

Report on an unannounced full follow-up
inspection of

HMP Wakefield

8–17 May 2012

by HM Chief Inspector of Prisons

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Introduction

HMP Wakefield is a high security prison that holds about 750 men, many of whom are serious sex offenders. The Close Supervision Centre (CSC) within the prison is a nationally managed resource and holds seven of the most challenging prisoners in the entire system. It is no surprise, therefore, that progress in the behaviour and rehabilitation of men at Wakefield is often slow and small advances require enormous effort. As it is with the men it holds, so it is with the prison as a whole: this follow-up inspection found HMP Wakefield was making slow but tangible progress in the face of considerable challenges, some of which were outside the prison's direct control.

The most significant concern we identified at our last inspection in 2009 remained. Almost half the men at Wakefield were in denial about their offence – to some degree refusing to take responsibility for their offending. There were no programmes available at Wakefield to tackle the behaviour and attitudes of men in denial and, as a consequence, little effective work was done with them. This risked entrenching negative attitudes and undermining the work that was being done with the section of the population who did admit to the need to change. The Prison Service should consider whether it is right to place such a concentration of men in denial in one establishment. That does not reduce the responsibility of HMP Wakefield itself to do some work with these men. There is now accepted expert opinion that it is possible to make some useful interventions even with men who are in complete denial, and the prison should be attempting to prepare and motivate men to change.

The prison had also been unable to address the physical environment of F Wing, which housed the CSC and segregation unit and remained very poor. In the CSC, the gated, cage-like cells were small and stark with limited natural light. The unscreened toilets were located directly in front of observation panels. Exercise yards consisted of bare, individual cages. There was some exercise equipment in a separate room. Limited education and visits could take place in a closed visits-style room in which a reinforced window separated the prisoner from whoever was speaking to him. Most of the men held had lived in these conditions for about three years; one for as long as 11 years.

The environment of the segregation unit was also poor. Some cells were damp, ventilation was inadequate, the roof needed repair and toilets were in an unacceptable condition. At the time of the inspection, most men had been in the segregation unit for at least a month and the longest had been there eight months. The regime was limited: adequate perhaps for men segregated for short periods but not sufficient for longer stays.

In the face of these conditions, the progress that staff had made was laudable. Relationships between staff and prisoners in both the CSC and segregation were professional and respectful. It was a real achievement that some men who had been held in the CSC had been able to move to less restrictive conditions. Mental health support was excellent and management and governance of both units was good.

Other aspects of the prison, both good and bad, were more directly the responsibility of the prison itself. The prison was reasonably safe. The numbers of self-harm, bullying and use of force incidents were low. Most prisoners reported feeling safe and this was confirmed by our own observations as we moved around the prison. Security arrangements were appropriate for a Category A prison and less intrusive than we sometimes see. There were good arrangements to support prisoners at risk of suicide. However, as in other high security prisons, we were concerned about the high rate of diversion and misuse of prescribed medication, and this was often a significant factor in bullying incidents. This could not be

picked up by the drug testing system in use and the low positive testing figures did not accurately reflect the level of drug abuse in the prison. This issue had not been fully gripped and dealt with.

Allegations of victimisation by prisoners or staff were sometimes not handled well. The response to bullying was too often to move the victim rather than address the behaviour of the bully and we also identified a small number of serious complaints about staff that had not been properly investigated. Some records we examined did not provide the necessary assurance that the use of force had been necessary and proportionate.

However, overall relationships between staff and prisoners were good (although there were a number of significant exceptions). Other than F Wing, the environment was decent. Other aspects of a reasonably respectful environment were also in place. Health care had much improved since our last inspection. Equality and diversity arrangements were reasonable but the perceptions of prisoners from some minority groups remained worse than those of the population as a whole.

There was a good learning and skills strategy and the quality of activities on offer was good. However, there were insufficient activity places to meet the needs of the whole population. About 9% of prisoners were unemployed and some cleaners were underemployed. We found about a third of prisoners locked behind their doors during the working part of the day.

As noted above, resettlement outcomes were seriously undermined by the lack of appropriate programmes to address the behaviour of the significant number of sex offenders in denial. Other aspects of offender management and resettlement were much better. Public protection arrangements were generally very good and community offender managers spoke positively of their relationships with the prison. Planning to meet prisoners' practical resettlement needs was reasonable and most men went to approved premises on release.

The most significant concerns we have identified in this report require decisions by the National Offender Management Service at a national level: how best to manage sex offenders in denial and to ensure that the conditions of imprisonment for even for the most challenging prisoners does not fall below a basic acceptable level. These will not be easy problems to resolve. However, despite these difficulties HMP Wakefield has been able to make slow progress. Reducing the flow of diverted medication, continuing to strengthen professional staff-prisoner relationships and getting more prisoners occupied by making better use of the activity resources available are vital to sustaining and accelerating that progress.

Nick Hardwick
HM Chief Inspector of Prisons

August 2012

Fact page

Task of the establishment

HMP Wakefield is a high security prison for men typically in categories A and B. It is one of eight high security prisons across England and is a main lifer centre with a focus on serious sex offenders.

Prison status

Public sector

Region/Department

Directorate of High Security

Number held

747

Certified normal accommodation

749

Operational capacity

749

Date of last full inspection

1-5 December 2008

Brief history

HMP Wakefield was originally built as a house of correction in 1594. The current prison was designated a dispersal prison in 1966.

Short description of residential units

There are four main residential wings – A, B, C and D – which were built around a Victorian style radial floor plan. Each wing has four levels and holds approximately 185 prisoners in single cells. In 2006, a 10-year refurbishment of the accommodation was completed. This includes kitchens in all residential units so that prisoners can prepare their own meals, as well as association equipment for recreational time. B wing includes a small unit for remand prisoners with a separate and contained regime. B wing also has four double-sized cells, which has been adapted for prisoners with serious physical disabilities.

F wing houses the segregation unit and the close supervision centre.

Name of governor/director

Susan Howard

Escort contractor

Geo/Amey

Health service commissioner and providers

Commissioner : NHS Wakefield District

Providers : Spectrum Community Health

Nottinghamshire Health Care NHS Trust

Mid Yorkshire Hospital Trust

Pollards Opticians

Learning and skills providers

HM Prison Service

The Manchester College

IMB chair

Richard Baldwin

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police, courts and customs custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

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

Resettlement prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

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

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

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

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

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

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

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

- HP5 The Inspectorate conducts follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections may be announced or unannounced and are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and to conduct a new full inspection, including in-depth analysis of areas of serious concern identified in the previous inspection, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

Safety

- HP6 Reception, first night and induction arrangements remained in need of improvement but were adequate. Most prisoners reported feeling safe. Processes for managing bullying were poor but incidents were low. There were few incidents of self-harm and the management of those on assessment, care in custody and teamwork (ACCT) documents was good. Security was generally proportionate. The segregation unit provided a poor experience for long stay prisoners. Management of force and special accommodation needed to be further improved. Some positive changes had been made in the close supervision centre (CSC) but the regime remained poor. Support for substance misusers was good but more coordinated action was needed to address problems around diverted in-possession prescribed medications. On the basis of this inspection, we considered that outcomes for prisoners remained reasonably good against this healthy prison test.
- HP7 At the last inspection in 2008 we found that Wakefield was performing reasonably well against this healthy prison test. We made 54 recommendations in the area of safety. At this follow-up inspection we found that 18 of the recommendations had been achieved, 11 had been partially achieved, 23 had not been achieved and two were no longer relevant.
- HP8 Many prisoners experienced long journeys with no comfort breaks. Some prisoners were not told where they were going, even when they were on the escort van. This meant that they remained concerned that they were being transferred to another prison.
- HP9 The reception was in need of redecoration. There was insufficient space for all the prisoners' property, and the searching and interview areas were cramped. There was no facility for officers to interview prisoners privately. There was no guarantee of a first night interview with a member of staff. Our survey revealed mostly positive attitudes towards reception. The induction programme told prisoners what they needed to know but was too slow to start and lasted too long. Prisoners were under-occupied during this period.

- HP10 Most prisoners reported feeling safe, although this was less evident for minority groups. Levels of overt violence were generally low. Better analysis of violence reduction data was needed. Procedures to investigate, monitor and review alleged bullies were poor. Perpetrators were not always challenged and often the preferred solution was to move victims. Investigation of a small number of unexplained injuries had improved. Case management of those on the managing challenging behaviour strategy had also improved. A more coherent strategy to respond to bullying and violence was needed.
- HP11 Initial contact with the local authority on safeguarding adults had been made but there was no formal policy or strategy for vulnerable adults.
- HP12 There had been one self-inflicted death since our last inspection and an action plan has been developed in response to Prisons and Probation Ombudsman recommendations. Levels of self-harm were low and there were very thorough investigations of serious self-harm incidents, which identified lessons to be learned. ACCT procedures were generally sound with good assessments and involved a range of disciplines. The use of gated cells and strip clothing was not monitored. There was regular use of Listeners, but those in the health care department had problems accessing them. The majority of prisoners did not have access to a Samaritan telephone.
- HP13 Physical security was sound. Dynamic security also appeared effective with a good flow of intelligence into the security department from all areas. Clear attempts had been made to make security procedures as unrestrictive and proportionate as possible. The mandatory drug testing (MDT) rate was low although this may not have been an accurate reflection of drug use in the prison owing to the issue of medication diversion – most of which was not detectable under MDT.
- HP14 Prisoners did not consider that the incentives and earned privileges scheme was used to reward good behaviour. The level of adjudications had increased since the previous inspection, but was still low. Analysis of data for patterns and trends was limited. Adjudication records demonstrated well conducted hearings with appropriate levels of enquiry in most cases and punishments presented as fair and consistent.
- HP15 Incidents involving the use of force were relatively low. Documentation sampled demonstrated thorough accounts from staff and indicated that the majority of use of force was appropriate, but there were some examples that raised questions. There was a need for better quality assurance from senior management.
- HP16 Governance of special accommodation had improved. A central register was now in place with supporting documentation. However, documentation did not always justify initial and/or continued use and prisoners were still being routinely strip-searched and placed in rip-proof clothing.
- HP17 The segregation unit remained a poor environment despite the best efforts of managers and staff. The regime was basic and, while adequate for short stay prisoners, it was not so for those remaining for longer periods. The lack of a care plan process for these prisoners required attention given the number who fell into this category. Efforts had been made to improve staff-prisoner relationships but while staff were professional, interactions appeared perfunctory. The introduction of mental health worker input was a positive initiative.

- HP18 The remand unit provided a reasonable regime for a small number of prisoners who otherwise would have been located in segregation.
- HP19 Living conditions in the CSC remained inadequate. Communal areas were austere and exercise yards were grim. Cage-like cells were small, cramped and without adequate natural light. Overall, the regime remained under-developed and most prisoners spent the day locked in their cells with nothing meaningful to do. In contrast, relationships between staff and prisoners were generally good. Staff were respectful in their day to day dealings with prisoners and there was evidence that they knew enough about their personal circumstances. Case management arrangements had improved and links with mental health services were developing. Reviews were properly organised, happened every month, and were well attended by a multidisciplinary team. There was evidence that some prisoners were responding positively to individual care plans.
- HP20 A comprehensive drug strategy was in place and had been informed by an excellent needs analysis. Several highly abusable drugs were being given weekly, in possession – contrary to the prison’s own policy and relevant guidance. A coordinated approach had yet to be developed to address these issues. Demand for clinical treatment for substance use was minimal. All prisoners requiring opiate substitution were on reducing doses with well managed, regular multidisciplinary clinical reviews. The FOCUS accredited drug programme was in place, offering up to 20 places per year. Prisoners had to wait over a year to get on to the programme.¹

Respect

- HP21 Living conditions were generally good, but F wing remained a poor environment. Relationships had improved but not all staff engaged positively with prisoners. The personal officer scheme had also improved and there were good links with sentence planning. Diversity was reasonably well managed, but some minority groups were still reporting poorer outcomes. Faith provision was good. Complaints about staff were not always adequately investigated or dealt with appropriately. Health services were now much better. Food was adequate although prisoners continued to report that it was poor. On the basis of this inspection, we considered that outcomes for prisoners remained reasonably good against this healthy prison test.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is ‘statistically significant’. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

HP22 At the last inspection in 2008 we found that Wakefield was performing reasonably well against this healthy prison test. We made 91 recommendations in the area of respect.² At this follow-up inspection we found that 53 of the recommendations had been achieved, 14 had been partially achieved, 23 had not been achieved and one was no longer relevant.

HP23 The main residential units were good. Communal areas were clean and reasonably well maintained. External areas were clean and litter free. Conditions in F wing remained poor. Standards of cleanliness in cells varied but generally they were clean and well furnished. Toilets were not adequately screened. The condition of showers had improved and access was good. Prisoners had access to necessary supplies of hygiene items but the provision of cleaning materials and clean bedding was problematic in some residential units. Prisoners were able to cook their own food in wing kitchens but these facilities could be improved.

HP24 Most prisoners said that staff treated them with respect. On the whole, the quality of relationships between staff and prisoners was reasonably good. We saw examples of positive engagement with prisoners in residential units and some officers were particularly good. Relationships with specialist staff were good. A few officers, however, appeared to have low expectations of prisoners and spoke of them in dismissive terms. Some were not adequately engaged and congregated in small groups near to offices. Implementation of the personal officer scheme had improved since the last inspection and entries in prisoner records demonstrated that officers were better engaged with sentence management processes.

HP25 Despite some weaknesses, overall the work on diversity and equality was good. The equality and diversity policy was not based on a needs analysis of the population, and was limited to the protected groups. There were separate policies for foreign national, older and transgender prisoners. There was good participation by prisoner representatives in equality and diversity. Innovatively, they co-chaired the diversity and equality action team (DEAT) with the deputy governor. About seven diversity incident report forms per month had been received in 2012, compared with an average of 12 per month in 2011. They had been investigated sensitively and thoroughly, and scrutiny arrangements were good. Most staff working directly with prisoners had attended diversity training. Individual staff were undertaking some good work with minority groups.

HP26 In our survey black and minority ethnic, foreign national and disabled prisoners were less positive about a range of issues, especially problems on arrival, relationships with staff and victimisation by prison employees. Some work had been done to better understand these perceptions but no action plan had been produced.

HP27 Prisoners met a member of the DEAT during induction, and those with disabilities met with a diversity liaison officer who carried out an assessment of their needs. There were some good adaptations to cells for those with mobility issues. There were reasonable activities specifically aimed at older prisoners but more could have been done to support them.

² This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- HP28 Foreign national meetings were valued by prisoners. The UK Border Agency held surgeries every three months. Three detainees were being held solely on immigration matters. Risk assessments were in place and arrangements were appropriate. There was limited use of translation services to ensure prisoners with little or no English fully understood important documents.
- HP29 Faith provision was good, well advertised, and faith services and classes were well attended. The chapel offered a good environment for worship and was inclusive of all faiths. The multi-faith room was too small to accommodate the number of Muslims attending Friday prayers and alternative arrangements were inadequate.
- HP30 Complaints were dealt with promptly and on the whole replies were polite and fully addressed the issues raised. Quality checks and monitoring arrangements were carried out but we found evidence that some serious allegations against staff were not being adequately investigated. Legal services were adequate and good use was made of video links.
- HP31 Health care facilities were generally good. A variety of providers was involved. There were no vacancies and staff had a good skill mix. All prisoners received a comprehensive reception screening. Our survey indicated prisoners were generally satisfied about access to and the quality of health care apart from the availability of a GP. A good range of clinics was available, but for routine appointments there could be unacceptably long waits to see a GP. Older prisoners and those with lifelong conditions were well supported. Medicine administration provided sufficient confidentiality for patients. Prisoners did not have access to a pharmacist. The medicines in-possession policy was not always adhered to. Dental services were good. In-patient facilities were very good, with appropriate staffing and a good level of care planning.
- HP32 Primary and secondary mental health care were provided by a team of 10 nurses one of whom was dedicated to the care of those in the CSC. Mental health transfers were well managed and usually swift. There were no prisoners awaiting mental health transfer.
- HP33 We found the range and standard of food to be reasonable, but unpopular with prisoners. Cultural needs were catered for and fresh vegetables, fruit and salads were available every day. The prison shop generally worked well but more engagement with black and minority ethnic prisoners and the prison population in general was needed.

Purposeful activity

- HP34 Time out of cell remained reasonable for those in an activity but not for the approximately 30% of prisoners routinely locked in cells during the core day. There was a strategic approach to learning and skills, and management was strong but there were insufficient activity places for the population. There were some delays in allocating activity places after arrival but the process was fair and equitable. Delivery of education was good and places available well utilised. The quality of most provision and levels of achievement were good. Relationships were suitably challenging and respectful. The library and gym services were both good. On the basis of this inspection, we considered that outcomes for prisoners remained reasonably good against this healthy prison test.

- HP35 At the last inspection in 2008 we found that Wakefield was performing reasonably well against this healthy prison test. We made eight recommendations in the area of purposeful activity. At this follow-up inspection we found that seven of the recommendations had been achieved and one had not been achieved.
- HP36 Only 70% of prisoners could achieve the nine hours out of cell reported per day as around 30% of prisoners were locked up during the core day. Association and exercise were rarely cancelled but outside exercise was early particularly in the winter months and only lasted 30 minutes.
- HP37 A clear strategy for learning and skills was in place, which provided good direction relating to developing provision. A comprehensive prison self-assessment process was linked to quality improvement. The use of data had improved since the last inspection and supported judgements well. The prison had insufficient activity places to ensure all prisoners were fully occupied. Around 9% of prisoners were unemployed. Opportunities for instructional officers to develop their teaching skills had significantly improved and the prison had successfully developed its ability to be able to introduce accredited qualifications in most of the workshops.
- HP38 Resources in workshops and education were good; however, two of the workshops were closed due to the need for structural repair. The management of workshops and education was good.
- HP39 Prisoners' induction for learning and skills was generally well organised but action plans needed to be routinely reviewed. Delays in other aspects of prison induction were affecting the allocation of prisoners to activities. The allocation to activities process was fair and equitable but category A prisoners were frequently delayed in accessing work as insufficient workshops were available for high risk offenders.
- HP40 Information from initial assessments was linked well to sentence planning. The sequencing of interventions was generally good. Teaching, learning and individual coaching were good. Workshops were well managed and reflected commercial standards. Work was mostly well structured and encouraged a good work ethic. Staffing needed to be sufficient to use all the workshop places available.
- HP41 Cleaners on the wings did not always have enough work to occupy them. Contract and vocational workshops used their external links effectively to provide prisoners with production work. Additional support for prisoners from peer mentors was good. Overall the variety of work and vocational training was well planned to meet the needs of prisoners.
- HP42 The variety of courses in education was satisfactory. The provision had become full time in 2010, which limited the numbers able to participate. The range of courses that were available was good. Literacy and numeracy provision was good but identification and support for English for speakers of other languages provision needed to be better. Prisoners on most accredited courses achieved well. Achievement on literacy and numeracy courses was satisfactory. Prisoners were developing good social and personal development skills but access needed to be expanded. Standards of behaviour were good with a positive level of respect between instructional officers and prisoners. Achievement rates on accredited courses in work were high.

- HP43 The library provided a welcoming environment. Positive links were in place with the education department. The library was well utilised for a variety of activities and projects. Good use was made of the writer in residence to promote literacy.
- HP44 Promotion of the gym had improved. All prisoners received a thorough induction. Access to the facilities was satisfactory. Provision was based on analyses of survey feedback from the prison population; it met the population's needs. The range of accredited programmes had increased and pass rates were high. An appropriate variety of programmes were available to promote healthy living and fitness. Links with the health care department were good. Accommodation was satisfactory and well managed.

Resettlement

- HP45 The resettlement strategy was still not based on a needs analysis of the population. The lack of a local or high security strategic approach for managing prisoners who did not fully take responsibility for their offence remained a concern, and little specific was being done with them. Offender management and sentence planning continued to operate well but ongoing contact with prisoners was limited. Public protection arrangements remained strong but very few prisoners were being progressed. Some improvements had been made in managing indeterminate sentenced prisoners. Pathways provision was appropriate and waiting lists for programmes were reasonable. Provision for visits and children and families had improved. On the basis of this inspection, we considered that outcomes for prisoners remained insufficiently good against this healthy prison test.
- HP46 At the last inspection in 2008 we found that Wakefield was not performing sufficiently well against this healthy prison test. We made 24 recommendations in the area of resettlement. At this follow-up inspection we found that eight of the recommendations had been achieved, four had been partially achieved and 12 had not been achieved.
- HP47 The reducing reoffending strategy included all pathways but was not based on a needs analysis. There was still no high security or local strategy to work with the nearly 50% of prisoners in some state of denial. All pathways had been allocated named lead staff who attended bimonthly reducing reoffending meetings, and the action plan was regularly updated. Staff were aware of prisoners' sentence plan targets and resettlement needs.
- HP48 All prisoners were subject to offender management and allocated to an offender supervisor (OS) on arrival. There was no expectation of the frequency of contact between OSs and prisoners, and contact for many was infrequent. Offender assessment system (OASys) documents and annual sentence plans were up to date. In the survey only 30% of prisoners said that they felt involved in sentence planning development, which was lower than in comparator prisons, and lower than at our previous inspection. Few offender managers (OMs) attended sentence planning boards in person, but good use was made of telephone and video conferencing. Offender supervisors contacted provided mainly positive feedback about joint working with the prison. There was no custody planning for remanded prisoners. Very few men had progressed from category A to B or from B to C.

- HP49 Wing lifer representatives attended lifer forums and more were planned. There were no lifer days although these were also planned. Public protection was well integrated into the work of the offender management unit (OMU); all prisoners were assessed on arrival and restrictions were proportionate to risk, with regular risk assessment meetings. The appropriateness of newly arrived prisoners making free phone calls in reception without individual risk assessment, needed to be reviewed.
- HP50 All released prisoners went to approved accommodation; they were able to transfer to prisons nearer home in preparation for release. Debt and benefit advice was available.
- HP51 Prisoners were developing good personal skills to maximise the opportunities they had to engage in training and education to improve their employability as they progressed through the prison system. All prisoners had access to a careers information and advice service. A pre-release course was available for the small number of prisoners due to be released directly from the prison.
- HP52 There were effective arrangements for discharge planning around health. There were good arrangements for the care and management of prisoners who were terminally ill, with a dedicated cell available in the inpatient unit. Links with community-based drug and alcohol agencies were good.
- HP53 The domestic visits facilities and the visitors centre were both good. A visitors' forum effectively promoted the needs of visitors and regularly dealt with complaints and comments. Domestic visits did not last for the advertised two hours. There was a qualified family support coordinator, a trained coordinator in the OMU and a 'Think family' strategy for the development of the children and family pathway. Courses to help prisoners support their children's education were run. A survey and some feedback from the quarterly family visits had informed developments in provision.
- HP54 The available offending behaviour programmes were appropriate and prisoners were suitably prioritised; men were able to transfer to other establishments to undertake interventions but there were delays for the rolling sex offender treatment programme. A non-accredited foundation course was held as an introduction to group work.

Main concerns and recommendations

- HP55 Concern: Intelligence indicated and prisoners reported that prescribed medications, often given in possession were being diverted and misused. This was not being adequately managed.
- Recommendation: The prison should ensure that drugs subject to misuse within the prison are not dispensed weekly in-possession and that their administration and consumption is directly observed in accordance with its own medicines possession policy and Prison Service Order 3550.**
- HP56 Concern: The environment of F wing remained poor and fundamentally unsuitable for holding prisoners.
- Recommendation: F wing should be designated as unfit for purpose and taken out of use as soon as feasible. (Repeated recommendation HP46)**

HP57 Concern: Some serious complaints about staff were not adequately investigated.

