

Report on an announced inspection of

HMP Long Lartin

14–18 July 2008

by HM Chief Inspector of Prisons

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Introduction

Long Lartin in Worcestershire is one of the country's five high security dispersal prisons and holds some of the most serious prisoners in the system. Shortly before this announced full inspection, the profile of the population changed, with the arrival of a large number of vulnerable prisoners, mainly sex offenders, from HMP Whitemoor. This transition had been well managed and, despite some early concerns among vulnerable prisoners, the prison was reasonably safe. In general, there were good staff-prisoner relationships, although staff needed better training to engage and support effectively the significant number of Muslim prisoners.

As befits a high security prison, there was an appropriate focus on safety and security. Reception, first night and induction arrangements had all been revised to separate mainstream and vulnerable prisoners, and these changes were still bedding in at the time of the inspection. Some vulnerable prisoners were not yet convinced about their safety, and policies and procedures across the prison needed to be reviewed to ensure they reflected the changed population profile. Anti-bullying and suicide prevention procedures were generally good, although it was inappropriate that some self-harming prisoners were routinely stripped of their clothes. The large segregation unit was generally well managed, and use of force did not appear excessive given the nature of the population.

Staff-prisoner relationships were generally good and supported by an effective personal officer scheme. However, work was needed to ensure that diversity issues were more fully developed. In particular, the sizeable Muslim prisoner population in the main prison felt disproportionately poorly treated by staff. Conversely, Muslim prisoners in the small category A immigration detainee unit commended their treatment by committed staff. Lessons from the unit had evidently not been learnt across the prison, and mainstream staff were left to balance as best they could the need to engage with and ensure proper treatment for Muslim prisoners and the need to monitor and prevent radicalisation. As we have previously said, there needs to be a national strategy to equip staff better to engage and support Muslim prisoners.

Primary health services were good, but in a population with significant mental health issues, it was worrying that these services were overstretched. There were shortfalls in all grades of staff providing primary and secondary mental health services, and the prison needed to work urgently with the local primary care trust to address these shortcomings.

The quality and quantity of work, training and education were satisfactory, and prisoners spent a reasonable amount of time out of cell. However, there had been some delays in developing sufficient accredited vocational opportunities, and more could be done to ease movement to activities without jeopardising security. Gym and library facilities were good. Resettlement and offender management arrangements were generally adequate, with an appropriate emphasis on reducing risk among a very serious offender population. However, strategies needed to be reviewed to ensure they adequately reflected the needs of the expanded vulnerable prisoner population. While there were some excellent offending behaviour programmes, more work was also needed on the other resettlement pathways.

Staff and managers at Long Lartin are to be commended for successfully managing the recent influx of a large number of vulnerable prisoners, and for ensuring that the prison remains a generally safe place despite its very challenging population. Staff-prisoner relationships, purposeful activity and resettlement were generally positive. However, we identify a number of areas that require further work. In particular, policies and procedures across the prison need to take account of the expanded vulnerable prisoner population, mental health services need

improvement, and staff must be much better equipped to engage with and support the significant number of Muslim prisoners.

Anne Owers
HM Chief Inspector of Prisons

October 2008

Fact page

Task of establishment

Adult male dispersal prison for sentenced, and some remand, category A and B prisoners requiring high security conditions.

Area organisation

Directorate of High Security Prisons

Certified normal accommodation

452

Operational capacity

492

Number held

14 July 2008: 436

Last inspection

September 2003: full unannounced.

Brief history

Long Lartin is one of five dispersal prisons that form part of the High Security Directorate. It was built during the 1960s and opened as a category C prison in 1971. It was upgraded to provide dispersal level security in May 1973.

Description of residential units

A, B, C, D wings	- older-style wings holding 77 prisoners each; none has integral sanitation. A and B wings accommodate vulnerable prisoners.
Perrie wing	- the newest wing with modern accommodation for up to 117 prisoners, split into two spurs, red and blue; Perrie blue is designated as an enhanced prisoner unit for up to 42 prisoners.
Segregation unit	- up to 40 prisoners
Healthcare centre	- up to 10 prisoners
Detainee unit	- up to 19 detainees

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 Reception and induction procedures for mainstream prisoners were satisfactory, although first night arrangements were weaker. The recent influx of a large number of vulnerable prisoners had been well managed, but induction procedures for these prisoners needed to be clarified, and their concerns about safety better addressed.

Anti-bullying and suicide prevention measures were generally good, although some newly arrived vulnerable prisoners had negative perceptions of their safety, and self-harming prisoners were routinely stripped of their clothing. The security department addressed security challenges, including gang culture, in a sophisticated yet measured way. There was some evidence that drug use was higher than mandatory drug testing data suggested. The large and challenging segregation unit was generally well managed, and use of force levels were comparatively low. Long Lartin was performing reasonably well against this healthy prison test.

- HP4 Escorts and transfers to Long Lartin were well managed, although prisoners complained about the lack of toilet breaks. The reception area was poorly designed, but clean. The confidentiality of some aspects of the reception process was compromised by the proximity of holding cells, but the interaction between reception staff and prisoners was professional. Phones and showers were unavailable in reception, but new arrivals were rarely late and had access to these facilities when they were moved to normal location.
- HP5 First night arrangements had moved from a specialist to generic function following the re-role of the establishment and the influx of the increased vulnerable prisoner population. There was a useful first night checklist for staff, and good systems to identify prisoners who did not speak English. However, some staff were still unfamiliar with the new first night process, and management arrangements needed to ensure that the needs of the more complex population were met.
- HP6 Induction procedures had been disrupted with the arrival of vulnerable prisoners, but the prison had decided to prioritise the induction of this group temporarily. Arrangements for vulnerable prisoners had yet to be regularised, and the prison had some difficulties in managing two groups of prisoners simultaneously. Mainstream prisoners received a useful induction programme in a dedicated workshop and were kept fully occupied.
- HP7 Violence reduction was given high priority. There was a coherent anti-bullying policy with strong links to an overarching violence reduction strategy, and procedures were overseen by a safer custody manager. The violence reduction committee met monthly, considered high quality data, and had good links to other departments, such as security. Well-attended bi-monthly prisoner forums discussed prisoner safety and their views were properly considered. Victim support plans were underdeveloped. A relatively high number of prisoners had been subject to formal anti-bullying procedures, but this appeared to be evidence of an active approach rather than endemic bullying. Despite the work in this area, and the comparatively low number of recorded violent incidents, prisoners' perception of their safety was poor, notably among newly arrived vulnerable prisoners.
- HP8 There was a sound suicide prevention policy, which was well known to staff. The safer custody committee ensured effective scrutiny. The quality of self-harm monitoring documentation was generally good, care planning was appropriate, and there was evidence that prisoners received solid support from staff during periods of crisis. Case reviews were timely, but not always sufficiently multidisciplinary. Strip clothing was used for prisoners in crisis in the healthcare centre, and this practice lacked governance. There had been three self-inflicted deaths in 2007, but only two draft reports of the investigation by the Prisons and Probation Ombudsman into the circumstances of these deaths had been received.

- HP9 The security department was well resourced and efficient. Security information reports were handled by a discrete intelligence unit. The monthly intelligence report was structured under the new prison intelligence model, and information was effectively developed and actively acted on. This area was assisted by a full-time police liaison officer and good information sharing with key departments. The security department monitored and responded to the difficulties of gang activity, potential extremism and radicalisation in a balanced and reflective way.
- HP10 The segregation unit was large, but held fewer prisoners at the time of our inspection than in recent months. A dedicated staff team managed some extremely difficult and challenging prisoners. Two prisoners could only be unlocked by staff wearing protective clothing, and others were being assessed for referral to the close supervision system. Until recently, risk assessments of the unlock of prisoners in protective clothing were only reviewed weekly, rather than continuously. Staff had a good knowledge of the prisoners in their care, but the positive staff-prisoner engagement that we saw was not reflected in wing history files. Some cells needed painting and many of the toilets needed a deep clean. Care plans were not yet used for long-term residents. Prisoners could work towards accreditation in weekly education, but gym facilities were very limited and showers were only available on alternate days. Prisoners had to apply to use routine amenities.
- HP11 The number of adjudications was not excessive, and there were appropriate referrals to the independent adjudicator. The quarterly adjudication standardisation meeting had not met consistently, but the Governor quality assured a reasonable proportion of adjudications twice a month.
- HP12 The number of use of force incidents was not excessive for the nature of the prison, with 47 incidents in the first six months of 2008 and 89 in 2007. Prisoners were located in the special cell in nine incidents in the first half of 2008, including three held overnight, and some had their clothing removed. The removal of clothes was not always properly accounted for. One of the prisoners who remained in special accommodation overnight was on self-harm monitoring. Use of force documentation was satisfactory, although there were a few inadequacies.
- HP13 The prison recorded a mandatory drug testing rate of 3.13%, which was a sizeable fall from 2007. However, 43% of prisoners surveyed, significantly higher than the comparator¹ of 29% for high security prisons, believed it was easy to obtain drugs in Long Lartin. Similarly, although nearly two-thirds of suspicion test referrals were not completed, the positive rate on the significant number undertaken was high. This and other evidence led us to believe that drug use was higher than the random testing figure suggested. We were told that the prison only supplied a prisoner with detoxification support twice in any 12-month period, which was potentially poor practice. Twenty prisoners had already undergone detoxification in 2008, which was a significant number.
- HP14 The number of vulnerable prisoners held had increased dramatically with the re-role of A and B wings to accommodate vulnerable prisoners and the transfer in of many such prisoners from HMP Whitemoor. The change had had an unsettling effect, but had been managed well. Vulnerable prisoners had equitable access to the regime and were safe, although they had poor perceptions of their safety.

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

Respect

- HP15 Environmental conditions and cleanliness generally were adequate, but the older accommodation was dingy and the inadequate night sanitation arrangements remained. Staff-prisoner relationships were mostly good, although there was some lack of engagement during association. Personal officer work was effective, and some was excellent, and staff had a good knowledge of prisoners. Work on race equality, foreign nationals and wider diversity needed further development. The treatment and conditions of the category A immigration detainees had improved, but there remained a need to inform and assist staff to engage better with and support Muslim prisoners. The management of applications had improved, but the quality of responses to prisoner complaints was poor. The quality of food was reasonable, and prisoners could also cook for themselves. Health services were good, but mental health arrangements needed improvement. The prison overall was performing reasonably well against this healthy prison test.
- HP16 Living conditions on A, B, C and D wings were generally poor. Landings were run down, narrow and dark. Staff supervision was difficult because of the poor design, despite the introduction of CCTV on the upper floors. Cells were too small and had no integral sanitation. The night sanitation arrangements limited prisoner access to toilets, which was unacceptable. They had to resort to defecating in bags in their cells, which many then threw out of the windows. The newer Perrie wings were better, with cells that were well decorated, clean and properly ventilated. Prisoners generally had good access to phones, showers and prison kit.
- HP17 The incentives and earned privileges (IEP) policy had been revised in May 2008. There were annual IEP reviews following sentence planning boards, but urgent reviews and applications for review were considered in the interim. Files demonstrated personal officer involvement with the scheme, and some links with sentence planning. Perrie blue wing was an enhanced unit for up to 42 prisoners, but with only three prisoners on the waiting list, its motivational value was questionable. Only three prisoners were on basic regime, and their status was reviewed weekly.
- HP18 Staff were generally polite and courteous in their day-to-day dealings with prisoners. We saw many examples where staff engaged positively with prisoners, and managers encouraged this. Most officers referred to prisoners by their preferred names, and their behaviour set a good example. However, we also saw some lack of engagement by staff during association. In our survey, the proportion of respondents who felt that staff treated them with respect had fallen since our last inspection.
- HP19 There was a personal officer scheme that was understood by staff and prisoners. Personal officer contact with their prisoner varied between wings, but was generally good. Officers displayed their knowledge of their prisoners and their individual needs in good quality entries in wing files. Personal officers were involved with sentence management, but their attendance at sentence boards was inconsistent.
- HP20 The food served by the kitchen was of reasonable quality and quantity, and was appreciated by prisoners. Prisoners also valued the opportunity to cook for themselves, although the self-catering facilities on the residential wings needed to be extended to cope with demand. The standard of hygiene in wing kitchens was reasonable, although there were no regular basic hygiene checks. The prison shop, managed by Aramark, offered a reasonable range of goods. There were some

complaints from prisoners about shop prices, and prisoner consultation about the shop was limited.

- HP21 The prison had no specific diversity policy or strategic management of wider diversity issues. A disability liaison officer had been identified, and the healthcare department had started work to address the needs of older prisoners, but the promotion of diversity was underdeveloped. There were five retired prisoners who were unlocked during activity and received a reasonable level of retirement pay. Although 82% of staff had undertaken basic diversity training in the last year, this was very brief and focused on race equality.
- HP22 There was a full-time race equality manager and monthly race equality action team meetings. The role of prisoner wing race equality representatives was limited, they had received no training, and there was little promotion of their function. Ethnic monitoring was consistent, but limited in range and evaluation. A quarter of the population was Muslim, but there was no monitoring of prisoner experience of the regime by religion and religious beliefs. This absence restricted race equality work. Systems to handle racist incident complaints were well managed, with good responses to prisoners, but quality assurance checks were limited. In our survey, black and minority ethnic and Muslim respondents were more negative than their peers on a range of questions, notably those on staff attitudes.
- HP23 There were 57 foreign national prisoners, who received some good and helpful information on reception and an initial screening interview. Each wing had identified foreign national coordinators and prisoner representatives, but they had not been given specific training and support was limited. The only forum for foreign national prisoners was a quarterly meeting with wing representatives. There was no monitoring of data on foreign prisoners, and limited scope to challenge some of their negative perceptions.
- HP24 The application procedures had recently been improved and were less bureaucratic, but outcomes were not always recorded. Prisoners made heavy use of the formal applications and complaints processes, which were overloaded with relatively routine issues. Prisoners were frustrated by the processes, and staff replies were often cursory and unhelpful. There were trained legal services staff on the wings, but this work was not given priority and staff had little time for this duty. There were delays of up to a month in dealing with referrals.
- HP25 Provision to meet prisoners' faith needs was generally reasonable, although the influx of vulnerable prisoners had led to dual services for the three main faiths. The prison currently had an Anglican and a Catholic chapel, but no multi-faith room. Muslim prisoners now made up 25% of the population, yet Friday prayers were held in three separate locations, which was inappropriate. In our survey, the proportion of respondents who believed their faith was respected had declined significantly since we last inspected, and only 48% of Muslim respondents said they were respected by staff, significantly below the 67% response from non-Muslims. Given the sensitivities surrounding Muslim prisoners, including the perceived risk of radicalisation, staff required training and advice on how to engage and support Muslim prisoners better.
- HP26 The prison had a unit for detainees suspected of being a threat to national security. Detainees were held in category A conditions in a former segregation unit. Although the facility was old, it was clean and well equipped, and there had been reasonable attempts to provide for a regime. The unit was managed in line with the requirements

of a written policy document. Although detainees were uncertain about the duration of their stay in custody, the relationships between staff and detainees were good.

HP27 Primary health services were good, with good access to nurse-led clinics and visiting health professionals. Waiting lists were short for all clinics, except the optician. Mental health services were overstretched and struggled to meet the needs of prisoners. There was limited professional support for registered mental health nurses, who dealt with some difficult and complex cases. The mental health in-reach team was also severely understaffed, with only one specialist able to carry a caseload and limited psychiatric cover. The inpatients facility had been affected by the absence of permanent healthcare staff, and little in the way of a therapeutic regime for patients.

Purposeful activity

HP28 The quality and range of education and work was satisfactory, with sufficient activity for most prisoners. Achievement and standards in learning were good. Activity allocation arrangements were satisfactory, with equitable access for vulnerable prisoners. Movement to activity, however, remained problematic, and there had been delays in developing sufficient accredited vocational opportunities. The quality of, and access to, the library and gym were good. Opportunity to spend time out of cell was reasonable at about nine hours a day for most prisoners, although over 80 prisoners were locked in their cells during a random roll check. Long Lartin was performing reasonably well against this healthy prison test.

HP29 The strategic development of learning and skill was good, and the management of educational quality was improving, although quality improvement strategies were still new. Managers had been responsive to the influx of vulnerable prisoners. City College Manchester held the education contract, and In Training Ltd provided information, advice and guidance (IAG), and partnership arrangements with the prison were good. There were 82 part-time and 22 full-time places in education each day, and opportunities ranged from basics skills courses to personal and social integration programmes, as well as distance learning and Open University courses. Prisoners could undertake a range of employability programmes, including barbering, bricklaying, industrial cleaning, laundry and food preparation, and about 57% of the population worked towards some form of accredited qualification. However, implementation of accredited learning in some workshops and in the social and personal programmes had been slow. Resources and facilities for learning and skills were appropriate, and the quality of work and rate of successful achievement of accreditation were good. The learning environment was respectful and attendance good, although not always punctual.

HP30 Including education, the prison had in excess of 450 activity places, more than enough to meet the needs of the current population. Prisoners had access to several workshops, orderlies' positions and general cleaning duties. Just under 87% of the population had been allocated activity, with only four prisoners recorded as unemployed. Activity allocation was well managed and generally equitable. However, high risk category A prisoners were denied access to parts of the establishment for security reasons. Pay rates were generally equitable, but workers in low skill jobs like cleaning could earn more through additional sessions.

- HP31 The library provision met requirements. The good stock levels included 2,600 audiovisual items as well as 12,000 books, with a large supply of foreign language material, a range of reference and legal texts, and material to support learners. Access to the library was good, with timetabled library sessions for each wing, and most prisoners had borrowed items in the previous year.
- HP32 The core physical education programme was well planned, with a good balance of indoor and outdoor sporting activity that catered for. All gym users were properly inducted and recreational PE was programmed throughout the day and each evening, with a full programme at weekends. There was a satisfactory range of accredited courses, and effective links with other departments, including healthcare and the substance misuse team. Prisoners on the Community Sport Leader Award course worked with local young people with learning difficulties, who came into the prison. Some gym facilities were small or needed redecoration, but they were well used. There was effective consultation with prisoners about PE provision.
- HP33 The prison reported a time out of cell figure of just over nine hours against a target of 8.9 hours, which broadly reflected the reality for most prisoners. However, we found more than 80 prisoners locked in their cells during a random roll check. Some were locked up because of the temporary absence of instructors or the inflexibility of movement arrangements. For example, prisoners who completed a recreational PE class mid-session were unable to proceed to their allocated activity or work and were returned to their cells. There was clear evidence of slippage in delivery of the published core day, which had been made worse by the recent influx of vulnerable prisoners and the consequent requirement to stage main movements. This was, however, being addressed.

Resettlement

- HP34 The strategic management of reducing reoffending and offender management had stabilised after recent management changes. The resettlement strategy, action plan and prisoner needs analysis were useful, but now out of date, and there had been no assessment of interventions required by the new vulnerable prisoner population. Offender management and sentence planning generally were good, and all prisoners had their sentences reviewed at least annually. There was some effective work to address prisoners' attitudes and behaviour, but work on the other resettlement pathways was underdeveloped. The prison discharged only a few prisoners each year, and resettlement work focused on risk reduction. Overall, the prison was performing reasonably well against this healthy prison test.
- HP35 Management changes had led to some loss of momentum in resettlement work. There was a comprehensive resettlement strategy, based on some needs analysis, but this now needed updating, particularly following the recent changes in the population. The strategy was underpinned by a reducing reoffending action plan, which, in addition to the seven national resettlement pathways, covered pathways on faith and spirituality, and victims and communities. The action plan committee had continued to meet and update the plan, but sustained delivery and progress had been faltering. A new head of reducing reoffending had been appointed, and gaps in provision were being identified and addressed.

