27% of white respondents; this imbalance had been highlighted in the establishment's own monitoring, and was being investigated at the time of the inspection.
- 6.46 Although the IEP review board offered an element of objectivity, there was no set representation, and attendance often relied on which wing staff were available. Progress against sentence planning targets was taken into consideration, based on information obtained from offender assessment system staff, but there were limited contributions from other departments. Prisoners were rarely involved in the reviews and received notification of the result in writing.
- 6.47 There were good incentives to progress to the enhanced regime; as well as extra visits and access to extra personal cash, enhanced prisoners were allowed quilts and playstations, and convicted prisoners could wear their own clothing. Staff and prisoners told us that the withdrawal of an additional association period on Friday afternoons had been unpopular. However, there was ongoing consultation with prisoners to identify further incentives.

Recommendations

- 6.48 **The incentives and earned privileges (IEP) scheme should be operated consistently and fairly across the prison, with any indicators of potential discrimination promptly and fully investigated.**

- 6.49 The weekly IEP review board should be formally constituted, with regular attendance or input from key departments.
- 6.50 The IEP review process should include more consultation and involvement by prisoners.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The small but clean kitchen was staffed by three industrial caterers. Not all prisoner kitchen workers had completed the basic food hygiene certificate. There was a heavy reliance on bought-in products, and the menus did not offer sufficient healthy or culturally diverse options. Breakfast packs were distributed with the evening meal and lunch was served before noon. Medical and religious diets were catered for and there were appropriate arrangements for the storage and preparation of halal food. Prisoners' concerns about food contamination were not adequately addressed. Prisoners were consulted about the catering, but catering staff did not attend the prisoner representative committee meetings.
- 7.2 The kitchen was small but clean, and staffed at any one time by three industrial caterers and between 14 and 20 prisoners. Catering staff told us that this was not adequate to manage the work that took place in the kitchen. Due to the nature of the prison population, there was a high turnover of prisoners who worked in the kitchen; consequently, they had limited skills in food preparation and food hygiene, with seven out of the 20 prisoners working in the kitchen at the time of the inspection having completed the basic food hygiene certificate.
- 7.3 Prisoners selected their meals one week in advance, from a four-week menu cycle. The menu offered only a limited range of healthy options and did not provide the recommended five fruit and vegetable portions per day. Additionally, it provided a limited range of culturally diverse meals. In our survey, no black and minority ethnic respondents said that the food was good or very good compared with 28% of white prisoners. The catering manager said that he relied heavily on bought-in factory products owing to the lack of kitchen equipment, space and skills. Shortly before the inspection, meal choices had had to be changed owing to malfunctioning kitchen equipment.
- 7.4 The kitchen catered for medical and special diets, including diabetic, gluten-free, Mormon and halal food, the latter being stored and prepared in a separate part of the kitchen.
- 7.5 The wings had different trolley collection times; however, all the food trolleys were collected between 11.25am and 11.35am for lunch, and between 4.10pm and 4.20pm for the evening meal. Breakfast packs were distributed with the evening meal, as well as a piece of fruit for supper. On one wing, we observed that the fruit had run out before serving had ended, and a kosher meal was not available on the trolley, despite it being pre-ordered by a prisoner.
- 7.6 At the servery, prisoners wore suitable clothing but did not always use the appropriate utensils to serve the food. The catering manager confirmed that a weekly visit to all the serveries did not always take place, and we saw evidence of food residue on the food trolleys, which each wing was responsible for cleaning. Food comments books were not readily available to prisoners during meal times, and the catering manager did not check them.

- 7.7 At the time of the inspection, vulnerable prisoners were concerned about food contamination; the catering manager confirmed that there had been such incidents and that these had not been investigated or satisfactorily concluded. Due to the lack of staff in the kitchen, we were told that it was difficult to supervise prisoners who worked in there. In order to address concerns about food contamination, kitchen staff swapped the food at the last minute to prevent targeting of particular wings.
- 7.8 The catering manager had recently undertaken a prisoner food survey, which 116 prisoners had completed and returned. The survey highlighted that prisoners were not satisfied with the quantity of fresh fruit and vegetables available, and two of the small number of black and minority ethnic prisoners who completed the survey said that they wanted to see more kosher meals and African-Caribbean food.
- 7.9 A monthly prisoner representative committee meeting took place but was not regularly attended by representatives from each of the wings. Catering was on the agenda, but the catering manager did not attend, despite concerns being raised about this in August 2007. It was therefore difficult to establish whether any catering issues raised were addressed or responded to on a regular basis.

Recommendations

- 7.10 The kitchen should be staffed with the appropriate number of industrial caterers to prepare the meals and supervise and support the prisoners who work in the kitchen.
- 7.11 All prisoners should complete the basic food hygiene certificate before preparing food in the kitchen or serving food at the hot plates.
- 7.12 The menu should provide a healthy option and the recommended portions of fruit and vegetables each day.
- 7.13 The menu should have a range of cultural meals available to reflect the diversity of the population.
- 7.14 Breakfast packs should be issued on the day they are to be consumed.
- 7.15 Appropriate and immediate action should be taken to address prisoner concerns about food contamination, and any reported contamination of food should be investigated.
- 7.16 A member of catering management should attend the prisoner representative committee each month and respond to any issues raised.

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.

- 7.17 The prison shop was managed by Aramark. Our survey results indicated overall satisfaction with the range of goods on sale, but high levels of dissatisfaction from black and minority ethnic prisoners. There was a weekly ordering system and an opportunity to access the shop

at other times if there were legitimate reasons why a prisoner might have missed his order. Prisoners were frustrated that shop orders were delivered on Friday but not distributed until Sunday. No administrative charges were made for catalogue orders.

- 7.18 Aramark managed the shop. In our survey, 62% of prisoners thought the prison shop sold a wide enough range of goods to meet their needs, although none of the black and minority ethnic prisoners surveyed felt that this was the case. The shopping list appeared to have a wide range of goods for sale, and there were products suitable for minority groups. HMPS Headquarters set the prices, and these were not higher than at other similar establishments. Price changes were communicated to prisoners, and there were opportunities through the consultative committee to comment on goods that prisoners wished to see on sale.
- 7.19 Individual order forms were sent out each week, with the amount available to spend set out on them; prisoners filled them in and returned these to the staff. Once collated, all the forms were despatched to Aramark. If a prisoner had ordered goods beyond his allowance, the convention was that goods lower down on the order form were discarded first. An advance was provided for all new receptions. Aramark also ran a daily shop for prisoners who had recently arrived and might have missed the weekly order day or were at court on the day that orders were to be submitted.
- 7.20 Bagged goods were delivered to the establishment each Friday and distributed to prisoners on the Sunday. Prisoners were irritated by the fact that their goods were in the prison but not distributed, and it was not clear why the goods could not be distributed on the Saturday.
- 7.21 Prisoners could access their spends account by application, and office staff frequently supplied this service. Wing staff had access to the same information on the local intranet, and could have provided this information themselves. Prisoners complained about the length of time it sometimes took for cheques sent to them to be credited to their accounts (see section on contact with family and friends).
- 7.22 Larger items could be ordered through the Argos catalogue; there was no administration fee for doing this. When a large number of goods were ordered at the same time, the establishment covered the cost of the Argos delivery charge. There was an arrangement with a local newsagent for those prisoners who wished to order a daily newspaper.

Recommendations

- 7.23 Shop purchases should be distributed to prisoners as soon as possible, and no later than 24 hours after they have arrived.
- 7.24 Wing staff should be trained and encouraged to answer prisoners' spends account requests without reference to the main office staff.

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 A reducing reoffending strategy had recently been introduced, but there had not been a comprehensive needs analysis of the population. Regular meetings took place, but attendance was not sufficiently comprehensive to ensure that the reducing reoffending strategy was widely advertised. The establishment had recently held a networking event which had been attended by over 65 agencies, including potential employers. There was no use of prisoner peer workers in the resettlement function.

8.2 A new resettlement strategy had been introduced in November 2007. The contents of the strategy clearly identified how the establishment intended to deliver each pathway, but, rather than being informed by a comprehensive needs analysis of the population, the construction of the strategy was influenced only by a questionnaire that had been completed in January 2007. Within the strategy, the establishment had identified a number of objectives, but there were no dates set for their delivery. As a result, these objectives could remain mere aspirations.

8.3 Monthly reducing reoffending/resettlement meetings were chaired by the deputy governor, who was the head of offender management. The minutes showed a regular list of apologies for non-attendance. This meeting had limited membership, as the resettlement strategy was not well advertised throughout the establishment. Some staff we spoke to, including members of the resettlement team, were unaware of the content of the meeting.

8.4 A voluntary services coordinator had been in post since April 2007. She had organised a recent networking forum, inviting over 65 agencies who were potential employers and agencies that could assist in the resettlement of offenders. After the forum, 55 agencies had expressed interest in working with the establishment, and the coordinator was in the process of setting up meetings with them. The voluntary agencies currently working within the establishment all had Service Level Agreements.