Recommendation: Complaints about staff behaviour should be monitored for consistency and to detect trends and should only be dealt with by senior managers; investigations should be detailed and any action needed as a result, robust.

HP58 Concern: There were more activity places compared with the last inspection but too many prisoners still did not have daily purposeful activity. Category A prisoners were still waiting longer for activity places.

Recommendation: Sufficient activity places should be provided in workshops and education to ensure full and purposeful activity for the population with equal access for all categories of prisoners. (Repeated recommendation HP42)

HP59 Concern: About half the prisoners held at Wakefield were sex offenders in denial. Little work was done with them at the prison. There was insufficient consideration by the Prison Service of the negative impact this had on work with the remaining prisoners and therefore whether Wakefield was the right place to hold such a large concentration of sex offenders in denial.

Recommendation: Wakefield should devise a comprehensive prison-wide strategy to help prepare and motivate men who are not engaging in offence-related work and the Prison Service should commission a full review of its high security estate allocation criteria to ensure that the high proportion of sex offenders in denial at Wakefield does not undermine the work of the prison as a whole. (Repeated and revised recommendations HP40 and HP41)

Section 1: Safety

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- 1.1 There were few movements through reception, except to hospital, but those we saw were timely and efficient. Escort vehicles were clean.
- 1.2 In our survey, prisoners with disabilities and black and minority ethnic men were less favourable about their treatment by escort staff. Few respondents had received information about the Wakefield regime before arrival. Prisoner escort record forms revealed that there were no comfort breaks or refreshments during long journeys.
- 1.3 We had no opportunity to observe a contractor's escort, but all National Offender Management Service vehicles were clean, although they did not routinely carry drinking water.
- 1.4 Standard risk category A prisoners were not told their escort's destination, even once aboard the vehicle.

Recommendations

- 1.5 **Prisoners transferring to Wakefield should be told about their destination and what to expect there in advance and always before they arrive unless there are specific, individual security concerns that prevent this.**
- 1.6 **Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded.** (Repeated recommendation 1.7)

Housekeeping point

- 1.7 All escort vehicles should carry a supply of drinking water.

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.8 The physical condition of reception was poor and the facilities were insufficiently private but staff were business like. First night arrangements needed reinforcement and the relatively new induction programme lacked impetus.
- 1.9 The reception facility was too small, poorly presented and in need of redecoration. The glass-fronted holding room contained a television, which prisoners could watch, and some prisoner artwork, but the posters and reading material were shabby and not well targeted. There was no up to date information about any aspect of the regime to welcome new arrivals, and the 'stalls' were unacceptably small for holding cells.
- 1.10 Search and interview areas were cramped and very public. There was a separate room for medical interviews, but the door was sometimes open during consultations for security reasons, which compromised privacy. The toilet and shower facilities were insufficiently private.
- 1.11 In our survey more respondents than in comparator prisons were positive about reception, where staff were business-like and generally polite. All prisoners were offered a free telephone call on arrival, but we were concerned about the adequacy of public protection checks (see section on public protection). Prisoners were not routinely offered a shower in reception either on arrival or discharge, but many could use the facilities on the wings, which were much better maintained.
- 1.12 A booklet about the prison regime was available in nine different languages, but this did not meet the language needs of the diverse population.
- 1.13 A new induction process that had been introduced six months earlier was reasonably well understood by staff. Wing senior officers were required to interview all new prisoners within 24 hours of arrival on the wing; this took place, but there was no guarantee of a private meeting with an officer on the first night. Prisoners with disabilities and black and minority ethnic men felt least safe on their first night, and, along with veterans, reported having more problems on arrival. There was at least one 'insider' on each wing, who was responsible for supporting inductees, but some staff did not know who they were, and new arrivals were not always told about them. The insiders had no opportunity to meet together as a group and had no formal supervision or training.
- 1.14 Offender supervisors aimed to see all new prisoners the day after their arrival to tell them about the induction process. However, this did not happen routinely. We observed a respectful and well managed interview taking place in a private room six days after reception, but we were told simpler interviews were often conducted at the cell door. An induction 'passport' was used to explain to prisoners what induction involved and to schedule appointments. Employment was only allocated once induction had been completed, between four and 13 weeks after arrival. Prisoners were under-occupied during this extended induction period and told us that this was frustrating.

Recommendations

- 1.15 **Reception should be refurbished to provide prisoners with an appropriately private, decent, accessible and welcoming environment.**
- 1.16 **First night and induction processes should be reviewed to ensure that they assure safety, minimise anxiety and are completed quickly.**

- 1.17 **Insiders should meet regularly, supported by staff, to support and coordinate their work.** (Repeated recommendation 1.29)

Housekeeping point

- 1.18 The date and time of first night interviews should be clearly recorded in the induction check list.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.19 Reported levels of bullying and violence were low and most prisoners reported feeling safe. Many incidents involved trading in prescribed medications. Data on violence could be better analysed to inform the violence reduction strategy. Incidents were poorly investigated and consequent recommendations were not always implemented. The safer prisons team needed more support and the application of management systems needed improvement. Those subject to the managing challenging behaviour strategy (MCBS) were better managed.
- 1.20 The prison's last survey of safety had been completed in December 2011 and 18% of the population had completed it. When asked 'Do you feel safe in this prison?' 43% of prisoners answered negatively. They said the main reason for their response was the poor attitude and behaviour of staff towards prisoners. No action plan had been developed to deal with the findings.
- 1.21 The Inspectorate surveyed 25% of the population. Twenty per cent of these said that they felt unsafe at the time of the survey, which was significantly lower than in comparator prisons, but 43% said that they had been victimised by staff since they had been at the prison, which was higher than in comparator prisons (39%).
- 1.22 A detailed monthly safer prisons report provided data on a range of indicators of violence. On average 25 incidents had been referred to the safer custody team every month. Levels of reported violence were low and this had been consistent over recent years. On average each month 16 incidents were logged as intimidation, four as threats, two as assaults and three as taxing. While these levels did not appear high there were problems with data collection and analysis.
- 1.23 Data could have been better analysed and cross referenced for accuracy. There was little analysis of incidents associated with bullying and trading for medication, which we were consistently told was a major problem. The prison had introduced medication lockers to oversee in-possession medications (see section on health care).
- 1.24 There was no analysis of where incidents took place. CCTV had been installed in A and B wings but it was not clear how effective these had been in reducing incidents. We found some discrepancies in the number of assaults reported to the safer custody team and those recorded on the incident reporting system.

- 1.25 Procedures to investigate, monitor and review alleged bullies were poor. Some investigations demonstrated a reluctance to challenge perpetrators. One case concluded that a prisoner had reached an agreement with the individuals to whom he was in debt and thought he could manage repayments over time. Investigations rarely included statements to support allegations.
- 1.26 The safer custody manager made recommendations to the relevant wing manager following the conclusion of investigations. In several examples where a recommendation to monitor prisoners had been made, we could find no evidence this had been done. The safer custody team aimed to follow up the progress of cases but due to other priorities this was not carried out routinely. Unexplained injuries were monitored and investigated where appropriate.
- 1.27 The prison had stopped using antisocial behaviour compacts. These had been replaced by short-term monitoring and the imposition of wing based restrictions. Where a prisoner displayed persistent antisocial behaviour, referrals could be made to a multidisciplinary panel that assessed prisoners under the MCBS. Sanctions through the incentive and earned privileges scheme were also used (see section on incentives and earned privileges).
- 1.28 Three prisoners were subject to wing based restrictions during the inspection. As there was no central log of those subject to these measures it was not evident how often they were used. Restrictions were individualised and included, for example, restrictions on a prisoner's movement around the wing or association with other prisoners in their cells. Some restrictions had been in place for several months without review.
- 1.29 The C-Nomis computer system records provided little evidence that prisoners' poor behaviour was being monitored. Similarly there was no evidence that support plans and monitoring for victims was completed or referred to in case management records.
- 1.30 Prisoners placed on the MCBS were reviewed monthly and there were links to the centrally managed procedures for managing challenging behaviour. The strategy was overseen by the segregation manager and not by the safer custody team. Eleven prisoners were subject to the strategy. Reviews considered wing reports and led to the development of clear management plans but prisoners did not attend them.
- 1.31 In many cases the preferred solution was to manage conflicts by moving prisoners between wings. Victims, not perpetrators, were often moved. In one case a prisoner who was being pressured for medication in his workshop was removed from the workshop. In another, a prisoner's case notes stated that he had been 'banged up at his own request to stop him losing his canteen or being assaulted'. There was a victim support form but this was not always completed.
- 1.32 A senior officer acted as both safer custody and diversity manager to oversee the daily operation of the safer custody and diversity strategies. Each wing had identified safer custody or diversity officers and, in theory, four officers per day were allocated to work with the safer custody team. However, over the previous four months, less than half of these resources had been made available. The lack of consistent staff had had an impact on the safer custody work.
- 1.33 A safer prisons meeting was held monthly to oversee the implementation of safer custody policies and strategies. There was good prisoner representation. There was reasonable attendance by staff from most prison areas. Attendance by health care staff had improved (see suicide and self-harm section), but security department representatives were frequently absent. Meetings focused largely on reporting data to identify trends. The minutes of meetings

did not sufficiently show that there had been discussions about what was being done to improve safety. A continuous improvement plan was reviewed and included issues of diversity, decency and safer custody.

- 1.34 Fourteen prisoners had taken on the role of anti-bullying representative. They had a job description but no formal training for this role. They attended the monthly safer prisons meeting but did not routinely meet with a member of the safer custody team to discuss their work. Oversight of their work could have been improved.

Recommendations

- 1.35 **Violence reduction data should be better analysed and cross referenced for accuracy. An action plan should be developed from the prison and inspectorate surveys of prisoners' perceptions of safety.**
- 1.36 **The violence reduction policy should specifically focus on strategies to deal with bullying-related issues at Wakefield.** (Repeated recommendation 3.13)
- 1.37 **Investigations of suspected bullying and violent incidents should be improved and actions arising from investigations should be more specific, measurable and time-bound.**
- 1.38 **The victim support form for victims of bullying should be used consistently to ensure victims receive effective proactive support.** (Repeated recommendation 3.19)

Housekeeping point

- 1.39 Greater support should be given to prisoners acting as anti-bullying representatives.

Self-harm and suicide

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 1.40 There were low levels of self-harm and good investigations of serious incidents. Assessment, care in custody and teamwork (ACCT) procedures were generally sound. The use of non-standard cells for those at risk of self-harm was not routinely monitored. The Listener group needed greater support from the safer custody team.
- 1.41 The suicide and self-harm prevention policy had not been reviewed since July 2009. The prison had delayed the review in anticipation of the publication of national guidance on 'Management of prisoners at risk of self-harm to others and from others' (PSI 64/2011), which was effective from April 2012. The existing policy made some reference to the various high risk groups held in the prison but none to the care of prisoners in the close supervision centre (CSC).

- 1.42 All new receptions were interviewed by a safer custody officer on their wing and night staff were also alerted to new receptions.
- 1.43 There had been one self-inflicted death since our last inspection and an action plan had been developed in response to the Prisons and Probation Ombudsman's recommendations.
- 1.44 Levels of self-harm were low. On average around six prisoners harmed themselves each month. There were very thorough investigations of serious self-harm incidents, which identified lessons to be learned and reported to the monthly safer prisons meeting.
- 1.45 On average 17 ACCT documents were opened each month. The monthly safer prison's report provided detailed analysis of ACCT procedures and incidents of self-harm. ACCT procedures were generally sound with good assessments and involved a range of disciplines including psychology, mental health and chaplaincy. There was reasonable continuity of case manager and most care plans were adequate but not all identified which individual officers should follow up aspects of the care plan. On-going case records were generally good with evidence of daily interaction with the prisoner at risk.
- 1.46 Some observations were completed at too regular and predictable intervals. A number of prisoners subject to ACCT procedures found it distressing to be woken regularly at night when staff carried out observations. Many staff insisted on receiving a verbal response if no movement had been observed. The need to take these measures routinely should have been balanced against the negative impact of disturbing the sleep of prisoners who were already feeling low. Post closure reviews were carried out consistently.
- 1.47 The safer custody manager reviewed ACCT documents weekly and results were circulated to senior managers and discussed at the senior management team meetings. Improvements had been noted. Further quality assurance was completed at the monthly safer prisons meetings.
- 1.48 A range of support for prisoners at risk was provided, but there was no provision for prisoners who had experienced past sexual abuse as children or prior to imprisonment. A local project that provided support for people who had been raped or seriously sexually assaulted had been involved with the prison in previous years, but this was no longer the case. The chaplaincy provided support for bereaved prisoners but a support group for prisoners on ACCT documents no longer operated.
- 1.49 Safer cells with CCTV coverage were located on B and D wings. As heating pipes were boxed in, it was unclear how effective the heating system was. One safer cell on D wing had an obvious ligature point in the sink. F wing and the health care unit had a number of gated cells. Protocols had been produced for the use of these non-standard cells but this was not routinely monitored; the use and justification for strip clothing was also not routinely monitored. The health care unit had introduced a log before the end of the inspection.
- 1.50 There was a group of 13 Listeners and representatives attended the monthly safer custody meeting. There was generally good access to Listeners except for prisoners in the health care department, which they visited only on Friday afternoons. Some staff limited Listeners' contact time with prisoners and delays could have been reduced by utilising Listeners who were not on the rota.
- 1.51 Clean and comfortable Listener rooms had been provided on each wing but the need for a bell to alert staff once calls had been completed had been discussed for several months at the safer custody meeting but not implemented. This was an issue of safety and respect. There

were no suitable facilities for Listeners in the segregation unit. In recent months, two Listeners had been assaulted while they had accompanied prisoners in the shower area.

- 1.52 Portable Samaritan phones were available on F wing and in the health care unit only. Prisoners requesting this on the main wing could only access the landing phone. This provided no confidentiality, required the presence of a dog handler during lock up periods and was impractical. Listeners felt well supported by the Samaritans but did not routinely meet with the safer custody manager.
- 1.53 All officers carried anti-ligature knives. Night staff had mixed views about entering cells in an emergency during the night. Some would enter cells to assist prisoners on preservation of life grounds, but others would delay entry until sufficient staff were present.

Recommendations

- 1.54 **The use of safer cells, gated cells and strip clothing should be monitored by the safer prisons meeting.**
- 1.55 **Support for prisoners who have experienced physical and sexual abuse should be available from trained professionals.** (Repeated recommendation 3.42)
- 1.56 **Prisoners in health care should have the same access to Listeners as elsewhere in the prison.** (Repeated recommendation 3.44)
- 1.57 **Safer cells on D wing should be adequately heated and free from ligature points.** (Repeated recommendation 3.36)
- 1.58 **The safer custody manager should routinely meet with Listeners and where appropriate take action to tackle their concerns.**
- 1.59 **A portable phone to provide prisoners in the main prison with access to the Samaritans should be provided.**

Housekeeping point

- 1.60 ACCT reviews should contain agreements with prisoners on the need to waken them during night checks.

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.³

³ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

- 1.61 The prison had no formal policy or strategy for safeguarding vulnerable adults. Developments in this area were in their early stages.
- 1.62 The prison had made initial contact with the local authority regarding safeguarding. A senior officer had attended an inaugural meeting of relevant agencies in September 2011. Two other members of staff had attended training in relation to safeguarding. As yet the prison had no formal policy or strategy, although we learnt of anecdotal cases in which care plans had been developed for this group of prisoners.
- 1.63 The approach to safeguarding was more evident within the education department where, posters outlined the education provider's policy in this area.

Recommendation

- 1.64 **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- 1.65 Security was proportionate and some thoughtful approaches had been employed to ensure this. Intelligence was forthcoming from all areas and was well analysed to inform appropriate security objectives. However, closed visits were imposed if a drug dog made a positive indication even if there was no supporting intelligence. The trading of prescribed medication was the prison's most significant security problem, which meant that the very low mandatory drug testing (MDT) rate was not an accurate reflection of the extent of drug misuse.
- 1.66 The security department continued to be well resourced and managed. Its prevailing ethos was to keep security arrangements as proportionate as possible within the context of a high security prison. There were good examples of attempts to work within the restrictions that this entailed. This included a new policy allowing category A prisoners to work in areas previously considered off limits, subject to an individual risk assessment.
- 1.67 The security department fed into all decision making processes, but it appeared that they informed rather than determined final outcomes, and we found little that indicated security was excessive. However, closed visits were routinely imposed on visitors who received a positive indication by a drugs dog during entry procedures, without there being additional related security intelligence.
- 1.68 The existing model of a multi-functional monthly security meeting informed by a subcommittee comprised of senior security representatives continued to work well – key security objectives were informed by initial analysis provided by trained staff within the security department and

reinforced by further analysis provided by the security committee. Security information report (SIR) submissions averaged over 400 per month and came from all departments.

- 1.69 We were informed that there was little intelligence relating to illegal trafficking through traditional routes, such as visits. This was reinforced by that fact that no prisoners were subject to closed visit conditions at the time of the inspection. Instead, the main security issue was deemed to be the trading of prescribed medication by prisoners; while spot checks were being routinely and rigorously carried out on prisoners retaining medication in possession, such rigour was not applied to the supervision of medication to be taken as soon as it was issued. The drug strategy meeting showed that managers had been discussing who was responsible for the supervision for at least four months with no resolution.
- 1.70 Positive random MDT rates were very low at 2.7% for the six months from October 2011 to March 2012. This was not, however, an accurate reflection of the extent of drug use in the prison due to the extent of medication diversion, most of which was not detectable under the current MDT testing panel.
- 1.71 Prisoners' testimony, drug search results and specialist compact based drug testing (CBDT) showed that the diversion of medication was the most significant drug problem in the establishment.
- 1.72 The MDT suite was untidy and along with the holding rooms was in need of more regular and thorough cleaning.
- 1.73 Ten prisoners were subject to monitoring by the prison's extremist monitoring unit. They were identified as Islamic extremists and those with far right affiliations.

Housekeeping point

- 1.74 The MDT suite and holding rooms should be kept clean and tidy to ensure a respectful and forensic testing environment.

Incentives and earned privileges⁴

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- 1.75 There was some confusion about whether prisoners in denial could achieve enhanced status but in practice some could. Almost half the population was on the enhanced level, indicating an otherwise reasonable approach to the management of the scheme. Some of the few prisoners on the basic level had been so for some time, suggesting an alternative course of action was needed.
- 1.76 Just under 50% of the population was on the enhanced level of the IEP scheme at the time of the inspection, with just over 2% on the basic level, the majority of whom were prisoners in the

⁴ In the 2010 report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

segregation unit who were refusing to locate to the wings. Despite consultation with prisoners on the subject, there remained little substantial difference between the levels to encourage better behaviour. This was reflected in our survey, where only 34% of respondents felt this to be the case.

- 1.77 Our survey revealed that only 45% of prisoners felt that they had been treated fairly in relation to the scheme. In discussions with prisoners individually and in groups this appeared to be because they believed that prisoners who were not taking part in sex offender treatment programmes because they were in denial about their offence were ineligible for enhanced status. There was some confusion about whether this was actually the case. Subsequent to the inspection managers reviewed practice and found that prisoners in denial of their offence could achieve enhanced status although the written policy clearly implied this could not happen.
- 1.78 Contrary to what we found at the previous inspection, the IEP scheme was being utilised more effectively in addressing low level misdemeanours, such as refusing to attend work, in place of adjudications. Additionally, access to higher education was not restricted to prisoners on the enhanced level.
- 1.79 Although the number of prisoners on the basic level was low, we were concerned that several had been on the level for several months with little change in their circumstances. This suggested another course of action was required to address the issues related to these prisoners.

Recommendations

- 1.80 **The IEP policy should be consistent with the application of the process and make clear that denial of offences does not in itself preclude progression to enhanced status.**
- 1.81 **There should be greater differentials between standard and enhanced levels.**

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.

- 1.82 Levels of adjudications were relatively low. They were well conducted and punishments were consistent and fair. Greater scrutiny of adjudication-related data to better inform strategic management of adjudications was required. Use of force was not high. Staff reports were thorough but some raised questions that were not addressed due to a lack of senior management scrutiny. Governance of special accommodation had improved but we were not satisfied that it was used only in exceptional circumstances. The segregation unit remained an inadequate resource. The regime was not sufficient to support the majority of prisoners who remained there for long periods. The CSC regime remained inadequate but relationships and management were good. Some advances had been made in progressing some very challenging prisoners.

Disciplinary procedures

- 1.83 Adjudication levels remained reasonably low, although they had risen since the previous inspection from 32 to just under 50 per month. A sample of records showed that charges were appropriately raised, confirming managers' reported efforts to ensure staff used the IEP scheme to address all but the most serious of offences.
- 1.84 Except in a small number of cases, records demonstrated good enquiry levels by adjudicators. Punishments presented as fair and consistent and were in line with the published local tariff of punishments. Referrals to the independent adjudicator were rare, given the large number of prisoners serving indeterminate sentences, who could not receive punishments that would lead to additional days being added to their sentence.
- 1.85 An adjudication standardisation meeting was held quarterly. While well attended, little data other than the number of charges broken down by offence, month and location was analysed. Even then there was no evidence in minutes that trends had been identified and investigated further. For example, it was clear that almost twice as many charges were being raised on A and B wings than on C and D wings. While managers put forward the theory that higher risk prisoners were placed on A and B due to better CCTV coverage, this had not been identified and investigated prior to inspection.

The use of force

- 1.86 Use of force had risen slightly since the previous inspection but was still relatively low at just under seven incidents per month, the majority being of a spontaneous nature. All planned removals were recorded and good efforts were made to piece together recordings of spontaneous incidents from CCTV where possible. All recordings were routinely reviewed by the deputy governor.
- 1.87 Use of force reports from staff were extremely thorough, but in a small number, it was not clear why staff had initiated force, either because of conflicting accounts from staff involved or because the described actions of the prisoner did not support the decision to use force. A lack of quality assurance on the part of senior managers in relation to paper use of force records meant that, at the very least, further clarification had not been sought.
- 1.88 A use of force report was provided to the senior management team meeting every month. It was comprised of basic figures – how many incidents and where – along with a brief synopsis of each incident.
- 1.89 Governance of the two special (unfurnished) accommodation cells had improved. A central register was in place and we were satisfied that supporting records were now being raised whenever a prisoner was relocated to a special cell. These records demonstrated that the Independent Monitoring Board was notified promptly of all relocations and we found no evidence that the cells were used as 'normal' accommodation when all other cells in the segregation unit were full.
- 1.90 However, concerns remained. In 2011 special accommodation had been used 24 times for 18 different prisoners; of these six prisoners had been relocated for very short periods to allow repairs to be effected on their cells following an act of concerted indiscipline. The quality of records for the remaining 12 relocations was mixed; some did not sufficiently justify the decision to relocate and/or continue to keep the prisoner in a special cell. For example, one

record described how 'a window of opportunity' had been used to relocate a prisoner. There had been no need for force as the prisoner had walked to the cell, which raised questions relating to why he had been moved if he was no longer behaving in a volatile manner. Despite our previous recommendation, prisoners were strip-searched and placed in rip-proof clothing without justification. The use of the special cells had dropped significantly in the current year and had only been used on two occasions to date.