- HP36 The offender management unit was well established. About 116 prisoners were in scope for offender management, and there were sentence planning arrangements for all other prisoners. Sentence planning boards were annual, involved a range of staff and included prisoner participation. Some sentence plan objectives were formulaic and not tailored to individual need. The quality of offender assessment system (OASys) assessments was good, but there was a small backlog of uncompleted reports for some prisoners in scope for offender management. Public protection arrangements were appropriate and communicated effectively to all key departments. Case conferences and pre-release meetings took place in good time to plan for release.
- HP37 The majority of the population was serving life sentences. A few multi-agency lifer risk assessment panel (MALRAP) meetings took place each year, although most had already been completed in other establishments. There were no specific events for lifers, but lifer systems were well managed. There were few significant delays in reviews, except where external probation staff had not yet produced reports.
- HP38 Very few prisoners were released directly from Long Lartin. Eight were released in 2007, and 12 were due to be released in 2008. Accommodation needs were addressed individually, many in the context of public protection arrangements, and most prisoners were released to approved premises, which was appropriate.
- HP39 Education and some work programmes were based on the needs of individual prisoners. Prisoners were allocated to a varied range of vocational opportunities, and could gain generic and/or vocational qualifications in the workshops. The prison had recognised the need to focus some provision on supporting prisoners who wished to become self-employed. IAG workers were closely involved in sentence planning. The education department offered a module on budgeting, but there was little else on finance, budgeting and debt advice.
- HP40 All prisoners leaving the prison were seen by a health professional at a pre-release clinic, and given information for their GP and a supply of medication if needed. There was reasonable engagement and case conferencing with community teams about prisoners with mental health needs.
- HP41 The drug strategy had not yet included a needs analysis of the newly arrived vulnerable prisoners. The counselling, assessment, referral, advice and throughcare service (CARATs) was well staffed and well trained. It offered care-planned one-to-one sessions and in-cell awareness packs, made referrals to the mental health in-reach team, and held drop-in sessions on the wings on a rota basis. It had also set up a PADS (Peer Advice on Drugs) mentoring service, in which carefully vetted prisoners were given training to deliver a confidential information service to other prisoners. The service had been in place for 18 months, but was not yet well embedded. The prison ran the six-month drug and related offending Focus programme, although it had been difficult to recruit candidates. General staff awareness of drugs issues, including available services, was low. Alcohol services were less well developed.
- HP42 Visits facilities were good and offered a generally positive experience for visitors. However, there were no separate visits facilities for vulnerable prisoners. Prisoners raised concerns about child protection in the visits hall. Delays to movement procedures also made many prisoners late for their visits. The prison was seeking to introduce more family visit days during school holidays, but there was little else to promote prisoners' contact with their families.

HP43 There was a range of offending behaviour courses, including enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM) and the cognitive self-change programme (CSCP). Programmes had begun to be delivered to vulnerable prisoners. Referral systems and completion rates were good, and waiting lists to access courses were not excessive.

Main recommendations

- HP44 All prisoners should have access to night sanitation when they need it.
- HP45 The establishment should liaise with the Worcester Primary Care Trust to ensure they urgently address the serious shortfalls of all grades of staff in the provision of primary and secondary mental health, including medical and nursing staff and administrative support.
- HP46 A fully comprehensive diversity policy should be developed specifically for Long Lartin.
- HP47 The Prison Service should develop a service-wide strategy to inform and assist staff to engage with and support Muslim prisoners.
- HP48 Safety requirements for vulnerable prisoners should be met in all areas of the prison, particularly in the healthcare centre and during visits.
- HP49 The reducing reoffending strategy and action plan should be updated, particularly given the recent changes to 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 The transport arrangements for prisoners were generally sound, with a balance generally achieved between respect for prisoners and maintaining security. Prisoners complained about problems with the arrival of their property.
- 1.2 New arrivals had relatively short journeys to the prison. In our survey, only 13% of respondents said they had spent more than four hours in the van, which was significantly below the comparator of 27%. The vehicles that we examined were well maintained and clean. However, we received many complaints from prisoners about the lack of toilet breaks on their journey. Only 2% of prisoners surveyed thought the frequency of breaks was good, which was significantly below the comparator of 10%.
- 1.3 We observed escort staff taking prisoners from the vans into the reception area in a professional way. Prisoners were always routinely double cuffed when they were taken into the reception area, and some reception staff told us they felt that this was not always necessary. However, given the open nature of the compound where the van was parked, this procedure seemed a sensible security precaution.
- 1.4 Although prisoners were reasonably satisfied with their journeys to the prison, in our survey 67% said that their property did not arrive at the same time as they did, significantly below the comparator of 73%. The problem of missing property recurred throughout the inspection (see paragraph 3.89). The deputy governor had been on a working group to look at this problem in the secure estate, which had made recommendations to the high security directorate.

Recommendations

- 1.5 Prisoners travelling on prison transport should be offered regular toilet breaks.
- 1.6 Prisoners should have access to their property within 24 hours of their arrival.

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.

- 1.7 The reception area was clean, but cramped. Staff were well organised and treated prisoners professionally. The first night arrangements had recently changed, were not yet embedded, and more staff needed to be trained in the new system. Peer support had also become disorganised following the recent changes. The induction arrangements were in a state of flux with changes to the population, and provision for vulnerable prisoners was still erratic, but prisoners were generally satisfied with the programme

Reception

- 1.8 All new receptions were planned and there were always sufficient staff to deal with arrivals and departures. The interaction between staff and prisoners in reception was constructive and professional. The reception area was clean, brightly decorated and free of graffiti.
- 1.9 New arrivals were interviewed one at a time at an open counter in front of the four holding cells. This meant that interviews were not private, and there was no office for private interviews (although there was a large property storage area behind the front desk).
- 1.10 Reception staff completed the cell sharing risk assessment thoroughly and did not rush this. They were good at identifying prisoners with special needs and completed a relevant form, although there was little evidence that wing staff used this when it was passed on to them.
- 1.11 Prisoners were then placed in a holding cell and given a magazine to read, as well as an information leaflet with basic details about the first few days, including the complicated night sanitation system. This leaflet was available in 20 languages. A wide range of useful material was displayed in the reception area, including details about support services and how complaints and bullying were dealt with.
- 1.12 All prisoners admitted to and discharged from the prison were routinely strip searched. In our survey, 65% of respondents said that this was done in a respectful way, which was significantly better than the comparator of 53%.
- 1.13 A security scanning BOSS (body orifice security scanner) chair had been introduced in the previous year, which reduced the need for intimate body searches. The chair was clearly visible in the reception area, and staff told us that attempts to smuggle mobile phones into the prison through this route had declined.
- 1.14 New arrivals seldom remained in reception for more than an hour. They were taken to the healthcare department for an interview with a nurse before they were located on a wing.
- 1.15 There was no phone or shower for prisoners in the reception area, but they were offered these facilities as soon as they moved to the wing. However, if a prisoner arrived after evening association he was unlikely to have the opportunity to use the shower or phone.

First night

- 1.16 Before the recent re-role to accommodate vulnerable prisoners, the first night arrangements had been centralised. Now mainstream and vulnerable prisoners were managed separately on their allocated wing, and there was no specific first night location or specialist staff.

- 1.17 Some staff were unfamiliar with first night work, had not been trained in this, and told us they were not confident about what was expected of them in this new role. However, night staff were familiar with the background of new arrivals, and had been properly briefed by day staff.
- 1.18 New arrivals were given a small advance on their PIN (personal identification number) phone and helped to record numbers on the permitted list. Staff checked their previous incentives and earned privileges (IEP) status, dealt with any special dietary needs, and arranged for them to place shop orders. We were told that it could take up to seven days for new arrivals to receive their first shop order. In our survey, only 6% of respondents said they had access to the prison shop within their first 24 hours, which was significantly poorer than the comparator of 20%.
- 1.19 There was an Insiders peer support scheme on some wings, but not all new arrivals had the opportunity to meet an Insider. The free Samaritans phone number was well advertised in the introductory information sheet given to new arrivals in reception.
- 1.20 In our survey, 60% of respondents said they felt safe on their first night, which was significantly poorer than the comparator of 70%.

Induction

- 1.21 The induction arrangements had been reorganised following the recent re-role. This changeover had taken four weeks to complete. Because of the diversion of staff resources required, mainstream prisoners admitted during this period did not receive a full induction.
- 1.22 A new centralised induction had recently been introduced. The programme was comprehensive and lasted five days, but it could take prisoners up to two weeks to complete all the elements. The programme was delivered by dedicated induction officers and visiting specialists, and included individual and group sessions. New arrivals were given an induction pack with useful information, but this was only in English. When there were gaps in the timetable, prisoners were given paid recycling work.
- 1.23 Most staff and prisoners seemed satisfied with the new arrangements, and prisoners appreciated the opportunity to earn money before they were allocated to workshops. In our survey, 93% of respondents said they had undergone induction, and of these, 60% said it covered everything they needed to know about the prison, which was significantly better than the comparator of 53%.
- 1.24 Only mainstream prisoners went on induction in the centralised workshop. The induction arrangements for vulnerable prisoners were confused, and staff gave us different accounts about this. We met some vulnerable prisoners who had been in the prison for three weeks, but had still not had any induction.

Recommendations

- 1.25 Interviews with new arrivals in reception should take place in private.
- 1.26 New arrivals identified with special needs should be offered relevant help to meet these throughout the prison.
- 1.27 All new arrivals should have the opportunity to have a shower and make a phone call.
- 1.28 New arrivals should have access to the prison shop within their first 24 hours.

- 1.29 There should be specific training for all staff dealing with prisoners on their first night.
- 1.30 All new arrivals should have the opportunity to see an Insider.
- 1.31 The induction pack should be available in a range of languages.
- 1.32 The induction arrangements for vulnerable prisoners should be regularised.

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 There were poor living conditions on A, B, C and D wings, which had cramped cells with no integral sanitation. Some prisoners still felt compelled to defecate into plastic bags during periods of unlock, which they threw out of windows on to the grounds. Conditions in the Perrie units were better, with clean landings and well-decorated, clean and properly ventilated cells.

Accommodation and facilities

- 2.2 Five main residential wings held up to 491 prisoners in single cells. A and B wings accommodated vulnerable prisoners, and C and D held mainstream category A and B prisoners. The Perrie wing was a newer unit with two spurs – Perrie blue was an enhanced prisoner unit (see paragraph 6.55) and Perrie red held mainstream prisoners. There was a further small unit for high risk detainees near the healthcare centre.
- 2.3 Living conditions for prisoners varied between the older and newer units. A, B, C and D wings were generally in poor condition. Landings were dark and grubby, with cracked flooring that needed repair. Many cells were grubby, all were very small and none had integral sanitation. There had been no changes to the night sanitation arrangements we found at the last inspection. The system allowed only seven prisoners per landing to join the queue during evening/night unlock to use the toilets, and remained a source of major dissatisfaction for prisoners. Consequently, some resorted to the degrading practice of defecating into plastic bags in their cells (which had no handwashing facilities) and throwing these out of their windows.
- 2.4 There was a lack of recreational equipment and association areas were stark and poorly decorated. However, the wing kitchens were clean, well maintained and popular with prisoners.
- 2.5 Sightlines for supervision on landings were poor, although this was partially mitigated by the use of CCTV on the upper floors and regular staff patrols of landings. We tested cell call bells on A, B, C and D wings, which staff answered promptly. However, in our survey, only 29% of respondents said that their bells were answered within five minutes, which was significantly worse than the comparator of 50%.
- 2.6 The Perrie wing was well designed with good sightlines and communal areas were bright and well decorated. Cells were clean, well maintained and fit for purpose. All had in-cell electricity and integral sanitation and they were properly furnished. There was an adequately equipped kitchen where prisoners could prepare their own meals. Association areas had pool tables and other table games, and separate rooms where prisoners could meet. These were quiet, well decorated and appropriately equipped.

- 2.7 Prisoners had good access to phones during association, and these had privacy hoods. There were no restrictions on the number of letters prisoners could send or receive. They could send one free letter per week, and stationery and stamps were available in the prison shop. All mail was routinely censored, regardless of any associated risk. Prisoners complained that this often resulted in delays, and they rarely received mail within 48 hours of its arrival into the prison. In our survey, 62% of respondents said that they had problems sending or receiving mail, which was significantly worse than the comparator of 49%.
- 2.8 Prisoners were consulted about the routines and facilities on the wings, and there were monthly consultation meetings between residential staff and prisoners. Although minutes of these meetings showed that prisoners raised their views about their living conditions, there was little evidence that this consultation led to improvements, particularly on the older wings.

Clothing and possessions

- 2.9 All prisoners were permitted to wear their own clothes. There were properly equipped laundries on each wing, and prisoners had at least weekly access to them. There were good supplies of clean prison clothing for those who wanted it, with weekly exchanges.
- 2.10 Clean bedding was offered weekly, and prisoners could have blankets on request.
- 2.11 Lists of approved items were published and prisoners knew of the required standards.

Hygiene

- 2.12 Communal showers were screened and in working order, and prisoners had good access to them during association.
- 2.13 The prison supplied personal hygiene items to prisoners, and the prison shop sold a wide range of toiletries.

Recommendations

- 2.14 A, B, C and D wings should be refurbished to provide decent and well-maintained living conditions for prisoners.
- 2.15 Association facilities on A, B, C D wings should be improved.
- 2.16 Prisoners' mail should only be opened to check for authorised enclosures or for legitimate or target censoring.

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.

2.17 Staff were generally polite and courteous to prisoners, and often engaged positively with them. However, some staff appeared distant and disinterested in the activity of prisoners during association. Most staff routinely referred to prisoners by their preferred names.

2.18 Prisoners told us that staff were, on the whole, approachable, friendly and respectful. This was confirmed by our observations. Staff of all grades and disciplines were friendly and open to prisoners, and keen to make the prison a decent and purposeful place. Most were smartly dressed and set a good example to prisoners in their behaviour. There was widespread use of first names and titles, and many prisoners addressed staff similarly. In only a few cases did we hear staff refer to prisoners by their last names. Staff entries in prisoner files were respectful and indicated positive and caring attitudes. However, in our survey the proportion of respondents who said that staff treated them with respect had fallen from 78% to 64% at the last inspection.

2.19 We saw a high level of engagement between staff and prisoners during association periods, particularly on A and B wings. However, on the Perrie wing some officers remained in their offices during association and had low levels of engagement with prisoners.

Recommendation

2.20 Managers should ensure that staff on Perrie wing engage more effectively with prisoners during association.

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 well advertised, officers were aware of their role, and there was highly professional interaction between personal officers and prisoners across the prison. Entries in wing files were good and showed an in-depth knowledge of prisoners' individual circumstances and staff interest in their welfare. Personal officers had reasonable involvement with formal sentence management, although they rarely attended sentence boards.

2.22 A comprehensive policy document clearly described personal officer duties, responsibilities, management checks and the schedule of contact with prisoners. We found copies in most wings.

2.23 All prisoners had wing-based personal officers and knew who they were. Personal officers maintained a consistent and accurate diary of formal contact with their prisoners, and generally identified significant events affecting them at least monthly.

2.24 There was strong evidence that officers were aware of the personal needs of their prisoners. Entries in wing files were respectful, and most demonstrated an in-depth knowledge of the personal circumstances and mood of their prisoners. They focused upon patterns and causes of behaviour rather than reactions to single negative incidents. Simple interventions to challenge prisoners to achieve sentence planning targets, such as informal agreements and

positive encouragement, were used to good effect. Personal officers, particularly on A wing, set wing-based behaviour objectives for prisoners with histories of self-harm and difficulties in coping, with their agreement.

- 2.25 There was reasonable communication between personal officers and offender management staff through written entries in wing files and written submissions to sentence planning boards. However, personal officers rarely attended boards to inform the board and support their prisoner in person.

Recommendation

- 2.26 Personal officers should regularly attend sentence planning boards.

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 The anti-bullying policy was coherent and part of the overarching violence reduction strategy. Security intelligence reports were properly analysed and used to inform responsive actions. Victim support plans were nominal and not sufficiently developed, and there was little evidence of meaningful intervention other than the removal of perpetrators. Prisoners had poor perceptions about their safety, which had been influenced by the transfer-in of an increased number of vulnerable prisoners and consequent destabilising changes to B wing. There had been insufficient consultation with prisoners on A and B wings to ensure that interventions were targeted properly.
- 3.2 An anti-bullying policy document had been published as part of the overarching violence reduction strategy. It described the roles and responsibilities of all staff, and set out definitions of bullying and its affect on prisoner safety.
- 3.3 A multidisciplinary violence reduction committee had been set up to monitor levels of violence and to ensure that policies were implemented properly. The committee met monthly, chaired by the deputy governor, and was well attended by managers and staff from significant areas. Minutes of meetings showed that relevant issues were discussed, based on a monthly analysis of violent incidents by cause, location and circumstance. This information was used to inform strategic changes and any necessary immediate action.
- 3.4 This area of work had strong links with the security department, which used structured intelligence systems to identify and deal with sophisticated and covert forms of bullying associated with organised gang activity. Information received from security information reports, custodial history records and police reports were correlated and used to inform intervention aimed at individual prisoners where there was strong evidence of bullying.
- 3.5 There was a nominated safer custody manager with specific responsibility for the overall management and day-to-day monitoring of anti-bullying procedures, in addition to suicide and self-harm prevention.
- 3.6 There were copies of the anti-bullying policy on all wings. It described a three-stage system to identify bullies, challenge this behaviour and address persistent perpetrators. Prisoners were put on to stage one at the first indication of violent or bullying behaviour, and residential officers monitored their behaviour for a minimum of seven days followed by a review. If the behaviour continued, the prisoner was given a further 14 days' observation on stage two of the programme, and could face sanctions under the incentives and earned privileges (IEP) scheme. If there were no changes after 14 days, the prisoner was placed on stage three and admitted to the segregation unit. In the six months to June 2008, 100 prisoners had been put on to stage one of the procedure, and none had been subjected to stage three.

- 3.7 Although there was a formal system to support victims, there was little evidence that plans were implemented as stated in the policy. In practice, there was no intervention for bullies or victims other than close monitoring or removal to another wing.
- 3.8 There had been 24 recorded incidents of violence from January to June 2008, which was a reduction of 11 compared to the same period in 2007. There were many examples in prisoner wing files to show that allegations of bullying were investigated, reported and followed through. Prisoners were generally consulted about their safety and the level of support they required. There were bi-monthly forums that involved the safer custody manager, residential staff and prisoner representatives from all wings. Meetings were well attended, and minutes showed that relevant safety issues were discussed and that prisoners' views were properly considered.
- 3.9 Prisoner injury report forms were routinely examined for unexplained injuries, and the safer custody manager regularly considered information in wing observation books.
- 3.10 Despite these sound systems, prisoner perception of their safety was poor. In our survey, 66% of respondents said that they had felt unsafe at some time, and 37% said that they currently felt unsafe, which were significantly worse than the comparators of 54% and 23% respectively.
- 3.11 There was some evidence that these perceptions may have been influenced by the recent re-role of B wing and the subsequent transfer in of about 70 vulnerable prisoners in March and April 2008 (see paragraph 3.123). In our survey, 100% of respondents from B wing said that they had felt unsafe at Long Lartin at some time. However, prisoners told us that staff, generally, provided support in keeping them safe and were responsive to problems of bullying and low level intimidation. Although the violence reduction committee had discussed these issues, there had been no needs analysis on which to base specific interventions for the vulnerable prisoner wings.

Recommendations

- 3.12 There should be support interventions for victims of bullying, as stated in the policy document.
- 3.13 There should be a needs analysis survey of vulnerable prisoners on A and B wings to determine any specific provision needed to deal with their perceptions of their safety.

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.