8.5 The coordinator had established good contacts in the voluntary sector and had plans for approaching outside agencies for assistance, but this work was not project managed and had no time frame. The majority of prisoners lived within 50 miles of the establishment, but no local employment needs assessment had been done.

8.6 In our groups, prisoners expressed concern that although initial resettlement needs were discussed during induction, little seemed to be done subsequently. In discussions with the resettlement team, it became apparent that this was because there was little contact from the team during the interval between induction and the interview 60 days pre-discharge.

8.7 Due to the lack of a needs assessment, the establishment was unclear as to what interventions were required. The short-duration drug programme was the only accredited offending behaviour programme offered. Other interventions that might have been required were identified through the offender assessment system (OASys) assessment, and the

establishment would try to transfer the prisoner to an appropriate prison offering the relevant intervention. There was no use of prisoner peer workers in the resettlement function.

Recommendations

- 8.8 Objectives within the new resettlement strategy should be time bound to ensure delivery and allow follow up. A review date of the strategy should be included.
- 8.9 There should be a resettlement awareness session included in the prison's training days.
- 8.10 A local employment needs analysis should be carried out to identify the agencies that the coordinator should be targeting.
- 8.11 Prisoners should be kept informed of work being done on their behalf between induction and the 60 day pre-release interview.
- 8.12 Prisoner peer workers should be recruited and trained to assist in the delivery of the resettlement strategy.
- 8.13 After the needs analysis has been completed, the relevant interventions should be introduced into the establishment.

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.

- 8.14 Resettlement staff carried out an effective initial interview, but the information gathered was not used optimally. Seven offender supervisors managed the 115 prisoners identified as falling within phase 2 of the offender management roll out and 26 assessments had yet to be completed. Due to the redeployment of offender management unit staff, there was a backlog of 162 assessments for prisoners who were not in scope and some were transferred or discharged without an assessment. There had been few transfers of indeterminate-sentenced prisoners for public protection to other prisons and progression for life sentenced prisoners was also slow. There was little custody planning for prisoners serving less than 12 months. There had been no use of release on temporary licence in the previous year.
- 8.15 The resettlement team (comprising two officer grades and the Lincolnshire Action Trust (LAT), a charitable organisation) interviewed all new receptions and identified prisoners' individual risks and resettlement needs. This information was recorded on the prisoner resettlement passport. This document recorded the information gathered by all agencies during the induction interview; however, it was then placed in the prisoner's history file and was not referred to again throughout the prisoner's time at the establishment. For prisoners serving less than 12 months, no custody plans were completed.
- 8.16 There were 115 prisoners in scope for this stage of the rollout of the offender management initiative, and they were dealt with by the staff of the offender management unit, which

consisted of seven supervisors and a mixture of probation and discipline staff. The assessments for the majority of these prisoners had been carried out, but there were still 26 that needed to be completed. Prisoners who were serving over 12 months and were not in scope were assessed when staff were detailed OASys duties. However, this did not occur on a regular basis, as staff were frequently redeployed, and at the time of the inspection there was a backlog of 162 such cases. This meant that some prisoners would be discharged or transferred without an assessment being completed. Staff in this department were confused about how they fitted into the management structure.

- 8.17 In our survey, 24% of prisoners said that they had a sentence plan; 14% said that they could achieve all or some of their targets at the establishment and 16% said that there were plans for them to achieve their targets in another prison.
- 8.18 A total of 124 prisoners were subject to public protection measures. The initial identification of these prisoners by reception, first night and public protection staff was good. Once such prisoners had been identified, the public protection team would interview them and inform them of the necessary restrictions which applied. Censor staff were aware of who was subject to these measures. However, this information did not reach wing staff. Public protection staff would send a form to wing staff and ask that it be placed in the prisoner's file to inform staff of the restrictions. However, the check that we carried out demonstrated that the sheets were not being placed in the history files. Public protection staff had been trained in how to use the Police National Computer, but were not given access to the computer; this had public safety implications and could also lead to prisoners being denied telephone calls as a result of pre-convictions not being confirmed.
- 8.19 At the time of the inspection, the establishment held 25 indeterminate-sentenced prisoners (IPP), and the 19 life-sentenced prisoners were managed by the lifer senior officer within the OASys team. Paperwork for both groups of prisoners was up to date. The senior officer was having problems transferring this population, especially the IPP prisoners, owing to the lack of spaces throughout the estate. One IPP prisoner had been in the establishment since April 2006 and still had no transfer location. The senior officer expressed her concern that more resources would be needed from January 2008, when IPP prisoners were to be incorporated into the offender management model. There were no separate meetings held for lifer-sentenced or IPP prisoners, and no lifer days had taken place recently.
- 8.20 There had been no release on temporary licence in the previous 12 months, even though the voluntary agency coordinator had arranged work placements which could have benefited from this initiative.

Recommendations

- 8.21 The prisoner resettlement passport should be a live document, which should be updated when required, and the personal officer should refer to it when setting targets for prisoners.
- 8.22 The backlog of assessments for all prisoners should be addressed, and a protocol introduced to ensure that offender managers complete assessments as soon as possible and submit them to the offender manager unit. Staff who carry out assessments should not be redeployed to other tasks.

- 8.23 A system which informs all staff of prisoners who are subject to public protection measures should be introduced. Public protection staff trained in the use of the Police National Computer should be given access to this facility.
- 8.24 The establishment should endeavour to transfer prisoners with indeterminate sentences for public protection and life-sentenced prisoners to appropriate prisons to complete their offending behaviour work. Preparations should be made for the incorporation of indeterminate sentenced prisoners (IPP) into the offender management model.
- 8.25 A minimum of two days each year should be designated for events for IPP prisoners, to enable them to understand and engage with risk reduction and their eventual reintegration.
- 8.26 Release on temporary licence should be used whenever possible, in particular to assist the voluntary agency coordinator in securing placements with voluntary agencies.

Resettlement pathways

Expected outcomes:

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

- 8.27 The establishment was meeting its target for discharging prisoners into accommodation, although this target was low. Poor education and training was offered, and little accredited vocational training. Prisoners being released were not given assistance in engaging with health and social services in the community. The drug strategy document was out of date, but treatment provision was reasonable, although there was little coordination of information between departments and little evaluation of the data collected. A part-time finance councillor assisted sentenced prisoners with financial issues, but offered no help in opening a bank account before discharge. Two programmes had been developed to support and enhance contact between prisoners and their children. Only limited offending behaviour work was offered. Although assessments for other programmes were undertaken by the psychology department, transferring prisoners proved problematic and it was not clear how successful such attempts were.

Accommodation

- 8.28 Two resettlement officers and/or a member of the LAT interviewed all new receptions during induction and identified all accommodation needs. The establishment was exceeding its target of discharging 66.5% of prisoners into accommodation, but 15% had been discharged with no fixed abode. This was not entirely the fault of external agencies that had been recruited to find accommodation, and these figures had not been included when assessing whether the target had been met.
- 8.29 The counselling assessment referral advice and throughcare (CARAT) team also looked for accommodation for prisoners at the same time as the LAT worker, and this could have led to confusion.

Recommendations

- 8.30 The target for releasing prisoners into accommodation should be raised.
- 8.31 The role of the LAT and arrangements for support and assistance should be clarified.

Education, training and employment

- 8.32 The prison offered poor education and training (see section on learning and skills and work activities). Work was limited and, due to the short length of stay of most prisoners, little accredited vocational training was offered. There were links between learning and skills and resettlement, and the head of learning and skills and the head of resettlement were both members of a number of working groups such as the reducing reoffending meeting and the quality improvement group. However, there was little evidence of joint working to meet prisoners' needs.
- 8.33 Prisoners who attended education classes received a one-to-one information, advice and guidance interview with a suitably trained member of staff; this identified their longer-term goals and an appropriate course of action to achieve them. However, there was no effective assessment of the needs of the majority of prisoners who did not attend education classes, although actions were being developed to rectify this. Prisoners who were due for release were able to attend an appropriate pre-release course offered by an outside agency. The provision offered included general job search skills, such as interview techniques, CV writing, advice on disclosure of offences, and courses on self-employment and financial management. These courses were well advertised to prisoners.
- 8.34 Jobcentre Plus visited the establishment regularly to offer support and guidance to prisoners looking for work on release. The prison had effective links with an international chain of hotels, which provided training to assist prisoners into sustainable employment within the hospitality industry.

Mental and physical health

- 8.35 Health services were not involved in the resettlement process. Prisoners being released were not given any assistance in engaging with health and social services in the community, although they were seen by a nurse a few days before leaving the establishment. The mental health in-reach team did make contact with community mental health services for the few prisoners that were on their caseload, as they were all subject to an enhanced care programme approach.
- 8.36 Palliative care services were good, with individualised patient care provided.