Segregation

- 1.91 The segregation unit was still a very poor physical environment despite an ongoing painting programme and repairs to cell floors having been implemented. The roof was in a poor state of repair and there was damp in many cells; ventilation was poor and toilets in many cells were in a poor condition. There was no in-cell electricity.
- 1.92 Twelve prisoners were in the unit at the time of the inspection; most of them had been there for at least one month, the longest for eight months. The majority were refusing to move to the mainstream wings for various reasons, the most common one being the sex offender stigma attached to prisoners at Wakefield. While the basic regime of daily access to showers, telephone calls and an hour in the exercise yard alongside in-cell education and a small stock of library books was adequate for prisoners located there for short periods, it fell short of acceptable for those held there for longer periods. The exercise yards remained grim and consisted of little more than cages. The efforts of staff on wings from which the prisoners had relocated to maintain regular contact, with two to three visits per month in most cases, was a positive aspect.
- 1.93 In the absence of a progressive regime, we would expect to see care plans in place for prisoners segregated for long periods to minimise the impact of continued segregation but no such plans were in place. Regular multidisciplinary review boards were held every two weeks for every prisoner but targets were often repeated and generic. In contrast the mental health support that was now provided was excellent – a mental health nurse saw all the prisoners every day and segregation managers described support from the mental health team as good when having to manage difficult prisoners.
- 1.94 Both the CSC and the segregation unit were staffed from the same group, which meant that they had received enhanced training not usually seen in segregation units. This was provided through CSC training for officers, with a strong emphasis on mental health awareness. In line with recent amendments to the staffing policy of discrete units across the prison estate, a programme had begun to rotate all staff who had spent four or more years in the segregation unit.
- 1.95 Most interactions between staff and prisoners we observed were professional and respectful, but there appeared to be room for improvement in developing positive working relationships as staff were often distant and did not proactively encourage engagement. Their knowledge of prisoners' cases and circumstances was generally very good.
- 1.96 The remand unit located on B wing provided a reasonable regime for some prisoners who would otherwise have been located in segregation.

Recommendations

- 1.97 **Prisoners should not routinely be strip-searched or deprived of their normal clothing on placement in special or unfurnished accommodation.** (Repeated recommendation 6.42)

- 1.98 **Prisoners in the segregation unit should be monitored for psychological deterioration and care plans put in place based on individual need.** (Repeated recommendation 6.44)
- 1.99 **Long stayers should be given access to gym facilities and risk-assessed association and in-cell activities should be increased to mitigate the effects of segregation.** (Repeated recommendation 6.48)
- 1.100 **The segregation unit exercise yard should be improved and contain seating.** (Repeated recommendation 6.50)
- 1.101 **Records of segregation reviews should be specific to that individual and not include repeated generic targets.** (Repeated recommendation 6.51)
- 1.102 **In-cell electricity should be installed in the segregation unit.** (Repeated recommendation 6.52)
- 1.103 **Toilets in segregation unit cells should be deep cleaned.** (Repeated recommendation 6.53)

Close supervision centre

- 1.104 Close supervision centres (CSCs) were administered and managed as part of a national management strategy through the Prison Service Directorate of High Security. The purpose of these units was to provide a secure and safe environment for high risk prisoners who demonstrated or expressed a desire to demonstrate violent or highly disruptive behaviour. Prisoners in the CSC were managed through a central management team, which determined who would be held at which CSC units around the country. Most prisoners we interviewed at Wakefield during inspection agreed with their allocation, although one was challenging the decision through appropriate means.
- 1.105 The CSC at Wakefield was located within a separate unit adjacent to the segregation unit on F wing. Accommodation was provided over two floors and included three downstairs rooms with exercise equipment, a closed visits style interview room that was also used for education and a similar room used for visits. There were four separate exercise yards that were also used by prisoners in the segregation unit. There were four additional cells (control cells) that were not used. Eight single cells on the second floor provided the main accommodation for CSC prisoners. There were seven prisoners living there at the time of inspection.
- 1.106 Environmental conditions in the unit remained inadequate. Communal areas were reasonably clean but austere. The gated cage-like cells were small, cramped and without adequate natural light. Some were furnished and features such as curtains and wall-mounted pictures had been added by prisoners to soften the environment but most were stark. Cell toilets were not screened and were located directly in front of observation panels. Exercise yards consisted of grim cages without normalising features such as plants or other greenery.
- 1.107 These conditions were further compounded by the long periods of time that prisoners remained there. Most had been resident for over three years. One prisoner had been there for over 11 years.
- 1.108 The regime was underdeveloped and apart from a daily gym session, exercise and an hour's education once a week, prisoners spent too much time locked in their cells with nothing meaningful to do.

- 1.109 As we found during our last inspection, visits were routinely held on a semi-closed basis even when there was little suggestion of risk.
- 1.110 In contrast, relationships between staff and prisoners were good and had improved since the previous inspection. Local governance and management arrangements of the unit were very good. The unit was administered on a day to day basis by governor grade staff and one of two nominated senior officers supported by trained prison officers. All reported to a senior governor. A distinct strategy document had been published setting out the management arrangements, and expected working practices of the unit and a distinct staff selection policy with a published criteria was in place.
- 1.111 During inspection we saw that officers dealt with difficult individuals respectfully, using good levels of care and were clearly comfortable when they were with them. Entries in unit files showed that levels of engagement were reasonably good and that officers had an in-depth knowledge of the personal circumstances of prisoners. There was extensive use of preferred names and titles, and all prisoners we spoke to said that staff were helpful.
- 1.112 Local case management arrangements had also improved and individual prisoner management plans had been established for all. Reviews were properly organised, happened every month, and were well attended by a multidisciplinary team.
- 1.113 During inspection we saw that staff from varied disciplines supported individual prisoners and in some cases, were beginning to deal with some of the issues that had caused their high risk status. There was evidence too that some prisoners were responding positively to this and a small number had progressed to less restrictive conditions at other prisons.

Recommendations

- 1.114 **The close supervision centre should be located in a less austere environment, better suited to long-term stays and separate from the segregation unit.** (Repeated recommendation 6.64)
- 1.115 **Visits in the close supervision centre should be open contact visits unless a specific risk assessment deems it unsafe.** (Repeated recommendation 6.66)
- 1.116 **There should be more meaningful activity available in the close supervision centre.** (Repeated recommendation 6.68)

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- 1.117 The drug strategy was informed by an excellent needs analysis, but some issues were not being addressed effectively, particularly around in-possession medication. Demand for clinical treatment for substance use was minimal. Opiate substitution was well managed through regular multidisciplinary clinical reviews for each prisoner. The FOCUS programme offered 20 places per year, but waiting lists were over a year long.

- 1.118 The prison had a comprehensive drug strategy, informed by an excellent needs analysis provided by an external consultant. However, no overall action plan or performance measures were in place. The well-attended drug strategy meeting, which was held every month, produced a monthly action plan. These tended to be reactive rather than proactive. More worrying was the extent to which several key issues, including the supervision of medication administration, had been rolled forward from meeting to meeting for at least seven months without resolution. The action plan also frequently detailed the need for further consultation and exploration with few concrete decisions made. This suggested that the drug strategy committee should improve its effectiveness in delivering positive strategic change to the prison's substance use policy and practice.
- 1.119 Demand for clinical treatment for substance use was minimal, with only 12 prisoners receiving opiate substitution. All prisoners were on reducing doses with well managed, regular, multidisciplinary clinical reviews.
- 1.120 Integrated drug treatment system (IDTS) nurses had a very good rapport with prisoners, as did counselling, assessment, referral, advice and throughcare service (CARAT) officers who supervised the daily opiate substitute medication administration sessions, making good use of those daily informal contact opportunities.
- 1.121 The good practice observed within the IDTS was in stark contrast to that involved in the dispensing and administration of general medication. Despite staff and prisoners reporting that diverted medication was available in plentiful amounts, there was no direct discipline officer supervision of the through-the-hatch administration of medication (see main recommendation HP55).
- 1.122 Several highly abusable drugs, including tramadol and gabapentin were being administered weekly in possession – contrary to the prison's own policy and the latest Royal College of General Practitioners/Royal College of Physicians safer prescribing in prisons guidance.
- 1.123 The FOCUS accredited drug rehabilitation programme was in place, offering up to 20 places per year. However, prisoners had to wait over a year to get on to the programme – 28 were on the waiting list.
- 1.124 The very competent team of CARAT officers had a relatively small caseload (30), but it offered additional regular auricular acupuncture sessions to all prisoners and staff.
- 1.125 The prison also benefited from a very well-trained and highly motivated group of compact based drug testing (CBDT) officers who, in addition to testing 195 prisoners per month, delivered valuable one to one brief intervention on the wings. A more structured programme of interventions known as the drug and alcohol action group (DAAG) had previously been in place, but at the time of the inspection had been cut owing to a lack of resources. We felt that this had been a retrograde step as it had been bridging a wide gap between many prisoners who were in denial of their drug related problems, especially those on diverted medication and those who recognised themselves as drug users who were willing to attend CARAT services.

Recommendations

- 1.126 **There should be a review of the drug strategy committee's strategic authority and ability to influence prison policy and practice.**

- 1.127 **The DAAG should be re-introduced and CBDT officers should be profiled and given sufficient additional time to operate this group as well as short ad hoc one to one sessions with prisoners who test positive for CBDT tests.**

Section 2: Respect

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

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. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Environmental standards in residential units were generally good. External areas were clean and litter free. Standards of cleanliness in cells varied but overall they were clean and well furnished. Toilets, however, were not adequately screened. Prisoners had access to supplies of their own personal hygiene items but the provision of cleaning materials and clean bedding was problematic in some residential units. Living conditions on F wing, had not improved to any meaningful extent and the unit remained unfit for use.
- 2.2 There were four main residential wings (A, B, C and D wings), each accommodating up to 186 prisoners in single cells over four galleried landings. This included 20 cells in a separate unit on B wing for remand prisoners and a small number of convicted prisoners who, for a range of reasons, were unable to live on ordinary wings. F wing housed the segregation unit and the close supervision centre (CSC).
- 2.3 Given the age of the four main wings, living conditions were generally good. Communal areas were clean, well decorated and bright. Association areas were reasonably equipped with pool tables and other table games.
- 2.4 The condition of the showers had improved but some on A and B wings remained inadequately screened. Access, however, was good and prisoners could shower every day.
- 2.5 There was a painting programme in place that appeared to be keeping cells in a reasonable state. Most were clean, adequately furnished and free from graffiti. In-cell toilets, however, were not screened.
- 2.6 Observation panels were clear and there was evidence that an offensive displays policy was being enforced.
- 2.7 Prisoners on the four main wings could cook their own food in wing kitchens. However, the facilities needed improvement – not all cookers worked properly and storage space, particularly for fresh and frozen foods, was inadequate.
- 2.8 Some landing areas had tables and chairs, but there was not enough space on landings to allow prisoners to eat together so nearly everyone ate in their cells. The electricity supply was insufficient, which meant not all prisoners could have kettles in their cells; new arrivals were issued with a flask.

- 2.9 The number of telephones on wings was adequate and prisoners reported that access was good. In our survey, only 15% of respondents said that they had had any problems with access to a phone. This was significantly better than in comparator prisons (24%).
- 2.10 All prisoners could choose to wear their own clothes and had weekly access to properly equipped laundries. There were reasonable supplies of prison clothing and bedding could be exchanged once a week. Prisoners had access to necessary supplies of their own personal hygiene items but they reported that the provision of cleaning materials and clean sheets was problematic in some residential units. In our survey, 66% of respondents said that they could obtain clean sheets every week and 49% said that they had good access to cleaning materials. These were significantly lower than in comparator prisons – 81% and 78% respectively.
- 2.11 The standardisation of an in-possession list for the high security estate had not been implemented, so, as at the last inspection, some prisoners were not allowed items they had been allowed at previous prisons. At Wakefield, they could have one property box weighing a maximum of 15 kilograms in store.
- 2.12 Overall, living conditions on F wing were poor and had not improved significantly since the last inspection (see sections on segregation and the close supervision centre and main recommendation HP56).

Recommendations

- 2.13 **A standard list of items that prisoners are allowed in possession should be established for the high security estate.** (Repeated recommendation 2.19)
- 2.14 **In-cell toilets should be adequately screened.** (Repeated recommendation 2.15)
- 2.15 **All showers should provide appropriate privacy for prisoners.** (Repeated recommendation 2.17)

Housekeeping point

- 2.16 Facilities in wing kitchens should be improved.

Staff-prisoner relationships

Expected outcomes:

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

- 2.17 We found that, on the whole, the quality of relationships between staff and prisoners was reasonably good. We saw officers who engaged positively with prisoners and there was evidence that staff, generally, had an awareness of the needs of their prisoners. Some, however, appeared to have low expectations of prisoners and spoke of them in dismissive terms. Others were not adequately engaged and congregated in small groups near to offices. Implementation of the personal officer scheme had improved since the last inspection and entries in prisoner records demonstrated that officers were better engaged with sentence management processes than we often see.

- 2.18 Most prisoners reported that they were treated reasonably well by staff. In our survey, three quarters of respondents said that staff treated them with respect, 76% said that there was a member of staff they could turn to and 88% said that they knew their personal officer.
- 2.19 Our own observations concurred with this perception and suggested that the quality of relationships between staff and prisoners was reasonably good.
- 2.20 We witnessed many officers who engaged positively with prisoners on all residential units and some that were particularly good on C and D wings. There was evidence that staff, generally, had an awareness of the needs of their prisoners and their level of interest in them had been reasonably well documented in the Nomis prison database case notes.
- 2.21 The personal officer scheme was better developed than during the previous inspection. Entries in prisoner records revealed that officers were better engaged with sentence management processes than we often see. Their day to day dealings with prisoners revealed that officers also had knowledge of their circumstances.
- 2.22 Staff responses to difficult behaviour were not overly reactive and there were examples where residential officers had dealt with angry prisoners in a calm and caring way to good effect.
- 2.23 A significant few residential officers, however, appeared to have low expectations of prisoners and spoke of them in dismissive terms, describing them as an inconvenience.
- 2.24 We observed examples of poor supervision on wings where officers did not regularly patrol landings or other communal areas during association.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.25 There had been no needs analysis to inform the equality and diversity policy. An equality action plan was in place, but it had little or no input through prisoner consultation. The diversity and equality action team (DEAT) was co-chaired by a prisoner representative and analysis of data was good. Few diversity complaints were submitted and responses were good. Equality and diversity was well advertised and committed individuals were carrying out some very good work. The continued poorer perceptions of black and minority ethnic prisoners had still not been addressed adequately. Foreign national men felt supported, but improvement was needed in providing translation services. Support for disabled prisoners was good but this needed to be extended to the large number of older prisoners.

⁵ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Strategic management

- 2.26 The equality and diversity (E&D) policy was not based on a needs analysis of the population, and was limited to the protected groups. The diversity and equality action plan (DEAP) was focused on action points arising as a result of our inspection with little or no input through prisoner consultation.
- 2.27 Policies were in place for foreign national, transgender and older prisoners, but none were based on a needs analysis.
- 2.28 The diversity and equality action team (DEAT) was innovatively co-chaired by a prisoner representative and the deputy governor. A number of senior managers had not regularly attended the meetings, and there had been no recorded external representation, in the previous 12 months. Checks of systematic monitoring and analysing of race equality treatment (SMART) data, was thorough. Reports were submitted by functional heads to explain any areas that were out of range. SMART data was published and disseminated among staff and prisoners and posted on residential notice boards.
- 2.29 Daily management of E&D was overseen by a residential governor and the E&D manager. They were supported by two administrative staff and the equivalent of two full-time prison officers each week day. The team was also responsible for safer custody (see sections on safer custody and suicide and self-harm). Six specialist officers undertook diversity work, but not all had received training for this role. Records since January 2012 showed that officers designated to assist the E&D manager had been allocated less than 50% of the profiled hours for the work.
- 2.30 Staff and prisoners knew when to submit diversity incident report forms (DIRFs), but they were not readily available on all wings. In 2012 up to the date of the inspection, an average of seven (DIRFs) had been received each month, compared with an average of 12 per month in 2011. We found that DIRFs had been investigated sensitively and thoroughly. Prisoner representatives randomly selected an agreed number of DIRFs for scrutiny each month. As members of the scrutiny panel, they received redacted DIRFs for discussion at the monthly DEAT meeting. External scrutiny took place every three months at one of four prisons; the panel included prisoner representatives from that establishment.

Recommendations

- 2.31 **Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield.** (Repeated recommendation HP43)
- 2.32 **An overarching diversity policy should include all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis.** (Repeated recommendation 3.66)
- 2.33 **The race equality action team membership should include external representation.** (Repeated recommendation 3.87)

Housekeeping point

- 2.34 The chair of the DEAT should ensure that relevant managers consistently attend the meeting.

Good practice

- 2.35 *The DEAT was co-chaired by a prisoner.*

Protected characteristics

- 2.36 Prisoners met a member of the E&D team during their induction, and were given a comprehensive information pack about E&D at the prison. Prisoner representatives were available on all the main residential wings, and prisoners knew who they were. There was some good consultation with prisoners about their individual needs, but no needs analysis had been carried out, and not all protected groups had a designated staff lead. Wing representatives attended monthly E&D meetings as well as the DEAT, and all had job descriptions.
- 2.37 There were few displays around the prison portraying images that reflected the diversity of the population. Cultural events were well advertised and there were photographs of staff and prisoners involved in equality and diversity work. Most staff working directly with prisoners had attended 'Challenge it, change it' training, and 30 had attended race-related training.
- 2.38 Individual committed staff were undertaking some very good work with minority groups.
- 2.39 In our survey, black and minority ethnic, foreign national and disabled prisoners were less positive about a range of issues, especially problems on arrival, relationships with staff and victimisation by prison employees. There had been no specific consultation with black and minority ethnic prisoners; instead prisoners depended on their needs being put forward through prisoner representatives at their monthly meetings. Following our last inspection, Sheffield Hallam and Bradford universities had carried out an appreciative inquiry into diversity at the prison. Equality impact assessments had also been completed on specific areas of concern, but as yet no action plans for these had been produced.
- 2.40 Bimonthly foreign national meetings were well attended and valued by prisoners who could meet and speak with prisoners from other wings in their own language. An official from the UK Border Agency held surgeries every three months and saw prisoners on a one to one basis. Three detainees were being held solely on immigration matters; risk assessments were in place for them and arrangements were appropriate.
- 2.41 There were 65 foreign national prisoners, and most spoke some English, but the use of translation services to ensure they fully understood important documents was limited. The minutes of the March 2012 prisoner diversity representatives meeting stated: 'There is a non-English speaking prisoner and staff treat him as though he understands everything that is said. He doesn't understand and needs more support than he is getting.'
- 2.42 Foreign national prisoners received a free five minute phone call once a month if they had not had a domestic visit in the past month. They could also have extra free phone credit in lieu of prison issued letters. There was an up to date list of staff who spoke another language.

- 2.43 The trained diversity liaison officer met all prisoners who were identified as having a disability to assess their needs. Care plans were set up where appropriate and reviewed at least annually. Some staff in the education department had a qualification that enabled them to assess prisoners for 'hidden' disabilities such as dyslexia. There were some good adaptations in residential units and in the education department. These included double cells on B wing adapted for prisoners with more severe physical disabilities. Mobility impaired prisoners could access all areas of the prison, and there were paid prisoner carers to support them on each wing. Personal emergency and evacuation plans were in place and there was good signage on cell doors to indicate which prisoners would need assistance in an emergency. Prisoners who were permanently unfit to work were paid the long term sickness rate of £3.25, which was unacceptably low.
- 2.44 There were two declared transgender prisoners in the prison at the time of our inspection. A nominated member of staff and a prisoner representative offered them one to one support. Both prisoners had concerns about the arrangements for them to have showers. We found that wing showers were inadequately screened to afford them sufficient privacy. We observed a lack of sensitivity and understanding of their needs from a minority of staff. Written agreements had been drawn up with each of the prisoners, and included matters such as showering and searching arrangements. A transgender searching policy was in place.
- 2.45 Arrangements had been made for an external organisation A:gender to deliver two days of transgender awareness training to staff.
- 2.46 There was currently no forum for gay prisoners, but a support worker from gay and bisexual support group MESMAC attended the prison on an ad hoc basis. A dedicated member of staff and a prisoner representative supported this group of prisoners.
- 2.47 There were 310 prisoners over the age of 50; of these 130 were over 60. Retired prisoners were unlocked during the working day. Every week there were two half day activity sessions in the gym and chapel specifically for older prisoners, but there was no day care centre. Older prisoners were paid £5 a week, and had to pay £1 for their television, which was not appropriate. Older prisoners told us that they struggled to afford hobby items, which would have given them something to do during the day.

Recommendations

- 2.48 **Displays throughout the prison should reflect the racial diversity of the population.**
(Repeated recommendation 3.90)
- 2.49 **An assessment of the ability of foreign national prisoners to understand and write English should be carried out during induction, and translation services offered where appropriate.**
- 2.50 **The rate of pay for prisoners permanently unfit to work should be reviewed, and they, and retired prisoners, should not have to pay for television access.**
- 2.51 **The prison should consider introducing a day care centre for older prisoners.**

Housekeeping points

- 2.52 The recommendations from the appreciative inquiry into diversity and from impact assessments should be included in the DEAP.

- 2.53 There should be terms of reference for the diversity wing representatives meeting and for meetings with each of the protected groups.
- 2.54 There should be better screening of showers for transgender prisoners.

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.

- 2.55 Faith provision was good. Faith leaders were appointed for all relevant religions. There were regular services and classes, which were well attended, and good pastoral support for prisoners.
- 2.56 Chaplains met all new prisoners within 24 hours of arrival, and services and faith events were well publicised on residential wings, as well as in the chapel. Chaplains, who were highly visible, offered pastoral support to prisoners.
- 2.57 Monitoring of faith provision was carried out weekly, which ensured that prisoners' faith needs were being met. There were two full-time chaplains and a part-time Muslim chaplain. Other faith leaders attended on a sessional basis. Mormon, Quaker and Spiritualist chaplains had been recruited, but vetting procedures had delayed their appointment.
- 2.58 The chapel offered a good environment for worship, and was inclusive of all faiths. The multi-faith room was too small to accommodate the number of Muslims attending Friday prayers. Instead, services were held in the gymnasium, which was not suitable for the purpose. Muslim prisoners located in F wing, which incorporated the segregation unit and CSC, had not been able to attend Muslim prayers. A second Imam was available to lead a separate prayer meeting, but arrangements had not been made to enable him to do so.
- 2.59 The chaplaincy team had established a facility that enable prisoners to order approved religious relics and faith items. The chapel was used to hosting Rastafarian, Gypsy, Romany and Traveller, as well as older prisoner, and foreign national groups. The chaplaincy department ran a variety of courses and activities throughout the week.
- 2.60 Chaplains organised memorial services and a 'Living with loss' course, for prisoners who had experienced bereavement.

Recommendation

- 2.61 **A larger multi-faith room should be provided to meet the needs of prisoners, and arrangements should be made for Muslim prisoners located in F wing, to attend Friday prayers, unless individual risk assessment prevents this.**

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which 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.