- 3.14 The suicide prevention policy was sound and well known to staff. The safer custody committee monitored individual cases and had appropriate links to violence reduction protocols. The quality of self-harm monitoring documentation was generally good, and individual prisoners received solid support from staff during periods of crisis. However, strip clothing was used

routinely for prisoners in crisis in the healthcare centre. There had been three deaths in custody in 2007, but only two draft reports of the investigations into these had been received.

- 3.15 There was a coherent suicide prevention strategy, and a policy document had been published and its content was well known to staff. We found copies on all the wings, communal areas and in reception. The full-time safer custody manager managed the protocols with good support from residential senior officers, and outcomes were monitored at the suicide prevention and violence reduction committee meetings.
- 3.16 Reception staff checked the records of all new arrivals for any previous incidents of self-harm, and sent relevant information to the appropriate wing and to the custody manager.
- 3.17 A multidisciplinary suicide prevention committee met bi-monthly, chaired by the head of residence. Members included staff and managers from all the wings, healthcare and other relevant areas. Minutes of meetings showed that significant issues were discussed appropriately and all individual open cases were reviewed.
- 3.18 Assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures were in place, and 88% of staff had been trained in ACCT. The safer custody manager and residential senior officers made regular management checks of the quality of entries in documents. Entries in wing occurrence books showed that staff recorded concerns about individual prisoners and took follow-up action as required.
- 3.19 There had been 76 ACCT documents opened between January and June 2008. The quality of entries was generally good. Most demonstrated an in-depth understanding of the circumstances and feelings of individual prisoners, and there was regular involvement from mental health nurses in dealing with particularly disturbed prisoners.
- 3.20 Detailed support plans were prepared following consultation with the prisoner that identified specific needs and apportioned responsibilities to a nominated key worker. Many reviews of prisoners were poorly attended and not representative of all staff who may have known them.
- 3.21 There were 14 trained prisoner Listeners. They were well supported by the safer custody manager on a day-to-day basis, and attended all suicide prevention committee meetings. Their role was well advertised on all wings, and prisoners told us that they could access them during the day and the night.
- 3.22 Despite robust and caring procedures, some prisoners at risk of self-harm who had been located in the safer cell in the healthcare centre had their clothing taken away and were given protective gowns. These incidents were not recorded properly, records of authority were not kept, and Prison Service use of special accommodation forms were not in place. In the three cases we saw, there was no evidence that location in strip conditions was warranted due to extreme violence. Healthcare staff told us that patients in crisis located in the cell had their clothing removed as part of the routine, regardless of risk.
- 3.23 There had been three self-inflicted deaths in 2007. Two occurred in the segregation unit and one on A wing. The prison had only received draft death in custody reports from the Prisons and Probation Ombudsman on the two incidents in the segregation unit, and nothing on the third. Although the prison had drawn up an action plan based on recommendations in the draft reports, and progress was monitored at the suicide prevention meetings, the recommendations had not been ratified and the issues emerging from the death on A wing had not yet been raised.

Recommendations

- 3.24 Prisoners at risk of suicide or self-harm should never be accommodated in a special cell or placed in strip clothing unless they are exceptionally violent, and on the basis of a risk assessment.
- 3.25 Proper authority should be given and recorded for all use of special accommodation, including the removal of prisoner clothing.

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 A diversity manager was in post, but the role was underdeveloped and there was little work on areas other than race and foreign nationals, although work had begun on disability. There was no forum for the discussion of other diversity issues, and no monitoring. Diversity training focused almost exclusively on race equality.
- 3.27 There was no specific diversity policy. The prison was working towards implementing the high security estate diversity and equality framework document that was, at the time of the inspection, still in draft form. The document gave broad guidance on the wider aspects of diversity, but did not address the unique needs of Long Lartin.
- 3.28 There was a full-time diversity manager, who was also the race equality officer. While race equality was addressed, there was little or no focus on the wider principles of diversity. There was no prison forum for discussing such issues, and no strategic development plan. As a consequence, there was no central coordination of work on disability, older prisoners or sexual orientation, and much necessary work was absent or developed in isolation.
- 3.29 A disability coordinator had been identified who worked closely with the healthcare department, and there was a basic, but adequate, policy. Healthcare staff screened all new arrivals and logged any disability needs. The disability coordinator was also informed and he interviewed such prisoners and made a brief assessment. At the time of the inspection, 31 prisoners had been identified as having some physical disability. In many cases, disabilities were relatively minor and few, if any, adjustments were required. Where necessary, action plans for evacuation and/or care plans had been developed in conjunction with the healthcare department. However, some wing staff were not aware of who on their wing was classified as disabled. Assessments did not cover learning or mental disabilities, although these were usually identified through the education assessment or the mental health assessment for all new arrivals. Information on disability was not collated on a database. In our survey, 22% of respondents said they regarded themselves as having a disability.
- 3.30 Disabled facilities were limited and inadequate. The healthcare centre and detainee unit each had two cells that had been knocked into one larger cell to accommodate a wheelchair user. Toilet and washing facilities had not been altered, however, and were at a normal height, and there were no fully adapted cells. One prisoner at the time of the inspection was a wheelchair user and was accommodated in an ordinary cell on Perrie wing. His wheelchair could not fit

through his cell door and had to be left outside. Although the most common disability recorded was limited or impaired hearing, in-cell televisions could not display subtitles.

- 3.31 Ten prisoners were over 60, although only two were over 65, the oldest being 79. There was no policy covering older prisoners and, while healthcare offered some support via an identified nurse, their needs or particular concerns were not monitored elsewhere. Five prisoners were classified as retired, three on medical grounds rather than age. Some prisoners who were gay, bisexual or experienced gender dysphoria were known to healthcare, but this was not reflected elsewhere in the establishment, and there was no mechanism to monitor any concerns or record any form of discrimination on these grounds.
- 3.32 In the previous three years, approximately 85% of staff had received diversity training, but this was brief (2.5 hours), and focused almost exclusively on race equality. Issues of sexual orientation, age and disability were not sufficiently promoted around the establishment.

Recommendations

- 3.33 There should be an appropriate diversity forum to discuss the full range of diversity issues.
- 3.34 All prisoners should have a comprehensive assessment of disability at the earliest opportunity, and this information should be collated centrally.
- 3.35 There should be full diversity monitoring to assess the specific needs of individuals and ensure discrimination does not take place.
- 3.36 Appropriately adapted cells should be available for both mainstream and vulnerable prisoners with disabilities.
- 3.37 Prisoners with hearing problems should have access to televisions that display subtitles.

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.

- 3.38 Black and minority ethnic and Muslim prisoners had very poor perceptions of their treatment. There was a full-time race equality manager and the race equality action team met monthly, but there was no race equality policy. Prisoner wing race representatives had a limited role and had received no training. Ethnic monitoring was consistent, but its evaluation was limited. There was no monitoring of prisoners by religion, which restricted the impact of the race equality work.

Race equality

- 3.39 Approximately 40% of the population were from black and minority ethnic backgrounds, and race equality was given a high priority. Nevertheless, our survey responses from black and

minority ethnic prisoners were significantly worse than those from white prisoners in key areas. For example, 57% against 37% said they had been victimised by staff, and 56% against 33% said they felt threatened or intimidated by staff. There had been no needs analysis of black and minority ethnic prisoners to establish their main concerns.

- 3.40 There was a race equality statement but no race equality policy. The area was incorporated into the high security estate diversity and equality framework, which was still in draft. The Governor had instructed that the race equality statement be attached to staff annual reviews, although it was not clear how this was to be used. Although the framework document gave little specific guidance for staff on how best to manage racial incidents, and there was no specific reference to Long Lartin, the prison had developed a race equality action plan outlining specific objectives, which was evaluated at the monthly race equality action team (REAT) meeting.
- 3.41 The REAT was chaired by the Governor and had good representation from departments. The full-time race equality officer (REO) managed race equality, supported by a part-time deputy. Information about race equality, the wing representatives and the REO's contact details was published on all wings. Although 85% of staff had undertaken diversity training in the last three years (see paragraph 3.32), with a primary focus on race equality, this lasted under 2.5 hours and offered little more than awareness raising.
- 3.42 The REAT meeting analysed monthly ethnic monitoring reports, which covered a national template, including the use of force, IEP, activities and segregation, but had no specific local dimension. Areas of concern were generally acted upon, but analysis was usually limited to a comparison with the previous month rather than over a longer period. The results of this monitoring were not made available to prisoners on the wings, and the prisoner representatives had not been given training in how to interpret them.
- 3.43 The REAT did not evaluate issues relating to religion. In our survey, Muslim prisoners had consistently more negative views than non-Muslims, especially about their perceived treatment by staff – 56% of Muslim respondents against 40% of non-Muslims said they had been victimised by a member of staff; 39% against 4% said they had been victimised by staff because of their religion/religious beliefs, and 54% against 37% said they had been threatened or intimidated by staff. Only 48% of Muslim respondents felt most staff treated them with respect, compared with 67% of non-Muslims. Throughout the inspection, many prisoners and staff raised concerns about how Muslim prisoners were treated – either better or worse than non-Muslims. Despite this, there was no monitoring of use of force, adjudications etc to establish the validity of such concerns.
- 3.44 There was no comprehensive training for staff across the establishment, including on the detainee unit (see paragraphs 3.78–3.83), in relation to working specifically with Muslim prisoners or in helping staff to understand the unique issues that this group of prisoners experienced (see main recommendation HP47).

Managing racist incidents

- 3.45 There had been 115 racist incident report forms (RIRFs) logged in 2008 to date, which was slightly lower than the rate of 293 for the whole of 2007. In our survey, significantly more black and minority ethnic than white respondents said they had made a complaint, 81% against 64%, as had 83% of Muslim respondents against 64% of non-Muslims.

- 3.46 There were no separate RIRF boxes on the wings and, although appropriate forms were available, many prisoners made such complaints via the general complaint forms or the confidential access system. Some prisoners told us they lacked confidence in the system, as the boxes were opened by one of the principal officers each day. Any general complaint or confidential access complaint with a race element was forwarded to the REO. It was his responsibility to coordinate or undertake any subsequent investigation.
- 3.47 Most of the RIRFs we reviewed were completed appropriately and responded to in a respectful and timely manner. Where appropriate, simple enquiries had been undertaken. Although most complaints were completed within a fortnight (often within only a few days), some had taken up to two months. At the time of the inspection, two outstanding RIRFs dated back to 31 March and 8 April.
- 3.48 Monitoring of RIRFs was underdeveloped. The REAT discussed anonymised data on RIRFs received in the preceding period, but monthly patterns were collated only by location and did not include the nature of the complaint, which limited evaluation.
- 3.49 Quality assurance of RIRFs was also minimal. Although the high security estate lead for diversity evaluated 17% of RIRFs in June 2008, this was the first such evaluation since November 2007. No multidisciplinary panel or external agency evaluated a sample of RIRFs on a regular basis.

Race equality duty

- 3.50 Approximately 12 prisoners had been identified as having committed racially motivated or aggravated offences before custody or during their sentence. There was a policy for managing and monitoring these individuals through the public protection team, but there was no programme to work with or challenge such attitudes or values.
- 3.51 Prisoner representatives from all wings were invited to the REAT, and minutes indicated that they played an active part. Despite this, their role was not clear, and they had no job description or training. Wing representatives were usually identified by staff on the wing and asked to undertake the role, although we were told that a prisoner could ask to take on this task. One representative we spoke to said that he did not know that he had been identified as a wing representative. Wing representatives told us that they felt frustrated and were unsure how to develop their role. Although all wings had a race equality notice board, representatives were not identified, and minutes of REAT meetings were not displayed for prisoners to view.
- 3.52 Various notices and posters across the establishment promoted race equality. Black history month had been celebrated the previous October, and various religious festivals were promoted, in consultation with the prison chaplaincy.

Recommendations

- 3.53 The prison should produce a race equality policy specifying the key principles of race and religious equality at Long Lartin, based on an annual race equality needs analysis.
- 3.54 There should be more detailed analysis of ethnic monitoring to determine patterns and trends, and such data should cover locally agreed areas alongside that identified nationally.

- 3.55 The race equality action team (REAT) should consider issues relating to religion and religious belief, and monitoring by prisoners' religion should be developed to assist this.
- 3.56 There should be a separate racist incident complaints form box on all wings, which should be opened only by the race equality officer.
- 3.57 There should be a multidisciplinary panel, including external representation, to evaluate and quality control an agreed proportion of racist incident report forms on a regular basis.
- 3.58 There should be appropriate work with prisoners and programmes to address racially motivated offending.
- 3.59 Wing race equality representatives should have a clear job description and receive regular training on their role.
- 3.60 Wing race equality notice boards should display the names of wing representatives, minutes of REAT meetings, and ethnic monitoring data to better promote race equality.

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.

- 3.61 There was a comprehensive foreign national policy, but relatively little support for foreign national prisoners. Prisoner and officer wing foreign national representatives were not clear about their roles and had no specific training. Communication with families, and immigration advice and support needed further development.
- 3.62 There were 57 identified foreign national prisoners. New arrivals who were foreign nationals were identified at reception and through induction. Although they were given a copy of the information and advice for foreign national prisoners' document produced by the Prison Reform Trust and London Probation Service, this was in English only, out of date, and not accurate for Long Lartin. However, general information about Long Lartin was available in 20 languages in reception.
- 3.63 There was a comprehensive foreign national policy, which covered policies and practice at Long Lartin as well as advice on and contacts for other useful agencies across the country.
- 3.64 As well as the prison-wide foreign national coordinator, each wing had two identified foreign national liaison officers. Although there were job descriptions for these roles, the liaison officers we spoke to were unclear about their role. The liaison officers interviewed all foreign new arrivals on their wings, but seemed to have little to do beyond this. They had not been trained, and it was not clear how their role differed from that of personal officers. Foreign national prisoners could approach these staff if they needed help, but the staff rarely sought out foreign national prisoners to offer help and support.

- 3.65 Each wing also had foreign national prisoner representatives. Those we spoke to saw their role as broadly supporting new foreign national prisoners on the wing, but had received no training and were unsure how to undertake this task. Nonetheless, information about the staff and prisoner foreign national support was displayed on dedicated notice boards on all wings
- 3.66 Foreign national issues was a standing item in the REAT, which ensured that all departments were updated on irrelevant matters. The foreign national prisoners' group met only quarterly, and prisoners raised concerns with us that issues regularly raised at these meetings were rarely progressed before the next one.
- 3.67 There was no monitoring of the impact of aspects of the regime on foreign national prisoners. Foreign nationals expressed negative perceptions to us during the inspection, but as neither general complaints nor RIRFs recorded nationality, the prison had no means of assessing the key concerns for foreign national prisoners or whether these were raised in the foreign national quarterly meetings.
- 3.68 Maintaining contact with families was a key concern for foreign national prisoners. A weekly airmail letter was supplied by the prison, and the prisoner could pay for any further unlimited correspondence.
- 3.69 Prisoners who did not receive domestic visits could exchange visiting orders for a five-minute phone call a month for the first six months, and 10 minutes a month thereafter. The majority of foreign nationals (about 40) exchanged their visiting orders for phone calls. The system worked well, and allowed prisoners to accumulate up to three months worth of call time and to split calls to any number of friends/family. In 2006, a phone card system offering cheap international phone calls had been suspended and remained unavailable, even though other high security prisons operated it.
- 3.70 We were told that prisoners could receive personal DVDs from families abroad, recording messages along with family occasions, weddings, funerals etc, although these were subject to translation via security. However, prisoners we spoke to did not know about this, and there were no facilities to record or send out such material.
- 3.71 Several foreign national prisoners told us they were concerned, and lacked knowledge, about their immigration status, the options they could pursue and how they were likely to be treated, legally, during their sentence. The prison did not yet have specific contact with immigration services, although there were plans to offer surgeries.

Recommendations

- 3.72 The information and advice for foreign national prisoners' document should be updated and provided in appropriate languages.
- 3.73 Wing foreign national officers should receive training and support for their role.
- 3.74 Foreign national prisoner representatives should have job descriptions and receive training and support for their roles.
- 3.75 The prison should facilitate cheap international phone calls for foreign national prisoners.

- 3.76 The REAT should introduce monitoring to ensure that the current regime does not affect foreign national prisoners disproportionately.
- 3.77 There should be regular immigration surgeries for foreign national prisoners to receive appropriate legal advice on their status.

Category A detainee unit

- 3.78 The detainee unit, a former segregation unit, held detainees suspected of being a threat to national security in category A conditions. Although the unit was old, with little natural light, the detainees kept it in good order – they were paid to clean and redecorate it, and it had recently been redecorated. Detainees had single cells with integral sanitation and in-cell television. The communal areas included laundry, shower room, a single telephone room and servery. The association room, which was also the prayer room, was comfortable and had a stock of books and religious texts, and a television. Another association area had gym and games equipment. There was a small internal yard, usually left open, where detainees grew lettuces and mint for their meals.
- 3.79 The unit had its own policy document, revised in July 2008. Some procedures differed from the main prison; for example, staff on the unit, rather than dedicated search teams, undertook most searches. Much general information had been translated into Arabic, although all the detainees presently on the unit spoke English and not all were foreign nationals.
- 3.80 Detainee-staff relationships were described by detainees, and observed to be, very good. A senior officer and two officers were usually on the unit. Most had been selected to work there regularly and they had developed a good rapport. They addressed detainees both by first name and as 'Mr'. Some detainees had been living there for years; the most recent arrival had been transferred there six months previously. Tension about the uncertainty of their legal status and indefinite detention was palpably near to the surface. Staff showed understanding and skill in managing this, although limited information about the detainees' histories was available to them.
- 3.81 All detainees were allocated personal officers, as in the main prison. Unit files revealed an average of several entries a month by personal and other officers, with regular checks and occasional comments by the senior officer. Many of the entries concerned practical issues, but some commented on reaction to family visits or perceived mood.
- 3.82 The unit had a monthly meeting, chaired by the unit governor, attended by staff and detainees. The prison governor had also attended during the previous four months. Detainees selected their own representative to attend the race equality action team and foreign national prisoners' meetings.
- 3.83 Although there was no comprehensive race equality training for staff on the detainee unit to expand understanding of this section of the population, staff who worked there regularly had built up an understanding by talking to detainees and the Muslim chaplain and by attending relevant conferences. Some had been to a hearing at the special immigration appeals commission. They quoted several instances where detainee behaviour had been misinterpreted by staff elsewhere because of lack of understanding of religious and cultural norms or the variances between Muslims (see main recommendation HP47).

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.

- 3.84 The applications and complaints systems were overloaded with too many low level issues that could have been resolved informally. Prisoners were generally dissatisfied with the answers they received. There was no analysis of complaints.
- 3.85 In our survey, only 44% of respondents said that applications were dealt with promptly, which was significantly below the response of 58% at our 2005 inspection. On complaints, only 21% of respondents felt they were dealt with fairly, significantly below the comparator of 28%, but 35% said they were dealt with promptly, which was slightly better than the comparator. The survey results were confirmed by our discussion groups and comments from prisoners during the inspection.
- 3.86 The application system had been reviewed at the end of 2007 and this had resulted in some improvements. Logs were now kept on every wing, and the documentation had been simplified and streamlined. However, the new procedure was not working as designed. The records were often incomplete, and it was not always possible to track the outcome of applications.
- 3.87 Posters explaining the applications and complaints procedures, including confidential complaints, were displayed on all wings, as was information about access to the Independent Monitoring Board and to the Ombudsman. Although application forms were on display in some wings, in others they were held in the office, where prisoners had to ask for them. Completed forms were returned to a wing officer.
- 3.88 Prisoners could post complaint forms in one of the yellow boxes located on each wing. These boxes were emptied each night by the senior officer on duty; this task should have been carried out by a non-uniformed member of staff.
- 3.89 Almost all the issues that prisoners raised through the formal complaints system were relatively minor. These frequently related to property and were often indistinguishable from many of the applications made. Many prisoners were frustrated that they had been unable to sort things out for themselves. Replies were generally on time, but they tended to be cursory, with little evidence that much time or effort was given to address any underlying issue.
- 3.90 There was a monthly record of all the complaints logged. This data was passed to managers for information, but we saw no evidence that it was analysed for patterns and trends. We identified the very high proportion of complaints about property as one area that required further investigation.
- 3.91 Given the good working relationships between staff and prisoners, there was potential for staff to deal with more of prisoners' initial queries informally. This would reduce the administrative burden on the applications and complaints systems and allow greater attention to be paid to more serious complaints.