Recommendations

- 8.37 The health services team should play an active role in the resettlement process.
- 8.38 All prisoners should be given information and assistance to engage with health and social services on release.

Drugs and alcohol

- 8.39 The drug strategy group met monthly, with good representation from across the establishment and from partner agencies, including local drug intervention programme (DIP) teams. The drug strategy document was out of date (2005), but provision was generally of a reasonable standard. However, there was little coordination of information between departments, although relationships between departments were good. Information was compiled about prisoners' treatment from the point of accessing initial clinical support, right up to release and beyond, but no attempt was made to evaluate this.
- 8.40 A needs analysis had been undertaken through the use of questionnaires at the point of discharge or transfer, although this did not include some other important information already collated by the CARAT team, including drug of choice, post-release DIP contact and severity of dependence. The information collected was also not incorporated into the drug strategy and was not used to inform treatment need. There were plans to develop a variation of this questionnaire in conjunction with the safer custody group.
- 8.41 The large, multidisciplinary CARAT team consisted of a team leader and five main grade staff from Adapt, along with three directly employed prison staff and two officers. The team had a caseload of 345, of which 245 were active. Cases were only suspended when identified work was completed and/or a prisoner indicated that he no longer wanted to maintain contact. All prisoners were offered contact at reception, and those with identified substance misuse issues were seen on a one-to-one basis for initial assessment.
- 8.42 A review of case files showed examples of good case work by the CARAT team. The team leader was responsible for supervising and monitoring the work of the whole team, and management checks were undertaken on a monthly basis. Adapt had developed a model of staff development orientated around drug and alcohol national occupational standards, which was endorsed by the Federation of Drug and Alcohol Practitioners and the National Drug Programme Delivery Unit.
- 8.43 Group work was limited. Auricular acupuncture was delivered once a week for main location prisoners and on J wing, where those attending the short duration drug rehabilitation programme (SDP) were accommodated. A short overdose awareness programme was also delivered twice a month, and a pre-release course covering issues of overdose prevention and harm reduction was available to all prisoners before release.
- 8.44 The CARAT team was also responsible for assessing prisoners for possible participation in the SDP delivered on J wing. This had replaced the prison addressing substance related offending programme in August 2007 and was currently delivering the fourth course. The use of J wing as a dedicated unit for the programme was new and appeared to be having a positive impact. Of the three courses delivered so far, no prisoners had dropped out; those that had left had either being transferred or released. Prisoners we spoke to on J wing spoke positively about their experiences, although there were some concerns as to how they would 'survive' on normal location at the conclusion of the programme. Up to six graduates from the programme could be retained on the unit to act as mentors, and this model was working well.
- 8.45 Once the programme was completed, the CARAT team took over post-course support, which was undertaken on a one-to-one basis, but there was no peer support for graduates, which would have helped to reinforce the learning outcome of the programme. Uniformed staff working on J wing had been selected specifically, and it was rare that staff from elsewhere

were detailed to the wing. Despite this, none of the staff had received any specific SDP programme or drugs awareness training.

- 8.46 The CARAT team had developed good community links and liaised effectively with DIP teams to facilitate post-release provision. The team also followed up prisoners four weeks post-release to establish whether contact with the DIP team had been maintained. In the 12 months before the inspection, of the 165 CARAT cases that had been released, 86 (52%) had still been in contact a month after release.
- 8.47 Voluntary testing was available to any prisoner who wanted to sign up to this. However, the difference between compliance and voluntary testing was not clear. Although prisoners did not have to be on the enhanced level of the incentives and earned privileges scheme to be on voluntary testing, in order to be on enhanced, the prisoner was required to sign up for voluntary testing; this constituted compliance testing. Some jobs also required a compact to be signed, including workers in the kitchens and gardens, and all cleaners; again, this was in effect compliance testing. Since May 2007, the vast majority of voluntary tests had been undertaken using mobile testing kits, primarily because of the limited space afforded by the previously used testing suite.
- 8.48 The establishment had very limited provision for those with alcohol-related treatment needs. Detoxification was provided by the substance misuse team but no ongoing support was available. The SDP did not accept prisoners with alcohol-only problems. The CARAT team assessed individuals but were unable to offer ongoing work unless use was part of a pattern of poly-drug use. Such cases would be suspended. At the time of the inspection, the CARAT team had 23 alcohol-only clients suspended. There was no alcohol treatment programme, although Alcoholics Anonymous did attend, offering sessions twice a week on a group basis in visits. There was no alcohol strategy, and no alcohol element specifically included in the overall substance misuse strategy document. Information from the CARAT team was not incorporated into the needs analysis and it was therefore not possible to ascertain the exact extent of treatment need within the establishment.

Recommendations

- 8.49 The drug strategy document should be updated.
- 8.50 The substance misuse needs analysis should draw on information gleaned from all departments involved in offering drug treatment, including the counselling assessment referral advice and throughcare (CARAT) and substance misuse teams.
- 8.51 The contingent elements of the drug strategy group should work together to ensure that effective coordination and treatment provision is available consistently.
- 8.52 An alcohol strategy should be developed or incorporated into the drug strategy, and should include both testing and treatment provision.
- 8.53 Support following the short drug programme should be developed in conjunction with that provided by the CARAT team to ensure that learning objectives from the programme are reinforced.
- 8.54 Staff working on J wing should be offered training regarding both the actual programme and general issues of substance misuse.

- 8.55 A clear distinction should be made between voluntary and compliance testing.

Good practice

- 8.56 *The CARAT team's post-release follow-up of ex-clients provided the potential to establish which aspects of treatment in custody were effective and which were not.*

Finance, benefit and debt

- 8.57 Issues of finance, benefit and debt were identified by the LAT and resettlement officers during the induction interview. In our survey, only 36% of prisoners, compared with the 46% comparator, stated that they knew whom to contact in relation to claiming benefits. However, the LAT supplied a part-time finance councillor two days a week who assisted prisoners with financial issues, including court fines, rent arrears and how to deal with loans and mortgages.
- 8.58 The LAT was only financed to deal with sentenced prisoners, although initial advice would be given to unsentenced prisoners. The resettlement team also offered a basic budgeting course, but they stated that this was not sophisticated enough to deal with any technical financial issues. Prisoners were not offered the facility to open a bank account before discharge.

Recommendations

- 8.59 The work of the LAT counsellor in relation to assistance in claiming benefits should be better advertised. There should be an assessment carried out to determine whether the finance councillor is needed for more than the current time offered.
- 8.60 Unsentenced prisoners should be offered the same service as sentenced prisoners in relation to finance issues.
- 8.61 The basic budget course should be evaluated to ensure that it is meeting the needs of prisoners in relation to finance.
- 8.62 Prisoners should be assisted to open a bank account prior to discharge.

Children and families

- 8.63 Two programmes had been developed to support and enhance contact between prisoners and their children. The Storybook Dads programme had been operating for some time and was part of the national model of implementation. Being Dad was a parenting programme running for two half-days a week over four weeks; it had recently been introduced and had been well received by prisoners. Prisoners attending both of these programmes were entitled to apply for one of the family days facilitated by the establishment. No family visits were available for prisoners on E wing, and these prisoners were not able to participate in either of the parenting skills courses.
- 8.64 There had been three family days run in the previous 12 months; each lasted about two hours and included up to 10 families. The deputy head of resettlement had recently taken on the role of family liaison, and this had given added impetus to this area of work. Attempts were being made to introduce the good practice guidelines outlined in the national Kids VIP (visiting in prison) project, and a steering group had been appointed to take this work forward.

Recommendation

- 8.65 The establishment should offer parenting skills courses and the opportunity for family days to appropriate prisoners on E wing.

Attitudes, thinking and behaviour

- 8.66 As a local prison, the establishment was designed to offer only limited offending behaviour work. The only structured and nationally accredited programme was the SDP (see section on drugs and alcohol). A small psychology department, comprising a senior psychologist and one trainee, had recently introduced the A to Z programme. This was a motivational enhancement course designed to be undertaken by prisoners before they started on structured courses. It was planned that the A to Z programme would be used specifically for prisoners convicted of sex offences, but who were refusing to participate in the sex offender treatment programme (SOTP) or were denying their offence. At the time of the inspection, only one prisoner was engaging with the programme.
- 8.67 The psychology department undertook a range of assessments on prisoners for possible attendance in programmes in other prisons, including Controlling Anger and Learning to Manage it, the cognitive self-change programme, enhanced thinking skills and the SOTP. Good links had been established with HMP Whatton, and it was relatively easy to transfer prisoners there to attend the SOTP. However, transfer to other prisons to participate in necessary offending behaviour programmes was difficult.
- 8.68 The resettlement committee received information each month regarding offending behaviour targets identified through OASys assessment. However, there was no mechanism to track outcomes, such as how many prisoners had been transferred to establishments offering the programmes identified.

Recommendation

- 8.69 Better information should be kept regarding offender assessment system (OASys) targets and followed up at the resettlement committee to establish how many have been met, and how many prisoners have been transferred to establishments offering such interventions.