- 2.62 Complaints were dealt with promptly and on the whole replies were polite and addressed the issues raised. Quality checks and monitoring arrangements were carried out, but we found evidence that some serious allegations against staff were not being adequately investigated.
- 2.63 In our survey 71% of prisoners said it was easy to make a complaint and 30%, more than in comparator prisons (23%), said they had been dealt with fairly. Prisoners told us they had little confidence in the process.
- 2.64 Complaint forms were available in 20 languages, but there was an over-reliance on prisoner representatives to help those with limited English to complete them. Only one prisoner had submitted a complaint in his own language in the last 12 months.
- 2.65 Quality checks had led to an improvement in the standard of responses and monitoring arrangements were good. Eight functional heads each received five randomly selected complaints for scrutiny. Written feedback was given to the member of staff who had responded to the complaint and to prisoners whose complaints had been scrutinised. The feedback was monitored for consistency at the monthly performance management meeting.
- 2.66 Complaints about staff were sent to functional heads, but were routinely being delegated to more junior managers, which was inappropriate. We were particularly concerned to find evidence that some serious allegations about staff were not being adequately investigated which added to prisoners' lack of confidence in the process and concerns about victimisation (see main recommendation HP57).

Housekeeping point

- 2.67 Prisoners with limited English should be made aware that they can submit complaints in their own language.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.68 Prisoners were positive about legal services provision, but resources for this had recently been reduced.

- 2.69 In our survey, prisoners were positive about access to legal services. However, there was no longer any legal services input at induction and the two trained officers had little time allocated to deal with prisoner applications or to maintain notice boards.
- 2.70 There was sufficient capacity for legal visits, which took place five days a week in clean, sound-proofed rooms.
- 2.71 The video link facilities were clean and well used.
- 2.72 Prisoners could not type or print court correspondence, but could have 'read-only' access to a laptop to review legal documents.

Health services

Expected outcomes:

Prisoners are 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 elsewhere in the community.

- 2.73 Health care services had been significantly improved following our last inspection. Waiting times to see a GP still needed attention but the range of primary care services was good and appropriate for the prison population, many of whom were older. Patients were well cared for in a well managed in-patient unit. A full range of mental health services was now delivered by one provider for all prisoners and this was much improved. In general, pharmacy services had improved but the management of in-possession medications required attention. Dental services remained good.

Governance arrangements

- 2.74 Wakefield Primary Care Trust commissioned health care services for the prison with primary care, pharmacy and general practitioner services provided by Spectrum Community Health, a social enterprise. Nottinghamshire Mental Health Trust provided primary and secondary mental health care. The Prison Service continued to carry out the general management of the health care centre including the delivery of care in the in-patient unit. The range of providers created a complicated management structure but the working arrangements ensured that health care was represented effectively at the prison senior management team. The partnership board was attended by the governor and relationships with commissioners were good.
- 2.75 Prisoners indicated in our survey that they were happy with the range and quality of most health care services but were dissatisfied with the often long waiting times to see a GP for a routine appointment. Health care was delivered in the health care centre, an old three storey purpose built facility and in a new primary care facility located centrally to the main residential wings. The services were well equipped with health care aids being provided by the local council, although social care equipment had to be paid for by the prison.
- 2.76 The delivery of services and new contracts had been informed by a health needs assessment completed in 2010 and refreshed in 2011. A tender for the in-patient services was due to be offered later this year. The partnership board was chaired by the primary care trust (PCT) and met bimonthly. Health care was managed jointly by a governor grade member of staff and a

senior prison officer. Both worked very well together and ensured that good communication was maintained with the senior management team. A clinical governance meeting was chaired by the health care manager every month. The teams were all well staffed and there were no vacancies at the time of our inspection.

- 2.77 General management of the services was carried out well and a good level of health care was delivered. The managers were supported by a primary care manager and a lead nurse for mental health services. Prisoners were provided with a 24 hour service including general and mental health nurse cover overnight. The prison population included a large proportion of older prisoners and the range of clinics was appropriate for their needs. Training needs were overseen by each of the services with some coordination from the health care manager. All staff were up to date with their mandatory training and we saw evidence of investment in professional development. Clinical supervision was available for all staff but there was limited uptake from those working in the in-patient unit.
- 2.78 The out of hours service was provided by the same service delivered to the local community. Pharmacy services were provided by Spectrum Community Health. There was a full-time pharmacist on week days and occasionally a second pharmacist was present if required. There were three full-time pharmacy technicians but one of these was on long-term sick leave. Dental care services were provided by the Mid Yorkshire Hospitals NHS Trust. Representatives were on site on week days delivering four dentistry sessions and one hygienist session a week, an enhancement to the service following our last inspection.
- 2.79 At the time of our inspection emergency resuscitation equipment was available at three sites around the prison and we were informed that additional automated external defibrillators were to be made available on the wings. Two sets of kit were available in the health care centre, one set in the primary care centre and one set on F wing. All kit included oxygen and was appropriately maintained. Clinical records continued to be managed electronically using the electronic clinical information system SystmOne, which had been installed at the time of our last inspection; it was now used more extensively. The remaining paper records were stored in line with current regulations. Clinical staff were informed about National Institute for Health and Clinical Excellence guidelines through regular updates, and providers followed national service frameworks as required.
- 2.80 A health care forum had been established following our last inspection with up to four prisoners representing each wing. Meetings were held monthly and were a useful way of sharing information about the quality of health care received and range of services available. Complaints by prisoners about health care averaged about 10 per month and were usually dealt with by the prison confidentially and swiftly. When appropriate, prisoners accessed the independent complaints advocacy services but this did not happen frequently.
- 2.81 The health promotion strategy was coordinated by the primary care team. Health promotion literature was widely available but in no other languages than English. A good range of health promotion and disease prevention clinics were available and measures to control the spread of communicable disease were supported by appropriate policies and procedures.

Housekeeping points

- 2.82 Prisoners requiring occupational therapy equipment should have the same support as the local community.

- 2.83 Information about health care services and health promotion should be available in a range of languages.

Delivery of care (physical health)

- 2.84 Prisoners received an initial health care screen in a dedicated room in reception. They were all seen within the following 48 hours by a GP. A leaflet outlining health care services was provided but was only available in English. There were four regular GPs who provided clinics every day on week days with embargoed appointment slots available for those who needed to be seen urgently. The attendance rate for all clinics was satisfactory. The waiting times for an appointment were unacceptably long despite there being a large number of clinics. Patients were triaged by nursing staff but no nurses were triage trained in order to provide a higher level of care and treatment that was also consistent. There was a good range of other nurse-led and specialist clinics. These were all well attended with acceptable waiting times.
- 2.85 Prisoners in the segregation unit and the CSC could see a nurse every day and the GP attended routinely three times a week. In addition a mental health nurse had been employed to provide care on F wing every week day morning and this was seen as a significant enhancement following our last inspection. Sufficient escort opportunities ensured that there were few cancellations of outside hospital appointments. The arrangements were well organised and the department had established good relations with local hospitals. Patients were not happy with the time spent in the health care centre waiting areas – the rooms were stark with poor furniture and in need of decorating. We were informed that new furniture had arrived the week of our inspection and that the rooms were about to be refurbished.
- 2.86 Health promotion services were appropriate for the prison population and included vaccination and screening clinics. A visiting smoking cessation service provided clinics on a regular basis and there was a small waiting list. Clinics were available for those prisoners with lifelong conditions as well as for older prisoners with multiple pathologies.
- 2.87 Prisoners requiring in-patient care were in a 15-bedded unit of single cells. Ten of the cells remained on the list of certified normal accommodation but admissions were clearly based on clinical need. At the time of our inspection there were nine patients requiring mainly physical care and we were informed that this was an average occupancy rate for the unit. The unit was clean, cells were well equipped for the care of patients and one cell had been prepared for the management of the terminally ill. Two of the cells were gated and were occupied at the time of our inspection by patients requiring constant observation. A large day room provided an opportunity for patients to associate and all were encouraged to dine out of their cells if possible. The unit was well staffed and provided a very good level of care; care was planned and recorded electronically.

Recommendations

- 2.88 **Patient access to a GP for a routine appointment should be within an acceptable waiting time of less than three weeks.**
- 2.89 **Nurses delivering specialist clinics should be appropriately trained.**

Housekeeping points

- 2.90 The patient waiting area should be refurbished without delay.

- 2.91 All in-patients cells should be removed from the list of certified normal accommodation.

Pharmacy

- 2.92 The pharmacy was located in a building that was separate from the primary care centre where medicines were handed out, which meant that pharmacy staff were not involved in drug administration. Prisoners were not able to consult the pharmacist and there was no pharmacy input into any of the nurse-run clinics.
- 2.93 Medicines management and clinical governance procedures in the pharmacy were good. There were policies on medicines possession, out of hours provision and minor ailments, and a prescribing formulary had been approved by the medicines management committee. The committee met every quarter but PCT representatives did not attend. Medication that was outlined in the medicines possession policy as not suitable for in possession was given weekly in possession. In addition, a high proportion of patients were prescribed tramadol and codeine-based medicines. The pharmacy printed a quarterly tradeable medication report, but there had been no substantial changes in the way in which these medicines were prescribed in the period March 2011 to February 2012. Moreover, risk assessments were not scanned onto SystmOne and were therefore unavailable during consultations. Signed compacts were included in SystmOne (see sections on security and substance misuse and main recommendation HP55).
- 2.94 Wherever possible prisoners had their medication monthly in possession and were responsible for reordering their medication but there were problems with the prescribing of these medications. Medication was received in a timely manner and systems were in place to obtain medication when prisoners failed to reorder in time, preventing any disruption to their treatment. A new procedure was in place for out of hours provision but there was no preparation or review date on the document. The nursing staff were responsible for reordering the weekly in-possession medication. Some medication was supplied daily in possession on F wing. Securely stored standard (FP10) prescriptions were available if required. Controlled drug requisitions did not all have the required GP signature. All the controlled drugs cabinets were screwed to the wall rather than bolted as required in the regulations, and requisitions for controlled drugs were signed by nurses instead of doctors.

Recommendations

- 2.95 **The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population.** (Repeated recommendation 4.82)
- 2.96 **Requisitions for controlled drugs should have a doctor's signature before a supply is made.**
- 2.97 **The risk assessment for in-possession medications should be available at the point of administration.** (Repeated recommendation 4.77)

Housekeeping point

- 2.98 There should be a preparation and review date in the out of hours policy.

Dentistry

- 2.99 The dental team had access to a clinic where patients were treated and a separate store room. The clinic was clean and well equipped with equipment maintenance contracts in place. Prisoners were satisfied with the dental services provided and at the time of our inspection there were only 59 patients on the waiting list. The waiting time could be up to seven weeks for routine treatment. A small number of attendance failures were now well managed.
- 2.100 The patients that we observed being treated were all dealt with professionally by the team and there was a good level of interaction with the dentist. Oral health promotion was delivered mainly by the dental hygienist and in the chair by the dentist when required. Dental records were all recorded electronically on Kodak R4 for the NHS Trust and SystmOne was used to manage the appointments and waiting lists.

Delivery of care (mental health)

- 2.101 Mental health care for prisoners had significantly improved since our last inspection and there was now the full range of primary and secondary mental health services for all prisoners and a well organised referral process. A large team of 10 mental health nurses included a learning difficulties nurse and the nurses' roles were divided equally between primary and secondary care provision. A new staff member for the improving access to psychological therapies programme had just been recruited. Care was provided over 24 hours every day. The average primary caseload was 10 patients with a secondary caseload of 24 for each nurse. Cases were managed through a single point access meeting every week, with multidisciplinary meetings as required. Patients were seen by three visiting psychiatrists, including one forensic psychiatrist. Despite the increased range of services there were still no day care facilities for patients struggling to cope on the wings. Few patients had been transferred to secure mental health units in the year prior to our inspection and relationships now ensured swift transfer when recommended.
- 2.102 Records of patient care were made on paper and electronically on SystmOne. The quality of records that we observed was good and patients were involved in the planning of their care. Mental health awareness training was offered through one half day session a month but attendance had been sporadic in the six months prior to our inspection. Prisoners were still unable to access professional counselling services.

Recommendations

- 2.103 **Day services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems.** (Repeated recommendation 4.85)
- 2.104 **Prisoners should have access to professional counselling 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.

- 2.105 We found the range and standard of food to be reasonable but unpopular with prisoners. On the whole, cultural needs were catered for and fresh vegetables, fruit and salads were available every day. The kitchen was clean but its fabric was quite poor. A new kitchen was due to open in October 2012.
- 2.106 The prison kitchen was old and worn. Flooring was in need of repair in places and many wall tiles were broken. A new kitchen had been built nearby and was due to be occupied in October this year.
- 2.107 All staff and prisoners employed in the preparation and serving of food had received basic hygiene and food handling training. As we found at the previous inspection, prisoners working in the kitchen were also able to gain national vocational qualifications (see section on work and employment).
- 2.108 Lunch and dinner were selected from a four-week rolling menu that offered a reasonable variety of healthy options, which included portions of fruit and vegetables a day.
- 2.109 The quality of food we tasted was reasonable and of the correct temperature. The menus we saw during inspection generally met the needs of different diets, including vegetarian, vegan, and halal. Halal food was stored and served separately from other foods. Fresh bread was baked daily. Despite this prisoners continued to report negatively about the food. In our survey, only 17% of respondents said the food was good.
- 2.110 The duty governor sampled the food every day and a member of the management team visited the hotplate during meal times at least once a week. Weekly checks of serveries during meal times were also carried out by the catering manager or a member of catering staff. These visits were recorded.
- 2.111 Regular meetings with servery workers took place, a food survey was carried out twice a year and prisoner representatives had begun to meet with the catering manager at formal consultation meetings. Food comments books were in place in all residential units and prisoners had ready access to them.

Purchases

Expected outcomes:

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

- 2.112 Canteen prices, set nationally, were significantly more expensive than supermarket prices. Most prisoners, particularly minority groups, did not think the choice of goods was sufficient to meet their needs. There was regular consultation with prisoner representatives but there had been no wider survey of prisoners' views.
- 2.113 New prisoners were offered a reception pack and provided with additional packs if there were problems transferring their funds from their previous prison.
- 2.114 Prisoners could shop every week. The weekly order form indicated what funds were available to spend and listed all the products available. An 'easier to read' copy was available on the

canteen notice board in some wings, where there was also relevant information about offers and price changes. Delivery of the orders was well supervised.

- 2.115 The prison canteen was provided through a national contract. Canteen prices were significantly more expensive than supermarket prices. These were set nationally and reflected high street prices.
- 2.116 Prisoners had access to a total of 377 products but in our survey only 31% of prisoners, compared with 47% in comparator prisons, said that the prison sold a wide enough range of goods to meet their needs. This was also lower than the 37% recorded at the time of our last inspection. Black and minority ethnic prisoners and foreign nationals were less satisfied with the range of goods offered than those in comparator prisons.
- 2.117 A retail consultative meeting attended by prisoner representatives took place every month. This was attended by the canteen contracts manager, the contractor's warehouse manager and staff from the finance department. A meeting took place every quarter to review the local product list.
- 2.118 None of the existing representatives were from minority groups. Prisoner diversity representatives were invited to a meeting that took place during the inspection.
- 2.119 Representatives were given information about any changes in the national products list, slow sellers and spaces available for new products. They were expected to canvass opinion about quarterly changes. The prison had not completed an internal survey of all prisoners' views of the shop.
- 2.120 Prisoners had access to a range of catalogue shopping, which included choices relating to cell hobbies. The provision was managed by the prison's finance department, outside the national contract. This ran well but a 50 pence handling fee per order had been set nationally. Newspapers and magazines could be ordered through the library.

Recommendations

- 2.121 **Products on the shop list should reflect supermarket prices.** (Repeated recommendation 7.23)
- 2.122 **There should be adequate products to meet the needs of black and minority ethnic prisoners.** (Repeated recommendation 7.24)
- 2.123 **A prison wide survey of prisoners' views of the canteen provision should be conducted periodically.**

Section 3: Purposeful activity

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1 Average time out of cell was over estimated. The regime ran as published and association and exercise were rarely cancelled although exercise was early.
- 3.2 The core day consisted of a maximum of nine hours 15 minutes and a minimum of three hours five minutes Monday to Thursday and fewer hours on Friday. Around a third of prisoners were locked up during core day activity periods, which meant that only around two thirds of prisoners could achieve the nine hours out of cell reported per day (Monday to Thursday). Category A prisoners were over-represented in the numbers locked up.
- 3.3 We estimated that a more realistic average for prisoners was around seven hours. The weekend regime was not published on the wings but allowed for around six hours 45 minutes out of cell each day. The regime ran as published during the inspection.
- 3.4 The policy for unlocking prisoners over 60 and those who had retired had been republished in 2011 as well as during this inspection. This allowed this group of prisoners to be unlocked during the core day activity hours to associate on the landings.
- 3.5 Association took place four evenings per week and lasted for two hours 15 minutes. A range of leisure activities was available. There was little staff engagement during association and on some wings officers congregated during association.
- 3.6 Association periods and exercise were rarely cancelled. Outside exercise was too early in the day particularly in the winter months reducing prisoners' access to sunlight and lasting for only 30 minutes. Our survey indicated that 22% of prisoners compared with 16% in comparator prisons said that they went out on exercise three or more times each week, which was an improvement on the 13% recorded in 2008. The low take up of exercise no longer appeared to be a concern.
- 3.7 The regime for the small number of prisoners in the B wing remand unit was relaxed and allowed prisoners to be unlocked for most of the core day. The environment was claustrophobic and there were still no opportunities for them to work away from the wing.

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Recommendations

- 3.8 **All prisoners should be able to spend at least 10 hours a day out of their cells.** (Repeated recommendation 5.50)
- 3.9 **All prisoners should have the opportunity for at least one hour of exercise in the open air every day.** (Repeated recommendation 5.52)
- 3.10 **Unconvicted prisoners should have the opportunity to take part in work activities off the wing.** (Repeated recommendation 5.55)

Housekeeping point

- 3.11 Alternative times should be provided, particularly during winter months, for prisoners to exercise in daylight.

Learning and skills and work activities

Expected outcomes:

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

- 3.12 Although the number of activity places had improved, the prison still had insufficient places to ensure all prisoners were engaged in purposeful activity throughout the week. The prison's strategy for the development of learning and skills was good. The self-assessment was comprehensive and linked to quality improvement. The use of data had improved. Staff development and overall management of workshops and education was good. Effective links were in place between the learning and skills providers and the prison, which informed sentence planning well. The prison had successfully introduced accredited qualifications into workshops. There were some delays in accessing activities but the process was fair and equitable. Teaching, learning and coaching were good. Individual support for prisoners was effective. The range of courses in education was appropriate with good opportunities to progress to higher levels. Overall achievement of accredited qualifications was good. There were high levels of mutual respect between tutors, instructional officers and prisoners. The library provided a well-organised and welcoming environment and there were good links with education providers. It was used well for a variety of activities and projects.

Management of learning and skills and work

- 3.13 A clear strategy for learning and skills was in place, which provided a good direction for development against a changing funding environment. Restructuring of learning and skills had been managed well with minimum disruption to prisoners' activities. A comprehensive prison self-assessment process was in place. The process was inclusive and staff had a good understanding of how it related to quality improvement. Action plans were clear, realistic and reviewed regularly to assess progress. The use of data had improved since the last inspection and supported judgements well.

- 3.14 Since the last inspection, opportunities for instructional officers to develop their teaching skills had improved significantly and as a result the prison had been able to introduce accredited qualifications in most of the workshops. Much progress had been made towards the prison's objective of improving the personal and social development of prisoners through the introduction of these qualifications. Very effective links were in place between the prison and education provider and the careers information advice service (CIAS). Insufficient provision for staff leave or absenteeism had caused some workshops to close. Resources in workshops and education were good; however two workshops were closed due to the need for structural repair. The overall management of workshops and education were good.

Provision of activities

- 3.15 The prison had insufficient activity places to ensure all prisoners were fully occupied. The prison provided around 678 activity places overall. Prison workshops provided 329 places in a variety of work, which was a slight improvement compared with the last inspection. In addition, the prison provided 193 other work places such as for wing cleaners and orderlies. Around 9% of the prison population were unemployed.
- 3.16 The Manchester College, the education provider, offered 120 full-time equivalent places on education courses, which were delivered mainly in the education department with a small amount taking place in work, the close supervision centre (CSC), and the health care unit. In addition, The Manchester College provided 10 places in the vocational training kitchen. The number of contracted hours for courses was 19,000, all of which had been successfully delivered. Approximately 11 prisoners were engaged in distance learning courses.
- 3.17 Prisoners' induction for learning and skills was systematic in approach and was generally well organised. Delays in other aspects of the prison induction led to delays in risk assessments, which had a knock-on effect on prisoners' allocation to activities. The employment organisation Working Links provided prisoners with a CIAS at induction, which carried out a thorough assessment of need. Information from this assessment and the resulting action plan was linked well to sentence planning and the individual learning plan. Prisoners' action plans were not systematically reviewed by the CIAS. Initial assessment of literacy and numeracy was provided well by the education provider. Sequencing of interventions was generally good and planned well to maximise the benefits from offending behaviour programmes. Good links were in place between the education and the psychology departments.
- 3.18 The process of allocating prisoners to activities was fair and equitable. However, category A prisoners frequently experienced delays in accessing work because insufficient workshops were available for high risk offenders. Waiting lists for some education courses were in place and improved use of data had ensured that waiting lists were managed well. Pay rates were fair with no disincentives for those attending education.

Recommendation

- 3.19 **The prison should ensure that systematic reviews of prisoners' initial CIAS action plans take place.**

Quality of provision

- 3.20 Coaching for individual learners was good in workshops and satisfactory in work areas. Tutors effectively guided and supported learners with a wide range of personal barriers to learning. An

appropriate and realistic balance between developing vocational and wider social skills contributed well to improvements in learners' employability. The prison used appropriately qualified prisoners well to train and assess accredited cleaning programmes. Assessment practice was satisfactory and included robust internal verification arrangements. The use of individual learning plans to chart and monitor learners' progress was satisfactory. Workshops were well resourced, with particularly good facilities in catering. Within most workshops, prisoners had satisfactory opportunities to extend their experience and understanding and move to more challenging roles. Workshops were well managed and reflected commercial practice. However, workflow for garment manufacture did not always result in demanding completion deadlines. Cleaners on the accommodation wings did not always have enough work to occupy them fully.

- 3.21 Since the previous inspection, the range of accredited qualifications in workshops had increased. Tutors made good use of programmes to both facilitate prisoners' personal development and support the aims of wider prison programmes. The education department provided appropriate literacy and numeracy support in all workshops. Contract and vocational workshops used their external links effectively to provide prisoners with production work. Staffing arrangements did not ensure adequate cover for absenteeism and had resulted in workshop closure or low session attendance (see section on management of learning and skills work).
- 3.22 In education, teaching and learning were generally good, including individual coaching and support from teachers. The better sessions were stimulating, used a variety of learning strategies and resources, encouraging prisoners to become independent learners. Many sessions included additional support for prisoners from learning support practitioners and peer mentors. In art, good use was made of topics and research to promote diversity. Weaker aspects were the dominance of paper-based materials; opportunities to use visual stimulus to reinforce learning were missed.
- 3.23 Around 100 prisoners a week attended the main education department and benefited from good teaching and learning in bright and welcoming classrooms, with stimulating subject-focused wall displays. Some had LCD projectors and screens. The library was adjacent to classrooms in the main education building and provided them with an easily accessible resource. In addition, education staff taught nearly 30 prisoners in more restricted environments, such as in workshops, the health care unit; the CSC and segregation unit.
- 3.24 Good and productive working links between education providers and other prison areas contributed effectively to improving provision. There were good links between sentence planning and prisoners' individual learning planning. Good use was made of individual learning plans for target-setting and recording prisoners' progress. Prisoners actively engaged in the completion of these at the end of each session.
- 3.25 The variety of courses in education was satisfactory in meeting the needs and interests of prisoners. The provision had changed to full-time attendance in 2010, which limited the number able to participate and restricted access to social and life skills subjects, which were now integrated into combined full-time courses. The range of courses that were available was good, with prisoners having the opportunity to progress from entry level to level 3. Identification of support needs related to English for speakers of other languages (ESOL) was underdeveloped and only one health care prisoner received ESOL support.
- 3.26 Safeguarding was promoted through team meetings twice a day, and there were well managed referrals to prison staff where prisoners caused concern, for example, as a result of mood change, disclosure of self-harm or family issues. A daily logbook was systematically

completed. This provided evidence of a good duty of care for both prisoners and education staff.