Recommendations

- 3.92 Application forms should be directly available to prisoners on all wings.
- 3.93 Application logs should always be fully completed.
- 3.94 Replies to complaints should always be detailed and constructive.
- 3.95 The complaints boxes should be emptied by a civilian member of staff.
- 3.96 Complaints should be analysed regularly to address any underlying issues.
- 3.97 Staff should make more effort to deal with prisoner queries informally.

Legal rights

Expected outcomes:

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

- 3.98 There were arrangements to deliver legal services, but provision was erratic because of staffing shortages.
- 3.99 There were trained legal services officers on each wing. Legal services were administered from a designated office on Perrie wing.
- 3.100 A legal services officer saw each new arrival within a few days of their admission. Very few prisoner sought assistance at this stage. If a prisoner required legal help subsequently, he had to submit a wing application. These could take up to three or four weeks to answer because the wing-based staff were seldom allocated any time for this work.
- 3.101 There was a stock of suitable legal books in the library. Prisoners could request free legal letters, and if they had no funds they could phone their solicitor. The coordinating legal services officer was frustrated because his Prison Service legal services training had been seven years ago and he felt he was no longer sufficiently up to date. None of the other legal services staff had received up-to-date training.
- 3.102 Detainees in the specialist unit had good access to their solicitors and use of a fax machine in the unit.

Recommendations

- 3.103 There should be sufficient trained staff with allocated time to provide legal services promptly.
- 3.104 Legal services officers should have access to up-to-date training.

Substance use

Expected outcomes:

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

3.105 Although mandatory drug testing rates were down on average across the prison, rates were much higher on some wings. The recent influx of vulnerable prisoners had brought challenges to all substance use-related services in the prison, but there had been no updated needs analysis.

Clinical management

- 3.106 A healthcare assistant screened new arrivals and, where appropriate, provided first night symptomatic relief. A doctor saw them the next day.
- 3.107 Prisoners who required opiate detoxification were offered a standard lofexidine treatment programme. Of the 20 prisoners given detoxification treatment in 2008 to date, none was a new arrival and one was a repeat. We were told that prisoners were allowed only two such detoxifications per prisoner per 12-month period, though this was not a written policy, and we found no cases where a third detoxification had been refused. No methadone or Subutex treatment was available.
- 3.108 The detoxification team comprised one full-time registered mental health nurse who also worked in primary mental health, and one part-time registered general nurse (RGN) with a special interest in substance misuse. When specialist staff were not available, RGNs with no substance use training provided cover for detoxification assessments etc.

Drug testing

- 3.109 The reported mandatory drug testing (MDT) figure was 3.13%, but this was distorted as it did not include refusals, diluted tests etc. The MDT average for 2007-08 was 15%. The average for the first quarter of 2008-09 was 10% compared with 17.64%, including refusals in the first quarter of 2007-08, but if C and D wings were considered in isolation, the figure was 22%. These figures included refusals. The average for the whole prison was therefore skewed by the very low rates on A and B wings, which housed vulnerable prisoners, many of whom had recently transferred in (see section on vulnerable prisoners).
- 3.110 In our survey, 43% of respondents said it was easy to get illegal drugs in the prison, which was significantly above the comparator of 29%. Security procedures were under constant review, with several new measures to reduce the availability of drugs.
- 3.111 Despite 70 referrals for suspicion drug testing in 2008 to date, only 50% (34) of these referrals had been undertaken. Although two-thirds (19) of those tested were positive, the number of suspicion referrals and actual tests were a further indication of a level of drug use not reflected by the low random MDT rate.

- 3.112 The arrival of around 50 vulnerable prisoners from another establishment had brought significant new challenges for the drug and mental health services, due to the complex needs of this group of prisoners - up to 60% of whom had a dual diagnosis (substance use and mental health problems). This move had not been sufficiently well planned, as there was no up-to-date needs analysis to inform the drug strategy,

Recommendations

- 3.113 There should be a needs analysis to assess the current specific drug treatment needs of all prisoners.
- 3.114 All staff involved in the clinical management of drug problems should be trained for this role.
- 3.115 Detoxification regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance.
- 3.116 Clinical services should be extended to offer a more flexible regime incorporating stabilisation, detoxification and maintenance provision, including methadone.
- 3.117 Drug testing figures should be collated by type and by wing to provide effective management information.
- 3.118 There should be effective security measures to reduce the supply of drugs in the prison.
- 3.119 The wider prison drug strategy should include an up-to-date supply reduction strategy, which should be implemented.
- 3.120 There should be appropriate staffing to ensure that all mandatory and suspicion drug testing is carried out within identified timescales and without gaps in provision.

Vulnerable prisoners

3.121 The re-role of B wing and the subsequent increase in the number of vulnerable prisoners had been managed well. Although vulnerable prisoners were offered a full regime with good access to all services, some prisoner management systems required development, and prisoner supervision needed more attention in some areas.

3.122 The role of B wing had changed in March 2008 from a mainstream residential wing to a unit for vulnerable prisoners, doubling the number of vulnerable prisoners at Long Lartin. At the time of inspection, there were about 143 vulnerable prisoners accommodated on A and B wings.

3.123 About 75 prisoners from other prisons (principally Whitemoor) had been transferred in following the decant of mainstream prisoners from B wing in March and April 2008. Prisoners and staff told us that this had a destabilising effect, mainly due to the speed of the change, although staff said that prisoners had, on the whole, settled well into new environment. We noted that there had been an increase in recorded assaults and violent incidents during April and the beginning of May 2008, but that the number had reduced and stabilised by the

beginning of June. Vulnerable prisoners told us that they felt better established, and that staff were supportive and the environment was generally safe.

- 3.124 The prison had generally managed the change well. A full regime was in place (see paragraph 5.6), there were risk assessments to allow vulnerable prisoners to use all the prison's facilities, and staff entries in wing files showed a good knowledge of individual prisoners' circumstances and levels of associated risk.
- 3.125 There were, however, some areas where prisoner safety had not been fully addressed. Vulnerable prisoners attending the healthcare centre shared a communal waiting area with mainstream prisoners without specific supervision. There were also no separate arrangements for their visits, and vulnerable prisoners complained that they were often threatened by other prisoners during visits and that staff were unaware of the risks to their safety. In our survey, 100% of prisoners surveyed on B wing said that they had felt unsafe at some time during their stay at Long Lartin (see paragraph 3.11).

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 Health services benefited from the strong support of the Governor. The level of primary care services was good, with a broad range of nurse-led clinics and visiting consultants. Primary mental health services struggled to meet the demand for support, and secondary services were severely curtailed due to staff absences. Inpatient services were only adequate, and there was no permanent clinical input on the unit.

General

- 4.2 Health services were commissioned by Worcestershire Primary Care Trust (PCT), which also had commissioning responsibility for three other prisons in the area. A clinical director for prison health had recently been appointed and had begun to address the restructuring of clinical services within prisons in the PCT. The head of healthcare had been seconded from another prison to provide strategic clinical leadership, and had introduced new policies and procedures to improve the service. It was also recognised that inpatient care and mental health services required urgent attention.
- 4.3 The PCT had completed a health needs assessment for 2007-08, including a strategic and service delivery plan for 2008-10. The PCT prison partnership board met quarterly, and a clinical governance committee met regularly. The majority of prisoners had equity of access to those NHS services found in the community.
- 4.4 The healthcare centre had been refurbished and was a welcoming and professional environment. All areas were clean, bright and tidy. Infection control appeared appropriately managed. Disabled prisoners could access the centre via a stair lift.
- 4.5 Prisoners entered the centre through a gated door, which led straight into the waiting room. This had health promotion and information material, including copies of the latest minutes of the patient health forum, as well as health services comment forms. The room could seat only 12 prisoners, including both mainstream and vulnerable prisoners. Additional waiting rooms were needed to accommodate the increase in prisoners, including vulnerable prisoners. Health services had good discipline officer support, with two officers allocated to manage prisoners waiting for appointments and to call them through at the appropriate time.
- 4.6 The main department had notice boards that informed prisoners of the nurses who specialised in specific health areas and the health staff on duty that day. The main treatment room led off the healthcare main corridor, with a hatch for the administration of medicines. The room was appropriately equipped with a range of lockable metal medicine cabinets, including one used to store controlled drugs.
- 4.7 The dental surgery was spacious and well decorated. All cabinetry was in good order, but there was no washer-disinfector. Emergency equipment was next door, but the equipment the dentist was most likely to use was split between several bags and had no specific dental

emergency equipment. The dental team did not know how to use the emergency call system in healthcare. Local rules for radiography were out of date, and the dentist did not have a quality assurance file supplied by the Health Protection Agency.

- 4.8 The inpatient area was small, but well decorated, bright and airy. It had eight cells, one of which was out of use. The cells were of a reasonable size and had in-cell sanitation and electricity, and televisions were available. Emergency evacuation notices were outside every cell. There was a very small association room, but it was well decorated and had a variety of board games. There was a satisfactory bath and shower area, and a kitchen, which included a washing machine.
- 4.9 The healthcare room in the detainee unit was small, but fit for purpose.
- 4.10 There was no healthcare room in reception. New arrivals had an initial assessment in the healthcare centre, but reception officers had to ask them if they had any immediate health needs within the hearing of other reception staff and waiting prisoners. This could affect medical confidentiality. All prisoners were given a booklet outlining health services during the reception screening process.
- 4.11 Two nurses had specific responsibility for the management of older and disabled prisoners. All older prisoners were invited to attend a well man clinic for assessment, which included mental health. There were good links with the prison disability officer.

Clinical governance

- 4.12 Clinical governance arrangements included the management and accountability of staff. The health team consisted of 17.5 whole-time equivalent (WTE) registered general nurses (RGNs), registered mental health nurses (RMNs) and registered nurses for learning difficulties (RNLDs). The team was supported by three healthcare assistants (HCAs), two of whom had completed national vocational qualification level three in care, and two administrators. There was a 1.5 WTE nursing vacancy and one WTE administrative vacancy. The skill mix was good, and many nurses had additional professional qualifications, including asthma and diabetes management.
- 4.13 Only one member of the health team was on night duty in the inpatient area. An officer from the detainee unit had to cover for any absence due to the need to administer medication or answer emergency calls.
- 4.14 Professional training was fully supported and clinical supervision was in place, with one trained supervisor on staff. There were regular team leader meetings. The head of healthcare ensured that all relevant NHS guidelines and publications were available to staff.
- 4.15 Medical cover was good and provided by a private health organisation using local GPs for on-site and out of hours cover. At least one GP was in the prison every weekday, with two on Monday and Friday mornings.
- 4.16 A local dentist held four sessions a week, assisted by a dental nurse. A local pharmacist visited the prison for a half-day each week, although this sometimes varied.
- 4.17 Specialist equipment was obtained through the PCT, which also provided occupational therapy assessment.

- 4.18 There was emergency equipment in healthcare and the segregation unit, and weekly and after-use checks were recorded.
- 4.19 Current paper clinical records were held securely in a locked room. An electronic medical information system (EMIS) was routinely used to enter all clinical details into patients' notes, and all healthcare staff were trained in its use. We reviewed some electronic and paper records and they were generally of a good standard. A Caldicott guardian (overseeing use and confidentiality of personal health information) was based at the PCT. Old records were held securely on site. There were procedures to obtain prisoners' consent to release medical information to third parties where necessary.
- 4.20 A prisoner health consultative committee had recently been set up and included the head of healthcare, team leaders, a governor grade and prisoners. Senior health staff dealt with complaints, and where necessary forwarded them to the PCT. Prisoners were advised how to use the NHS Patient Advisory Liaison Service.
- 4.21 The management of communicable diseases followed PCT guidelines and included links with local health protection agency. There were good links with the infection control specialist nurse at the PCT.

Primary care

- 4.22 Health services were very busy, with an average of 1,525 prisoner attendances in the first quarter of 2008. Nurse-led special sick clinics were the busiest, and saw an average of 542 prisoners in this period, and the GP saw an average of 150 prisoners. GP clinics were held every weekday with up to 12 appointments for prisoners, with separate clinics for vulnerable prisoners. The management of appointments was generally good, although the influx of vulnerable prisoners in April 2008 had caused some disruption, as the new prisoners had to be seen separately from the mainstream population. Some difficulties continued as visiting specialists needed to see all their patients at one session. The waiting time to see the GP was normally no more than 48 hours.
- 4.23 All new arrivals were seen in healthcare for their first night reception screening, which included a cell sharing risk assessment. The screening covered their physical and mental health and drug or alcohol use. Those on medication were given a next-day appointment to see the GP for a medication review and appropriate prescription. New arrivals went to healthcare the following day for a more in-depth secondary health screening. Prisoners with health concerns or identified health needs were referred to the appropriate specialist without delay. Hepatitis vaccinations were offered routinely to all new arrivals.
- 4.24 Prisoners who wanted to attend healthcare could complete healthcare application forms on the wings. These contained information on all the health services in the prison and how to access them, including dentistry, substance use and mental health. Prisoners posted completed applications in a dedicated locked box, which was emptied each night by the night nurse. The nurse logged all applications, which the primary care team leader assessed in the morning and passed to the administrative team to make the necessary appointment. Individual appointment slips were delivered to wings for distribution.
- 4.25 Prisoners had access to a wide range of nurse-led clinics – including well man, chronic disease, smoking cessation and blood-borne virus. Clinics were supported by community specialist nurses, including HIV, MS and chronic heart disease. Visiting specialists included a physiotherapist, podiatrist and optician. Only the optician had a long waiting list, of up to two

months, but an additional clinic had been booked for August 2008. Visiting consultants specialising in general medicine, surgery, orthopaedics, and ear, nose and throat medicine also visited the prison regularly.

- 4.26 Health promotion was high profile throughout the prison, and healthcare and gym staff worked collaboratively to improve prisoners' health.
- 4.27 Barrier protection was available from nurses at the treatment hatch or from the doctor.
- 4.28 Relationships between healthcare staff and staff on the wings were good. The primary mental health team was particularly appreciated by staff and prisoners on the segregation unit.
- 4.29 Detainees had access to all primary care facilities in the detainee unit or the main healthcare department. Two dedicated general health nurses went to the unit twice a week to discuss any health concerns with detainees, and two primary mental health nurses visited three times a week. A GP held a weekly clinic, but detainees could see a GP in the main department at other times. Detainees were satisfied with the level of healthcare, and had good access to interpretation and translation services.

Pharmacy

- 4.30 Pharmacy services were basic and there were no pharmacy-led clinics or pharmacist interaction with patients. Medicine management was adequate and named-patient medication was generally separated from stock. However, we found some named-patient and stock medicine that had been mixed. Medication date checks had been completed, but no records of this were available and not all stock was properly labelled. There was evidence of secondary dispensing and labelling by nursing staff; routine dual labelling was not used. Controlled drugs were stored correctly, but there was no evidence that they were covered by standard operating procedures. Requisitions for controlled drugs were signed by nurses only and not the GP.
- 4.31 Medication records were held on the EMIS, but administered medications were not always recorded on paper prescription and administration charts as well. The doctors did not use the EMIS and, consequently, were not always aware of all medicines taken by a patient. When nursing staff supplied special sick medicines, they did not check the safety of this supply against the patient's drug record.
- 4.32 Medication administration times were at 8am, 11.40am and 5.40pm. All medicines were administered from the healthcare treatment room, except for prisoners in the segregation unit. Only one prisoner at a time was allowed at the hatch. Two nurses checked all medication while another entered it on the EMIS. All nursing staff were involved in the administration of medicines. Prisoners did not carry ID cards and not all prescription and administration charts had their photograph, so it was sometimes difficult for nurses to identify prisoners at the hatch. Three discipline officers were detailed to manage the waiting queue to reduce the risk of bullying or passing of medication. This supervision worked well.
- 4.33 Most prisoners held their medication in possession and all were risk assessed. There was no system to follow up those prisoners who did not collect their medication, and a large quantity of in-possession medication had not been collected.
- 4.34 Patient information leaflets were available on request, but their availability was not advertised to prisoners.

- 4.35 The PCT pharmacy adviser, the supplying pharmacist and the head of healthcare attended the medicines and therapeutics committee. There were policies for in-possession medicines, special sick and out of hours prescribing.

Dentistry

- 4.36 The dentist was employed by the PCT to hold four sessions a week, and was assisted by a dental nurse. However, in the dentist's absence it was difficult to find another who had been security cleared for the high security estate, and the prison was sometimes left without cover.
- 4.37 Record keeping was satisfactory, but patient clinical records were not always available for the dentist, and there needed to be better communication between health staff and the dental team.
- 4.38 A full range of NHS dental services was available to prisoners. Prisoners could use dental services by making a healthcare application. Prisoners who needed an emergency appointment were seen the same day. Out-of-hours treatment was through the local dental access service.
- 4.39 There was no waiting list, except for prisoners in the segregation unit., and there were also long delays in taking segregation prisoners to the surgery. Previously the dentist had been able to triage and provide temporary treatment to prisoners in the unit, but this had been stopped for security reasons.
- 4.40 The dentist saw up to 12 patients each session and the lists were compiled by the dental team. However, healthcare staff often had to change the lists because of the requirement to have only certain categories of prisoners in healthcare at one time. This caused a considerable loss of surgery time when some prisoners failed to turn up for appointments.
- 4.41 There was no oral health promotion strategy, and oral health promotion was only delivered on an individual basis.
- 4.42 The dental staff did not attend any healthcare team meetings.

Inpatient care

- 4.43 The regime for inpatients was poor, with little purposeful activity. At the time of the inspection there were between four and six inpatients: two were there for non-medical reasons; the remainder were mental health patients.
- 4.44 Discipline officers were detailed to inpatients from 7.30am to 5.30pm Monday to Friday. Although healthcare staff were allocated to inpatients, they were not on the unit full-time. The discipline staff knew their patients well and were caring and conscientious. However, they often changed from one day to the next, which affected continuity for patients. Officers ensured all patients' domestic requirements, such as bathing, cell cleaning and making telephone calls, were met. Most had some mental health awareness training, but this was limited, and some were not confident in dealing with the more acutely mentally ill prisoners.
- 4.45 Nursing staff from the mental health primary care team were allocated to provide clinical support every day and were responsible for seeing the patients and administering all necessary treatment. They also completed care plans and answered any queries from patients

or staff. However, the lack of permanent health staff, particularly mental health nurses, left a void in the patients' day.

- 4.46 We only saw one prisoner out of cell, and he was the cleaner. Time out of cell was severely limited because of the different categories of prisoners. The small association room was not suitable for interaction between prisoners and staff. Patients had access to the gym and education on request.
- 4.47 We were concerned to see inpatients wearing special clothing. Although healthcare staff were involved in the decision to use special clothing, we were not convinced that it was used appropriately. The healthcare department held no central record of its use. (See also paragraph 3.22 and recommendations 3.24 and 3.25.)

Secondary care

- 4.48 NHS appointments were managed by senior nurses, and there was no delay in prisoner access to external health services.