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 recommendation

To NOMS

-
- 9.1 There should be sufficient activity places to occupy the population purposefully during the core working day. (HP60)

Main recommendations

To the Governor

-
- 9.2 The reception area should be refurbished or replaced to provide a clean and welcoming environment that is fit for purpose. (HP56)
- 9.3 The role of E wing should be reviewed and its management, staffing and allocation arrangements overhauled. Each prisoner coming onto E wing should sign a compact accepting that they will behave respectfully to other prisoners on the wing, and the incentives and earned privileges (IEP) scheme should be used to ensure that the compact is used. (HP57)
- 9.4 The race equality policy should include a section on how the prison intends to engage actively with black and minority ethnic prisoners in its care, and relevant external organisations. (HP58)
- 9.5 All areas used to deliver health services should be refurbished and made fit for purpose. (HP59)
- 9.6 Clear and effective strategies should be introduced for the development, management and coordination of learning and skills across the prison. This should be supported by a quality improvement system, including regular and rigorous self-assessment; observation of teaching and learning across all programmes; the collection and use of the views of prisoners; and rigorous monitoring of performance. (HP61)
- 9.7 The segregation unit should be renovated and the facilities updated to an acceptable standard, and the special unfurnished cell completely redesigned. (HP62)
- 9.8 A full comprehensive resettlement needs analysis should be carried out to ensure that the resettlement strategy meets the needs of the population. (HP63)

Recommendations

To NOMS

Courts, escorts and transfers

- 9.9 Prisoners should arrive at the prison before 7pm. (1.7)

Categorisation

- 9.10 Unsentenced prisoners should be held in the most convenient local prison for their domestic and legal visits. (6.16)
- 9.11 Sufficient spaces should be available to move category B and C prisoners to training prisons where their sentence planning needs can be met. (6.17)

Recommendations

To the Governor

Courts, escorts and transfers

- 9.12 Prison and escort managers should work together to reduce the time that vans have to wait to enter the prison. (1.6)

First days in custody

- 9.13 Procedures should be reviewed to ensure that prisoners spend as short a time as possible in reception. (1.20)
- 9.14 There should be regular, formal meetings of prisoner Insiders, where they can share and develop their knowledge and practice and receive appropriate support and guidance from a nominated member of staff. (1.21)
- 9.15 Prisoners should be able to have a shower before being locked up on their first night. (1.22)
- 9.16 Prisoners should be able to make one free telephone call, in private, on reception or in the first night centre, and this opportunity should be documented. (1.23)
- 9.17 Wherever possible, new prisoners should remain on A wing until they have completed their induction. (1.24)
- 9.18 Prisoners located in units other than the first night centre should receive the same essential first night procedures and a full induction. (1.25)
- 9.19 Procedures should be put in place to ensure that prisoners with poor use of English receive equivalent care to English speakers during their first days in custody. (1.26)
- 9.20 There should be regularly updated needs assessments of all young adult prisoners. (1.27)
- 9.21 Induction information should be provided in a range of accessible formats. (1.28)

Residential units

- 9.22 All external areas should be kept clear of litter. (2.8)
- 9.23 Prisoners should have an opportunity to clean their cells, and the lock door policy should not hinder this. (2.9)

- 9.24 The offensive display policy should be rewritten to clearly identify what constitutes acceptable items that can be retained in-cell and what can be displayed openly. (2.10)
- 9.25 Cell bells should be answered within five minutes. (2.11)

The vulnerable prisoners unit

- 9.26 Clear protocols should be drawn up to establish which prisoners should be admitted onto E wing. (2.16)
- 9.27 There should be regular staff on E wing. (2.17)
- 9.28 The personal officer scheme on E wing should be re-launched. (2.18)

Personal officers

- 9.29 The roll-out of the personal officer scheme should continue until the policy is fully and consistently in operation on all residential wings. (2.27)
- 9.30 Personal officers should be consulted and provide input on all matters relating to their prisoners. (2.28)
- 9.31 There should be regular management checks of wing history files and personal officers should be formally notified of inappropriate or inadequate entries. (2.29)

Bullying and violence reduction

- 9.32 Staff should be trained in anti-bullying strategies. (3.7)
- 9.33 The revised violence reduction strategy should be implemented as soon as possible. (3.8)

Self-harm and suicide

- 9.34 The contributions and input of the health services staff at assessment, care in custody and teamwork (ACCT) reviews should be clearly recorded for the benefit of all staff. (3.23)
- 9.35 A member of the mental health in-reach team should attend the safer prisons committee. (3.24)
- 9.36 One of the Listener suites should have a secured area created to allow a Listener to operate safely if the prisoner involved has been assessed as high risk. (3.25)

Diversity

- 9.37 The diversity strategy document should be broadened to include the policy towards elderly and openly homosexual prisoners, and these issues should be standing agenda items on the diversity committee. (3.32)
- 9.38 A disability liaison officer should be appointed with ring-fenced time to assess and meet the needs of all disabled prisoners, and to ensure that appropriate adjustments are made. (3.33)

- 9.39 Disability-specific and broader diversity training should be offered to key staff in contact with prisoners. (3.34)

Race equality

- 9.40 Those staff in contact with prisoners should receive diversity training on appointment, and refresher training at least every three years. (3.45)
- 9.41 A deputy race equality officer (REO) should be appointed and trained. (3.46)
- 9.42 The quality of racist incident report forms (RIRF) should be externally assured. (3.47)
- 9.43 An intervention should be developed to address racist behaviour and bullying. (3.48)
- 9.44 Impact assessments should be brought up to date, and prisoners actively involved in their completion. (3.49)
- 9.45 Procedures should be developed to identify and make staff aware of prisoners with a history of racially motivated offending. (3.50)
- 9.46 A monthly black and minority ethnic prisoner consultation meeting should be run, and the issues raised discussed at the race equality action team (REAT) and other relevant prison committee meetings. (3.51)
- 9.47 The establishment should organise events to celebrate racial, ethnic and cultural diversity, working collaboratively with external partner organisations. (3.52)

Foreign national prisoners

- 9.48 Work with foreign national prisoners should be covered by a dedicated prison committee meeting to which prisoners should be invited. (3.59)
- 9.49 The foreign nationals liaison officer post should be ring fenced, with cross-deployment to other duties only taking place in emergency situations. The support offered to foreign national prisoners should be published to prisoners. (3.60)
- 9.50 Telephone translation services should be routinely used when new prisoners with little or no use of English arrive at the establishment, and when required at other times. (3.61)
- 9.51 A greater range of translated materials should be provided to prisoners, including key information about prison rules and regimes. (3.62)
- 9.52 A list of staff and prisoners able to speak languages other than English should be developed and kept up to date. (3.63)
- 9.53 Foreign national prisoner wing representatives should be appointed, and monthly consultation meetings held. (3.64)
- 9.54 Foreign national prisoners not receiving monthly visits should be provided with a credit to the value of a five-minute telephone call to their families and friends abroad. (3.65)

Contact with the outside world

- 9.55 All wings should have letter boxes of the same standard as on A wing. (3.79)
- 9.56 All prisoner telephones should have privacy hoods. (3.80)
- 9.57 Money sent in to prisoners should be made available without unnecessary delays, and agreed timescales should be published on all wings. (3.81)
- 9.58 An agreed and realistic mechanism for managing internal post should be established. (3.82)
- 9.59 Prisoners should be able to use telephones daily, and at times convenient to their families and friends. (3.83)
- 9.60 The visits waiting area for vulnerable prisoners should be improved. (3.84)
- 9.61 Light refreshments and hot drinks should always be available for visitors. (3.85)
- 9.62 An appropriate baby changing area should be available during visits. (3.86)
- 9.63 The visitors' reception area should be expanded and the facilities enhanced. (3.87)
- 9.64 A visitors' survey should be undertaken to inform the development of facilities. (3.88)

Applications and complaints

- 9.65 Prisoners' applications should be subject to tracking by managers to ensure that prisoners receive a timely and adequate response to their query. (3.94)
- 9.66 Applications boxes should be secure and only accessible to prison staff. (3.95)
- 9.67 The replies to prisoners' complaints should be monitored by managers to check quality, and identify trends in complaints and the ethnicity of complainants. (3.96)

Legal rights

- 9.68 There should be a full-time legal services officer, who should see all new receptions. (3.103)
- 9.69 Legal services should be advertised and promoted across the establishment. (3.104)
- 9.70 Monitoring of the legal services should take place to identify trends, workload, training needs of the legal services officer and quality of the service provided. (3.105)
- 9.71 Resources in the legal services office should be improved and updated. (3.106)

Substance use

- 9.72 The substance misuse team should be found appropriate accommodation that allows them to undertake assessments at the point of reception effectively. (3.116)