- 3.27 Much recent action had taken place to implement a more flexible modularised curriculum to better meet and respond to the needs of prisoners. The education self-assessment process was under review to ensure that judgments were better informed by the interrogation of evidence and as such resulted in effective quality improvement planning.

Recommendations

- 3.28 **The prison should ensure that cleaners on the accommodation wings are fully occupied.**
- 3.29 **There should be adequate staffing to allow use of all workshop places.**
- 3.30 **The prison should ensure that prisoners have wider access to personal and social development courses based on personal need.**
- 3.31 **The identification of and support for prisoners requiring ESOL should be improved.**

Education and vocational achievements

- 3.32 In 2011/12, achievement rates in catering courses, including food hygiene awards and level 2 business enterprise courses, were high. The retention of learners on courses had been a consistent strength of the education provision since 2008/09. Overall achievement rates for literacy, language, and numeracy were satisfactory.
- 3.33 Prisoners' art work on the creative techniques course was of a very high standard; some was of exceptional quality and many Koestler awards, run by a prison arts charity, had been won. Prisoners also won Koestler awards for creative writing. Good use of photographic evidence took place to record creative technologies pieces for inclusion in prisoners' qualification portfolios and to display around the education department and prison gate-house. Prisoners taking national vocational qualifications (NVQs) in business administration used real work completed to high quality commercial standards as evidence for their qualifications.
- 3.34 In information technology and business administration sessions, prisoners had insufficient breaks away from working at computers. In both three and a half- and two-hour sessions only one break of 10 minutes was recorded in lesson plans and even these in practice were not taken by all prisoners, which was not good health and safety practice.
- 3.35 The standard and pace of practical skills development in the workshops was generally good. For example in woodwork, learners produced good quality finished pieces that demonstrated the sound application of hand tools and cutting techniques. Catering learners cooked menus that used a good range of preparation and cooking methods. Completed Braille text was of a high standard. Learners in the workshops developed a good work ethic that enhanced personal employability. They made good progress in improving their skills and knowledge, particularly when working as a team, applying critical analysis or using their initiative to solve problems. Learners had an appropriate understanding of safe work practices and identifying hazards. All activities took place in an environment that valued respect between learners and tutors. Pass rates for accredited workshop programmes were high. Attendance was good; punctuality was satisfactory. Learners enjoyed their learning and felt safe. Standards of behaviour in workshops and education were good.

Library

- 3.36 The library provided a well organised and welcoming environment. It was open five days a week and also on four evenings, but was closed on weekends. Around 150 prisoner visits were made to the library every week. Access to the library was satisfactory; prisoners could use the library at least twice a week through specific wing sessions, and by joining other library based activities. Good links were in place with the education department; however, education class visits to the library were less frequent since the library officer had been relocated in April 2012. The library had specified times for prisoners aged 60 and over; hosted a chess and scrabble club and two reading groups. The library had comfortable seating and a good size adjacent classroom.
- 3.37 The library was used well for a variety of activities. Fourteen prisoners on the Toe by Toe reading scheme received support on their wings from mentors and prison officers. Opportunities had been introduced to enable mentors to gain accredited qualifications. The Storybook Dads programme was coordinated by the writer in residence and a librarian. Twenty-two CDs had been produced in 2011/12 by 11 different prisoners and 12 prisoners had written and illustrated a small book for their children.
- 3.38 There was a small library in both the CSC and the segregation unit for prisoners who could not use the main library. Library staff refreshed stock regularly and the facility was generally well managed.
- 3.39 Both libraries were particularly well stocked, holding around 14,000 items, including legal texts and Prison Service Orders and Instructions. Stock was appropriate for the prison population and a range of easy reads, books in different languages and audio books were available. Book losses were above average at 8.6%.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.40 The prison appropriately promoted the gym. All prisoners received a thorough induction prior to using equipment. Access to PE was satisfactory, with approximately 59% of the population using the gym for three or more sessions per week. Gym provision was based on an analysis of survey feedback from the prison population; it met the population's needs. The range of accredited programmes had increased and pass rates were high. An appropriate variety of programmes was available to promote healthy living and fitness. Links with health care were good. Accommodation was satisfactory and well managed.
- 3.41 All prisoners received a thorough induction prior to using the gym, which included training in safe lifting techniques and emergency first aid. PE staff worked well with the health care department and routinely referred prisoners for additional medical appraisal and support. The gym provision appropriately met the needs of the prison population. Since the previous inspection, the range of accredited programmes, mainly at level 1, had increased. Pass rates were high. A variety of programmes was available to promote healthy living and fitness including stress management and the importance of good diet and nutrition. In addition, a 'well man' clinic was used to enhance prisoners' understanding of health and wellbeing.

- 3.42 Accommodation was satisfactory and well managed to maximise usage. A sports hall was used to provide an adequate range of indoor activities including basketball, badminton, four aside football, volleyball and circuit training. Theory sessions were delivered in a well-resourced classroom. Access to the room was not available to those with impaired mobility, although suitable alternatives were made to ensure equal access to training. The gym had a good range of cardiovascular and free weights equipment. The area for cardiovascular exercise had been improved since the last inspection. A small health care based gym facility was available for individual use. Similar facilities were available to prisoners in the CSC. In addition, the prison used an all weather sports pitch for eight aside football, cricket, and running.
- 3.43 Staffing levels in the gym were appropriate with one senior officer and eight PE officers, supported by five orderlies, three of whom were trained mentors. PE staff were very well qualified; they were enthusiastic and motivated prisoners to participate fully in activities.
- 3.44 All prisoners had satisfactory access to the gym, including at weekends. In addition, each of the four accommodation wings had one designated week day evening session. Gym usage had improved – approximately 59% of the population took part in three or more sessions per week. Surveys of prisoner had been conducted and analysed to inform changes to provision, which aimed to increase reluctant users' gym attendance. Gym provision was appropriately promoted throughout the prison. All accidents were suitably recorded and investigated. Prisoners had appropriate access to shower facilities in the gym, although most showered when they returned to the accommodation wing.

Section 4: Resettlement

The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report.

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 The reducing reoffending strategy was not based on a needs analysis and did not set out a strategic vision of the purpose of the prison within the high security estate or as a main lifer centre focusing on serious sexual offending. There continued to be no national or local strategy to manage or engage with the many prisoners who were in some state of denial of their offences. Wing staff were aware of the resettlement needs of prisoners.
- 4.2 The reducing reoffending strategy 2012-13 was based around the seven resettlement pathways. It did not include details of any strategic links with the high security estate, or with the Yorkshire and Humberside Prison Service area in which it was located. Despite the prison being a main lifer centre holding prisoners convicted of serious sexual offending and managing a close supervision centre (CSC), the strategy did not describe the prison population or sentence management work undertaken in the offender management unit (OMU). Nor did it outline any coordinated management of the sex offender population in the high security estate.
- 4.3 Unchanged from the previous inspection, progress at Wakefield was slow (see section on categorisation) and many prisoners continued to be experiencing some form of denial, which prevented them from engaging in offence-focused work. Although the prison knew that this applied to around 366 prisoners (48% of the population), the strategy did not provide details of how the establishment planned to address this, nor was there a national strategy to do so (see also section on offender management and attitude thinking and behaviour).
- 4.4 Although the strategy mentioned work with whole life tariff and remand prisoners and on diversity issues, it was not based on a needs analysis. An action plan was regularly updated but as we reported at the previous inspection, this set targets regarding resettlement pathways only.
- 4.5 Services were monitored by pathway lead staff at bimonthly reducing reoffending meetings, chaired by the head of the OMU. The education training and employment pathway had only been represented at one of three meetings held since October 2011, and only four people had attended the last meeting in March 2012. Minutes from the October 2011 meeting recorded that no meetings had taken place since 'around 2008/2009'.
- 4.6 Although the reducing reoffending strategy said that prisoners' opinions were sought regarding resettlement services at prisoner forums, this was not the case.

- 4.7 Electronic comment from wing staff showed that they were aware of their responsibilities to support the rehabilitation of prisoners. Staff were involved in sentence planning and those from the prisoner's wing were always represented at sentence planning meetings.
- 4.8 Provision included: accredited sex offender treatment programmes (SOTPs); the thinking skills programme (TSP); controlling anger and learning to manage (CALM); FOCUS, the drug rehabilitation course, and the foundation programme, an introduction to group work (see section on attitude thinking and behaviour).

Recommendations

- 4.9 **The reducing reoffending strategy should be based on a population needs analysis.**
- 4.10 **The reducing reoffending strategy and action plan should include details of offender management along with development objectives specific to the needs of particular groups at Wakefield.** (Repeated recommendation 8.6)
- 4.11 **Services should be monitored and reviewed by prisoners.**

Housekeeping point

- 4.12 All pathways should be represented at reducing reoffending meetings.

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on 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 in drawing up and reviewing plans.

- 4.13 All prisoners were included in the offender management process and each had an up to date offender assessment system (OASys) and sentence plan of a good standard. Planned, formal contact with prisoners was limited, and uniformed offender supervisors received no casework supervision. All prisoners were subject to some form of public protection and it was a concern that prisoners received a free telephone call on arrival without risk assessment.
- 4.14 Most of the population were in scope for offender management (identified as high or very high risk of harm or serving indeterminate sentences for public protection (IPP)), but all prisoners were included in the offender management process.
- 4.15 All prisoners had an OASys and sentence plan, which were updated annually; OASys records seen by inspectors were of a good standard and suitably quality checked.
- 4.16 Offender supervisors were split into three groups divided alphabetically, each containing four uniformed offender supervisors, one seconded probation officer offender supervisor and one case administrator. Probation supervisors wrote parole and category A reports and undertook reintegration work for their team for prisoners' pre-release. In theory they managed determinate sentenced prisoners and IPPs, and uniformed supervisors worked with all others, but in practice there was an overlap of work.

- 4.17 Sentence planning boards were chaired by an OMU senior officer and prisoners' wings and the offender supervisor team were always represented, although prisoners' allocated personal officer or named offender supervisor were not necessarily included. Offender manager attendance was not tracked and it was suggested that between 40%-50% of boards involved offender managers in person or via video or telephone link. Family members were not invited.
- 4.18 Offender supervisor electronic records showed good sharing of information with offender managers and staff from other prison departments. Offender supervisors who were contacted provided mainly positive feedback regarding joint working with the prison.
- 4.19 Inspectors contacted offender managers for 30 of the most recently released men. They received 14 replies (46%). In all but one case offender managers said that they had been involved in sentence planning and that the quality of sentence planning and liaison with OMU staff had been good. All but two prisoners were still on licence and in contact with their offender managers; one had reached his licence expiry date and another had been recalled.
- 4.20 The quality of sentence plans was generally good and they were available electronically to all prison staff. Sentence planning objectives were appropriate but those responsible for helping prisoners achieve objectives were not named and were simply referred to as 'prison staff' or the 'case management team'.
- 4.21 In the survey, 88% of prisoners said that they had a sentence plan but only 30%, significantly lower than in comparator prisons (51%), felt involved in its development.
- 4.22 As identified at the previous inspection, there was no planned and regular level of contact between supervisors and prisoners based on levels of risk and need. Supervisors continued to respond to prisoner applications to see them, rather than proactively organising meetings to discuss and challenge offending behaviour with prisoners. Consequently many prisoners were seen infrequently, some only at annual sentence planning meetings.
- 4.23 There was no strategy, at either national or local level, to try to address the fact that many prisoners were in some form of denial and were not engaged in offence-focused work (see resettlement and attitude thinking and behaviour and main recommendation HP59).
- 4.24 Although probation offender supervisors received formal casework supervision, uniformed supervisors did not.
- 4.25 An inter-departmental risk management meeting discussed prisoners due to be released three-months pre-release. At a pre-release meeting a few days before actual release, checks were made to ensure prisoners understood their licence conditions and to confirm that needs had been met under the resettlement pathways.

Recommendations

- 4.26 **There should be a system for prioritising prisoners by need to increase the frequency of contact by offender supervisors.** (Repeated recommendation 8.21)
- 4.27 **Where appropriate prisoners' families should be encouraged to attend sentence planning boards.**
- 4.28 **Uniformed offender supervisors should receive formal casework supervision.**

Public protection

- 4.29 All prisoners at Wakefield were subject to some form of public protection arrangement. Public protection was well integrated into the work of the OMU and was led by a senior officer. There was access to the violent and sexual offenders register (ViSOR).
- 4.30 There were detailed procedures to address public protection issues and comprehensive public protection and safeguarding children policies.
- 4.31 All prisoners were assessed on arrival and discussed and reviewed at weekly safeguarding children meetings, which also assessed applications for child contact. A comprehensive electronic database was maintained of measures applied to prisoners, and prison staff knew where to find this and to whom they should report any concerns. Prisoners were not allowed contact with a child until a multi-agency risk assessment had been completed. This included information from social services, the offender manager, police, the National Society for the Prevention of cruelty to Children and the child's carer.
- 4.32 Twelve prisoners were subject to harassment orders, 130 to sex offender prevention orders and 499 were managed under safeguarding children procedures, 57 of whom had authorised contact with children.
- 4.33 Given that all prisoners were subject to some form of public protection procedure, it was a concern that newly arrived prisoners were allowed a free telephone call in reception – they only had to supply a telephone number and state their relationship with the person concerned. Although reception staff asked recipients if they wished to speak to the prisoner, no individual risk assessment was made.
- 4.34 Links to multi-agency public protection arrangements (MAPPAs) were good and staff attended community-based meetings where possible and provided written reports on other cases. Three prisoners were managed at MAPPA level 3, 12 at level 2, nine at level 1; 721 were MAPPA nominals (potentially subject to MAPPA arrangements on release). Prisoners were reviewed by the inter-departmental risk management team three months before release to ensure licence conditions were in place and agree actions in preparation for release.

Recommendation

- 4.35 **The provision of telephone calls in reception without individual risk assessment for newly arrived prisoners should cease.**

Categorisation

- 4.36 Progression at Wakefield was slow. Four prisoners had been re-categorised from category A to B in 2011 and three in the year to date; 15 prisoners had been re-categorised from B to C in 2011 and three in the year to date.
- 4.37 Categorisation reviews were carried out for category B prisoners at annual sentence planning boards and recommendations for the re-categorisation of category A prisoners were decided by Prison Service Headquarters.

Indeterminate sentence prisoners

- 4.38 There were 407 prisoners with life sentences and 86 serving indeterminate sentences for public protection (66% of the population). All were managed in the same way as determinate-sentenced prisoners, and allocated to an offender supervisor all of whom had received managing indeterminate sentence and risk (MISAR) training. All lifers received published information about sentence management.
- 4.39 Wing prisoner lifer representatives met bimonthly or quarterly with a senior officer from the OMU and the lifer liaison officer and offender supervisor. Lifers could attend one meeting during the year and it was planned to hold these more often. Apart from forums, there were no particular events to help prisoners understand risk reduction and eventual reintegration, but some were planned.
- 4.40 All lifers had been asked to complete a survey in January 2012; only around 80 had responded and none had been from D wing; responses had not yet been analysed but were known to be generally negative.

Recommendation

- 4.41 **There should be occasional events to help prisoners on indeterminate sentences understand and engage with risk reduction and eventual reintegration.**

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.42 There was no custody planning for the small number of remanded prisoners. All prisoners went to approved premises on release. A careers advice service was provided for all prisoners and a pre-release course was available for prisoners discharged from Wakefield. Good health care links with the community enabled ongoing care to be facilitated. Debt advice was available from a trained offender supervisor and benefit and money management advice was provided during the pre-release course. Provision for children and families had improved. A qualified family support coordinator was working with volunteers and the prison to identify and meet needs, actively supported by the OMU. Prisoners were properly prioritised for well-delivered offending behaviour courses but there were delays accessing a rolling SOTP.

- 4.43 There was no custody planning for the few remanded prisoners.

Recommendation

- 4.44 **Remanded prisoners should have a custody plan with a designated staff member responsible for tracking progress against targets.**

Accommodation

- 4.45 There were no general accommodation services and all prisoners went to approved premises on release. Prisoners could attend a pre-release course, which included talks from staff working in approved premises and video clips showing the facilities in such premises. Prisoners were able to transfer to prisons nearer home in preparation for release.

Education, training and employment

- 4.46 The prison focused on the personal and social development of prisoners through education vocational training and work. Prisoners were developing good personal skills to maximise the opportunities they had to engage in training and education, which would improve their employability as they progressed through the prison system.
- 4.47 All prisoners had access to a careers information and advice service. Since the last inspection, accredited qualifications had been introduced into most of the workshops, which provided prisoners with good opportunities to develop their personal skills as well as those skills that might improve their employment prospects while in custody.
- 4.48 A pre-release course was available for the small number of prisoners due to be released directly from Wakefield. It focused on considering the problems they might face in securing employment. There were good links with many of the approved premises and with the employment training and education provision provided by the probation service.

Health care

- 4.49 Planning for the discharge of patients was initiated well in advance of their release date. Information was provided about access to NHS services and letters were provided for GPs outlining the prisoner's care and treatment while in prison. All patients with enduring mental health problems were now cared for by secondary care mental health staff using the care programme approach. Good links with the community enabled ongoing care to be facilitated. Much effort had been made to develop the palliative care arrangements and end of life programme for those patients who became terminally ill and there was a dedicated cell in the inpatient unit.

Drugs and alcohol

- 4.50 The counselling, assessment, referral, advice and throughcare service (CARAT) team worked well with the OMU and managed effectively the few prisoners who were released into the care of community-based drug and alcohol agencies.

Finance, benefit and debt

- 4.51 All newly arrived prisoners were asked about any financial or debt issues during their initial interview with an offender supervisor and, when necessary, were referred to an offender supervisor in the OMU who was also a trained debt adviser. With the written agreement of prisoners, he liaised with creditors and was able to instigate debt management plans; records of all referrals and action taken were maintained.

- 4.52 Information about money management was included in the pre-release course along with benefit information and advice from a Jobcentre Plus worker, who also arranged benefit appointments for prisoners on release. Prisoners were able to open a savings account with White Rose Credit Union Bank, which would be transferred to a current account nearer release.

Children, families and contact with the outside world

- 4.53 The visitors centre and domestic visits facilities were excellent. A visitor's forum, attended by a variety of stakeholders, promoted the needs of visitors effectively, and regularly dealt with complaints and comments. Visits could be booked during domestic visits, or by telephone.
- 4.54 Domestic visits did not last for the advertised two hours. We observed visitors waiting until 2.25pm for the first prisoner to arrive. The entry process for visitors was timely and efficient, but there was still no parking for visitors with disabilities.
- 4.55 The qualified family support coordinator and a trained officer in the OMU had developed a 'Think family' strategy, which was managed through a monthly meeting. Courses to help prisoners support their children's education were run in the education department. A visitor survey and feedback from quarterly family visits had informed developments in provision. However, there was no involvement of families in sentence planning work.
- 4.56 Efforts to introduce services such as relationship counselling and play workers had failed because of a low demand; more analysis of the prisoner population was required to establish needs.

Recommendations

- 4.57 **Disabled parking should be provided for visitors close to the prison.** (Repeated recommendation 8.67)
- 4.58 **Visits should start at the advertised time.** (Repeated recommendation 8.68)
- 4.59 **The prison should conduct a thorough needs assessment to inform decision making relating to services to help prisoners re-establish or maintain relationships with their children and families.**

Attitudes, thinking and behaviour

- 4.60 In the survey 76% of prisoners said they had been involved in an offending behaviour programme (OBP) at the prison, 48% of whom felt that the programme would help them on release. Both figures were significantly lower than in comparator prisons. However, 60% of prisoners felt that they had done something or something had happened to them to make them less likely to offend in future, significantly higher than in 2008.
- 4.61 The assessment and interventions centre (AIC) led by a principal forensic psychologist, incorporated the core psychology team along with a number of uniformed staff who also delivered programmes. Psychologists were not funded to provide one to one work with prisoners, although some short-term crisis intervention work was undertaken.

- 4.62 Accredited programmes were run to a high standard and a variety of programmes were provided. The thinking skills programme (TSP) aimed to provide prisoners with enhanced ways of dealing with people and situations. The sex offender treatment programme (SOTP) included 'core', 'becoming the new me', 'extended', 'adapted/better lives booster' and 'healthy sexual functioning' modules. The CALM anger management course had been introduced in 2011 and the FOCUS drug rehabilitation programme was also provided (see section on drugs and alcohol).
- 4.63 The non-accredited foundation programme provided an introduction to group work, and a foundation programme for 'lower functioning' prisoners had run successfully earlier in the year. The prison hoped to deliver an adapted TSP for a similar group.
- 4.64 Four SOTPs ran annually alongside three to four TSP and three to four CALM programmes depending on need, and six foundation programmes. AIC staff held monthly minuted meetings to plan and monitor the delivery of OBPs and discuss related prisoner and staffing issues. Drop-out numbers were low, prisoners were appropriately prioritised and waiting lists were not excessive.
- 4.65 Men were able to transfer to other establishments to undertake OBPs, but there were delays transferring men for the rolling SOTP. Three men had been waiting over 12 months; one had been waiting since August 2010.
- 4.66 OBP targets set at sentence planning meetings were forwarded to the AIC and recorded onto very comprehensive electronic databases. These recorded sentence details, OBPs completed, parole and release dates. For SOTPs, the database recorded offence and victim issues and whether or not the prisoner was motivated to engage in the programme. Records also tracked assessment stages and a separate log was maintained of those unsuitable for programmes and why. Records were available to all staff in the AIC and OMU.
- 4.67 Many prisoners continued to be in denial in relation to their offence. It was estimated that 10% of participants at the last five foundation programmes had been in some form of denial, but the programme was not specifically designed for this purpose. Although National Offender Management Service (NOMS) operational services and interventions group were developing SOTPs which it is hoped those in denial will be able to access, these were not yet accredited (see section on offender management).

Recommendation

- 4.68 **Prisoners should be able to transfer swiftly to other establishments to complete the rolling SOTP.**

Additional resettlement services

- 4.69 There were no specific arrangements in place to identify and support prisoners who had experienced physical and/or sexual abuse.

Section 5: Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, or in the previous report where recommendations have been repeated.