Mental health

- 4.49 Mental health services were severely stretched. Although the provision of care was good, the primary mental health team (PMHT) worked under pressure and often dealt with seriously ill prisoners who would normally be cared for by a mental health in-reach team. The team had seen approximately 433 prisoners in the first quarter of 2008.
- 4.50 The PMHT comprised a senior RMN supported by seven RMNs, one of whom was always on call. The team had no administrative support. A forensic consultant psychiatrist from the local medium secure unit provided one session a week, and staff could also phone for advice at any time. The team had a current caseload of approximately 90 prisoners, with 70-80% suffering from severe personality disorder. Others had depression, anxiety or problems with self-harm or substance misuse. Most prisoners in the segregation were clients of the team, which provided a high level of support to them, including administering medication and completing safety algorithms every day.
- 4.51 The mental health in-reach team comprised a senior community psychiatric nurse (CPN) who was usually supported by three CPNs, but none were currently available for duty for varying reasons. She also covered other prisons in the cluster. Posts for an occupational therapist and a clinical psychologist were vacant, as was that for a general psychiatrist scheduled for four sessions a week. The senior CPN provided two sessions a week and had a caseload of 14 prisoners. Some mental health awareness had been delivered to prison staff in 2007, and further training was due in September 2008. The CPN provided good support to the PMHT and the two teams worked well together. However, the service was struggling to support prisoners and needed an urgent increase in clinical support.
- 4.52 Referrals were accepted from across the prison as well as prisoners themselves. Urgent cases were seen immediately, but others were discussed at the weekly multidisciplinary meeting, which allocated a RMN as primary carer. The referral meeting included both mental health teams and the psychiatrist, but there was no input from residential staff. Only patients with complex mental health needs were referred to the psychiatrist.
- 4.53 A cognitive behavioural therapist and some limited counselling support were also available. RMNs provided some therapeutic interventions to prisoners, and they were always involved in

assessment, care in custody and teamwork (ACCT) self-harm monitoring reviews if clinically indicated. There were no daycare facilities for inpatients or prisoners unable to cope with day-to-day life on the wings.

Recommendations

- 4.54 The area next to the healthcare waiting room should be converted into an additional waiting room for patients.
- 4.55 There should be a dedicated healthcare room in reception to ensure confidentiality for new arrivals and to enable examinations, if necessary.
- 4.56 The healthcare team meetings should include the dentist and a GP.
- 4.57 There should be additional optician clinics to reduce the waiting list.
- 4.58 Prisoners should carry identification cards with them when they collect medication, and medicine charts should include a photograph of the patient.
- 4.59 Requisitions for controlled drugs must be signed by a doctor.
- 4.60 General stock should be audited to reconcile orders against prescription.
- 4.61 Secondary dispensing should stop immediately.
- 4.62 Pharmacy-led clinics and medication reviews should be introduced, and prisoners should have access to the pharmacist.
- 4.63 The pharmacy staff should monitor the use of special sick medication.
- 4.64 The medicines and therapeutics committee should agree standard procedures to cover pharmacy service provision and delivery of medication to prisoners.
- 4.65 There should be an additional dental session for a dental hygienist, and a programme of oral health promotion should be introduced.
- 4.66 The dental triage system for prisoners in the segregation unit should be reinstated to reduce the waiting list for prisoners held there.
- 4.67 There should be an additional emergency equipment set, including emergency drugs, in the dental surgery. The dental team should be aware of emergency procedures in the healthcare department, and these should be exercised.
- 4.68 There should always be two healthcare staff on duty at night, including at least one qualified nurse.
- 4.69 The inpatient unit should be staffed by at least one healthcare-trained member of staff, such as registered general nurse, registered mental health nurse or healthcare assistant.
- 4.70 Discipline staff working in the inpatient and segregation units should receive regular appropriate mental health training.

- 4.71 All prison staff should have at least annual mental health training.
- 4.72 Mental health referral meetings should include residential staff where appropriate, including segregation staff.
- 4.73 There should be additional generic counselling services for prisoners.
- 4.74 Daycare facilities should be identified and staffed appropriately to provide support services to inpatients, older prisoners and prisoners who need additional support.

Housekeeping points

- 4.75 The pharmacist should control stock supplies and introduce a dual-labelling system to ensure that stock can be audited.
- 4.76 The pharmacist should undertake out-of-date checks on all medicines and resuscitation kits.
- 4.77 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 4.78 The dentist should enter a summary of treatment in the patient's clinical record.
- 4.79 The dental appointments system should be under the control of the dental team, with appropriate guidance about when each wing will be available.
- 4.80 A washer-disinfector should be supplied.
- 4.81 Local rules for radiography should be up to date and displayed with the X-ray set. Copies of all documentation required in a general dental practice should be available in the prison.
- 4.82 All pre-packs should be dual-labelled. When the pre-pack is dispensed against a prescription, one label should be removed from the pack and attached to the prescription chart, which should be faxed to the pharmacist to satisfy themselves that the prescription was appropriate and that the correct item had been supplied.

Good practice

- 4.83 *The programme of visiting consultants had many benefits for patients, and reduced the time and costs of sending prisoners to outside hospitals.*

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 Learning and skills and work provision was satisfactory, and the standards of prisoners' work and achievement of qualifications were good. There was a good range of training opportunities, and up to 87% of prisoners were involved in purposeful activity. There was a clear strategy for improvement, but some actions had been slow. Quality improvement arrangements were not sufficient, but there was a new quality assurance manual. There was now effective collection and analysis of a range of learning and skills and work activity data, which was used to develop the provision, although it was too soon to judge the effectiveness of its use. Library provision was good.
- 5.2 The head of learning and skills took up post in October 2007 and the role changed to head of learning and skills and regimes in January 2008. City College Manchester held the education contract, and In Training Ltd the contract for information, advice and guidance (IAG). North Warwickshire and Hinckley College provided the national vocational qualification level one in hospitality.
- 5.3 Prisoners had access to a good range of accredited employability programmes and non-accredited work activities. They could gain qualifications that included level two in barbering, basic bricklaying, industrial cleaning, laundry, food preparation and cooking, food hygiene, practical crafts and wider key skills. Work opportunities included polymer processing in two workshops, woodcraft and joinery, print shop and environmental recycling.
- 5.4 Resources and facilities for learning and skills were appropriate and sufficient to meet the needs of the population. Prisoners with mobility difficulties could get to the classrooms via a lift, and all workshops were physically accessible.
- 5.5 Many new arrivals had a record of their learning and skills achievements gained at other establishments. Those without evidence of educational attainment were assessed on their arrival, although the initial assessment test provided only assessment up to level one. A planned computer-based system would provide a more accurate assessment of prisoners' educational needs.
- 5.6 Learning and skills offered were based on the needs of individual prisoners. There had been effective action to plan for a range of learning and skills activities for the new vulnerable prisoner population. The laundry had been designated as a vocational accredited training area for vulnerable prisoners, and the education timetable had been rearranged to accommodate vulnerable prisoners on three mornings a week. The current programme was under regular review to maintain a balance of provision for mainstream and vulnerable prisoners.

- 5.7 Prisoners had good opportunities in the workshops and the education department. High risk category A prisoners did not have access to the workshops, but could attend the education department and library. Detainees were able to attend classes in the education department. Prisoners had access to literacy and numeracy programmes to ensure that their level of education was sufficient to meet the demands of learning and skills activities and offending behaviour programmes.
- 5.8 Full-time mainstream prisoners could go to up to six sessions of education a week. Part-time learners could attend up to four sessions of education or two sessions of education and two sessions of PE a week. There were 82 part-time and 22 full-time places a day in the education provision.
- 5.9 The labour allocation process ensured the efficient allocation of activity places for prisoners. The allocation board met each week. There was no formal involvement from the IAG workers, although they could provide information on the needs of individual prisoners. The IAG service worked closely with prison and education staff (see also paragraph 8.29). It was involved in induction and sentence planning, and provided a range of services to prisoners within two years of release, including CV writing, interview techniques, disclosure and careers advice.
- 5.10 There were 452 work and activity places, which were sufficient to support the population, and 87% of prisoners were in some form of purposeful activity. Only four prisoners were registered as unemployed. Part-time education and part-time work could be combined effectively. Fifty-eight per cent of the population was working towards an accredited qualification. The prison offered a wide range of employment-related programmes, and learners achieved good standards of work and good pass rates on accredited programmes. However, the implementation of accredited training programmes in barbering was slow, and there was insufficient skills for life provision in the workshops. Work placements provided purposeful activity in most workshops and good training opportunities. Some accreditation was offered or planned in all workshops, but this was not yet fully implemented. Prisoners had good access to wider key skills programmes in many workshops.
- 5.11 Prisoners on literacy and numeracy programmes achieved satisfactory standards of work and pass rates and there was good access for vulnerable prisoners. Attendance was generally satisfactory, although some learners returned from the mid-session breaks up to 15 minutes late. Prisoners had access to courses in literacy and numeracy from entry level to level two, as well as key skills, English for speakers of other languages (ESOL), French, German, basic Spanish and the Toe-by-Toe reading development programmes. However, only five prisoners and mentors were involved in Toe-by-Toe activities, and the Story Book Dads programme was yet to be implemented. Prisoners on personal and social integration programmes had high standards of work and good development of personal skills and confidence building. These programmes included budget and money management, diversity in society, visual art, drama and safety in sport, but there were limited opportunities to gain accredited qualifications in these. Prisoners could also take Open University and distance learning programmes.
- 5.12 Tutors made insufficient use of individual learning plans to support learning. Not all learners on employability-related programmes had suitable learning plans, and targets were often too general. The use of portfolios to show evidence of improvements in vocational skills was underdeveloped. In bricklaying, learners were encouraged to keep a record of their work to show their progress in improving their skills, but this was not practised in other work areas. Many instructors and supervisors took care to record learners' completed training and work in prison training records, but prisoners were not given a copy of these records to add to their record of achievements.

- 5.13 Rates of pay varied from £2.50 per week for unemployed prisoners to £10 per week for retired prisoners (currently five) and those on induction. Generally, sessional pay rates were equitable, but more sessions a week were available for cleaners and orderlies, who tended to receive a higher pay overall. Kitchen workers received higher sessional rates of pay at £2.79 for a skilled worker, £2.45 for semi-skilled and £2.03 for unskilled.

Library

- 5.14 Worcestershire County Council managed the library. The previous chartered librarian had recently retired, and the library was now supervised by a prison officer. Posts for a qualified librarian and an assistant were still to be filled. Three prison orderlies were employed, and there was opportunity for one of them to study for an NVQ level two in library and information services.
- 5.15 The library had a good relationship with the education department, and the previous librarian had also worked as a skills for life tutor. Regular library policy and management meetings were used to plan and monitor provision effectively.
- 5.16 The library had a stock of around 12,000 books and 2,600 audiovisual items. The stock included a wide range of fiction, including easy reading books and simple graphic novels, music, film and audio books, and a stock of games developed by the prisoners. The range of non-fiction was good and supported vocational programmes. The supply of foreign language material was particularly good, and there was an arrangement with a private company to supply additional materials at short notice. There was an appropriate range of legal texts, including those on immigration law, and Prison Service orders, although up-to-date information on matters such as confiscation orders was needed. Prisoners could take reference books back to their cells if required.
- 5.17 The librarian had planned purchases partly through feedback from users and partly through informal discussions with staff. The library was marketed well and was well sited close to the education department. Although prisoners with mobility difficulties could not easily access the library, special arrangements were made for them.
- 5.18 Each wing had a library representative who supported good communication and selected DVDs for their wing. All prisoners had a timetabled library session, except those in the segregation unit and the healthcare centre, for whom library staff provided a good outreach service.
- 5.19 Library use was high, and over 85% of prisoners in the current year had used the service and borrowed at least one item. Losses were low at just over 3%, even though there was a policy not to charge fines.
- 5.20 IT resources in the library were limited to two PCs and there were no word processing facilities, although prisoners had access to good IT resources in the education department. Library staff had secure access to the internet.

Recommendations

- 5.21 The range of accredited vocational courses should be extended and the number of places for prisoners increased.
- 5.22 Employability skills gained in prison work activities should be recognised and recorded.

- 5.23 Individual learning plans should be used more widely by tutors, and should provide greater specificity and focus.
- 5.24 Quality improvement arrangements in learning and skills should be extended and improved.
- 5.25 There should be greater use of data to inform and develop the learning and skills provision.
- 5.26 The prison should work with partners to develop further opportunities for learning through, for example, the Toe-by-Toe and Story Book Dad initiatives.
- 5.27 Appropriately qualified staff should be appointed as soon as possible to manage the library provision.

Physical education and health promotion

Expected outcomes:

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

- 5.28 The physical education programme was well planned, with a good balance of sporting activity that catered for all prisoners, and access was good. All gym users were properly inducted and recreational PE was programmed throughout the day and evening, including weekends. There was a satisfactory range of accredited courses, and effective links with other departments, including healthcare and the substance misuse team.
- 5.29 There was a well-structured PE induction programme in which all participants gained a qualification in manual handling and had the opportunity to gain useful skills in first aid.
- 5.30 The well-planned core PE timetable had a good balance of indoor and outdoor activities, team sports and minor games. Recreational PE was available in the day and evenings, with a full programme at weekends. Attendance at these sessions was good, with up to 30 prisoners at each session. There was insufficient provision for prisoners in the segregation unit who had access to a very limited range of PE equipment.
- 5.31 An extensive range of programmes and courses included first aid at work, active healthy living, personal training, treatment and management of injuries at level one, football coaching level one, the Community Sport Leader Award (CSLA) at level one, and instructing in circuit training at level three. The success rate on accredited courses was very good, with over 85% of successful completions.
- 5.32 The room accommodating the weights and cardiovascular equipment was too small, and sightlines for instructors were poor. The showers needed redecoration, and the sports hall floor was in a poor state of repair. The outside pitch was used well, and there was a good quality classroom for theory lessons.

- 5.33 The department had good links with other aspects of the regime, such as healthcare, occupational therapy, psychology and physiotherapy. There was also an innovative programme of team building activities run in partnership with the substance misuse team.
- 5.34 There were good links with two local daycentres for young people with learning disabilities, who made weekly visits to the department to participate in a range of activities supervised by learners on the CSLA programme.
- 5.35 There was effective consultation through the sports representative meetings about the activities that prisoners wanted. This process had resulted in the introduction of new sports and activities, such as football for beginners and an introduction to sport course. There was also a full survey of prisoners' views on PE every six months.

Recommendations

- 5.36 There should be appropriate PE activities to meet the needs of prisoners in the segregation unit.
- 5.37 Rooms accommodating weights and cardiovascular equipment should be improved.
- 5.38 The quality of the PE shower area should be improved.
- 5.39 The damaged sports hall floor should be repaired.

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.

- 5.40 The chaplaincy played an active role in prison life and offered a good range of religious and faith-based support in addition to services. The lack of a multi-faith room caused some difficulties for the large Muslim population. Facilities for Friday prayers on Perrie wing were inadequate.
- 5.41 The chaplaincy had three full-time chaplains – the coordinating Anglican chaplain, who was also chaplain for the West Midlands Prison Service area, a Muslim chaplain, and a third post that was currently vacant. Sessional staff ensured that there was a full range of appropriate chaplains to meet the faith needs of the population. At the time of the inspection, over 65% of prisoners fell into the three main denominations of Church of England, Muslim and Catholic.
- 5.42 Vulnerable and mainstream prisoners did not worship together, because of potential risks, and there were two separate regimes to meet the needs of each group. The recent influx of vulnerable prisoners had added further pressure to this arrangement, but all prisoners were usually able to attend appropriate services and speak to a chaplain of their faith. In our survey, the rate of respondents who said that their religious beliefs were respected was similar to the comparator, although significantly fewer, 59% against 66%, said they could see a religious leader in private. The response was significantly better for black and minority ethnic respondents (73%) and Muslim respondents (91%) than for white and non-Muslim respondents.

- 5.43 The chaplains saw all new arrivals during induction and gave them information about chaplaincy services. They visited all wings daily, including healthcare and the segregation unit.
- 5.44 Most services took place in one of the two Christian chapels. There was currently no multi-faith room, although some rooms in the Catholic chapel were used for smaller groups at appropriate times, such as Buddhist, Sikh and Jewish prisoners. These rooms were not large enough to accommodate the 100 Muslim prisoners (about 25% of the population). Friday prayers were held in three separate locations – vulnerable prisoners went to the detainee unit, detainees and C and D wing prisoners went to the Catholic chapel, and those on Perrie used a room on that wing that was large, but poorly decorated, dirty and contained food freezers. This arrangement was not appropriate as a long-term solution. A risk assessment had led to the decision that no more than 65 prisoners could attend prayers in the chapel, which was why the room on Perrie was used. There were plans to convert the Catholic chapel to a multi-faith room, but this would still not be sufficient for the number of mainstream Muslim worshippers.
- 5.45 The chaplaincy provided a good range of courses, including Bible studies and Muslim study groups, the Alpha course and sessions to mark events on the religious calendar, including Advent and Lent. A bereavement course was available when needed, and a Tai Chi course was planned to commence in September 2008
- 5.46 The chaplaincy team was well integrated into the prison, and we often saw chaplains on the wings and elsewhere during our inspection. However, the team had no regular formal links to sentence planning reviews or assessment, care in custody and teamwork (ACCT) self-harm monitoring plans. Chaplains made contributions if they had specific contact with a prisoner, but not as a matter of course.

Recommendations

- 5.47 A suitable multi-faith room should be provided as soon as possible.
- 5.48 There should be appropriate Friday prayers accommodation for Muslim prisoners not attending the chapel or detainee unit.
- 5.49 Chaplains should be included in ACCT reviews as a matter of course.

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.

- 5.50 Prisoners had reasonable time out of cell, although less than our expectation of 10 hours per day. Few prisoners were locked up for extended periods, although they sometimes missed activity sessions. Access to association and exercise was good, but there had been some slippage in core day routines.
- 5.51 The prison reported a time out of cell figure that was consistently above nine hours per day. This was lower than our expectation of 10 hours, but above the prison's own target of 8.9 hours (although this was a recently reduced target). How this figure was calculated was

unclear, but it was consistent with the requirements of the published core day and broadly reflected the reality for most prisoners.

- 5.52 The core day comprised a morning and afternoon session with no evening lock up, but with an association period that concluded in the early evening. This ensured about two hours of association, which records indicated was rarely cancelled.
- 5.53 A random roll check undertaken during the inspection revealed about 85 prisoners locked in cell during the late morning, which was surprising given that almost 90% of prisoners had allocated employment or activity. The majority of those locked up were described as not required for activity, principally owing to the short-term absences of instructional staff. Others were said to have returned from earlier gym sessions, but had been unable to make their way to activity because there were no midsession supervised movement of prisoners. Managers were exploring ways of making prisoner movements more flexible, as well as revising the gym timetables to ensure that prisoners could move from recreational gym to activity. A few prisoners were in cell for medical reasons, but very few spent extended periods or regular consecutive sessions in cell.
- 5.54 Each wing had its own exercise yard and 30-minute exercise periods were offered each morning. A further 30-minute session was available in the evening, extended to an hour in the summer. In our survey, 68% of respondents said they were able to exercise at least three times per week, significantly above the 27% comparator.
- 5.55 There was clear evidence of slippage in the delivery of the published core day. This had been made worse by the recent influx of vulnerable prisoners and the consequent requirement to separate the two main groups of prisoners. The detailed core day had been republished to provide precision about movements, and managers and staff were managing the movement route proactively. However, this issue still required resolution.

Recommendation

- 5.56 Prisoners should be able to attend all activities as described in the prison's scheduled core day.

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 The security department was well managed. Newly introduced intelligence management systems enabled a comprehensive analysis and close, but proportionate, monitoring of all information received. Rules were communicated to prisoners through compacts, although it was not always evident from wing files that prisoners had signed these.