- 9.73 Psycho-social support should be provided to all prisoners receiving clinical support for substance misuse as part of the overall programme of provision. (3.117)
- 9.74 Joint care planning should be undertaken between the counselling assessment referral advice and throughcare (CARAT) and the substance misuse teams to ensure continuity of provision for those on clinical support. (3.118)
- 9.75 The establishment should appoint a general practitioner with special interest to ensure both a flexible and consistent substance misuse programme. (3.119)
- 9.76 A voluntary testing and/or drug-free area should be identified within the establishment for prisoners to move to after completing a substance misuse programme, without requiring enhanced status. (3.120)
- 9.77 Management information regarding mandatory drug testing (MDT) should be collated separately from that supplied specifically for key performance target purposes and should include a detailed breakdown of information by wing. (3.121)
- 9.78 The management of suspicion testing should be reviewed to ensure that appropriate staffing levels are available and that testing is not undertaken on a predictable basis. (3.122)

Health services

- 9.79 Health services should be better integrated into the management of the prison. (4.52)
- 9.80 The health needs assessment should be reviewed and an action plan devised. (4.53)
- 9.81 There should be a full infection control audit carried out and an action plan devised and acted upon. (4.54)
- 9.82 All the current Service Level Agreements should be reviewed to ensure that prisoners receive an appropriate level of care (4.55)
- 9.83 Prisoners should be given information about prison health services in a format that they are able to understand, which explains how to access the services. (4.56)
- 9.84 Health promotion materials, including oral health promotion, should be available and health promotion activities encouraged. (4.57)
- 9.85 There should be regular, documented checks of all emergency equipment. (4.58)
- 9.86 All staff should have annual resuscitation training. (4.59)
- 9.87 All clinical records should be kept securely in accordance with the Data Protection Act and Caldicott principles. (4.60)
- 9.88 There should be an information-sharing policy that includes obtaining written consent from prisoners to obtain and share clinical information about them. (4.61)
- 9.89 There should be triage algorithms to ensure consistency of advice and treatment. (4.62)
- 9.90 There should be a centralised system for the maintenance of lifelong condition registers. (4.63)

- 9.91 All disease prevention programmes should be available to prisoners, in line with national and local campaigns. (4.64)
- 9.92 Barrier protection should be freely available. (4.65)
- 9.93 Prisoners should be able to see a pharmacist. (4.66)
- 9.94 The Medicines and Therapeutics Committee should review and agree stock levels, and there should be an audit trail of all medications supplied, prescribed and administered. (4.67)
- 9.95 The Medicines and Therapeutics Committee should review all healthcare policies and ensure that they are implemented and adhered to. (4.68)
- 9.96 Secondary dispensing by health services staff should cease; medication should be pre-packed and dual labelled by pharmacy staff. (4.69)
- 9.97 Prescription and administration charts should be used correctly. They must be clearly annotated by health services staff to ensure that it is possible to distinguish between witnessed administration of medication and those issued daily in-possession. (4.70)
- 9.98 The dental contract should be revised to ensure that there are sufficient sessions to meet the demands of the population. It should be regularly reviewed by the primary care trust (PCT). (4.71)
- 9.99 There should be out-of-hours dentistry cover. (4.72)
- 9.100 A protocol should be developed to assist the health services staff when dealing with dental emergencies in the absence of the dental team. (4.73)
- 9.101 Health services bed spaces should not form part of the prison's certified normal accommodation, and admission should only be on the basis of clinical need. (4.74)
- 9.102 Day care services that provide constructive activity should be available to inpatients and prisoners who are less able to cope with life on the wings. (4.75)
- 9.103 Mental health awareness training should be provided to discipline staff, in particular those working in the healthcare department, the segregation unit and reception. (4.76)
- 9.104 The referral criteria for the mental health in-reach team should be reviewed. (4.77)
- 9.105 All prisoners needing assessment by specialist mental health services should be seen within seven days and transferred expeditiously. (4.78)

Learning and skills and work activities

- 9.106 Allocation to activity spaces should be transparent and based on identified sentence planning needs. (5.19)
- 9.107 The various activity allocation systems should be better coordinated and streamlined to ensure efficient and effective use of resources. (5.20)
- 9.108 Young adult prisoners should be prioritised for access to education. (5.21)

- 9.109 Senior managers should monitor and analyse pay levels to ensure that the application of the pay policy is fair. (5.22)
- 9.110 A post-inspection action plan should be designed and implemented with the full involvement of the quality improvement group. (5.23)
- 9.111 Data relating to the performance of all learning and skills activities within the prison should be collected, analysed and acted upon. (5.24)
- 9.112 The quality of internal communications should be improved to ensure that teachers and instructors are fully aware of the resources available to address the individual needs of prisoners. (5.25)
- 9.113 All prisoners entering the establishment should receive an appropriate assessment of their literacy, numeracy and language skills. (5.26)
- 9.114 Effective individual learning plans should be introduced for all prisoners involved in education and skills. (5.27)
- 9.115 The access and facilities for information and communications technology training for vulnerable prisoners should be improved. (5.28)
- 9.116 Adequate training facilities should be provided for training industrial cleaners. (5.29)
- 9.117 The standard of teaching should be improved. (5.30)
- 9.118 The punctuality and attendance of prisoners should be improved and robustly managed by all staff. (5.31)

Physical education and health promotion

- 9.119 The showers in the gymnasium should be refurbished and made fit for purpose. (5.36)
- 9.120 The facilities for weights and the teaching of theory should be improved. (5.37)

Faith and religious activity

- 9.121 Prisoners should not have to apply to attend corporate worship. (5.45)
- 9.122 A Buddhist chaplain should be appointed as soon as is practicable. (5.46)
- 9.123 Multi-faith facilities should be adequate to meet the needs of those faith groups using the facilities. (5.47)

Time out of cell

- 9.124 Prisoners should spend at least 10 hours out of their cell on weekdays. (5.54)
- 9.125 The core day and criteria for association should be consistent across the prison, and any difference in approach should be justifiable and non-discriminatory. (5.55)

- 9.126 Prisoners should be issued with enough warm, waterproof clothing to go outside in all weather conditions. (5.56)
- 9.127 The published core day should be standardised as much as possible and should include all start and finish times. (5.57)

Security and rules

- 9.128 All security information reports (SIRs) should be responded to in a manner that ensures that action can be taken in a timely way. (6.12)
- 9.129 The REO should have unrestricted access to SIRs in which a racist element is suggested. (6.13)
- 9.130 Security information should be recorded on the security intelligence system within 24 hours of being received. (6.14)
- 9.131 Sufficient staff should be trained and profiled to analyse the security data received, and the results of this should be used to establish security priorities. (6.15)
- 9.132 Unsented prisoners should be held in the most convenient local prison for their domestic and legal visits. (6.16)
- 9.133 Sufficient spaces should be available to move category B and C prisoners to training prisons where their sentence planning needs can be met. (6.17)

Discipline

- 9.134 During adjudications, prisoners should be provided with a pen and paper, and those found guilty given details of how to appeal. (6.34)
- 9.135 A suitable waiting area should be provided for prisoners attending adjudication hearings. (6.35)
- 9.136 Where appropriate, charges should be laid promptly to maintain the credibility of the adjudications process. (6.36)
- 9.137 Use of force paperwork should be comprehensively completed and properly authorised. (6.37)
- 9.138 The authorising officer should not also be involved in the use of force, and all staff involved should be trained in control and restraint. (6.38)
- 9.139 All planned uses of force should be video-recorded. (6.39)
- 9.140 Prisoners should be held in the segregation unit for the minimum practicable time before being returned to normal location or transferred to another suitable prison. When such issues are complex, the area management protocol should be quickly instigated. (6.40)

Incentives and earned privileges

- 9.141 The incentives and earned privileges (IEP) scheme should be operated consistently and fairly across the prison, with any indicators of potential discrimination promptly and fully investigated. (6.48)

- 9.142 The weekly IEP review board should be formally constituted, with regular attendance or input from key departments. (6.49)
- 9.143 The IEP review process should include more consultation and involvement by prisoners. (6.50)

Catering

- 9.144 The kitchen should be staffed with the appropriate number of industrial caterers to prepare the meals and supervise and support the prisoners who work in the kitchen. (7.10)
- 9.145 All prisoners should complete the basic food hygiene certificate before preparing food in the kitchen or serving food at the hot plates. (7.11)
- 9.146 The menu should provide a healthy option and the recommended portions of fruit and vegetables each day. (7.12)
- 9.147 The menu should have a range of cultural meals available to reflect the diversity of the population. (7.13)
- 9.148 Breakfast packs should be issued on the day they are to be consumed. (7.14)
- 9.149 Appropriate and immediate action should be taken to address prisoner concerns about food contamination, and any reported contamination of food should be investigated. (7.15)
- 9.150 A member of catering management should attend the prisoner representative committee each month and respond to any issues raised. (7.16)

Prison shop

- 9.151 Shop purchases should be distributed to prisoners as soon as possible, and no later than 24 hours after they have arrived. (7.23)
- 9.152 Wing staff should be trained and encouraged to answer prisoners' spends account requests without reference to the main office staff. (7.24)