Main recommendations

To the governor

-
- 5.1 The prison should ensure that drugs subject to misuse within the prison are not dispensed weekly in-possession and that their administration and consumption is directly observed in accordance with its own medicines possession policy and Prison Service Order 3550. (HP55)
 - 5.2 F wing should be designated as unfit for purpose and taken out of use as soon as feasible. (HP56, repeated recommendation HP46)
 - 5.3 Complaints about staff behaviour should be monitored for consistency and to detect trends and should only be dealt with by senior managers; investigations should be detailed and any action needed as a result, robust. (HP57)
 - 5.4 Sufficient activity places should be provided in workshops and education to ensure full and purposeful activity for the population with equal access for all categories of prisoners. (HP96, repeated recommendation HP58)

Main recommendation

To NOMS and the governor

-
- 5.5 Wakefield should devise a comprehensive prison-wide strategy to help prepare and motivate men who are not engaging in offence-related work and the Prison Service should commission a full review of its high security estate allocation criteria to ensure that the high proportion of sex offenders in denial at Wakefield does not undermine the work of the prison as a whole. (HP59, repeated and revised recommendations HP40 and HP41)

Recommendations

Courts, escort and transfers

-
- 5.6 Prisoners transferring to Wakefield should be told about their destination and what to expect there in advance and always before they arrive unless there are specific, individual security concerns that prevent this. (1.5)
 - 5.7 Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (1.6, repeated recommendation 1.7)

Early days in custody

- 5.8 Reception should be refurbished to provide prisoners with an appropriately private, decent, accessible and welcoming environment. (1.15)
- 5.9 First night and induction processes should be reviewed to ensure that they assure safety, minimise anxiety and are completed quickly. (1.16)
- 5.10 Insiders should meet regularly, supported by staff, to support and coordinate their work. (1.17, repeated recommendation 1.29)

Bullying and violence reduction

- 5.11 Violence reduction data should be better analysed and cross referenced for accuracy. An action plan should be developed from the prison and inspectorate surveys of prisoners' perceptions of safety. (1.35)
- 5.12 The violence reduction policy should specifically focus on strategies to deal with bullying-related issues at Wakefield. (1.36, repeated recommendation 3.13)
- 5.13 Investigations of suspected bullying and violent incidents should be improved and actions arising from investigations should be more specific, measurable and time-bound. (1.37)
- 5.14 The victim support form for victims of bullying should be used consistently to ensure victims receive effective proactive support. (1.38, repeated recommendation 3.19)

Self-harm and suicide

- 5.15 The use of safer cells, gated cells and strip clothing should be monitored by the safer prisons meeting. (1.54)
- 5.16 Support for prisoners who have experienced physical and sexual abuse should be available from trained professionals. (1.55, repeated recommendation 3.42)
- 5.17 Prisoners in health care should have the same access to Listeners as elsewhere in the prison. (1.56, repeated recommendation 3.44)
- 5.18 Safer cells on D wing should be adequately heated and free from ligature points. (1.57, repeated recommendation 3.36)
- 5.19 The safer custody manager should routinely meet with Listeners and where appropriate take action to tackle their concerns. (1.58)
- 5.20 A portable phone to provide prisoners in the main prison with access to the Samaritans should be provided. (1.59)

Safeguarding

- 5.21 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.64)

Incentives and earned privileges

- 5.22 The IEP policy should be consistent with the application of the process and make clear that denial of offences does not in itself preclude progression to enhanced status. (1.80)
- 5.23 There should be greater differentials between standard and enhanced levels. (1.81)

Discipline

- 5.24 Prisoners should not routinely be strip-searched or deprived of their normal clothing on placement in special or unfurnished accommodation. (1.97, repeated recommendation 6.42)
- 5.25 Prisoners in the segregation unit should be monitored for psychological deterioration and care plans put in place based on individual need. (1.98, repeated recommendation 6.44)
- 5.26 Long stayers should be given access to gym facilities and risk-assessed association and in-cell activities should be increased to mitigate the effects of segregation. (1.99, repeated recommendation 6.48)
- 5.27 The segregation unit exercise yard should be improved and contain seating. (1.100, repeated recommendation 6.50)
- 5.28 Records of segregation reviews should be specific to that individual and not include repeated generic targets. (1.101, repeated recommendation 6.51)
- 5.29 In-cell electricity should be installed in the segregation unit. (1.102, repeated recommendation 6.52)
- 5.30 Toilets in segregation unit cells should be deep cleaned. (1.103, repeated recommendation 6.53)
- 5.31 The close supervision centre should be located in a less austere environment, better suited to long-term stays and separate from the segregation unit. (1.114, repeated recommendation 6.64)
- 5.32 Visits in the close supervision centre should be open contact visits unless a specific risk assessment deems it unsafe. (1.115, repeated recommendation 6.66)
- 5.33 There should be more meaningful activity available in the close supervision centre. (1.116, repeated recommendation 6.68)

Substance use

- 5.34 There should be a review of the drug strategy committee's strategic authority and ability to influence prison policy and practice. (1.126)
- 5.35 The DAAG should be re-introduced and CBDT officers should be profiled and given sufficient additional time to operate this group as well as short ad hoc one to one sessions with prisoners who test positive for CBDT tests. (1.127)

Residential units

- 5.36 A standard list of items that prisoners are allowed in possession should be established for the high security estate. (2.13, repeated recommendation 2.19)
- 5.37 In-cell toilets should be adequately screened. (2.14, repeated recommendation 2.15)
- 5.38 All showers should provide appropriate privacy for prisoners. (2.15, repeated recommendation 2.17)

Equality and diversity

- 5.39 Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (2.31, repeated recommendation HP43)
- 5.40 An overarching diversity policy should include all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis. (2.32, repeated recommendation 3.66)
- 5.41 The race equality action team membership should include external representation. (2.33, repeated recommendation 3.87)
- 5.42 Displays throughout the prison should reflect the racial diversity of the population. (2.48, repeated recommendation 3.90)
- 5.43 An assessment of the ability of foreign national prisoners to understand and write English should be carried out during induction, and translation services offered where appropriate. (2.49)
- 5.44 The rate of pay for prisoners permanently unfit to work should be reviewed, and they, and retired prisoners, should not have to pay for television access. (2.50)
- 5.45 The prison should consider introducing a day care centre for older prisoners. (2.51)

Faith and religious activity

- 5.46 A larger multi-faith room should be provided to meet the needs of prisoners, and arrangements should be made for Muslim prisoners located in F wing, to attend Friday prayers, unless individual risk assessment prevents this. (2.61)

Health services

- 5.47 Patient access to a GP for a routine appointment should be within an acceptable waiting time of less than three weeks. (2.88)
- 5.48 Nurses delivering specialist clinics should be appropriately trained. (2.89)
- 5.49 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (2.95, repeated recommendation 4.82)

- 5.50 Requisitions for controlled drugs should have a doctor's signature before a supply is made. (2.96)
- 5.51 The risk assessment for in-possession medications should be available at the point of administration. (2.97, repeated recommendation 4.77)
- 5.52 Day services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (2.103, repeated recommendation 4.85)
- 5.53 Prisoners should have access to professional counselling services. (2.104)

Purchases

- 5.54 Products on the shop list should reflect supermarket prices. (2.121, repeated recommendation 7.23)
- 5.55 There should be adequate products to meet the needs of black and minority ethnic prisoners. (2.122, repeated recommendation 7.24)
- 5.56 A prison wide survey of prisoners' views of the canteen provision should be conducted periodically. (2.123)

Time out of cell

- 5.57 All prisoners should be able to spend at least 10 hours a day out of their cells. (3.8, repeated recommendation 5.50)
- 5.58 All prisoners should have the opportunity for at least one hour of exercise in the open air every day. (3.9, repeated recommendation 5.52)
- 5.59 Unconvicted prisoners should have the opportunity to take part in work activities off the wing. (3.10, repeated recommendation 5.55)

Learning and skills and work activities

- 5.60 The prison should ensure that systematic reviews of prisoners' initial CIAS action plans take place. (3.19)
- 5.61 The prison should ensure that cleaners on the accommodation wings are fully occupied. (3.28)
- 5.62 There should be adequate staffing to allow use of all workshop places. (3.29)
- 5.63 The prison should ensure that prisoners have wider access to personal and social development courses based on personal need. (3.30)
- 5.64 The identification of and support for prisoners requiring ESOL should be improved. (3.31)

Strategic management of resettlement

- 5.65 The reducing reoffending strategy should be based on a population needs analysis. (4.9)

- 5.66 The reducing reoffending strategy and action plan should include details of offender management along with development objectives specific to the needs of particular groups at Wakefield. (4.10, repeated recommendation 8.6)
- 5.67 Services should be monitored and reviewed by prisoners. (4.11)

Offender management and planning

- 5.68 There should be a system for prioritising prisoners by need to increase the frequency of contact by offender supervisors. (4.26, repeated recommendation 8.21)
- 5.69 Where appropriate prisoners' families should be encouraged to attend sentence planning boards. (4.27)
- 5.70 Uniformed offender supervisors should receive formal casework supervision. (4.28)
- 5.71 The provision of telephone calls in reception without individual risk assessment for newly arrived prisoners should cease. (4.35)
- 5.72 There should be occasional events to help prisoners on indeterminate sentences understand and engage with risk reduction and eventual reintegration. (4.41)

Reintegration planning

- 5.73 Remanded prisoners should have a custody plan with a designated staff member responsible for tracking progress against targets. (4.44)
- 5.74 Disabled parking should be provided for visitors close to the prison. (4.57, repeated recommendation 8.67)
- 5.75 Visits should start at the advertised time. (4.58, repeated recommendation 8.68)
- 5.76 The prison should conduct a thorough needs assessment to inform decision making relating to services to help prisoners re-establish or maintain relationships with their children and families. (4.59)
- 5.77 Prisoners should be able to transfer swiftly to other establishments to complete the rolling SOTP. (4.68)

Housekeeping points

Courts, escort and transfers

- 5.78 All escort vehicles should carry a supply of drinking water. (1.7)

Early days in custody

- 5.79 The date and time of first night interviews should be clearly recorded in the induction check list. (1.18)

Bullying and violence reduction

- 5.80 Greater support should be given to prisoners acting as anti-bullying representatives. (1.39)

Self-harm and suicide

- 5.81 ACCT reviews should contain agreements with prisoners on the need to waken them during night checks. (1.60)

Security

- 5.82 The MDT suite and holding rooms should be kept clean and tidy to ensure a respectful and forensic testing environment. (1.74)

Residential units

- 5.83 Facilities in wing kitchens should be improved. (2.16)

Equality and diversity

- 5.84 The chair of the DEAT should ensure that relevant managers consistently attend the meeting. (2.34)
- 5.85 The recommendations from the appreciative inquiry into diversity and from impact assessments should be included in the DEAP. (2.52)
- 5.86 There should be terms of reference for the diversity wing representatives meeting and for meetings with each of the protected groups. (2.53)
- 5.87 There should be better screening of showers for transgender prisoners. (2.54)

Complaints

- 5.88 Prisoners with limited English should be made aware that they can submit complaints in their own language. (2.67)

Health services

- 5.89 Prisoners requiring occupational therapy equipment should have the same support as the local community. (2.82)
- 5.90 Information about health care services and health promotion should be available in a range of languages. (2.83)
- 5.91 The patient waiting area should be refurbished without delay. (2.90)
- 5.92 All in-patients cells should be removed from the list of certified normal accommodation. (2.90)
- 5.93 There should be a preparation and review date in the out of hours policy. (2.98)

Time out of cell

- 5.94 Alternative times should be provided, particularly during winter months, for prisoners to exercise in daylight. (3.11)

Strategic management of resettlement

- 5.95 All pathways should be represented at reducing reoffending meetings. (4.12)

Example of good practice

- 5.96 The DEAT was co-chaired by a prisoner. (2.35)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Sean Sullivan	Team leader
Paul Fenning	Inspector
Joss Crosbie	Inspector
Jeanette Hall	Inspector
Rosemarie Bugdale	Inspector
Martin Owens	Inspector
Gordon Riach	Inspector
Andy Lund	Inspector
Rachel Murray	Researcher
Nalini Sharma	Researcher
Specialist inspectors	
Mick Bowen	Health services/dentistry inspector
Paul Roberts	Drugs inspector
Deborah Hylands	Pharmacist
Ian Mather	Care Quality Commission inspector
Stephen Miller	Ofsted inspector
Nigel Bragg	Ofsted inspector
Julia Horsman	Ofsted inspector

Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The recommendations are further organised by whether they have now been achieved, partially achieved, not achieved or are no longer relevant. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is provided in the right-hand column.

Safety	
Prisoners, particularly the most vulnerable, are held safely.	
At the last inspection, in 2008, reception, first night and induction procedures were mostly satisfactory. There was relatively low use of force, but some use of the special cells was not properly authorised and oversight was poor. The segregation unit was very basic. Most men felt safe and incidents of self-harm were low, but procedures for those at risk of self-harm and bullying needed improvement. There was little drug use. The prison was performing reasonably well against this healthy prison test.	
Recommendations	
Where possible, information about Wakefield should be provided to prisoners in advance advising them particularly about the integrated regime. (1.6)	Not achieved
Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (1.7)	Not achieved (Repeated recommendation, 1.6)
More private toilet facilities should be provided in reception. (1.26)	Not achieved
There should be a private room for interviews in the reception area. (1.27)	Not achieved
Essential information about the reception procedures and induction should be provided in a range of languages and media for those who cannot read and understand English. (1.28)	Partially achieved
Insiders should meet regularly, supported by staff, to support and coordinate their work. (1.29)	Not achieved (Repeated recommendation, 1.17)
Induction should start on the day after reception. (1.30)	Not achieved
Prisoners should be given more opportunities for work and activities immediately following induction. (1.31)	Not achieved
The violence reduction policy should specifically focus on strategies to deal with bullying-related issues at Wakefield and should make clear what sanctions apply to non-compliance with an antisocial behaviour compact. (3.13)	Not achieved (Repeated recommendation, 1.36)
The antisocial behaviour booklets should make clear why a prisoner is the subject of monitoring. (3.14)	No longer relevant
Prisoners should be invited to the monthly meetings to discuss their progress on an antisocial behaviour compact. (3.15)	No longer relevant

The safer prisons team should investigate all incidents of potential bullying, including all unexplained injuries, assaults and security information reports such as threats that may be indicative of bullying. (3.16)	Partially achieved
Actions arising from bullying investigations should be more specific, measurable and time-bound. (3.17)	Not achieved
Monitoring of bullying should scrutinise characteristics of victims, including by age, to establish whether certain groups are more vulnerable. (3.18)	Achieved
The victim support form should be completed for all prisoners identified as victims of bullying. (3.19)	Not achieved (Repeated recommendation, 1.38)
Trends in bullying and actions to address them should be fully discussed at the safer prisons and senior management team meetings. (3.20)	Partially achieved
The anti-bullying survey should explore the nature of bullying and why it takes place and include an action plan. (3.21)	Partially achieved
The self-harm and suicide prevention strategy should outline the specific needs and risks of the more vulnerable groups of prisoners held at Wakefield and how they will be met. (3.38)	Partially achieved
Health care and mental health staff should regularly attend the safer prisons meetings. (3.39)	Achieved
Assessment, care in custody and teamwork (ACCT) procedures should be improved with a more multidisciplinary approach, including mental health professionals, better consistency of case management with named staff responsible for actions and more effective daily engagement and monitoring. (3.40)	Partially achieved
Management checks should effectively monitor the quality of ACCTs. (3.41)	Achieved
Support for prisoners who have experienced sexual abuse should be available from trained professionals. (3.42)	Not achieved (Repeated recommendation, 1.55)
Managers should keep a record in prisoners' history sheets of when they have taken a call from a prisoner's friend or family member expressing concerns. (3.43)	Partially achieved
Prisoners in health care should have the same access to Listeners as elsewhere in the prison. (3.44)	Not achieved (Repeated recommendation, 1.56)
A Listener care suite should be provided. (3.45)	Achieved
Safer cells on D wing should be adequately heated and free from ligature points. (3.46)	Not achieved (Repeated recommendation, 1.57)
There should be a clear protocol for the use of the safer cells, camera cells and constant observation, which should involve continuing interaction. A log of the use of these facilities should be kept. (3.47)	Partially achieved
Local prison rules should be displayed in residential areas and communicated to prisoners. (6.15)	Achieved
Rights of appeal against categorisation decisions should be given in writing. (6.16)	Achieved
Use of force documentation should be certified by an appropriate manager who was not involved in the recorded incident. (6.38)	Achieved
A central register should be retained of any use of special accommodation, which should be appropriately authorised by the governor in charge and all original documentation should be retained. (6.39)	Achieved

The use of the special cell as 'normal' accommodation with or without cardboard furniture should cease. (6.40)	Achieved
The use of any cell from which the normal furniture has been removed, or which contains a person in anti-ligature/strip clothing, should be authorised and recorded as use of special accommodation. (6.41)	Achieved
Prisoners should not routinely be strip-searched or deprived of their normal clothing on placement in special or unfurnished accommodation. (6.42)	Not achieved (Repeated recommendation, 1.97)
Independent Monitoring Board members should be informed of all use of special accommodation and properly briefed on roles and responsibilities for its continuing use. (6.43)	Achieved
Prisoners in the segregation unit should be monitored for psychological deterioration and care plans put in place based on individual need. (6.44)	Not achieved (Repeated recommendation, 1.98)
Prisoners in the segregation unit should be allocated a designated case officer to manage them during their period of segregation. (6.45)	Achieved
Access to mental health services for those in segregation should be increased. (6.46)	Achieved
Prisoners in the segregation unit should be able to shower daily. (6.47)	Achieved
Long stayers should be given access to gym facilities and risk-assessed association and in-cell activities should be increased to mitigate the effects of segregation. (6.48)	Not achieved (Repeated recommendation, 1.99)
Staff working in the segregation unit should be rotated to other areas of work according to the staff rotation policy. (6.49)	Achieved
The segregation unit exercise yard should be improved and contain seating. (6.50)	Not achieved (Repeated recommendation, 1.100)
Records of segregation reviews should be specific to that individual and not include repeated generic targets. (6.51)	Not achieved (Repeated recommendation, 1.101)
In-cell electricity should be installed in the segregation unit. (6.52)	Not achieved (Repeated recommendation, 1.102)
Toilets in segregation unit cells should be deep cleaned. (6.53)	Not achieved (Repeated recommendation, 1.103)
Damaged flooring in the segregation unit should be replaced. (6.54)	Achieved
The close supervision centre should be located in a less austere environment, better suited to long-term stays and separate from the segregation unit. (6.64)	Not achieved (Repeated recommendation, 1.114)
Mental health services in the close supervision centre should be increased to meet the need. (6.65)	Partially achieved
Visits in the close supervision centre should be open contact visits unless a specific risk assessment deems it unsafe. (6.66)	Not achieved (Repeated recommendation, 1.115)
Prisoners in the close supervision centre should be managed with a view to progression and the feasibility of de-institutionalisation work should be explored with all prisoners. (6.67)	Partially achieved
There should be more meaningful activity available in the close supervision centre. (6.68)	Not achieved (Repeated recommendation, 1.116)

Staff support should be more integrated into the operation of the close supervision centre. (6.69)	Achieved
All staff in the close supervision centre should be specially selected for their therapeutic skills and staff should not normally work in a close supervision centre environment for more than two years or so. (6.70)	Achieved
Designated close supervision centre cells in the segregation unit should not be used for long periods and prisoners held there should have access to activities, including physical education and education, on the same basis as prisoners housed in the close supervision centre unit. (6.71)	Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2008, relationships were satisfactory, but prisoners did not feel well supported by staff. Some attention was being given to developing the personal officer scheme. Living conditions were generally good and the food was satisfactory. Some responses to complaints were poor. The incentives and earned privileges (IEP) scheme did little to motivate prisoners. Some very good diversity work was taking place, but black and minority ethnic prisoners reported significantly worse experiences than others. More GP services were needed and mental health was severely under-resourced, but otherwise health services were satisfactory. The prison was performing reasonably well against this healthy prison test.

Main recommendations

A strategy should be developed to deal directly with the underlying negative perceptions of prisoners about staff culture. Regular feedback should be provided to staff and prisoners about action taken. (HP43)	Partially achieved
Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (HP44)	Partially achieved (Repeated recommendation, 2.31)
A full range of multi-professional primary, secondary and tertiary mental health services should be available from staff with appropriate skills to meet the needs of prisoners at Wakefield. (HP45)	Achieved
F wing should be designated as unfit for purpose and taken out of use as soon as feasible. (HP46)	Not achieved (Recommendation repeated, HP56)

Recommendations

A standard list of items that prisoners are allowed in possession should be established for the high security estate. (2.19)	Not achieved (Repeated recommendation, 2.13)
In-cell toilets should be adequately screened. (2.15)	Not achieved (Repeated recommendation, 2.14)
Stocks of cleaning materials, clothing and mattresses should be better managed to ensure that prisoners have appropriate access. (2.16)	Partially achieved
All showers should provide appropriate privacy for prisoners. (2.17)	Not achieved (Repeated recommendation, 2.15)
Flasks should be issued to all prisoners and arrangements made for these to be replaced where there are reasonable explanations for loss or damage. (2.18)	Partially achieved

Consultation meetings should involve larger numbers of elected prisoner representatives. (2.26)	Achieved
Unless there are clear security issues, staff should alert prisoners before entering or observing prisoners in cells. (2.27)	Not achieved
Personal or case officers should actively engage informally with prisoners for whom they are responsible to establish good working relationships and get to know their personal circumstances. (2.38)	Achieved
Wing file entries on history sheets and on case officer feedback reports should demonstrate that officers encourage men to maintain contact with individual family members and challenge and support them to comply with their sentence planning targets. (2.39)	Partially achieved
Men with specific care needs should have regularly monitored care plans as part of their wing files. (2.40)	Partially achieved
An overarching diversity policy should include all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis. (3.66)	Not achieved (Repeated recommendation, 2.32)
Prisoners with disabilities and older prisoners should be consulted about their needs and care and this should be reflected in wing files. (3.67)	Achieved
Prisoners with disabilities should be involved in the development of the disability policy, which should set out the methods for assessing the impact of policies and practice and the arrangements to help the prison meet its duty under the Disability Discrimination Act. (3.68)	Partially achieved
Monitoring by a multidisciplinary team should be introduced to ensure that prisoners from minority groups are not victimised or excluded from any activity. (3.69)	Achieved
All staff should be trained in race equality and diversity. (3.70)	Achieved
The number of officers from black and minority ethnic groups should be increased. (3.86)	Not achieved
The race equality action team membership should include external representation. (3.87)	Not achieved (Repeated recommendation, 2.33)
Race equality monitoring should cover prisoners on antisocial behaviour compacts. (3.88)	Not achieved
Black and minority ethnic prisoners should be able to meet together with race equality prisoner representatives to discuss issues of importance to them. These views should be reported back to the race equality action team and action fed back to black and minority ethnic prisoners. (3.89)	Achieved
Displays throughout the prison should reflect the racial diversity of the population. (3.90)	Not achieved (Repeated recommendation, 2.48)
All staff should receive race and diversity training and all managers should receive specific training to give them the confidence to challenge inappropriate language and behaviour. (3.91)	Achieved
The foreign national policy should be comprehensive, based on a needs analysis and include an action plan against agreed targets. (3.107)	Partially achieved
There should be a multidisciplinary foreign national committee to ensure that the needs of foreign national prisoners are identified, represented and addressed. This should include foreign national prisoner and external representatives and investigate and address the significant differences highlighted in our survey. (3.108)	Partially achieved