Security

- 6.2 The security department was efficient and organised. Physical and procedural security systems were regularly reviewed, particularly in view of the ongoing construction work in the prison. Procedures were controlled and restricted, but appeared appropriate to the risks posed by the prisoner population, of whom 137 were category A prisoners, including seven high risk prisoners.
- 6.3 The monthly security committee, chaired by the head of security, was consistently well attended by staff from key departments, including the deputy governor and police liaison officer. The level of support for the meeting indicated the priority and significance given to security.
- 6.4 The department had introduced the prison intelligence model (PIM) in April 2008. It had revised its intelligence management systems as a result, and set up a discrete intelligence unit of trained staff. Approximately 445 security information reports (SIRs) a month had been received in 2008. Those we reviewed were processed in a timely manner. The unit also monitored prisoners subject to safeguarding children measures.
- 6.5 Information from SIRs, police and incident reports was collated into a comprehensive monthly intelligence report, which detailed all information received across a number of areas, including violence reduction, disorder and control, and extremism. An intelligence committee met monthly to conduct a detailed assessment of all information received, make recommendations, and plan and agree appropriate follow-up action. The committee generated a further summary report, which was shared with key departments.
- 6.6 Very detailed profiles of groups of prisoners or individuals could be collated, and this allowed the department to closely monitor and evaluate specific challenges and concerns, including gang-related activity. The department had good links with and support from national units, such as the extremism monitoring unit, and a proportionate amount of local monitoring was carried out and a monthly report produced. The police liaison officer was full-time and well integrated into the department.

- 6.7 The dedicated search team (DST) had nominated liaison officers for each wing, and the invitation of a residential manager to attend the intelligence committee was being considered for effective information sharing with wing staff. DST staff were responsible for all target searching and residential staff for routine wing-based searches. Searching procedures were being revised to increase staff confidence and ensure a consistent approach. The corruption prevention and investigations unit had recently developed a local support scheme for new staff.
- 6.8 The prison had 30 patrol dogs, one arms and explosives dog, and four dog handlers operating passive and active drug dogs. A positive indication by a drug dog on a visitor resulted in the offer of a closed visit for that day without reference to corroborating intelligence. However, they were not automatically placed on closed visits for subsequent visits unless supported by corroboration. There were four banned visitors and 13 prisoners on closed visits in July 2008. An operations sub-committee carried out monthly reviews, and there was an appeal process.

Rules

- 6.9 The rules of the establishment were incorporated into the induction process and incentives and earned privileges (IEP) compacts. Some wings, for example A wing, had introduced their own compact. Not all the wing files we examined included a compact signed by both staff and prisoners.

Categorisation

- 6.10 Head office initially determined whether prisoners should be managed as category A prisoners, and the prison submitted reports to assist the decision making process. Over 130 prisoners were currently managed as category A. Prisoners managed as category B prisoners had their categorisation reviewed annually within the prison, and this was also discussed at annual sentence planning meetings. A clerk tracked the progress of recategorisation.
- 6.11 There was no explicit holds policy, but prisoners subject to parole reviews or undertaking accredited programmes or specific qualifications were not permitted to transfer to other establishments until the necessary work had been completed.
- 6.12 Prisoners were not able to make written submissions to recategorisation meetings.

Recommendations

- 6.13 A nominated residential manager should attend monthly intelligence committee meetings.
- 6.14 All prisoners should have a signed copy of the compact, and a copy should be retained in their wing file.
- 6.15 Prisoners should be able to make written submissions to recategorisation meetings.

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.

6.16 Adjudications were properly conducted and charges were fully investigated. The standardisation meeting did not always take place quarterly. Use of force was low, and most incidents were in the segregation unit. The quality of use of force documentation was reasonable, but force was sometimes authorised and certified by the same person. Documentation on the use of special accommodation did not consistently state whether clothing was removed and the reasons for doing so. The large segregation unit offered an improved regime, but access to facilities was by application only and showers were not available every day. Some cells were dirty and required painting. Care plans were not used to manage those segregated for long periods.

Disciplinary procedures

- 6.17 There had been 453 adjudications in 2008 to date, and 1,013 charges had been laid in 2007. Adjudication hearings were held in a suitable office in the segregation unit. The hearings we observed were conducted appropriately, with prisoners engaged in the process. A notepad and pen was available for prisoners. Segregation unit staff told us it was rare for them to use telephone interpreter services during adjudications, and that another prisoner was used to interpret if there were language difficulties.
- 6.18 We sampled records of completed adjudications. These showed that prisoners were aware of their rights, and requested and were allowed adjournments for legal advice or the presence of witnesses. Prisoners were aware of their avenue of appeal, and upheld or overturned adjudication awards were discussed at standardisation meetings. A reasonable proportion of charges were dismissed or not proceeded with.
- 6.19 There were appropriate referrals to the independent adjudicator or police, and 792 additional days had been awarded to 23 prisoners in 2008 to date.
- 6.20 The Governor reviewed a reasonable number of completed adjudications each month, and his findings were reported to the adjudication standardisation meeting chaired by the deputy governor. This meeting was timetabled to be held quarterly, but had met only twice in the previous 12 months. The published tariff was dated 2006 and needed to be reviewed, particularly as standardisation meetings had discussed revisions to the tariff.

The use of force

- 6.21 The use of force was low and appeared to be appropriate. There had been 47 incidents in the first six months of 2008, and 89 in 2007. Approximately 70% of the incidents in 2008 involved prisoners in the segregation unit, including 14 uses of force in the segregation unit in May 2008 as a result of an incident that involved five prisoners. In July 2008, 87% of staff were trained in control and restraint techniques.

- 6.22 Governance arrangements were reasonable. The control and restraint coordinator published an annual report, which included monitoring of the use of force by location and ethnicity. The use of force was also discussed and monitored at the quarterly segregation monitoring and review group (SMARG) meeting. Planned removals were recorded, and healthcare staff were present throughout.
- 6.23 There were two special accommodation cells in the segregation unit. This accommodation had been used on nine occasions in 2008 to date, and 17 times for the whole of 2007. We were concerned about the length of time some prisoners had spent in this accommodation. Three prisoners had been held overnight, including one who was on an open assessment, care in custody and teamwork (ACCT) document. Although the mandatory fields of the special cell documentation had been completed in this case, the paperwork lacked any detailed record of the reasons for the use of special accommodation. One prisoner had remained in special accommodation for over 40 hours. Although the records showed attempts to engage with him during this time, we were not sufficiently assured that prisoners were removed from special accommodation at the earliest opportunity.
- 6.24 Special cell authorisation forms did not always state whether a prisoner's clothing had been removed or the reasons for doing so when clothing was removed. Observations of prisoners in special accommodation were carried out to the required level. Managers' observations demonstrated engagement with the prisoner and attempts at de-escalation. However, most of the recorded observations by staff did not show meaningful interaction.
- 6.25 The prison conducted a management check of all completed use of force forms. We reviewed approximately half of the forms for 2008. In the majority of cases, staff gave a detailed account of the circumstances that led up to the use of force. We did, however, find a few instances where the paperwork was certified by the person who had authorised the use of force.
- 6.26 Daily reviews for the use of personal protective equipment (PPE) were introduced during the week of the inspection. Residential managers were now required to review risk assessments on a daily basis and signed to authorise the continued use of PPE. Rigorous monitoring of these reviews and the levels of use of PPE needed to be introduced if senior managers were to be satisfied that its use was always appropriate.

Segregation unit

- 6.27 There was a large segregation unit staffed by a dedicated and appropriately selected staff team who dealt with particularly challenging and difficult prisoners. Two staff were trained to provide a peer support scheme, which was valued by staff on the unit.
- 6.28 The unit had 42 cells, including eight high control cells, two safer cells, two gated cells, a Listener suite and two special cells. The communal areas were clean, although the shower on the lower landing required painting. Some of the cells we examined had dirty walls and needed painting. Many toilets were badly stained and needed urgent attention. The high control cells were the grubbier. There was a significant amount of debris in the mesh basket around the window in one unoccupied cell.
- 6.29 At the time of our inspection, 19 prisoners were located in the segregation unit, including two serving a punishment of cellular confinement, 15 segregated under rule 45 (good order and/or discipline), and two close supervision prisoners. Five of the high control cells were occupied. Two prisoners on the unit were on open ACCTs, and a further two were managed by staff wearing PPE, which was subject to a daily risk assessment (see paragraph 6.26).

- 6.30 Except for those on adjudication, all prisoners were strip searched on arrival in the segregation unit. Prisoners were given an induction booklet explaining the unit regime. Access to all facilities, including cell cleaning, was by application, which seemed unnecessary. Prisoners could participate in a weekly education session that led to accreditations. There was a reasonable selection of reading material. Access to gym activities was limited, with only one item of cardiovascular equipment available. All meals were delivered to the cell door. Following a recent incident on one of the four exercise yards, prisoners could no longer participate in shared exercise, and there were no other activities available in association. Prisoners only had access to showers on alternate days. We were told that the use of cardboard furniture in cells was determined by a risk assessment, but, in practice, all the high control cells had cardboard furniture.
- 6.31 A personal officer scheme operated and we observed staff engage positively with prisoners. Although they had a high level of knowledge about the prisoners, the three daily entries in wing files were perfunctory and did not show evidence of any engagement or individual contact with prisoners.
- 6.32 A comprehensive quarterly SMARG report was produced. This showed that from 1 April to 30 June 2008, 118 prisoners had been located in the unit. Approximately 34% had chosen to locate themselves there for their own protection. Some prisoners went straight to the unit from reception, while others requested a move following problems settling on the wings or with other prisoners.
- 6.33 There were fortnightly multidisciplinary review boards to encourage the prisoner to return to normal location, and the board was particularly promoting the role of A and B wings as support units. Residential staff did not attend the boards. Although 45% of those segregated at their own request from April to June 2008 were subsequently transferred out, approximately 37% were successfully moved to normal location, although some had spent a considerable time in the unit. There were no care plans for those who had spent over a month in the unit, and no opportunities for phased returns to normal location.

Recommendations

- 6.34 The adjudication standardisation meeting should be held quarterly.
- 6.35 The published tariff should be revised.
- 6.36 Telephone interpreter services should be used during adjudications for prisoners with poor English.
- 6.37 The person who authorises use of force should not certify the document.
- 6.38 Authorisation for use of special accommodation should specify whether clothing is removed from a prisoner, and the reasons for doing so should be documented.
- 6.39 Special accommodation should only be used for violent and unmanageable prisoners and for the minimum possible length of time. All staff should maintain and record regular contact with prisoners in this accommodation.
- 6.40 Segregation unit history sheets should detail the frequency and content of contact with prisoners by staff and visitors to the unit.

- 6.41 Strip searches should only be performed following a risk assessment to determine whether this is necessary.
- 6.42 The standards of cleanliness in the segregation unit cells should be maintained at an acceptable level.
- 6.43 Prisoners should be allowed access to relevant regime facilities, including cell cleaning equipment on request, without the need for formal written application.
- 6.44 The use of cardboard furniture should be determined by a risk assessment, which is regularly reviewed.
- 6.45 Prisoners in the segregation unit should be able to have a shower every day.
- 6.46 Prisoners in the segregation unit should be able to collect meals from the servery.
- 6.47 Residential staff should attend the fortnightly segregation unit review boards.
- 6.48 Care plans should be put in place for prisoners who stay in the segregation unit for 30 days, and these should include a phased return to normal location where appropriate.

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.

6.49 The published incentives and earned privileges (IEP) policy was linked to sentence planning and positive engagement in regime activities. Personal officers were actively involved in annual reviews of IEP status. Prisoners on the basic level could only go on association twice a week, but the basic regime was not overused. The role of Perrie blue as the enhanced wing was not clearly stated or defined in the published policy.

6.50 A revised policy document outlining the IEP scheme had been published in May 2008. There were three levels – basic, standard and enhanced. At the time of our inspection, 48% of the population were enhanced and 51.5% on standard. Three prisoners were on the basic level.

6.51 The new policy had introduced annual IEP reviews held after a prisoner's risk assessment management (RAM) board. Residential managers were keen to ensure that review boards were informed by quality personal officer contributions, and wing senior officers told us they carried out quality assurance of personal officer submissions for boards.

6.52 We saw some good examples of personal officers producing detailed contribution forms for review boards that showed a significant amount of engagement with the prisoner and an awareness of progress towards sentence plan targets. However, this high standard was not evident in all wing files. Prisoners were invited to comment upon personal officer contributions and make submissions to the board if they did not wish to attend. A general staff contribution form allowed other staff to make submissions to review boards, but we saw relatively few examples where this had been used.

- 6.53 Prisoners arriving at Long Lartin from another prison, including those on the basic level, were placed on the standard level of the scheme. They could retain their enhanced status if it was evidenced in prison records. Prisoners could apply to be considered for enhanced status after three months, provided they were fully engaged with their sentence plan, had no proven adjudications or mandatory drug testing failures, and had not been segregated or placed on closed visits.
- 6.54 The IEP scheme required personal officers to make weekly entries in wing files. Behaviour that fell below the standard required of their current IEP level resulted in a prisoner receiving a warning from a senior officer. If a prisoner received two behaviour warnings, an urgent IEP review board was convened. Prisoners could appeal against IEP warnings and review board decisions. Movement between the three levels was usually based upon a pattern of behaviour, but following a serious incident the Governor could authorise a prisoner to be downgraded.
- 6.55 Prisoners on the enhanced level had access to additional private cash and visiting orders. They could buy Play Stations and participate in the family visits scheme. They could also apply to move on to Perrie blue wing, which was designated the enhanced unit and could accommodate up to 42 prisoners. The published policy did not refer to Perrie blue, and it was unclear how the wing fitted coherently into the published policy.
- 6.56 Prisoners placed on the basic level of the scheme were set appropriate behaviour improvement targets and weekly reviews were held. They were only able to access two periods of association a week.

Recommendations

- 6.57 **The role and purpose of Perrie blue should be reflected in the published incentives and earned privileges policy.**
- 6.58 **Prisoners on the basic level of the scheme should have the opportunity for daily association.**

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 standard of food was adequate. There was good use of the self-catering arrangements and scope to extend this to meet demand. Levels of hygiene were good. Consultation arrangements were poor.
- 7.2 In our survey, 31% of respondents said that the food was good, which was significantly above the comparator of 17%.
- 7.3 The food we sampled was wholesome and portion sizes were sufficient. There were two cooked meals a day. The menu was based on a seven-week cycle, with adequate halal, vegetarian and vegan options. Fresh fruit and salad were available each day, and arrangements could be made for special diets.
- 7.4 Food was prepared in a central kitchen, which was clean and had high standards of hygiene. Halal and non-halal food was stored separately, but separate cooking utensils were not always used, although all utensils were steam cleaned after use. Meals were taken to the wings in heated trolleys. The main meals were served around midday and at about 5pm. Prisoners mostly ate in their cells, although there was some space for them to dine in small groups on the landing if they chose. The wing serveries were clean, although not all personnel serving food wore protective hats.
- 7.5 A large proportion of prisoners, up to half on some wings, cooked their own food. They tended to form small groups and jointly purchase food from the prison shop, prepare it, cook and clean up afterwards. There were small kitchens on each wing with pots, pans and cooking utensils. These arrangements appeared to work very well. The standard of food could be extremely high, and it was clear that prisoners valued the opportunity to cook for themselves. The wing kitchens were kept clean, as were the fridges and freezers that prisoners used to store their food. The Governor and deputy governor made regular checks on the kitchens, and action was taken if the facilities were not at the appropriate standard, but there were no simple, basic checks of hygiene standards. Some of the cookers were faulty, which resulted in queues developing. These kitchens were very busy, and there was scope to extend the self-catering facilities further.
- 7.6 Food comments books had recently been introduced on the wing serveries, and there had been little constructive feedback so far. The most recent food survey had such a poor return rate that the results were of little value.

Recommendations

- 7.7 All workers in the wing serveries should wear protective clothing.
- 7.8 There should be basic hygiene checks to cover the self-catering arrangements.

7.9 The facilities for self-catering should be extended.

7.10 The arrangements for consulting prisoners about the food should be improved.

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.

7.11 The prison shop was run efficiently by an outside contractor. There was a good range of goods, but prices were high. Prisoners had only limited scope to influence the stock, and the service needed to be more responsive to their needs.

7.12 The prison shop was run by Aramark. The stock was kept in a centralised store, which was staffed by two civilian workers. All shop orders were issued by wing staff, and delivered in a clear plastic pack, which prisoners checked before opening. The Aramark staff on the premises dealt with any mistakes promptly. Prisoners were given a receipt detailing the amount remaining in their account.

7.13 The range of goods available was broad. There was a choice of skin products and it was possible to buy fresh fruit. There was an ongoing dispute about the validity of the halal certification of the meat on sale, and there were considerable efforts to resolve the matter. In our survey, 64% of respondents said that the shop sold a wide enough range of products, which was significantly higher than the comparator of 49%.

7.14 The shop prices were high and reflected corner shop rather than supermarket prices. The situation was due to be exacerbated by an imminent price increase.

7.15 Prisoners were regularly given the opportunity to identify 10 items to add to the shop list and 10 to remove. The head of catering said that this arrangement did not work, and any changes in stock appeared to be based on a centrally determined commercial analysis.

Recommendations

7.16 The price of items sold in the prison shop should reflect supermarket prices.

7.17 Prisoners should have greater influence over the items available for purchase.

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 Prisoner resettlement was addressed within the context of risk management and reducing risk. This approach was appropriate and proportionate for the population of serious and dangerous offenders, many of whom were serving long sentences. However, strategies and plans needed updating, particularly given the change in population.
- 8.2 Long Lartin had produced a comprehensive reducing reoffending strategy in 2007, which was based on a needs analysis. This was now out of date and required updating, particularly given the changed population and increased number of vulnerable prisoners. There was also a detailed reducing reoffending action plan from April 2008 to March 2009 that covered two local pathways: faith and spirituality, and victims and communities. Leaders had been identified for all pathways, and there had been some recent changes that needed to be reflected in the action plan.
- 8.3 There had been several changes of lead managers for this function, and work in this area had lost momentum. A reducing reoffending committee met regularly and a reducing reoffending action plan committee also met to review progress on the pathways, but this work had been slow to develop.
- 8.4 A new head of reducing reoffending had recently been appointed and was aware of the pathways that were strong (such as attitudes, thinking and behaviour) and those that needed improvement (such as children and families, finance, benefit and debt, and drugs and alcohol).

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.

- 8.5 Arrangements for offender management and planning were well developed, and sentence planning processes for all prisoners were well integrated. There were regular sentence planning boards, although attendance from offender managers was generally poor. There was a strong focus on public protection and internal processes appeared robust. The majority of prisoners were life sentenced and covered by appropriate processes, although there were no specific events for lifers, such as family or information days.

Sentence planning and offender management

- 8.6 HMI Probation joined us to inspect arrangements for offender management. Seven offender supervisors were in post and there was one vacancy. Staff were clear about their roles and responsibilities, but were regularly detailed to operational duties.
- 8.7 All prisoners were subject to sentence planning arrangements. Initial sentence planning boards took place three months after their arrival and annually thereafter. There were no backlogs in sentence planning processes; 12 boards were scheduled each week, with more added when required. Prisoners in scope for offender management benefited from increased contact with offender supervisors, and in the small number of cases we looked at they had monthly contact with them. Forty-two prisoners were serving indeterminate sentences for public protection (IPP) under phase three of the offender management model, and 74 cases were under phase two. The introduction of phase three appeared to have been well planned and had gone smoothly.
- 8.8 Attendance by offender managers at sentence planning boards was poor, with only a quarter estimated to be attending or participating. Some participated by phone conferencing, but a significant number played no part in sentence planning. There were no video conferencing facilities.
- 8.9 Sentence planning boards were otherwise well attended and included participation from a range of departments, although healthcare did not appear to participate. Sentence plan objectives were largely formulaic and related to the achievement of accredited interventions, and were not well tailored to prisoners' individual needs. They also did not specify the types of behaviour that needed to change or the reasons why this was important. Recategorisation and associated progressive moves were discussed at sentence planning meetings, and appropriate cases were communicated to the monthly transfer meetings.
- 8.10 The offender assessment system (OASys) was largely up to date, but reviews were outstanding for 22 of the 74 cases in scope for offender management, and some had been outstanding for several years. These reviews were the responsibility of offender managers in the community. Wing-based staff were encouraged to view OASys assessments to support sentence planning by personal officers and in incentives and earned privileges (IEP) reviews. Following the recent changes to the probation contract, it was unclear who would fulfil the quality assurance processes for OASys.
- 8.11 There were well-attended monthly meetings to discuss transfers and progressive moves. Approximately 50% of the requests generated by sentence planning boards and prisoners had been approved in the previous two months.