Strategic management of resettlement

- 9.153 Objectives within the new resettlement strategy should be time bound to ensure delivery and allow follow up. A review date of the strategy should be included. (8.8)
- 9.154 There should be a resettlement awareness session included in the prison's training days. (8.9)
- 9.155 A local employment needs analysis should be carried out to identify the agencies that the coordinator should be targeting. (8.10)
- 9.156 Prisoners should be kept informed of work being done on their behalf between induction and the 60 day pre-release interview. (8.11)
- 9.157 Prisoner peer workers should be recruited and trained to assist in the delivery of the resettlement strategy. (8.12)

- 9.158 After the needs analysis has been completed, the relevant interventions should be introduced into the establishment. (8.13)

Offender management and planning

- 9.159 The prisoner resettlement passport should be a live document, which should be updated when required, and the personal officer should refer to it when setting targets for prisoners. (8.21)
- 9.160 The backlog of assessments for all prisoners should be addressed, and a protocol introduced to ensure that offender managers complete assessments as soon as possible and submit them to the offender manager unit. Staff who carry out assessments should not be redeployed to other tasks. (8.22)
- 9.161 A system which informs all staff of prisoners who are subject to public protection measures should be introduced. Public protection staff trained in the use of the Police National Computer should be given access to this facility. (8.23)
- 8.70 The establishment should endeavour to transfer prisoners with indeterminate sentences for public protection and life-sentenced prisoners to appropriate prisons to complete their offending behaviour work. Preparations should be made for the incorporation of indeterminate sentenced prisoners (IPP) into the offender management model. (8.24)
- 9.162 A minimum of two days each year should be designated for events for IPP prisoners, to enable them to understand and engage with risk reduction and their eventual reintegration. (8.25)
- 9.163 Release on temporary licence should be used whenever possible, in particular to assist the voluntary agency coordinator in securing placements with voluntary agencies. (8.26)

Resettlement pathways

- 9.164 The target for releasing prisoners into accommodation should be raised. (8.30)
- 9.165 The role of the LAT and arrangements for support and assistance should be clarified. (8.31)
- 9.166 The health services team should play an active role in the resettlement process. (8.37)
- 9.167 All prisoners should be given information and assistance to engage with health and social services on release. (8.38)
- 9.168 The drug strategy document should be updated. (8.49)
- 9.169 The substance misuse needs analysis should draw on information gleaned from all departments involved in offering drug treatment, including the CARAT and substance misuse teams. (8.50)
- 9.170 The contingent elements of the drug strategy group should work together to ensure that effective coordination and treatment provision is available consistently. (8.51)
- 9.171 An alcohol strategy should be developed or incorporated into the drug strategy, and should include both testing and treatment provision. (8.52)

- 9.172 Support following the short drug programme should be developed in conjunction with that provided by the CARAT team to ensure that learning objectives from the programme are reinforced. (8.53)
- 9.173 Staff working on J wing should be offered training regarding both the actual programme and general issues of substance misuse. (8.54)
- 9.174 A clear distinction should be made between voluntary and compliance testing. (8.55)
- 9.175 The work of the LAT counsellor in relation to assistance in claiming benefits should be better advertised. There should be an assessment carried out to determine whether the finance councillor is needed for more than the current time offered. (8.59)
- 9.176 Unsented prisoners should be offered the same service as sentenced prisoners in relation to finance issues. (8.60)
- 9.177 The basic budget course should be evaluated to ensure that it is meeting the needs of prisoners in relation to finance. (8.61)
- 9.178 Prisoners should be assisted to open a bank account prior to discharge. (8.62)
- 9.179 The establishment should offer parenting skills courses and the opportunity for family days to appropriate prisoners on E wing. (8.65)
- 9.180 Better information should be kept regarding offender assessment system (OASys) targets and followed up at the resettlement committee to establish how many have been met, and how many prisoners have been transferred to establishments offering such interventions. (8.69)

Housekeeping points

Courts, escorts and transfers

- 9.181 The availability of the court video link for professional interviews and inter-prison visits should be better promoted to prisoners and staff. (1.8)

Health services

- 9.182 Waiting lists should be regularly validated. (4.79)
- 9.183 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms to ensure that temperature-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.80)
- 9.184 Up to date pharmacological reference sources should be available. (4.81)
- 9.185 The Notice to Prisoners 053/2006 regarding dental services should be replaced (4.82)

Examples of good practice

First days in custody

- 9.186 The Insider scheme improved the experience of prisoners during their first days at the establishment by providing information, advice and support. (1.29)

Applications and complaints

- 9.187 Separate healthcare complaints forms were made available to prisoners and were sent directly to the primary care trust, and to the complaints clerk to record and track. (3.97)

Faith and religious activity

- 9.188 The full-time counsellor chaplain offered one-to-one assistance to prisoners with a range of issues or difficulties. (5.48)

Discipline

- 9.189 Entry and exit prisoner surveys in the segregation unit were designed to gain relevant suggestions and feedback about the running of the unit. (6.41)

Resettlement pathways

- 9.190 The CARAT team's post-release follow-up of ex-clients provided the potential to establish which aspects of treatment in custody were effective and which were not. (8.56)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Francis Masserick	Team leader
Gail Hunt	Inspector
Vinnett Pearcy	Inspector
John Simpson	Inspector
Sean Sullivan	Inspector
Elizabeth Tysoe	Healthcare inspector
Keith McInnis	Substance misuse inspector
Bill Riall	Pharmacy inspector
Sharon Monks	Pharmacy inspector (observing)
Martin Wall	Dental inspector
Samantha Booth	Researcher
Olivia Adams	Researcher
Helen Meckiffe	Researcher
Sherrelle Parke	Researcher
Phil Romain	Ofsted team leader
Ian Handscombe	Ofsted inspector
Jane Robinson	Ofsted inspector
Paul Joyce	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number	%
Sentenced	477	65
Convicted but unsentenced	95	13
Remand	166	22
Detainees (single power status)	0	0
Total	738	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	92	19
6 months to less than 12 months	35	7
12 months to less than 2 years	74	16
2 years to less than 4 years	137	29
4 years to less than 10 years	84	18
10 years and over (not life)	11	2
Life	44	9
Total	477	100

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	138	29	129	49
1 month to 3 months	150	31	84	32
3 months to 6 months	104	22	34	13
6 months to 1 year	62	13	12	5
1 year to 2 years	19	4	2	1
2 years to 4 years	3	1	0	0
4 years or more	1	0	0	0
Total	477	100	261	100

(iv) Main offence	Number	%
Violence against the person	165	22
Sexual offences	55	8
Burglary	118	16
Robbery	52	7
Theft and handling	75	10
Fraud and forgery	14	2
Drugs offences	100	14
Other offences	98	13
Offence not recorded/holding warrant	61	8
Total	738	100

(v) Age	Number	%
18 years to 20 years	20	3
21 years to 29 years	315	42.5
30 years to 39 years	248	34
40 years to 49 years	112	15
50 years to 59 years	32	4
60 years to 69 years	4	0.5
70 plus years: maximum age – 77	7	1
Total	738	100

(vi) Home address	Number	%
Within 50 miles of the prison	468	64
Between 50 and 100 miles of the prison	128	17
Over 100 miles from the prison	77	10
Overseas	41	6
No fixed address	24	3
Total	738	100

(vii) Nationality	Number	%
British	676	92
Foreign nationals	62	8
Total	738	100

(viii) Ethnicity	Number	%
<i>White</i>		
British	629	85
Irish	3	0.4
Other White	27	3.7
<i>Mixed</i>		
White and Black Caribbean	3	0.4
White and Black African	0	
White and Asian	0	
Other Mixed	9	1.2
<i>Asian or Asian British</i>		
Indian	6	0.8
Pakistani	2	0.3
Bangladeshi	10	1.4
Other Asian		
<i>Black or Black British</i>		
Caribbean	16	2.2
African	10	1.4
Other Black	13	1.8
<i>Chinese or other ethnic group</i>		
Chinese	2	0.3
Other ethnic group	8	1
Total	738	100

(ix) Religion	Number	%
Baptist	1	0
Church of England	245	33
Roman Catholic	77	10.4
Other Christian denominations	13	2
Muslim	32	4
Sikh	2	0.3
Hindu	1	0
Buddhist	12	2
Jewish	1	0
Other	12	2
No religion	342	46
Total	738	100

Appendix III: Wing file analysis

Background

On 4 December 2007, a sample of wing history files was analysed: seven files were looked at on A, B, C and E wings, resulting in a total sample of 28 across the site. J wing was not included, owing to the small size of this unit. The population at HMP Lincoln was 742, so this sample represented 4% 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 files were also noted.