Interpreting services should be used whenever necessary and this should be recorded. (3.109)	Partially achieved
Prisoners with limited understanding of English should not have to make written applications. (3.110)	Partially achieved
Complaints should be answered by staff able to provide a clear, accurate and authoritative answer. (3.121)	Partially achieved
Only senior managers should answer complaints about staff behaviour. (3.122)	Not achieved
There should be improved analysis of the nature of complaints to enable managers to identify progress or developing problem areas. (3.123)	Achieved
The numbers of complaints withdrawn should be monitored and the reasons analysed. (3.124)	Achieved
A senior manager should routinely monitor the quality of responses to complaints. (3.125)	Achieved
A full dental surgery inspection should be carried out by/on behalf of the primary care trust. (4.53)	Achieved
Medications should be stored in metal cupboards fixed to the fabric of the building. (4.54)	Achieved
Prisoners should have confidentiality during medication collection times to minimise potential bullying and diversion of supplies. (4.55)	Achieved
During medication administration, no other activities should take place in the treatment area. (4.56)	Achieved
The actions identified in the primary care trust 2008 infection control audit should be completed. (4.57)	Achieved
Prisoners should be given information about prison health services in a format they can understand that explains how to access services. (4.58)	Achieved
The staffing review should include all clinical staff, including pharmacy and GPs, and the findings/recommendations should be implemented expeditiously. (4.59)	Achieved
All staff should have access to clinical supervision. (4.60)	Achieved
All staff should have resuscitation training, including defibrillation, at least annually. (4.61)	Achieved
Health services staff should have training for working with older people, including how to recognise signs of mental health problems and how to identify social care needs. (4.62)	Achieved
The services provided for the loan of occupational therapy equipment should be clarified. (4.63)	Partially achieved
All clinical record keeping, including clinical notes and prescription charts, should conform to professional guidance from the regulatory bodies. (4.64)	Achieved
It should be made clear on both paper and computerised records when a patient is taking medications supervised or in possession. (4.65)	Achieved
The controlled drugs register for the main controlled drugs cabinet in the pharmacy should comply with current legislation. (4.66)	Achieved
Prisoners should have access to the NHS complaints system. (4.67)	Not achieved
The reception screen should be reviewed to ensure that all information elicited from the patient is acted on as appropriate. (4.68)	Achieved
Applications for health services should be confidential. (4.69)	Achieved
The amount and range of primary care services should meet the needs of the population. (4.70)	Achieved

All prisoners should receive hepatitis B vaccinations if they wish to. (4.71)	Achieved
Health promotion services should include smoking cessation courses. (4.72)	Achieved
There should be a robust system to ensure that all prisoners who suffer an accident or injury, however caused, are seen by a health care professional. (4.73)	Achieved
Work should be done to assess the failure to attend rates for clinics, including dental sessions, and the reasons why appointments are missed. (4.74)	Achieved
A protocol should be developed for out of hours cover for dental services. (4.75)	Achieved
The in-possession policy should include a compact to be signed by all participating prisoners agreeing to the terms of the policy. (4.76)	Achieved
The risk assessment for in-possession medications should be available at the point of administration. (4.77)	Achieved (Repeated recommendation, 2.97)
A step wise approach to pain management, such as the World Health Organisation analgesic ladder, should be used. (4.78)	Achieved
Lockable storage in cells for patients who have their medication in possession should be introduced. (4.79)	Achieved
There should be a review of out of hours cupboard stock levels to avoid prisoners being left without treatment for minor ailments. (4.80)	Achieved
The medicines and therapeutics committee should develop and implement a prescribing formulary and special sick policy and ensure that prescribing is evidence-based. (4.81)	Achieved
The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (4.82)	Not achieved (Repeated recommendation, 2.95)
None of the in-patient beds should be on the certified normal accommodation. (4.83)	Not achieved
There should be a robust system for the monitoring of cancelled hospital appointments to ensure patients are seen within NHS targets. (4.84)	Achieved
Day services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (4.85)	Not achieved (Repeated recommendation, 2.103)
Primary mental health services should include talking and other appropriate therapies for people with mild to moderate mental health problems. (4.86)	Achieved
Prisoners with severe mental health problems who are assessed as requiring secondary or tertiary care services should be transferred expeditiously. (4.87)	Achieved
Visiting health care professionals should have easy access to their patients' clinical records and be able to discuss their patients' care with prison health services staff. (4.88)	Achieved
There should be an urgent review of the mental health provision for prisoners in the close supervision centre. (4.89)	Achieved
Prisoners held in the close supervision centre should have access to comprehensive mental health services on a one to one basis. (4.90)	Achieved
A consultant forensic psychiatrist should contribute to casework management. (4.91)	Achieved
A larger multi-faith room should be provided to meet the needs of prisoners. (5.40)	Not achieved

All prisoners should be able to spend at least 10 hours a day out of their cells. (5.50)	Not achieved (Repeated recommendation, 3.8)
The policy for unlocking prisoners who are medically unfit or retired during the core day should be clarified, published and applied consistently. (5.51)	Achieved
All prisoners should have the opportunity for at least one hour of exercise in the open air every day. (5.52)	Not achieved (Repeated recommendation, 3.9)
The low take up of outside exercise should be raised with prisoners at consultation meetings. (5.53)	No longer relevant
The core day should be published on the wings. (5.54)	Achieved
Unconvicted prisoners should have the opportunity to take part in work activities off the wing. (5.55)	Not achieved (Repeated recommendation, 3.10)
A full review of the incentives and earned privileges (IEP) scheme at Wakefield should be undertaken to see how far the scheme meets the national aims including encouraging prisoners to engage in sentence planning and benefit from activities. The review should be part of an overall strategy to deal with the number of men at Wakefield not yet ready to engage in offence-related programmes. (6.79)	Partially achieved
Remanded and unconvicted prisoners should have access to the same spending allowances as they would be entitled to in a local prison. (6.80)	Achieved
Refusal to work or attend work should be dealt with under the IEP scheme. (6.81)	Achieved
There should be greater differentials between standard and enhanced levels and all privileges should be explicitly stated in the IEP policy. (6.82)	Partially achieved
Prisoners on the standard level should not be denied access to higher level education opportunities. (6.83)	Achieved
The kitchen should be refurbished to make it fit for purpose. (7.9)	Achieved
The daily menu should reflect a broader cultural diversity. (7.10)	Achieved
Left-over food should be offered to prisoners rather than thrown away. (7.11)	Achieved
Prisoners should not be required to eat in cells with uncovered and unscreened toilets. (7.12)	Not achieved
Products on the shop list should reflect supermarket prices. (7.23)	Not achieved (Repeated recommendation, 2.121)
There should be adequate products to meet the needs of black and minority ethnic prisoners. (7.24)	Not achieved (Repeated recommendation, 2.122)

Purposeful activity

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

At the last inspection, in 2008, time out of cell was reasonable for those in activity, but some prisoners were locked up longer than we would expect and there were no clear data about who was refusing to engage. Education provision was good and some skills training was delivered in workshops, but there were insufficient activity places particularly to meet the needs of category A prisoners and no work for

remand prisoners. Some better quality jobs were needed. The library was well used and physical education provision was good. The prison was performing reasonably well against this healthy prison test.

Main recommendations

Sufficient activity places should be provided in workshops and education to ensure full and purposeful activity for the population with equal access for all categories of prisoners. (HP42)	Not achieved (Repeated recommendation, HP58)
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Recommendations

The collection and analysis of data should be improved to improve access to activities. (5.18)	Achieved
Accredited courses should continue to be developed in workshops. (5.19)	Achieved
Further links should be developed with education to support literacy initiatives. (5.20)	Achieved
Peer Toe by Toe mentors should be able to acquire accredited qualifications. (5.21)	Achieved
An improved area for cardiovascular exercise should be provided. (5.28)	Achieved
Further efforts should be made to promote the gym to prisoners who do not participate in physical education. (5.29)	Achieved
The Sunday service should not clash with gym activities (5.39)	Achieved

Resettlement

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

At the last inspection, in 2008, a new reducing reoffending strategy had been agreed, but more active strategic development and oversight was needed. Offender management and planning operated reasonably well and there were good public protection arrangements. Some good quality programmes were delivered, but most prisoners did not participate and made little progress in their sentence. An alternative, more individualised approach was needed. The large number of those unwilling or unable to engage in programmes reinforced entrenched attitudes and reluctance to admit offences. Visits did not start on time and the children and families resettlement pathway was underdeveloped. The prison was not performing sufficiently well against this healthy prison test.

Main recommendations

The Prison Service should commission a full review of the high secure estate allocation criteria to ensure that the population mix at Wakefield, with a concentration of sex offenders in denial of their offences, does not reinforce entrenched attitudes and undermine efforts to engage them in work to reduce risk. (HP40)	Not achieved (Revised recommendation, HP59)
Wakefield should devise a comprehensive prison-wide strategy to help prepare and motivate men who are not engaging in offence-related work to take part in activities and interventions aimed at reducing risk, including the provision of individual counselling and mental health input, and work with personal officers. (HP41)	Not achieved (Revised recommendation, HP59)

Recommendations	
The reducing reoffending strategy and action plan should include details of offender management along with development objectives specific to the needs of particular groups at Wakefield. (8.6)	Not achieved (Repeated recommendation, 4.10)
The roles of the strategic forum for managing resettlement and the wider reducing reoffending agendas should be clarified and they should meet regularly. (8.7)	Achieved
Further analysis of the needs assessment undertaken in 2008 should take place to inform the development of appropriate services at Wakefield. (8.8)	Not achieved
There should be a system for prioritising prisoners by need to increase the frequency of contact by offender supervisors. (8.21)	Not achieved (Repeated recommendation, 4.26)
Casework supervision should be clarified and provided for all offender supervisors, whether prison officers or probation staff. (8.22)	Not achieved
Information and contact records should be contained together, where possible, with access available to all staff requiring it. (8.23)	Achieved
An assessment of resettlement needs, specifically in relation to the resettlement pathways, should be undertaken six months before prisoners are released. (8.24)	Partially achieved
The risk management strategic group should meet regularly to maintain the standard of public protection procedures. (8.25)	Achieved
Lifers and IPP prisoners should have access to regular forums to respond to their specific needs. (8.26)	Partially achieved
Prisoners identified as suffering from serious and enduring mental illness should be managed within the care programme approach framework. (8.35)	Achieved
The substance misuse strategy policy should be finalised and include a detailed action plan and performance measures. (8.46)	Partially achieved
A comprehensive needs analysis should be carried out locally and on an annual basis to inform the substance misuse strategy. (8.47)	Achieved
Training should be given to the operational support grade staff in the mail room to increase their awareness of high risk behaviour from all groups of prisoners. (8.65)	Not achieved
There should be at least one telephone for every 20 prisoners and they should be enclosed in booths for privacy. (8.66)	Not achieved
Disabled parking should be provided for visitors close to the prison. (8.67)	Not achieved (Repeated recommendation, 4.57)
Visits should start at the advertised time. (8.68)	Not achieved (Repeated recommendation, 4.58)
A closed visit should not be imposed after a positive indication by a drug dog without supporting evidence or an individual risk assessment. (8.69)	Not achieved
The play area in the visits room should be supervised by trained staff and a selection of suitable toys provided there and in the high-risk visits room. (8.70)	Partially achieved
The children and families pathway in the reducing reoffending strategy should be developed further and should accurately reflect the services provided. It should include targets for meeting identified need and should be regularly monitored and updated. (8.71)	Achieved
Prisoners should be able to undertake general relationship counselling with their immediate family. (8.72)	Not achieved

Subject to appropriate risk assessment and child protection considerations, there should be provision for prisoners to get incoming calls from children or to deal with arrangements for them. (8.73)	Achieved
There should be a qualified family support worker to help prisoners maintain or rebuild relationships and contact with their families or friends. (8.74)	Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		734	98.4
Recall		5	0.7
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees	1	6	0.9
Total	1	745	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	1	5	
Less than 6 months		1	
6 months to less than 12 months			
12 months to less than 2 years			
2 years to less than 4 years		1	
4 years to less than 10 years		11	
10 years and over (not life)		229	
Life		498	
Total	1	745	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years	1	0.1
21 years to 29 years	72	9.7
30 years to 39 years	138	18.5
40 years to 49 years	225	30.2
50 years to 59 years	180	24.1
60 years to 69 years	102	13.7
70 plus years	28	3.8
Please state maximum age		
Total	746	100

Nationality	18–20 yr olds	21 and over	%
British		668	
Foreign nationals	1	65	
Not stated		12	
Total	1	745	100

Security category	18–20 yr olds	21 and over	%
Cat A		133	
Cat A Hi		6	
Cat B		598	
Prov A		7	
Unclassified	1	1	
Total	1	745	100

Ethnicity	18–20 yr olds	21 and over	%
White Irish		14	1.9
White: Irish Traveller/Gypsy			
White: Any other background		29	3.9
White: Eng/Welsh/Scot./N.Irish/British		570	76.4
	0	613	82.2
Mixed			
Any other background		8	1.1
White and Asian		1	0.1
White and black African		3	0.4
White and black Caribbean		8	1.1
	0	20	2.7
Asian or Asian British			
Any other background	1	9	1.3
Bangladeshi		4	0.5
Indian		4	0.5
Pakistani		17	2.3
	1	34	4.7
Black or Black British			
African		13	1.7
Any other Background		13	1.7
Caribbean		29	3.9
	0	55	7.4
Chinese or other ethnic group			
Chinese		1	0.1
Other ethnic group		6	0.8
	0	7	0.9
Not stated/code missing		10	1.3
Prefer not to say		6	0.8
Total	1	16	100

Religion	18–20 yr olds	21 and over	%
Baptist		1	0.1
Church of England		250	33.5
Roman Catholic		105	14.1
Other Christian denominations		71	9.5
Muslim	1	82	11.1
Sikh		2	0.3
Hindu		1	0.1
Buddhist		30	4
Jewish		12	1.6
Other		44	5.9
No religion		147	19.7
Total	1	745	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			13	1.7
1 month to 3 months			22	2.8

3 months to 6 months			53	7.1
6 months to 1 year			78	10.5
1 year to 2 years			107	14.3
2 years to 4 years			130	17.4
4 years or more			318	42.6
Total	0	0	740	99.2

Unsentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			1	16.7
1 month to 3 months	1	16.7	2	33.3
3 months to 6 months				
6 months to 1 year			2	33.3
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total	1	16.7	5	83.3

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 the 8 May 2012 the prisoner population at HMP Wakefield was 739 (excluding the close supervision centre (CSC)). The sample size was 205. Overall, this represented 28% of the prisoner population.

The population of the CSC unit was sampled separately from the main population at HMP Wakefield. At the time of the survey, the population of this distinct area was seven and the sample included all prisoners.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-Nomis 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. Seventeen respondents from the main location and five respondents from the CSC population refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, three respondents were interviewed.

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time;

- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

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

Response rates

In total, 184 respondents completed and returned their questionnaires. This represented 25% of the prison population. The response rate was 90%. In addition to the seventeen respondents who refused to complete a questionnaire, two questionnaires were not returned and two were returned blank.

From the CSC unit, two respondents completed and returned their questionnaires. Five respondents from the CSC unit refused to complete a questionnaire.

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 2012 against comparator figures for all prisoners surveyed in high security prisons. This comparator is based on all responses from prisoner surveys carried out in four high security prisons since April 2010.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Wakefield in 2008.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2012 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2012 survey between all the responses of prisoners who are veterans (ex-armed services) and those who are not.

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 changes to percentages from previously published surveys. However, all 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 for certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all 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 for comparison purposes. Comparator data depicting survey responses from HMP Wakefield in 2008 have been amended within the current analysis to exclude respondents from the CSC unit so percentages may not match previously published data.

Survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	1	(1%)
	<i>21 - 29</i>	15	(8%)
	<i>30 - 39</i>	36	(20%)
	<i>40 - 49</i>	50	(27%)
	<i>50 - 59</i>	43	(23%)
	<i>60 - 69</i>	28	(15%)
	<i>70 and over</i>	10	(5%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	180	(98%)
	<i>Yes - on recall</i>	0	(0%)
	<i>No - awaiting trial</i>	2	(1%)
	<i>No - awaiting sentence</i>	0	(0%)
	<i>No - awaiting deportation</i>	1	(1%)
Q1.4	How long is your sentence?		
	Not sentenced	3	(2%)
	<i>Less than 6 months</i>	0	(0%)
	<i>6 months to less than 1 year</i>	0	(0%)
	<i>1 year to less than 2 years</i>	1	(1%)
	<i>2 years to less than 4 years</i>	0	(0%)
	<i>4 years to less than 10 years</i>	12	(7%)
	<i>10 years or more</i>	50	(28%)
	<i>IPP (indeterminate sentence for public protection)</i>	25	(14%)
	<i>Life</i>	88	(49%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	<i>Yes</i>	18	(10%)
	<i>No</i>	164	(90%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	181	(100%)
	<i>No</i>	0	(0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	179	(99%)
	<i>No</i>	2	(1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/Scottish/Northern Irish)</i>	137	(76%)
	<i>White - Irish</i>	5	(3%)
	<i>White - other</i>	6	(3%)
	<i>Black or black British - Caribbean</i> ..	11	(6%)
	<i>Black or black British - African</i>	3	(2%)
	<i>Black or black British - other</i>	0	(0%)
	<i>Asian or Asian British - Chinese</i>	0	(0%)
	<i>Asian or Asian British - other</i>	0	(0%)
	<i>Mixed race - white and black Caribbean</i>	5	(3%)
	<i>Mixed race - white and black African</i>	2	(1%)
	<i>Mixed race - white and Asian</i>	1	(1%)
	<i>Mixed race - other</i>	2	(1%)

<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i> ...	5 (3%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	3 (2%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

<i>Yes</i>	5 (3%)
<i>No</i>	175 (97%)

Q1.10 What is your religion?

<i>None</i>	38 (21%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	61 (34%)	<i>Jewish</i>	4 (2%)
<i>Catholic</i>	25 (14%)	<i>Muslim</i>	14 (8%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	12 (7%)	<i>Other</i>	15 (8%)
<i>Buddhist</i>	6 (3%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	163 (91%)
<i>Homosexual/gay</i>	9 (5%)
<i>Bisexual</i>	7 (4%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

<i>Yes</i>	54 (30%)
<i>No</i>	129 (70%)

Q1.13 Are you a veteran (ex-armed services)?

<i>Yes</i>	23 (13%)
<i>No</i>	156 (87%)

Q1.14 Is this your first time in prison?

<i>Yes</i>	74 (40%)
<i>No</i>	109 (60%)

Q1.15 Do you have children under the age of 18?

<i>Yes</i>	62 (34%)
<i>No</i>	121 (66%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

<i>Less than 2 hours</i>	51 (28%)
<i>2 hours or longer</i>	109 (60%)
<i>Don't remember</i>	23 (13%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	51 (28%)
<i>Yes</i>	56 (31%)
<i>No</i>	64 (35%)
<i>Don't remember</i>	12 (7%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	51 (28%)
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Yes	12 (7%)
No	110 (60%)
Don't remember	9 (5%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	127 (70%)
	No	33 (18%)
	Don't remember	21 (12%)

Q2.5	On your most recent journey here, did you feel safe?	
	Yes	129 (71%)
	No	43 (24%)
	Don't remember	9 (5%)

Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	42 (23%)
	Well	74 (41%)
	Neither	42 (23%)
	Badly	9 (5%)
	Very badly	7 (4%)
	Don't remember	6 (3%)

Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	97 (53%)
	Yes, I received written information	12 (7%)
	No, I was not told anything	71 (39%)
	Don't remember	4 (2%)

Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	145 (80%)
	No	32 (18%)
	Don't remember	4 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	96 (52%)
	2 hours or longer	57 (31%)
	Don't remember	31 (17%)

Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	143 (79%)
	No	29 (16%)
	Don't remember	10 (5%)

Q3.3	Overall, how were you treated in reception?	
	Very well	41 (23%)
	Well	79 (44%)
	Neither	34 (19%)
	Badly	15 (8%)
	Very badly	10 (6%)
	Don't remember	1 (1%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	30 (17%)	<i>Physical health</i>
	<i>Housing problems</i>	7 (4%)	<i>Mental health</i>
	<i>Contacting employers</i>	0 (0%)	<i>Needing protection from other prisoners</i>
	<i>Contacting family</i>	45 (25%)	<i>Getting phone numbers</i>
	<i>Childcare</i>	2 (1%)	<i>Other</i>
	<i>Money worries</i>	17 (10%)	Did not have any problems
	<i>Feeling depressed or suicidal</i>	33 (19%)	68 (38%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>	37 (22%)	
	<i>No</i>	67 (39%)	
	Did not have any problems	68 (40%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>	103 (57%)	
	<i>A shower</i>	29 (16%)	
	<i>A free telephone call</i>	78 (43%)	
	<i>Something to eat</i>	74 (41%)	
	<i>PIN phone credit</i>	23 (13%)	
	<i>Toiletries/basic items</i>	79 (44%)	
	Did not receive anything	27 (15%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>	69 (38%)	
	<i>Someone from health services</i>	105 (58%)	
	<i>A Listener/Samaritans</i>	36 (20%)	
	<i>Prison shop/canteen</i>	24 (13%)	
	Did not have access to any of these	46 (26%)	
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>	62 (35%)	
	<i>What support was available for people feeling depressed or suicidal</i>	46 (26%)	
	<i>How to make routine requests (applications)</i>	56 (32%)	
	<i>Your entitlement to visits</i>	42 (24%)	
	<i>Health services</i>	60 (34%)	
	<i>Chaplaincy</i>	53 (30%)	
	Not offered any information	76 (43%)	
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>	128 (70%)	
	<i>No</i>	44 (24%)	
	<i>Don't remember</i>	10 (5%)	
Q3.10	How soon after you arrived here did you go on an induction course?		
	Have not been on an induction course	17 (9%)	
	<i>Within the first week</i>	34 (19%)	
	<i>More than a week</i>	113 (62%)	
	<i>Don't remember</i>	19 (10%)	

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 17 (10%)
 Yes 84 (47%)
 No 62 (35%)
 Don't remember 15 (8%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 40 (23%)
 Within the first week 8 (5%)
 More than a week 84 (48%)
 Don't remember 43 (25%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
<i>Communicate with your solicitor/ legal representative?</i>	38 (21%)	76 (43%)	11 (6%)	18 (10%)	11 (6%)	23 (13%)
<i>Attend legal visits?</i>	29 (18%)	75 (48%)	13 (8%)	11 (7%)	5 (3%)	24 (15%)
<i>Get bail information?</i>	4 (3%)	8 (7%)	4 (3%)	3 (2%)	7 (6%)	97 (79%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters 13 (7%)
 Yes 94 (52%)
 No 73 (41%)

Q4.3 Can you get legal books in the library?
 Yes 123 (69%)
 No 6 (3%)
 Don't know 50 (28%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
<i>Do you normally have enough clean, suitable clothes for the week?</i>	151 (85%)	27 (15%)	0 (0%)
<i>Are you normally able to have a shower every day?</i>	171 (96%)	8 (4%)	0 (0%)
<i>Do you normally receive clean sheets every week?</i>	118 (66%)	59 (33%)	1 (1%)
<i>Do you normally get cell cleaning materials every week?</i>	86 (49%)	91 (51%)	0 (0%)
<i>Is your cell call bell normally answered within five minutes?</i>	70 (39%)	64 (36%)	44 (25%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	126 (71%)	49 (28%)	2 (1%)
<i>If you need to, can you normally get your stored property?</i>	49 (28%)	62 (36%)	63 (36%)