Public protection

- 8.12 The probation contract had recently changed, which had resulted in the two remaining staff having sole responsibility for public protection work, supported by an administrator. A public protection protocol had recently been updated and outlined the core functions and roles and responsibilities of staff in contributing to public protection measures. Public protection arrangements were comprehensive, and monthly risk management meetings were reasonably well attended, although the police liaison officer was not always present.

- 8.13 Over 300 prisoners were confirmed or potential multi-agency public protection arrangement (MAPPA) cases, with 10 currently assessed as very high risk of harm. This figure was likely to be higher as a large percentage of cases did not have a risk management level assigned to them by offender managers in the community until six months before their release. Probation staff attended MAPPA meetings in the community, and contributed valuable information from the prison. The Prison Service high security estate office represented the prison at the strategic management board for MAPPA.
- 8.14 The prison had recently updated its child protection policy. There were 85 prisoners subject to child protection monitoring, and cases were reviewed at the risk management meeting. The offender management unit (OMU) passed up-to-date information to visits staff to alert them to relevant prisoners. The recent admission of vulnerable prisoners had led to a review of safeguarding children processes to ensure all staff were alert to potential problems. Some staff who worked in visits and public protection had not yet undertaken safeguarding children training, although this was planned.
- 8.15 The prison had five terminals linked to the Violent and Sexual Offenders Register (VISOR), including one in the OMU. There were effective working links between police colleagues in the community and in the prison. Pre-release meetings took place in sufficient time to ensure all key resettlement issues could be addressed. There were good links between the OMU, public protection staff and the security department, particularly in relation to the prevention of harassment of victims and safeguarding children.
- 8.16 Psychology staff contributed to public protection work by completing detailed reports. However, there were some vacancies and problems with recruitment and retention, which affected the department's ability to respond to requests for assessments. This reflected a broader national problem.

Life-sentenced prisoners

- 8.17 The majority of the prison population were serving mandatory or discretionary life sentences. Arrangements for lifer prisoners were overseen by the OMU, and there was also a dedicated lifer clerk. Most prisoners had already had multi-agency lifer risk assessment panel (MALRAP) meetings before they arrived at Long Lartin, but a few meetings were held at the prison each year. Participation by external agencies, such as police, was good.
- 8.18 A reasonable proportion of staff had been trained in managing lifer prisoners, but the training programme had been suspended for some time. There were no designated lifer days where staff could meet lifers and advise them of future sentence management or onward progression. Prisoners were not given any written information about how their life sentence would be managed at Long Lartin, and did not have any direct contact with the lifer clerk.

Recommendations

- 8.19 Video conferencing facilities should be installed to improve the sentence planning process.
- 8.20 Healthcare staff should participate in the sentence planning boards for prisoners with whom they work.
- 8.21 Sentence plan objectives should be tailored to individual need, and the purpose behind the objectives should be clearly understood by prisoners.

- 8.22 The prison should clarify the arrangements for the quality assurance of the offender assessment system (OASys).
- 8.23 The establishment should ensure that the police liaison officer attends or contributes to monthly risk management meetings.
- 8.24 Prison staff overseeing visits should receive safeguarding children training.
- 8.25 Wing-based staff should participate in lifer training.
- 8.26 Life-sentenced prisoners should be given written information about the management of their sentence at Long Lartin.

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 There was an individual approach to prisoners' accommodation needs. There were good education, training, and work opportunities. Education programmes were based on the individual needs of prisoners, and much of the employment was focused on employability skills. However, there had been delays in extending the range of vocationally related accredited provision, and there was limited skills for life provision in the workshops. Finance, benefit and debt provision needed further development. Health procedures to release prisoners back into the community were well established.

Reintegration planning

Accommodation

- 8.28 Few prisoners were released directly from Long Lartin – only eight in 2007 and 12 targeted to be released in 2008. As most prisoners had complex issues related to risk of harm, individual release plans were developed, which included accommodation arrangements. Planning for release took place in good time to address accommodation needs. Most prisoners were released to approved premises for enhanced supervision and to monitor additional licence conditions. This individual approach worked well, as most prisoners were released to accommodation that assisted in managing their risk and provided appropriate support.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.29 Partnership arrangements between the prison, information, advice and guidance (IAG) service and the education provider were good. IAG workers were closely involved in sentence planning and also supplied prisoner information to the allocations board. IAG workers worked

with prisoners with less than two years to release on a range of interventions to prepare them for employability and develop their confidence in applying for jobs.

- 8.30 The annual curriculum review clearly identified skills shortages in areas throughout the UK, and a strategy to deal with learning and skills development in relation to these shortages. A range of policies covered many aspects of resettlement needs for high risk prisoners. These included individual policies and strategies for distance learning, skills for life, offender engagement and employment.
- 8.31 Self-employment programmes had been recognised as relevant to many prisoners, and the prison was making arrangements with Business Link to provide relevant information and training for prisoners.

Finance, benefit and debt

- 8.32 The education department offered one module on debt management. The course ran for eight to 10 weeks when there was sufficient demand. Twenty-five prisoners had successfully completed the programme to date. The prison had recognised the need for other interventions to develop this pathway, and had included some initiatives in the reducing reoffending action plan.

Mental and physical health

- 8.33 There were good health services arrangements for releasing prisoners back into the community. All prisoners were offered a health check before their release. Those with a GP were given a letter for them explaining their medical care while in prison. Prisoners under the care of both primary and secondary mental health teams were seen by healthcare staff as well as nurses from both mental health teams. Community mental health teams were informed of a prisoner's release, and were contacted beforehand to discuss his case. Prisoners due for release were given a supply of medication where necessary.

Recommendations

- 8.34 There should be more opportunities for prisoners to engage in a full range of accredited vocational training.
- 8.35 There should be more self-employment programmes to meet the needs of prisoners who require information and training to set up a business.
- 8.36 There should be an increase in the range of courses and services to enhance prisoners' financial literacy.

Drugs and alcohol

- 8.37 The programmes in place were potentially effective, but a lack of strategic approach meant that the number of participants had been low, which reduced positive outcomes for prisoners.
- 8.38 The drug strategy group met monthly with representation from all key departments. A drug strategy had been published for 2006-07, which outlined the key functions of each department.

However, there had been no recent needs analysis to identify the extent of the drugs problem at the prison, and there were no up-to-date strategic development targets for the current year. Alcohol was not included in the strategy.

- 8.39 The counselling, assessment, referral, advice and throughcare (CARAT) service was made up of three officers and three civilians. All CARAT workers were working towards gaining competences under the Drug and Alcohol National Occupational Standards (DANOS). CARAT staff contacted prisoners within two to three days of referrals from any source. In addition to regular keyworking, in-cell packs were offered to prisoners who wished to address harm-reduction and alcohol issues, with one-to-one follow-up. CARAT staff held weekly drop-ins on each wing on a six-week rota.
- 8.40 There was an intensive six-month drugs programme, Focus, to help prisoners address substance misuse and related offending. CARAT staff processed referrals and assessments for the course, which had 10 places and ran twice yearly. There had been difficulties in filling all the places on previous courses, and the April 2008 course started with only seven participants. This had been identified as partly due to a lack of promotion and support from some operational staff. Operational staff did not seem well versed in the contents or purpose of the Focus programme, and the targets for training in this were not being achieved.
- 8.41 CARAT staff had instituted a PADS (Peer Advice on Drugs) mentoring service. Volunteer prisoners assessed as potentially suitable mentors were given a five-day training course in listening skills and brief therapy. At the time of our inspection, there were five PADS mentors, and there had been four reported contacts with prisoners asking for help in the previous seven months.
- 8.42 There was a voluntary drug testing programme, and 167 compacts were in place. There were also 126 compliance testing compacts. Staffing shortages had caused some disruption to these testing programmes.

Recommendations

- 8.43 The drug strategy document should be updated using information drawn from an up-to-date needs analysis, and should include alcohol.
- 8.44 The PADS (Peer Advice on Drugs) mentoring programme should be fully embedded into the drug and alcohol strategy.
- 8.45 Staff training targets for drug and alcohol awareness and relevant programmes awareness should be met.
- 8.46 There should be sufficient staff to ensure that all necessary voluntary and compliance drug tests are completed.

Children and families of offenders

- 8.47 The visitors' centre was well managed and welcoming, with an appropriate range of information and advice. Visits were generally well managed, although the recent increase in vulnerable prisoners necessitated more robust child and public protection systems. Prisoners

were often delayed in getting to their visits due to movement freezes. Work on family contacts was underdeveloped.

- 8.48 The visitors' centre was light, airy and appropriately decorated with a wide range of information on national and prison services. An information leaflet advised families what to expect during a visit and how to get to Long Lartin. All visitors had to report to the visitors' centre before they were escorted to the visits hall. Although they were processed quickly and efficiently, visitors told us that the ticket system was often misused by people who took tickets for later arrivals, who effectively jumped the queue.
- 8.49 The visits hall accommodated up to 28 standard and two high risk category A visits. Accommodation was appropriate, and there were refreshments vending machines. Visit sessions were available on Tuesday and Thursday mornings and afternoons, and Saturday and Sunday afternoons. Visitors who had travelled far could have two sessions on the same weekday. There was a children's play area in the visits hall that was staffed by volunteer play workers. There had been no recent visitors' survey. Although complaint forms were available in the visits area, visitors were not canvassed about their views or experiences of visits.
- 8.50 The recent transfer in of vulnerable prisoners had heightened concerns about the management of public and child protection issues. There was no separate visiting area for vulnerable prisoners and, although these prisoners were allocated tables close to supervising officers, both staff and prisoners had concerns about the management of visits during busy times.
- 8.51 Prisoners were not called for their visit until their visitors had arrived and were being processed through the security checks. Afternoon visits started at 2pm, which was the same time as movements to work and education, and mainstream prisoners had to wait until vulnerable prisoners were moved first. This led to regular delays in prisoners getting to visits. This was also the case if the visitor arrived late and there was a movement freeze. There was the same problem in the mornings – although movements were often completed before the start of visits at 9.30am, there could be delays.
- 8.52 Work to support prisoners in maintaining family contacts was underdeveloped. There was no parenting course or Story Book Dads course (see paragraph 5.11 and recommendation 5.26). Subject to risk assessments, prisoners could borrow equipment in the prison to make audiotapes to send to their families and also to receive tapes in return. Family visits for up to 11 prisoners had recently been reintroduced, following a gradual decline in the take-up of such visits in 2007. There had been two successful family fun days in the previous six months, and two further events were scheduled for the school holidays, with plans for these to run approximately every six weeks.

Recommendations

- 8.53 There should be a queuing system in the visitors' centre to ensure that visitors are processed according to their actual arrival time.
- 8.54 There should be an annual visitors' survey to ascertain views, implement appropriate changes, and improve the experience of visitors.
- 8.55 Prisoners should be able to attend visits for their full duration.

Attitudes, thinking and behaviour

- 8.56 Several accredited programmes were available, including enhanced thinking skills (ETS), controlling anger and learning to manage it (CALM) and the cognitive self-change programme (CSCP). Completion targets were exceeded. The prison had not yet undertaken any needs assessment work with the new vulnerable population to identify any new interventions required. Programme tutors made contributions to sentence planning processes. There were no interventions to address victim awareness. Many prisoners we spoke with were frustrated about gaining access to programmes in order to complete sentence plan targets, and felt they were given insufficient information about potential commencement dates. Prisoners needed to be adjudication free for six months before they could undertake an accredited programme. This approach was not based on sentence planning needs or priorities and required revision.

Recommendations

- 8.57 There should be a needs analysis of vulnerable prisoners to assess their offending behaviour programme needs.
- 8.58 Interventions to raise victim awareness should be introduced.
- 8.59 The schedule of offending behaviour programmes should be publicised to prisoners to promote greater awareness of their frequency and accessibility.
- 8.60 Prisoner access to accredited programmes should be based on sentence planning needs or priorities, not their history of adjudications.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

to the Governor

-
- 9.1 All prisoners should have access to night sanitation when they need it. (HP44)
 - 9.2 The establishment should liaise with the Worcester Primary Care Trust to ensure they urgently address the serious shortfalls of all grades of staff in the provision of primary and secondary mental health, including medical and nursing staff and administrative support. (HP45)
 - 9.3 A fully comprehensive diversity policy should be developed specifically for Long Lartin. (HP46)
 - 9.4 The Prison Service should develop a service-wide strategy to inform and assist staff to engage with and support Muslim prisoners. (HP47)
 - 9.5 Safety requirements for vulnerable prisoners should be met in all areas of the prison, particularly in the healthcare centre and during visits. (HP48)
 - 9.6 The reducing reoffending strategy and action plan should be updated, particularly given the recent changes to the population. (HP49)

Recommendation

To Prison Escort and Custody Services

-
- 9.7 Prisoners travelling on prison transport should be offered regular toilet breaks. (1.5)

Recommendations

To the Governor

Courts, escorts and transfers

-
- 9.8 Prisoners should have access to their property within 24 hours of their arrival. (1.6)

First days in custody

-
- 9.9 Interviews with new arrivals in reception should take place in private. (1.25)
 - 9.10 New arrivals identified with special needs should be offered relevant help to meet these throughout the prison. (1.26)
 - 9.11 All new arrivals should have the opportunity to have a shower and make a phone call. (1.27)
 - 9.12 New arrivals should have access to the prison shop within their first 24 hours. (1.28)

- 9.13 There should be specific training for all staff dealing with prisoners on their first night. (1.29)
- 9.14 All new arrivals should have the opportunity to see an Insider. (1.30)
- 9.15 The induction pack should be available in a range of languages. (1.31)
- 9.16 The induction arrangements for vulnerable prisoners should be regularised. (1.32)

Residential units

- 9.17 A, B, C and D wings should be refurbished to provide decent and well-maintained living conditions for prisoners. (2.14)
- 9.18 Association facilities on A, B, C D wings should be improved. (2.15)
- 9.19 Prisoners' mail should only be opened to check for authorised enclosures or for legitimate or target censoring. (2.16)

Staff-prisoner relationships

- 9.20 Managers should ensure that staff on Perrie wing engage more effectively with prisoners during association. (2.20)

Personal officers

- 9.21 Personal officers should regularly attend sentence planning boards. (2.26)

Bullying and violence reduction

- 9.22 There should be support interventions for victims of bullying, as stated in the policy document. (3.12)
- 9.23 There should be a needs analysis survey of vulnerable prisoners on A and B wings to determine any specific provision needed to deal with their perceptions of their safety. (3.13)

Self-harm and suicide

- 9.24 Prisoners at risk of suicide or self-harm should never be accommodated in a special cell or placed in strip clothing unless they are exceptionally violent, and on the basis of a risk assessment. (3.24)
- 9.25 Proper authority should be given and recorded for all use of special accommodation, including the removal of prisoner clothing. (3.25)

Diversity

- 9.26 There should be an appropriate diversity forum to discuss the full range of diversity issues. (3.33)

- 9.27 All prisoners should have a comprehensive assessment of disability at the earliest opportunity, and this information should be collated centrally. (3.34)
- 9.28 There should be full diversity monitoring to assess the specific needs of individuals and ensure discrimination does not take place. (3.35)
- 9.29 Appropriately adapted cells should be available for both mainstream and vulnerable prisoners with disabilities. (3.36)
- 9.30 Prisoners with hearing problems should have access to televisions that display subtitles. (3.37)

Race equality

- 9.31 The prison should produce a race equality policy specifying the key principles of race and religious equality at Long Lartin, based on an annual race equality needs analysis. (3.53)
- 9.32 There should be more detailed analysis of ethnic monitoring to determine patterns and trends, and such data should cover locally agreed areas alongside that identified nationally. (3.54)
- 9.33 The race equality action team (REAT) should consider issues relating to religion and religious belief, and monitoring by prisoners' religion should be developed to assist this. (3.55)
- 9.34 There should be a separate racist incident complaints form box on all wings, which should be opened only by the race equality officer. (3.56)
- 9.35 There should be a multidisciplinary panel, including external representation, to evaluate and quality control an agreed proportion of racist incident report forms on a regular basis. (3.57)
- 9.36 There should be appropriate work with prisoners and programmes to address racially motivated offending. (3.58)
- 9.37 Wing race equality representatives should have a clear job description and receive regular training on their role. (3.59)
- 9.38 Wing race equality notice boards should display the names of wing representatives, minutes of REAT meetings, and ethnic monitoring data to better promote race equality. (3.60)

Foreign national prisoners

- 9.39 The information and advice for foreign national prisoners' document should be updated and provided in appropriate languages. (3.72)
- 9.40 Wing foreign national officers should receive training and support for their role. (3.73)
- 9.41 Foreign national prisoner representatives should have job descriptions and receive training and support for their roles. (3.74)
- 9.42 The prison should facilitate cheap international phone calls for foreign national prisoners. (3.75)
- 9.43 The REAT should introduce monitoring to ensure that the current regime does not affect foreign national prisoners disproportionately. (3.76)

- 9.44 There should be regular immigration surgeries for foreign national prisoners to receive appropriate legal advice on their status. (3.77)

Applications and complaints

- 9.45 Application forms should be directly available to prisoners on all wings. (3.92)
- 9.46 Application logs should always be fully completed. (3.93)
- 9.47 Replies to complaints should always be detailed and constructive. (3.94)
- 9.48 The complaints boxes should be emptied by a civilian member of staff. (3.95)
- 9.49 Complaints should be analysed regularly to address any underlying issues. (3.96)
- 9.50 Staff should make more effort to deal with prisoner queries informally. (3.97)

Legal rights

- 9.51 There should be sufficient trained staff with allocated time to provide legal services promptly. (3.103)
- 9.52 Legal services officers should have access to up-to-date training. (3.104)

Substance use

- 9.53 There should be a needs analysis to assess the current specific drug treatment needs of all prisoners. (3.113)
- 9.54 All staff involved in the clinical management of drug problems should be trained for this role. (3.114)
- 9.55 Detoxification regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (3.115)
- 9.56 Clinical services should be extended to offer a more flexible regime incorporating stabilisation, detoxification and maintenance provision, including methadone. (3.116)
- 9.57 Drug testing figures should be collated by type and by wing to provide effective management information. (3.117)
- 9.58 There should be effective security measures to reduce the supply of drugs in the prison. (3.118)
- 9.59 The wider prison drug strategy should include an up-to-date supply reduction strategy, which should be implemented. (3.119)
- 9.60 There should be appropriate staffing to ensure that all mandatory and suspicion drug testing is carried out within identified timescales and without gaps in provision. (3.120)