Identification of the prisoner

All history sheets stated the prisoner's name and number. However, the only means for identifying a prisoner's ethnicity was through the photographs attached to files. Photographs were found in 93% (n=26) of the files. Only two files had an ethnic code given inside the file, which clearly limits the knowledge about ethnicity that can be gleaned. No reference to a prisoner's ethnicity was made in the comments section of the files.

Frequency of entries

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

	Average number of management checks per file	Average number of days since last entry in file
A wing	2	13 days
B wing	1	9 days
C wing	1	8 days
E wing	2	10 days
Overall	1.5	10 days

In our sample, the longest time since the last comment entered on a prisoner's file, was 65 days, for a prisoner on A wing.

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. The average figures were as follows:

Wing	Interactional	Observational	Inappropriate
A	2	7	0
B	5	3	0
C	3	4	0
E	1	3	0

Of the total 151 comments assessed, only 40% (n=61) were assessed as demonstrating constructive interaction with the prisoner, but approximately half of these were not particularly positive in nature, or helpful to someone wanting to know about the prisoner as a person. Therefore, 58% (n=88) were deemed to be observational or functional in nature (e.g. 'x complies with the regime').

We did not come across any comments that could be deemed inappropriate. Two other 'comments' were simply stamps saying that a personal officer had been introduced.

One of the better examples of good personal officer monitoring and interaction included the following:

'I spoke to prisoner during association today, and he told me he is feeling better after moving to this wing. He gets on with his cell mate, and just wants to keep his head down.'

Followed a few days later with:

'Prisoner seems to have settled in well, no problems.' (B wing)

Overall, comments were mostly observational in nature, but there were two outstanding examples of a good prisoner-officer relationship, as highlighted by the frequency and quality of interactions noted in the wing history file. One of these was on A wing and one on B wing.

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 68% (n=19) of the files, it was clear who the personal officer was. In 26% (n=5) of these cases, the personal officer had introduced themselves and made this a comment on the wing history file. There were numerous files in which officers other than the personal officer had made comments, and even where there was no named personal officer, there were often still some comments made by other officers.

Comments on bullying

There were six indications of bullying in the files we looked at, and all of them had follow-up information relevant to this. Examples included 'prisoner moved to E wing' and 'prisoner placed on level 3 of anti-bullying strategy,' and paperwork of an investigation was attached.

Similarly, four files contained indications of possible self-harmers, and these files all contained follow-up information – usually a copy of an assessment, care in custody and teamwork document.

Notes on detoxification/withdrawal

Six files contained indications of drug and/or alcohol abuse and/or dependency. However, in these files there was no further documentation or comments regarding detoxification facilities or counselling. This may be an area for concern, considering that this information was gleaned from tick boxes on cell sharing risk assessment (CSRA) forms that were filled out when the prisoners first arrived. Therefore, nothing may have been done regarding their drug/alcohol problems while at HMP Lincoln.

Cell sharing risk assessments

Twenty-six out of 28 files (93%) had completed CSRAs. One of the prisoners who did not have a completed CSRA had arrived at HMP Lincoln on 23 November 2007; although there was a comment in the file dated 30 November 2007, the commenting officer had not seemed to notice that this form missing, or replace it by the time of this research. The other file in which a CSRA was missing belonged to a prisoner who had only arrived at HMP Lincoln four days before the inspection.

Also of note was one particular file, for a prisoner who had transferred from HMP Nottingham to HMP Lincoln; the only CSRA in his file was dated 30 June 2006. This file was in a very poor condition, stapled together in many different ways, which made it difficult to access information. Neither I nor an officer on the wing could establish from the file the exact date on which the prisoner had arrived in HMP Lincoln. There were, however, some very good comments, showing a close monitoring of the prisoner's troubling behaviour. There seemed to be well over 30 comments made in this file, some of which had been made as recently as two weeks before the inspection.

Additional documentation

It was noted whether additional documentation was included, and in all files (with the exception of those for prisoners who had only arrived a few days before the inspection) there were various documents contained. These were usually compacts of prisoners signing for their television and agreeing to the equal opportunities policy. There were also a few resettlement passports included, as well as notices of official warnings and of incentives and earned privileges (IEP) levels. Only four files contained IEP review forms.

Overall state of the wing history files at HMP Lincoln

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.

The most frequent rating was 'fair'. In total, 25% (n=7) were rated as poor; 26% (n=8) were rated as fair and 25% (n=7) were rated as good, and 21% (n=6) were rated as very good.

Appendix IV: Summary of prisoner questionnaires

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 7 November 2007, the prisoner population at HMP Lincoln was 728. The baseline sample size was 126. Overall, this represented 17% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that 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. Four respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. No interviews were required.

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; or
- 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, 114 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 90%. In addition to the four respondents who refused to complete a questionnaire, four questionnaires were not returned and two were returned blank.

Comparisons

The following document details the results from the survey. All missing responses were excluded from the analysis. All data from each establishment were 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 trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2003.

In addition, a further comparative document is attached. In this, statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown.

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



Prisoner Survey Responses HMP Lincoln 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 Lincoln	Local prisons comparator
	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	114	3562
2	Are you under 21 years of age?	5%	4%
3	Are you transgender or transsexual?	0%	0%
4	Are you sentenced?	71%	65%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	6%
6	If you are sentenced, are you on recall?	26%	14%
7	Is your sentence less than 12 months?	18%	19%
8	Do you have less than six months to serve?	38%	31%
9	Have you been in this prison less than a month?	27%	22%
10	Are you a foreign national?	8%	13%
11	Is English your first language?	94%	91%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	12%	25%
13	Are you Muslim?	4%	10%
14	Are you gay or bisexual?	1%	3%
15	Do you consider yourself to have a disability?	17%	16%
16	Is this your first time in prison?	27%	26%
17	Do you have any children?	63%	58%
SECTION 2: Transfers and Escorts			
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	54%	49%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	65%	59%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	10%	11%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	33%	28%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	14%	11%
19	Did you spend more than four hours in the van?	6%	5%
20	Were you treated well/very well by the escort staff?	74%	68%
21a	Did you know where you were going when you left court or when transferred from another establishment?	73%	75%
21b	Before you arrived here did you receive any written information about what would happen to you?	13%	14%
22c	When you first arrived here did your property arrive at the same time as you?	86%	83%

Key to tables

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SECTION 3: Reception, first night and induction			
23a	Did you have any problems when you first arrived?	77%	76%
23b	Did you have any problems with loss of transferred property when you first arrived?	11%	10%
23c	Did you have any housing problems when you first arrived?	26%	22%
23d	Did you have any problems contacting employers when you first arrived?	5%	5%
23e	Did you have any problems contacting family when you first arrived?	41%	31%
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	11%	7%
23g	Did you have any money worries when you first arrived?	34%	24%
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	23%	23%
23i	Did you have any drug problems when you first arrived?	23%	19%
23j	Did you have any alcohol problems when you first arrived?	13%	22%
23k	Did you have any health problems when you first arrived?	25%	24%
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	12%	9%
24a	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?	14%	15%
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	33%	27%
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	19%	17%
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	57%	56%
24e	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?	29%	21%
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	33%	19%
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	52%	42%
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	59%	50%
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	52%	41%
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	65%	50%
24k	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?	39%	26%
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	95%	85%
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	69%	67%
26	Were you treated well/very well in reception?	63%	58%
27a	Did you receive a reception pack on your day of arrival?	80%	73%
27b	Did you receive information about what was going to happen here on your day of arrival?	40%	42%
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	42%	42%
27d	Did you have the opportunity to have a shower on your day of arrival?	31%	34%

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		HMP Lincoln	Local prisons comparator
SECTION 3: Reception, first night and induction continued			
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	32%	55%
27f	Did you get information about routine requests on your day of arrival?	30%	31%
27g	Did you get something to eat on your day of arrival?	81%	82%
27h	Did you get information about visits on your day of arrival?	42%	41%
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	58%	47%
28b	Did you have access to someone from healthcare within the first 24 hours?	77%	67%
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	36%	31%
28d	Did you have access to the prison shop/canteen within the first 24 hours?	63%	20%
29	Did you feel safe on your first night here?	86%	73%
30	Did you go on an induction course within the first week?	69%	59%
31	Did the induction course cover everything you needed to know about the prison?	49%	41%
32	Did you receive a 'basic skills' assessment within the first week?	16%	42%
SECTION 4: Legal Rights and Respectful Custody			
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	50%	41%
34b	Is it very easy/easy for you to attend legal visits?	70%	62%
34c	Is it very easy/easy for you to obtain bail information?	32%	25%
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	43%
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	77%	52%
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	91%	76%
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	88%	83%
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	52%	66%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	29%	36%
36f	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?	59%	63%
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	29%	29%
37	Is the food in this prison good/very good?	25%	24%
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	62%	44%
39a	Is it easy/very easy to get a complaints form?	81%	79%
39b	Is it easy/very easy to get an application form?	87%	84%
40a	Do you feel applications are sorted out fairly?	62%	40%
40b	Do you feel your applications are sorted out promptly?	60%	39%
40c	Do you feel complaints are sorted out fairly?	20%	27%
40d	Do you feel complaints are sorted out promptly?	18%	27%
40e	Are you given information about how to make an appeal?	30%	33%
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	11%	13%
42	Do you know how to apply to the Prisons and Probation Ombudsman?	36%	39%

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SECTION 4: Legal Rights and Respectful Custody continued			
43	Is it easy/very easy to contact the Independent Monitoring Board?	30%	31%
44	Are you on the enhanced (top) level of the IEP scheme?	25%	24%
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	46%
46a	In the last six months have any members of staff physically restrained you (C & R)?	9%	8%
46b	In the last six months have you spent a night in the segregation/care and separation unit?	12%	12%
47a	Do you feel your religious beliefs are respected?	55%	54%
47b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	59%
48	Are you able to speak to a Listener at any time, if you want to?	66%	64%
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	71%	63%
49b	Do most staff, in this prison, treat you with respect?	75%	68%
SECTION 5: Safety			
51	Have you ever felt unsafe in this prison?	40%	38%
52	Do you feel unsafe in this establishment at the moment?	14%	21%
54	Have you been victimised (insulted or assaulted) by another prisoner?	26%	23%
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	14%	11%
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	8%	8%
55c	Have you been sexually abused since you have been here? (By prisoners)	1%	1%
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	4%
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	3%	3%
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	8%	4%
55g	Have you ever been victimised because you were new here? (By prisoners)	4%	5%
55h	Have you ever been victimised because of your sexuality? (By prisoners)	0%	1%
55i	Have you ever been victimised because you have a disability? (By prisoners)	3%	2%
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%
55k	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%
56	Have you been victimised (insulted or assaulted) by a member of staff?	36%	25%
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	18%	14%
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	10%	5%
57c	Have you been sexually abused since you have been here? (By staff)	1%	1%
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	5%
57e	Have you been victimised because of drugs since you have been here? (By staff)	9%	4%
57f	Have you ever been victimised because you were new here? (By staff)	9%	5%
57g	Have you ever been victimised because of your sexuality? (By staff)	0%	1%
57h	Have you ever been victimised because you have a disability? (By staff)	1%	2%
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	1%	4%

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		HMP Lincoln	Local prisons comparator
SECTION 5: Safety continued			
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	4%	4%
58	Did you report any victimisation that you have experienced?	8%	11%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	22%	25%
60	Have you ever felt threatened or intimidated by a member of staff in here?	14%	25%
62	Is it very easy/easy to get illegal drugs in this prison?	40%	32%
SECTION 6: Healthcare			
63	Do you think the overall quality of the healthcare is good/very good?	42%	34%
64a	Is it very easy/easy to see the doctor?	31%	26%
64b	Is it very easy/easy to see the nurse?	53%	47%
64c	Is it very easy/easy to see the dentist?	4%	8%
64d	Is it very easy/easy to see the optician?	4%	8%
64e	Is it very easy/easy to see the pharmacist?	19%	22%
65a	Do you think the quality of healthcare from the doctor is good/very good?	32%	35%
65b	Do you think the quality of healthcare from the nurse is good/very good?	56%	48%
65c	Do you think the quality of healthcare from the dentist is good/very good?	16%	20%
65d	Do you think the quality of healthcare from the optician is good/very good?	10%	15%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	21%	33%
66	Are you currently taking medication?	47%	41%
67	Are you allowed to keep possession of your medication in your own cell?	36%	27%
SECTION 7: Purposeful Activity			
69a	Do you feel your job will help you on release?	20%	23%
69b	Do you feel your vocational or skills training will help you on release?	14%	24%
69c	Do you feel your education (including basic skills) will help you on release?	29%	36%
69d	Do you feel your offending behaviour programmes will help you on release?	18%	21%
69e	Do you feel your drug or alcohol programmes will help you on release?	26%	25%
70	Do you go to the library at least once a week?	57%	37%
71	Can you get access to a newspaper every day?	31%	38%
72	On average, do you go to the gym at least twice a week?	39%	37%
73	On average, do you go outside for exercise three or more times a week?	50%	41%
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	10%
75	On average, do you go on association more than five times each week?	68%	47%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	25%	17%

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator		
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 8: Resettlement		HMP Lincoln	Local prisons comparator
78	Did you first meet your personal officer in the first week?	32%	15%
79	Do you think your personal officer is helpful/very helpful?	48%	23%
80	Do you have a sentence plan?	24%	24%
81	Were you involved/very involved in the development of your sentence plan?	14%	14%
82	Can you achieve all or some of your sentence plan targets in this prison?	14%	11%
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	16%	9%
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	16%	17%
85	Do you feel that any member of staff has helped you to prepare for release?	11%	13%
86	Have you had any problems with sending or receiving mail?	40%	45%
87	Have you had any problems getting access to the telephones?	21%	34%
88	Did you have a visit in the first week that you were here?	21%	37%
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	77%	65%
90	Did you receive five or more visits in the last week?	0%	1%
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	32%	26%
91b	Do you think you will have a problem with finding a job following your release from this prison?	57%	55%
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	54%	49%
91d	Do you think you will have a problem with money and finances following your release from this prison?	61%	59%
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	40%	38%
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	29%	39%
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	16%	20%
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	26%	25%
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	43%	45%

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator	HMP Lincoln	Local prisons comparator
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 8: Resettlement continued			
92a	Do you think you will have a problem with drugs when you leave this prison?	18%	18%
92b	Do you think you will have a problem with alcohol when you leave this prison?	13%	14%
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	35%	40%
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	44%	43%
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	28%	30%
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	36%	46%
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	35%	30%
93f	Do you know who to contact within this prison to get help with external drugs courses etc	45%	45%
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	43%	35%
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	35%	31%
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	30%	31%



Key Question Responses (Ethnicity) HMP Lincoln 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
	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		13	98
4	Are you sentenced? (Not tested for significance)	46%	74%
10	Are you a foreign national? (Not tested for significance)	17%	7%
11	Is English your first language? (Not tested for significance)	82%	96%
13	Are you Muslim? (Not tested for significance)	25%	0%
17	Is this your first time in prison? (Not tested for significance)	41%	25%
21	Were you treated well/very well by the escort staff?	58%	77%
22a	Did you know where you were going when you left court or when transferred from another establishment?	73%	75%
24	Did you have any problems when you first arrived?	75%	78%
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	100%	94%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	75%	68%
27	Were you treated well/very well in reception?	54%	65%
30	Did you feel safe on your first night here?	77%	88%
31	Did you go on an induction course within the first week?	84%	68%
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	50%	49%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	75%	78%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	92%	92%
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	27%	30%
38	Is the food in this prison good/very good?	0%	28%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	61%
40a	Is it easy/very easy to get a complaints form?	69%	83%
40b	Is it easy/very easy to get an application form?	69%	90%

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
41a	Do you feel applications are sorted out fairly?	46%	75%
41c	Do you feel complaints are sorted out fairly?	16%	21%
45	Are you on the enhanced (top) level of the IEP scheme?	7%	27%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	25%	60%
47a	In the last six months have any members of staff physically restrained you (C & R)?	0%	10%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	13%
48a	Do you feel your religious beliefs are respected?	58%	55%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	56%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	34%	77%
50b	Do most staff, in this prison, treat you with respect?	70%	75%
52	Have you ever felt unsafe in this prison?	46%	39%
53	Do you feel unsafe in this establishment at the moment?	23%	11%
55	Have you been victimised (insulted or assaulted) by another prisoner?	39%	25%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	23%	1%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
57	Have you been victimised (insulted or assaulted) by a member of staff?	30%	37%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	22%	0%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	2%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	20%	22%
61	Have you ever felt threatened or intimidated by a member of staff in here?	17%	14%
62	Is it very easy/easy to get illegal drugs in this prison?	34%	40%
64	Do you think the overall quality of the healthcare is good/very good?	50%	42%
65a	Is it very easy/easy to see the doctor?	31%	32%
65b	Is it very easy/easy to see the nurse?	34%	56%
70a	Do you feel your job will help you on release?	34%	19%
70b	Do you feel your vocational or skills training will help you on release?	25%	13%
70c	Do you feel your education (including basic skills) will help you on release?	34%	29%

Key to tables

		BME prisoners	White 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		
70d	Do you feel your offending behaviour programmes will help you on release?	18%	18%
70e	Do you feel your drug or alcohol programmes will help you on release?	25%	26%
71	Do you go to the library at least once a week?	50%	59%
73	On average, do you go to the gym at least twice a week?	50%	38%
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)	0%	8%
76	On average, do you go on association more than five times each week?	63%	69%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	9%	27%
79	Did you first meet your personal officer in the first week?	27%	33%
81	Do you have a sentence plan?	16%	26%
91	Have you had any problems with sending or receiving mail?	37%	40%
92	Have you had any problems getting access to the telephones?	37%	19%
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	54%	80%
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?	18%	33%