Health services

- 9.61 The area next to the healthcare waiting room should be converted into an additional waiting room for patients. (4.54)
- 9.62 There should be a dedicated healthcare room in reception to ensure confidentiality for new arrivals and to enable examinations, if necessary. (4.55)
- 9.63 The healthcare team meetings should include the dentist and a GP. (4.56)
- 9.64 There should be additional optician clinics to reduce the waiting list. (4.57)
- 9.65 Prisoners should carry identification cards with them when they collect medication, and medicine charts should include a photograph of the patient. (4.58)
- 9.66 Requisitions for controlled drugs must be signed by a doctor. (4.59)
- 9.67 General stock should be audited to reconcile orders against prescription. (4.60)
- 9.68 Secondary dispensing should stop immediately. (4.61)
- 9.69 Pharmacy-led clinics and medication reviews should be introduced, and prisoners should have access to the pharmacist. (4.62)
- 9.70 The pharmacy staff should monitor the use of special sick medication. (4.63)
- 9.71 The medicines and therapeutics committee should agree standard procedures to cover pharmacy service provision and delivery of medication to prisoners. (4.64)
- 9.72 There should be an additional dental session for a dental hygienist, and a programme of oral health promotion should be introduced. (4.65)
- 9.73 The dental triage system for prisoners in the segregation unit should be reinstated to reduce the waiting list for prisoners held there. (4.66)
- 9.74 There should be an additional emergency equipment set, including emergency drugs, in the dental surgery. The dental team should be aware of emergency procedures in the healthcare department, and these should be exercised. (4.67)
- 9.75 There should always be two healthcare staff on duty at night, including at least one qualified nurse. (4.68)
- 9.76 The inpatient unit should be staffed by at least one healthcare-trained member of staff, such as registered general nurse, registered mental health nurse or healthcare assistant. (4.69)
- 9.77 Discipline staff working in the inpatient and segregation units should receive regular appropriate mental health training. (4.70)
- 9.78 All prison staff should have at least annual mental health training. (4.71)
- 9.79 Mental health referral meetings should include residential staff where appropriate, including segregation staff. (4.72)

- 9.80 There should be additional generic counselling services for prisoners. (4.73)
- 9.81 Daycare facilities should be identified and staffed appropriately to provide support services to inpatients, older prisoners and prisoners who need additional support. (4.74)

Learning and skills and work activities

- 9.82 The range of accredited vocational courses should be extended and the number of places for prisoners increased. (5.21)
- 9.83 Employability skills gained in prison work activities should be recognised and recorded. (5.22)
- 9.84 Individual learning plans should be used more widely by tutors, and should provide greater specificity and focus. (5.23)
- 9.85 Quality improvement arrangements in learning and skills should be extended and improved. (5.24)
- 9.86 There should be greater use of data to inform and develop the learning and skills provision. (5.25)
- 9.87 The prison should work with partners to develop further opportunities for learning through, for example, the Toe-by-Toe and Story Book Dad initiatives. (5.26)
- 9.88 Appropriately qualified staff should be appointed as soon as possible to manage the library provision. (5.27)

Physical education and health promotion

- 9.89 There should be appropriate PE activities to meet the needs of prisoners in the segregation unit. (5.36)
- 9.90 Rooms accommodating weights and cardiovascular equipment should be improved. (5.37)
- 9.91 The quality of the PE shower area should be improved. (5.38)
- 9.92 The damaged sports hall floor should be repaired. (5.39)

Faith and religious activity

- 9.93 A suitable multi-faith room should be provided as soon as possible. (5.47)
- 9.94 There should be appropriate Friday prayers accommodation for Muslim prisoners not attending the chapel or detainee unit. (5.48)
- 9.95 Chaplains should be included in ACCT reviews as a matter of course. (5.49)

Time out of cell

- 9.96 Prisoners should be able to attend all activities as described in the prison's scheduled core day. (5.56)

Security and rules

- 9.97 A nominated residential manager should attend monthly intelligence committee meetings. (6.13)
- 9.98 All prisoners should have a signed copy of the compact, and a copy should be retained in their wing file. (6.14)
- 9.99 Prisoners should be able to make written submissions to recategorisation meetings. (6.15)

Discipline

- 9.100 The adjudication standardisation meeting should be held quarterly. (6.34)
- 9.101 The published tariff should be revised. (6.35)
- 9.102 Telephone interpreter services should be used during adjudications for prisoners with poor English. (6.36)
- 9.103 The person who authorises use of force should not certify the document. (6.37)
- 9.104 Authorisation for use of special accommodation should specify whether clothing is removed from a prisoner, and the reasons for doing so should be documented. (6.38)
- 9.105 Special accommodation should only be used for violent and unmanageable prisoners and for the minimum possible length of time. All staff should maintain and record regular contact with prisoners in this accommodation. (6.39)
- 9.106 Segregation unit history sheets should detail the frequency and content of contact with prisoners by staff and visitors to the unit. (6.40)
- 9.107 Strip searches should only be performed following a risk assessment to determine whether this is necessary. (6.41)
- 9.108 The standards of cleanliness in the segregation unit cells should be maintained at an acceptable level. (6.42)
- 9.109 Prisoners should be allowed access to relevant regime facilities, including cell cleaning equipment on request, without the need for formal written application. (6.43)
- 9.110 The use of cardboard furniture should be determined by a risk assessment, which is regularly reviewed. (6.44)
- 9.111 Prisoners in the segregation unit should be able to have a shower every day. (6.45)
- 9.112 Prisoners in the segregation unit should be able to collect meals from the servery. (6.46)
- 9.113 Residential staff should attend the fortnightly segregation unit review boards. (6.47)
- 9.114 Care plans should be put in place for prisoners who stay in the segregation unit for 30 days, and these should include a phased return to normal location where appropriate. (6.48)

Incentives and earned privileges

- 9.115 The role and purpose of Perrie blue should be reflected in the published incentives and earned privileges policy. (6.57)
- 9.116 Prisoners on the basic level of the scheme should have the opportunity for daily association. (6.58)

Catering

- 9.117 All workers in the wing serveries should wear protective clothing. (7.7)
- 9.118 There should be basic hygiene checks to cover the self-catering arrangements. (7.8)
- 9.119 The facilities for self-catering should be extended. (7.9)
- 9.120 The arrangements for consulting prisoners about the food should be improved. (7.10)

Prison shop

- 9.121 The price of items sold in the prison shop should reflect supermarket prices. (7.16)
- 9.122 Prisoners should have greater influence over the items available for purchase. (7.17)

Offender management and planning

- 9.123 Video conferencing facilities should be installed to improve the sentence planning process. (8.19)
- 9.124 Healthcare staff should participate in the sentence planning boards for prisoners with whom they work. (8.20)
- 9.125 Sentence plan objectives should be tailored to individual need, and the purpose behind the objectives should be clearly understood by prisoners. (8.21)
- 9.126 The prison should clarify the arrangements for the quality assurance of the offender assessment system (OASys). (8.22)
- 9.127 The establishment should ensure that the police liaison officer attends or contributes to monthly risk management meetings. (8.23)
- 9.128 Prison staff overseeing visits should receive safeguarding children training. (8.24)
- 9.129 Wing-based staff should participate in lifer training. (8.25)
- 9.130 Life-sentenced prisoners should be given written information about the management of their sentence at Long Lartin. (8.26)

Resettlement pathways

- 9.131 There should be more opportunities for prisoners to engage in a full range of accredited vocational training. (8.34)
- 9.132 There should be more self-employment programmes to meet the needs of prisoners who require information and training to set up a business. (8.35)
- 9.133 There should be an increase in the range of courses and services to enhance prisoners' financial literacy. (8.36)
- 9.134 The drug strategy document should be updated using information drawn from an up-to-date needs analysis, and should include alcohol. (8.43)
- 9.135 The PADS (Peer Advice on Drugs) mentoring programme should be fully embedded into the drug and alcohol strategy. (8.44)
- 9.136 Staff training targets for drug and alcohol awareness and relevant programmes awareness should be met. (8.45)
- 9.137 There should be sufficient staff to ensure that all necessary voluntary and compliance drug tests are completed. (8.46)
- 9.138 There should be a queuing system in the visitors' centre to ensure that visitors are processed according to their actual arrival time. (8.53)
- 9.139 There should be an annual visitors' survey to ascertain views, implement appropriate changes, and improve the experience of visitors. (8.54)
- 9.140 Prisoners should be able to attend visits for their full duration. (8.55)
- 9.141 There should be a needs analysis of vulnerable prisoners to assess their offending behaviour programme needs. (8.57)
- 9.142 Interventions to raise victim awareness should be introduced. (8.58)
- 9.143 The schedule of offending behaviour programmes should be publicised to prisoners to promote greater awareness of their frequency and accessibility. (8.59)
- 9.144 Prisoner access to accredited programmes should be based on sentence planning needs or priorities, not their history of adjudications. (8.60)

Housekeeping points

Health services

- 9.145 The pharmacist should control stock supplies and introduce a dual-labelling system to ensure that stock can be audited. (4.75)

- 9.146 The pharmacist should undertake out-of-date checks on all medicines and resuscitation kits. (4.76)
- 9.147 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (4.77)
- 9.148 The dentist should enter a summary of treatment in the patient's clinical record. (4.78)
- 9.149 The dental appointments system should be under the control of the dental team, with appropriate guidance about when each wing will be available. (4.79)
- 9.150 A washer-disinfector should be supplied. (4.80)
- 9.151 Local rules for radiography should be up to date and displayed with the X-ray set. Copies of all documentation required in a general dental practice should be available in the prison. (4.81)
- 9.152 All pre-packs should be dual-labelled. When the pre-pack is dispensed against a prescription, one label should be removed from the pack and attached to the prescription chart, which should be faxed to the pharmacist to satisfy themselves that the prescription was appropriate and that the correct item had been supplied. (4.82)

Example of good practice

Health services

- 9.153 The programme of visiting consultants had many benefits for patients, and reduced the time and costs of sending prisoners to outside hospitals.(4.83)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Martin Lomas	Team leader
Keith McInnis	Inspector
Marie Orrell	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Eileen Bye	Inspector
Catherine Nichols	Researcher
Sherelle Parke	Researcher
Specialist inspectors	
Bridget McEilly	Healthcare inspector
Paul Roberts	Substance inspector
Paddy Doyle	OMI inspector
Alan Hatcher	Ofsted lead inspector
Observer	
Sarah Snell	Inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	431	99.08
Remand	3	0.69
Detainees (dual power status)	1	0.23
Total	435	100

(ii) Sentence	Number of sentenced prisoners	%
2 years-less than 4 years	1	0.23
4 years-less than 10 years	29	6.67
10 years and over (not life)	81	18.62
Life	318	73.10
Total	435	98.62

(iii) Length of stay	Number of sentenced prisoners	%
Less than 1 month	23	4.84
1 month to 3 months	64	21.89
3 months to 6 months	59	12.42
6 months to 1 year	66	13.89
1 year to 2 years	68	14.32
2 years to 4 years	71	14.95
4 years or more	84	17.68
Total	435	99.99

(iv) Main offence	Number of prisoners	%
Violence against the person	283	65
Sexual offences	30	7
Burglary	5	1
Robbery	59	13
Theft and handling	1	0.23
Fraud and forgery	1	0.23
Drugs offences	12	3
Other offences	44	10
Total	435	99.46

(v) Age	Number of prisoners	%
21 years to 29 years	125	28.73
30 years to 39 years	147	33.79
40 years to 49 years	99	22.76
50 years to 59 years	51	11.72
60 years to 69 years	13	2.99
Total	435	99.99

(vi) Home address – *information not supplied*

(vii) Nationality	Number of prisoners	%
British	378	84.5
Foreign nationals	57	15.5
Total	435	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	236	54.25
Irish	2	0.46
Other White	17	3.92
<i>Mixed:</i>		
White and Black Caribbean	9	2
White and Black African	1	0.23
White and Asian	1	0.23
Other Mixed	2	0.46
<i>Asian or Asian British:</i>		
Indian	8	1.84
Pakistani	22	5
Bangladeshi	1	0.23
Other Asian	18	4.13
<i>Black or Black British:</i>		
Caribbean	48	11
African	9	2
Other Black	28	6.5
<i>Chinese or other ethnic group:</i>		
Other ethnic group	6	1.38
Total	408	93.63

(ix) Religion	Number of prisoners	%
Church of England	117	26.9
Roman Catholic	75	17.4
Other Christian denominations	5	1.1
Muslim	102	23.4
Sikh	4	0.9
Hindu	1	0.23
Buddhist	21	4.8
Jewish	10	2.3
Other	32	7.3
No religion	68	15.6
Total	435	99.93

Appendix III: Safety interviews

Twenty-one safety interviews were carried out across the establishment during this inspection; three on each of the six main wings, A, B, C, D, Perrie red, Perrie blue, and three in the segregation unit.

Demographic information

- The average age of interviewees was 36 years – ranging from 23 to 63.
- The length of time spent at HMP Long Lartin ranged from one week to four years, with an average of 13 months.
- Total time spent in prison on a current sentence ranged from two months to 10 years, with an average of five years.
- All interviewees were sentenced.
- Sentence length ranged from an indeterminate sentence for public protection (IPP) with a four-year tariff to a life sentence with a 30-year tariff.
- Twelve interviewees identified themselves as from a black or minority ethnic background; five were from various Asian backgrounds, four were black Caribbean and three were of mixed race. Eight were white British and one was white Irish.
- Two of the interviewees were foreign nationals, but they and all the other interviewees spoke and understood English fluently, albeit not as a first language.
- Five interviewees stated they had no religion, eight that they were Muslim, five were Church of England, one was Roman Catholic, one was Sikh, and one was Jewish.
- Four interviewees described themselves as having a disability. Two interviewees stated that they suffered from clinical depression, one had suffered deafness in his right ear after an assault in prison, and the other had an undisclosed disability.
- All interviewees described their sexual orientation as heterosexual.

Safety questions

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

Safety issue	Number who cited the problem	Average rating	Seriousness score
Availability of drugs	13	2.6	33.8
Gang culture	10	3.2	32
Response of staff with regards to fights/ bullying/self harm	10	3	30
Existence of an illegal market	10	2.8	28
The way staff behave with prisoners	11	2.2	24.2
Lack of trust in staff	8	2.8	22.4
Aggressive body language of prisoners	5	3.6	18
Layout/ structure of the prison	7	2.4	16.8
Procedures for discipline	7	2.3	16.1
Discrimination on the basis of status by staff	6	2.5	15

Discrimination on the basis of religion by staff	6	2.5	15
The way meals are served [cooked]	4	3.3	13.2
Staff favouritism/officers giving favours	5	2.6	13
Movements	5	2.6	13
Lack of confidence in staff	6	2	12
Not enough surveillance cameras around the prison	6	2	12
Lack of staff on duty during association	6	1.9	11.4
Aggressive body language of staff	4	2.8	11.2
Discrimination on the basis of culture/ethnicity by staff	5	2.2	11
Not enough surveillance cameras on wings	5	2	10
Lack of staff on duty during the day	5	1.8	9
Lack of info regarding the prison regime	5	1.8	9
Isolation (within the prison)	5	1.8	9
Discrimination on the basis of culture/ethnicity by prisoners	3	2.7	8.1
Discrimination on the basis of religion by prisoners	2	4	8
Healthcare	4	2	8
Overcrowding	4	2.5	6
Discrimination on the basis of sexuality by prisoners	1	4	4
Discrimination on the basis of status by prisoners	2	2	4
Discrimination on the basis of disability by staff	2	1.5	3
Discrimination on the basis of disability by prisoners	1	3	3
Lack of staff on duty at night	1	2	2
Discrimination on the basis of status by prisoners	1	1	1

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

Availability of drugs:

'This issue affects other things like property coming in. It's getting better though, staff are cracking down on it.'

'I'm a wing rep and I informed officers about a drug problem on the wing but they did nothing.'

'Having phones means that people can organise a drug trade; which then causes debt -which then leads to violence and stabbings.'

'It's the officers also bringing in drugs and phones.'

'It makes an unpredictable environment because people get caught up in debt and stuff.'

'Dealers can pay people off easily, so you don't know where the problems are coming from (heroin).'

'Drugs all over the place. It is the biggest problem in the jail.'

'Drugs make people feel powerful and fearful and can be used to pay off contracts on your life or to settle old scores.'

'It's probably the worst thing in prison. Drugs; you can't stop it.'

Gang culture:

'Yes there is a gang culture here which is becoming an issue. A lot of people are becoming Muslim just because it's a bigger gang.'

'There are Birmingham and Manchester gangs in here, but the problem has calmed down since they started shipping people out.'

'Staff are making a divide between Muslims and non-Muslims.'

'There are issues with Muslim gangs wanting to overpower others.'

'Muslim gangs; if you have a problem with one, you have a problem with them all.'

'There are Coventry and Midlands gangs, and racial gangs.'

'All violence is gang related. Long sentences leading to more violence...turning into an American style jail e.g. if you're not in a gang you're in trouble. People are converting to Islam for protection.'

'Gangs from the Midlands want to kill each other .. And religion, that's probably the biggest I think.'

'Staff's impression if black or Muslim prisoners congregate [is worrying]. They write things in your file.'

Staff response to fights and bullying, and self-harm:

'Staff are aware of certain things and do cell checks.'

'The person who attacked me has gym sessions at the same time as me. Officers know but have not addressed this - so it's breeding paranoia in me. Other inmates are encouraging me to deal with it myself and retaliate...'

'Staff don't do enough to calm the violence. I had hot oil thrown over me and I was asked to press charges against my attacker, but I felt I couldn't because he has five co-defendants in here with him, which is intimidating.'

'Staff didn't know about my fight until a week later. Then I had the choice to move to the VP wing or the seg.'

'I have thoughts of self-harm, but they are lackadaisical. They just fob me off; two nights can go by before they see me.'

'Bullying is not dealt with at all... It seems to have got better.'

'They wait too long to intervene.'

'The way they deal with self-harm is not as good as other jails. Staff are offish with Listeners, they could be more proactive, there are too many barriers.'

'They respond because it is their duty, not to take special care of inmates.'

'They don't intervene.'

The existence of an illegal market:

'Non-progression and false reports I would brand a part of that.'

'The people who work in the system are the ones bringing in the mobile phones.'

'Drugs, phones and knives.'

'Weapons, e.g. sharpened metal.'

The way staff behave with prisoners:

'Belligerent, rude behaviour makes me concerned for my treatment. Some staff are ok, but around those that aren't, I feel belittled and uncertain.'

'VPs do get treated worse.'

'It's 50:50 with staff here; some good some bad.'

'Most are ok, but one or two officers cause a lot of tension.'

'Staff abuse their power. They leave you down in the seg pending investigation with no proof. The staff here are worse than the other eight prisons I've been in.'

'They seem to be detached from us.'

'Very relaxed, which helps.'

'There are some excellent officers. But they beat you in the seg and get away with it.'

'It makes you feel helpless, you are at the mercy of their integrity. I've had it happen, you just have to ask others. The power of the pen is unbelievable, you can't openly discuss a problem.'

'Not all of them, but a few hate prisoners, they openly say "you low lives" -they should do their jobs.'

Overall rating

Interviewees were asked to give an overall rating for safety at HMP Long Lartin, with 1 being 'very unsafe' and 5 being 'very safe'.

The average rating was 2.7.

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 16-17 June 2008, the prisoner population at HMP Long Lartin was 443. The sample size was 145. Overall, this represented 33% of the prisoner population.

Selecting the sample

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

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

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

Methodology

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

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

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

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

Response rates

In total, 109 respondents completed and returned their questionnaires. This represented 25% of the prison population. The response rate was 75%. In addition to the 12 respondents who

refused to complete a questionnaire, 16 questionnaires were not returned and eight were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in high secure prisons. This comparator is based on all responses from prisoner surveys carried out in four high secure prisons since April 2003.
- The current survey responses in 2008 against the responses of prisoners surveyed at HMP Long Lartin in 2005.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between Muslim and non-Muslim prisoners.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading, and where there is no significant difference there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

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

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to differing response rates across questions, meaning that the percentages have been calculated out of different totals as missing data is excluded. The actual numbers will match up as the data is cleaned to be consistent.

Percentages shown in the summary may differ by 1 or 2 % from that shown in the comparison data as the comparator data has been weighted.