Q4.5 What is the food like here?
 Very good 2 (1%)
 Good 29 (16%)

Neither.....	59 (32%)
Bad.....	56 (31%)
Very bad.....	36 (20%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/don't know</i>	2 (1%)
	Yes.....	56 (31%)
	No.....	124 (68%)
Q4.7	Can you speak to a Listener at any time if you want to?	
	Yes.....	117 (64%)
	No.....	13 (7%)
	Don't know.....	53 (29%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	95 (52%)
	No.....	37 (20%)
	Don't know/N/A.....	49 (27%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	96 (53%)
	No.....	22 (12%)
	Don't know/N/A.....	64 (35%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	50 (28%)
	Very easy.....	32 (18%)
	Easy.....	45 (25%)
	Neither.....	10 (6%)
	Difficult.....	7 (4%)
	Very difficult.....	9 (5%)
	Don't know.....	25 (14%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes.....	154 (84%)
	No.....	24 (13%)
	Don't know.....	5 (3%)
Q5.2	Please answer the following questions about applications:	
	<i>(If you have not made an application please tick the 'not made one' option.)</i>	
		Not made one
		Yes
		No
	Are applications dealt with fairly?	11 (6%) 88 (51%) 72 (42%)
	Are applications dealt with quickly (within seven days)?	11 (7%) 65 (41%) 84 (53%)
Q5.3	Is it easy to make a complaint?	
	Yes.....	125 (71%)
	No.....	23 (13%)
	Don't know.....	28 (16%)

Q5.4	Please answer the following questions about complaints: (If you have not made a complaint please tick the 'not made one' option.)			
		Not made one	Yes	No
	Are complaints dealt with fairly?	53 (30%)	36 (21%)	85 (49%)
	Are complaints dealt with quickly (within seven days)?	53 (31%)	48 (28%)	68 (40%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes		47 (27%)	
	No		127 (73%)	
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>		57 (33%)	
	Very easy		9 (5%)	
	Easy		31 (18%)	
	Neither		44 (25%)	
	Difficult		22 (13%)	
	Very difficult		10 (6%)	

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		5 (3%)	
	Yes		81 (45%)	
	No		89 (49%)	
	<i>Don't know</i>		7 (4%)	
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)			
	<i>Don't know what the IEP scheme is</i>		5 (3%)	
	Yes		60 (34%)	
	No		98 (55%)	
	<i>Don't know</i>		15 (8%)	
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?			
	Yes		5 (3%)	
	No		177 (97%)	
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?			
	<i>I have not been to segregation in the last 6 months</i>		150 (87%)	
	Very well		4 (2%)	
	Well		7 (4%)	
	Neither		4 (2%)	
	Badly		3 (2%)	
	Very badly		5 (3%)	

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?		
	Yes	135 (75%)	
	No	45 (25%)	

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	137 (76%)
	No	44 (24%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	53 (29%)
	No	130 (71%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	8 (4%)
	Never	24 (13%)
	Rarely	60 (33%)
	Some of the time	59 (32%)
	Most of the time	23 (13%)
	All of the time	8 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	22 (12%)
	In the first week	49 (27%)
	More than a week	70 (38%)
	Don't remember	41 (23%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/her	22 (12%)
	Very helpful	33 (19%)
	Helpful	55 (31%)
	Neither	29 (16%)
	Not very helpful	19 (11%)
	Not at all helpful	20 (11%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	86 (48%)
	No	95 (52%)
Q8.2	Do you feel unsafe now?	
	Yes	34 (20%)
	No	140 (80%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	95 (56%)
	Everywhere	18 (11%)
	Segregation unit	13 (8%)
	Association areas	28 (17%)
	Reception area	7 (4%)
	At the gym	12 (7%)
	In an exercise yard	29 (17%)
	At work	17 (10%)
	During movement	24 (14%)
	At education	7 (4%)
	At mealtimes	18 (11%)
	At health services	15 (9%)
	Visits area	10 (6%)
	In wing showers	28 (17%)
	In gym showers	3 (2%)
	In corridors/stairwells	18 (11%)
	On your landing/wing	31 (18%)
	In your cell	23 (14%)
	At religious services	2 (1%)

Q8.4	Have you been victimised by other prisoners here?	
	Yes	68 (38%)
	No	111 (62%)
Q8.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	42 (24%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	18 (10%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	44 (25%)
	<i>Having your canteen/property taken</i>	7 (4%)
	<i>Medication</i>	12 (7%)
	<i>Debt</i>	3 (2%)
	<i>Drugs</i>	7 (4%)
	<i>Your race or ethnic origin</i>	12 (7%)
	<i>Your religion/religious beliefs</i>	14 (8%)
	<i>Your nationality</i>	11 (6%)
	<i>You are from a different part of the country than others</i>	10 (6%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	11 (6%)
	<i>Your age</i>	11 (6%)
	<i>You have a disability</i>	10 (6%)
	<i>You were new here</i>	10 (6%)
	<i>Your offence/crime</i>	22 (12%)
	<i>Gang related issues</i>	11 (6%)
Q8.6	Have you been victimised by staff here?	
	Yes	78 (43%)
	No	103 (57%)
Q8.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	30 (17%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	8 (4%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	49 (27%)
	<i>Medication</i>	7 (4%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	3 (2%)
	<i>Your race or ethnic origin</i>	14 (8%)
	<i>Your religion/religious beliefs</i>	13 (7%)
	<i>Your nationality</i>	2 (1%)
	<i>You are from a different part of the country than others</i>	9 (5%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	5 (3%)
	<i>Your age</i>	8 (4%)
	<i>You have a disability</i>	11 (6%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/crime</i>	34 (19%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	82 (47%)
	Yes	49 (28%)
	No	43 (25%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor		9 (5%)	11 (6%)	69 (38%)	31 (17%)	48 (26%)	15 (8%)
The nurse		11 (6%)	20 (11%)	91 (52%)	24 (14%)	22 (13%)	8 (5%)
The dentist		22 (13%)	6 (3%)	20 (11%)	13 (7%)	65 (37%)	48 (28%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor		4 (2%)	21 (12%)	66 (37%)	34 (19%)	33 (19%)	20 (11%)
The nurse		7 (4%)	22 (13%)	72 (41%)	40 (23%)	19 (11%)	16 (9%)
The dentist		28 (17%)	18 (11%)	52 (31%)	25 (15%)	24 (14%)	22 (13%)
Q9.3	What do you think of the overall quality of the health services here?						
		<i>Not been</i>					3 (2%)
		<i>Very good</i>					17 (9%)
		<i>Good</i>					48 (26%)
		<i>Neither</i>					53 (29%)
		<i>Bad</i>					38 (21%)
		<i>Very bad</i>					23 (13%)
Q9.4	Are you currently taking medication?						
		<i>Yes</i>					122 (67%)
		<i>No</i>					61 (33%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
		<i>Not taking medication</i>					61 (33%)
		<i>Yes, all my meds</i>					64 (35%)
		<i>Yes, some of my meds</i>					39 (21%)
		<i>No</i>					19 (10%)
Q9.6	Do you have any emotional or mental health problems?						
		<i>Yes</i>					49 (28%)
		<i>No</i>					129 (72%)
Q9.7	Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
		<i>Do not have any emotional or mental health problems</i>					129 (73%)
		<i>Yes</i>					19 (11%)
		<i>No</i>					28 (16%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
		<i>Yes</i> 16 (9%)
		<i>No</i> 164 (91%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
		<i>Yes</i> 22 (12%)
		<i>No</i> 158 (88%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	15 (8%)
	<i>Easy</i>	25 (14%)
	<i>Neither</i>	8 (5%)
	<i>Difficult</i>	4 (2%)
	<i>Very difficult</i>	6 (3%)
	<i>Don't know</i>	119 (67%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	8 (4%)
	<i>Easy</i>	17 (10%)
	<i>Neither</i>	7 (4%)
	<i>Difficult</i>	10 (6%)
	<i>Very difficult</i>	15 (8%)
	<i>Don't know</i>	121 (68%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	5 (3%)
	<i>No</i>	175 (97%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	8 (4%)
	<i>No</i>	171 (96%)
Q10.7	Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not/do not have a drug problem</i>	156 (88%)
	<i>Yes</i>	9 (5%)
	<i>No</i>	13 (7%)
Q10.8	Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, whilst in this prison?	
	<i>Did not/do not have an alcohol problem</i>	158 (89%)
	<i>Yes</i>	12 (7%)
	<i>No</i>	7 (4%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	158 (91%)
	<i>Yes</i>	13 (8%)
	<i>No</i>	2 (1%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	
						<i>Very difficult</i>	
	Prison job	10 (6%)	17 (10%)	43 (25%)	26 (15%)	45 (26%)	32 (18%)
	Vocational or skills training	34 (21%)	11 (7%)	21 (13%)	23 (14%)	40 (25%)	33 (20%)
	Education (including basic skills)	30 (19%)	17 (11%)	41 (26%)	18 (11%)	33 (21%)	21 (13%)

Offending behaviour programmes	38 (23%)	13 (8%)	30 (18%)	22 (13%)	29 (17%)	35 (21%)
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Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	29 (17%)
Prison job	121 (69%)
Vocational or skills training	13 (7%)
Education (including basic skills).....	28 (16%)
Offending behaviour programmes.....	20 (11%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	16 (10%)	56 (35%)	79 (49%)	11 (7%)
Vocational or skills training	35 (29%)	37 (31%)	36 (30%)	11 (9%)
Education (including basic skills)	31 (25%)	44 (35%)	42 (34%)	8 (6%)
Offending behaviour programmes	32 (24%)	48 (36%)	36 (27%)	17 (13%)

Q11.4 How often do you usually go to the library?

Don't want to go	21 (12%)
<i>Never</i>	14 (8%)
<i>Less than once a week</i>	36 (20%)
<i>About once a week</i>	88 (50%)
<i>More than once a week</i>	17 (10%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	28 (16%)
Yes	107 (60%)
No	43 (24%)

Q11.6 How many times do you usually go to the gym each week?

Don't want to go	54 (31%)
<i>0</i>	49 (28%)
<i>1 to 2</i>	37 (21%)
<i>3 to 5</i>	31 (18%)
<i>More than 5</i>	4 (2%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	49 (28%)
<i>0</i>	51 (29%)
<i>1 to 2</i>	39 (22%)
<i>3 to 5</i>	24 (14%)
<i>More than 5</i>	14 (8%)

Q11.8 How many times do you usually have association each week?

Don't want to go	9 (5%)
<i>0</i>	9 (5%)
<i>1 to 2</i>	5 (3%)
<i>3 to 5</i>	9 (5%)
<i>More than 5</i>	144 (82%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

<i>Less than 2 hours</i>	12 (7%)
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2 to less than 4 hours.....	24 (14%)
4 to less than 6 hours.....	24 (14%)
6 to less than 8 hours.....	37 (21%)
8 to less than 10 hours.....	44 (25%)
10 hours or more.....	21 (12%)
Don't know.....	13 (7%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes.....	46 (26%)
	No.....	128 (74%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	94 (53%)
	No.....	85 (47%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes.....	27 (15%)
	No.....	149 (85%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	48 (27%)
	Very easy.....	11 (6%)
	Easy.....	14 (8%)
	Neither.....	7 (4%)
	Difficult.....	30 (17%)
	Very difficult.....	68 (38%)
	Don't know.....	1 (1%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	3 (2%)
	Yes.....	148 (84%)
	No.....	26 (15%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/NA</i>	29 (16%)
	No contact.....	40 (23%)
	Letter.....	77 (44%)
	Phone.....	27 (15%)
	Visit.....	57 (32%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	100 (61%)
	No.....	63 (39%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	3 (2%)
	Yes.....	152 (86%)

No 21 (12%)

Q13.5 How involved were you in the development of your sentence plan?
Do not have a sentence plan/not sentenced 24 (14%)
Very involved 20 (11%)
Involved 25 (14%)
Neither 21 (12%)
Not very involved 30 (17%)
Not at all involved 56 (32%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)
Do not have a sentence plan/not sentenced 24 (14%)
Nobody 83 (50%)
Offender supervisor 22 (13%)
Offender manager 26 (16%)
Named/ personal officer 14 (8%)
Staff from other departments 34 (20%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?
Do not have a sentence plan/not sentenced 24 (14%)
Yes 75 (43%)
No 45 (26%)
Don't know 30 (17%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?
Do not have a sentence plan/not sentenced 24 (14%)
Yes 31 (18%)
No 71 (40%)
Don't know 50 (28%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?
Do not have a sentence plan/not sentenced 24 (14%)
Yes 11 (6%)
No 76 (44%)
Don't know 63 (36%)

Q13.10 Do you have a needs based custody plan?
Yes 8 (5%)
No 67 (39%)
Don't know 99 (57%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?
Yes 16 (9%)
No 155 (91%)

Q13.12 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)

	<i>Do not need help</i>	Yes	No
Employment	29 (18%)	23 (14%)	113 (68%)
Accommodation	28 (17%)	23 (14%)	113 (69%)
Benefits	22 (14%)	24 (15%)	116 (72%)
Finances	25 (16%)	20 (13%)	114 (72%)
Education	31 (20%)	25 (16%)	102 (65%)

Drugs and alcohol 39 (25%) 26 (17%) 89 (58%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced 3 (2%)
Yes 96 (59%)
No 65 (40%)

Main comparator and comparator to last time



Prisoner survey responses HMP Wakefield 2012

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Wakefield 2012	High security prisons comparator	HMP Wakefield 2012	HMP Wakefield 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		184	671	184	112
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	1%	1%	0%
1.3	Are you sentenced?	98%	100%	98%	99%
1.3	Are you on recall?	0%	2%	0%	1%
1.4	Is your sentence less than 12 months?	0%	0%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	14%	14%	14%	6%
1.5	Are you a foreign national?	10%	11%	10%	10%
1.6	Do you understand spoken English?	100%		100%	
1.7	Do you understand written English?	99%		99%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	18%	29%	18%	18%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	3%	3%	
1.1	Are you Muslim?	8%	19%	8%	9%
1.11	Are you homosexual/gay or bisexual?	9%	6%	9%	11%
1.12	Do you consider yourself to have a disability?	30%	27%	30%	27%
1.13	Are you a veteran (ex-armed services)?	13%		13%	
1.14	Is this your first time in prison?	40%	37%	40%	46%
1.15	Do you have any children under the age of 18?	34%	46%	34%	41%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	60%	66%	60%	57%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	42%		42%	
2.3	Were you offered a toilet break?	9%		9%	
2.4	Was the van clean?	70%		70%	
2.5	Did you feel safe?	71%		71%	
2.6	Were you treated well/very well by the escort staff?	65%	55%	65%	59%
2.7	Before you arrived here were you told that you were coming here?	53%		53%	
2.7	Before you arrived here did you receive any written information about coming here?	7%		7%	
2.8	When you first arrived here did your property arrive at the same time as you?	80%	69%	80%	78%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	52%		52%	
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	66%	79%	72%
3.3	Were you treated well/very well in reception?	67%	51%	67%	53%
When you first arrived:					
3.4	Did you have any problems?	62%	73%	62%	70%
3.4	Did you have any problems with loss of property?	17%	30%	17%	18%
3.4	Did you have any housing problems?	4%	4%	4%	6%
3.4	Did you have any problems contacting employers?	0%	2%	0%	2%
3.4	Did you have any problems contacting family?	25%	34%	25%	27%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	5%	1%	10%
3.4	Did you have any money worries?	10%	13%	10%	20%
3.4	Did you have any problems with feeling depressed or suicidal?	19%	16%	19%	27%
3.4	Did you have any physical health problems?	19%		19%	
3.4	Did you have any mental health problems?	15%		15%	
3.4	Did you have any problems with needing protection from other prisoners?	5%	11%	5%	8%
3.4	Did you have problems accessing phone numbers?	18%	30%	18%	33%
For those with problems:					
3.5	Did you receive any help/support from staff in dealing with these problems?	36%		36%	
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	57%	50%	57%	53%
3.6	A shower?	16%	29%	16%	23%
3.6	A free telephone call?	43%	14%	43%	46%
3.6	Something to eat?	41%	62%	41%	54%
3.6	PIN phone credit?	13%		13%	
3.6	Toiletries/basic items?	44%		44%	

Key to tables

Main comparator and comparator to last time

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	38%		38%	
3.7	Someone from health services?	58%		58%	
3.7	A Listener/Samaritans?	20%		20%	
3.7	Prison shop/ canteen?	13%	9%	13%	7%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	34%	35%	29%
3.8	Support was available for people feeling depressed or suicidal?	26%	32%	26%	29%
3.8	How to make routine requests?	32%	30%	32%	25%
3.8	Your entitlement to visits?	24%	28%	24%	23%
3.8	Health services?	34%	38%	34%	29%
3.8	The chaplaincy?	30%	33%	30%	27%
3.9	Did you feel safe on your first night here?	70%	68%	70%	60%
3.10	Have you been on an induction course?	91%	88%	91%	90%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	52%	55%	52%	57%
3.12	Did you receive an education (skills for life) assessment?	77%		77%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	64%	56%	64%	59%
4.1	Attend legal visits?	66%	57%	66%	69%
4.1	Get bail information?	10%	10%	10%	7%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	52%	58%	52%	61%
4.3	Can you get legal books in the library?	69%		69%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	85%	68%	85%	86%
4.4	Are you normally able to have a shower every day?	96%	95%	96%	97%
4.4	Do you normally receive clean sheets every week?	66%	81%	66%	86%
4.4	Do you normally get cell cleaning materials every week?	49%	78%	49%	50%
4.4	Is your cell call bell normally answered within five minutes?	39%	54%	39%	52%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	62%	71%	72%
4.4	Can you normally get your stored property, if you need to?	28%	24%	28%	36%
4.5	Is the food in this prison good/very good?	17%	21%	17%	28%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	47%	31%	37%
4.7	Are you able to speak to a Listener at any time if you want to?	64%	50%	64%	66%
4.8	Are your religious beliefs are respected?	53%	44%	53%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	57%	53%	57%
4.10	Is it easy/very easy to attend religious services?	43%		43%	

Main comparator and comparator to last time

Key to tables

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Any percentage highlighted in blue is significantly worse				
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Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints				
5.1 Is it easy to make an application?	84%		84%	
For those who have made an application:				
5.2 Do you feel applications are dealt with fairly?	55%	49%	55%	57%
5.2 Do you feel applications are dealt with quickly (within seven days)?	44%	50%	44%	39%
5.3 Is it easy to make a complaint?	71%		71%	
For those who have made a complaint:				
5.4 Do you feel complaints are dealt with fairly?	30%	23%	30%	30%
5.4 Do you feel complaints are dealt with quickly (within seven days)?	41%	40%	41%	36%
5.5 Have you ever been prevented from making a complaint when you wanted to?	27%		27%	
5.6 Is it easy/very easy to see the Independent Monitoring Board?	23%	33%	23%	18%
SECTION 6: Incentive and earned privileges scheme				
6.1 Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	50%	45%	
6.2 Do the different levels of the IEP scheme encourage you to change your behaviour?	34%	39%	34%	
6.3 In the last six months have any members of staff physically restrained you (C&R)?	3%	6%	3%	
6.4 In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	48%		48%	
SECTION 7: Relationships with staff				
7.1 Do most staff, in this prison, treat you with respect?	75%	70%	75%	65%
7.2 Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	74%	76%	78%
7.3 Has a member of staff checked on you personally in the last week to see how you were getting on?	29%		29%	
7.4 Do staff normally speak to you most of the time/all of the time during association?	17%	26%	17%	24%
7.5 Do you have a personal officer?	88%	88%	88%	94%
For those with a personal officer:				
7.6 Do you think your personal officer is helpful/very helpful?	57%	53%	57%	57%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	48%	59%	48%	55%
8.2	Do you feel unsafe now?	20%	28%	20%	20%
8.4	Have you been victimised by other prisoners here?	38%	32%	38%	37%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	24%	14%	24%	18%
8.5	Hit, kicked or assaulted you?	10%	10%	10%	12%
8.5	Sexually abused you?	2%	2%	2%	4%
8.5	Threatened or intimidated you?	25%		25%	
8.5	Taken your canteen/property?	4%	6%	4%	7%
8.5	Victimised you because of medication?	7%		7%	
8.5	Victimised you because of debt?	2%		2%	
8.5	Victimised you because of drugs?	4%	4%	4%	2%
8.5	Victimised you because of your race or ethnic origin?	7%	6%	7%	8%
8.5	Victimised you because of your religion/religious beliefs?	8%	8%	8%	6%
8.5	Victimised you because of your nationality?	6%		6%	
8.5	Victimised you because you were from a different part of the country?	6%	6%	6%	11%
8.5	Victimised you because you are from a traveller community?	1%		1%	
8.5	Victimised you because of your sexual orientation?	6%	4%	6%	4%
8.5	Victimised you because of your age?	6%	5%	6%	
8.5	Victimised you because you have a disability?	6%	5%	6%	6%
8.5	Victimised you because you were new here?	6%	6%	6%	9%
8.5	Victimised you because of your offence/crime?	12%	11%	12%	16%
8.5	Victimised you because of gang related issues?	6%	5%	6%	

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	43%	39%	43%	38%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	17%	14%	17%	23%
8.7	Hit, kicked or assaulted you?	4%	5%	4%	6%
8.7	Sexually abused you?	2%	1%	2%	2%
8.7	Threatened or intimidated you?	27%		27%	
8.7	Victimised you because of medication?	4%		4%	
8.7	Victimised you because of debt?	1%		1%	
8.7	Victimised you because of drugs?	2%	2%	2%	0%
8.7	Victimised you because of your race or ethnic origin?	8%	10%	8%	13%
8.7	Victimised you because of your religion/religious beliefs?	7%	10%	7%	8%
8.7	Victimised you because of your nationality?	1%		1%	
8.7	Victimised you because you were from a different part of the country?	5%	7%	5%	8%
8.7	Victimised you because you are from a traveller community?	1%		1%	
8.7	Victimised you because of your sexual orientation?	3%	2%	3%	4%
8.7	Victimised you because of your age?	4%	3%	4%	
8.7	Victimised you because you have a disability?	6%	5%	6%	6%
8.7	Victimised you because you were new here?	4%	5%	4%	7%
8.7	Victimised you because of your offence/crime?	19%	11%	19%	17%
8.7	Victimised you because of gang related issues?	2%	3%	2%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	53%	48%	53%	62%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	44%	38%	44%	35%
9.1	Is it easy/very easy to see the nurse?	63%	60%	63%	64%
9.1	Is it easy/very easy to see the dentist?	15%	17%	15%	17%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	50%	43%	50%	50%
9.2	The nurse?	56%	58%	56%	53%
9.2	The dentist?	50%	51%	50%	47%
9.3	The overall quality of health services?	36%	38%	36%	28%
9.4	Are you currently taking medication?	67%	57%	67%	54%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	85%		85%	
9.6	Do you have any emotional well being or mental health problems?	28%	34%	28%	33%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	40%		40%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	9%	15%	9%	10%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	14%	12%	10%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	23%	23%	11%
10.4	Is it easy/very easy to get alcohol in this prison?	14%		14%	
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	8%	3%	0%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	5%		5%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	41%		41%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	63%		63%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	87%	61%	87%	88%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	35%		35%	
11.1	Vocational or skills training?	20%		20%	
11.1	Education (including basic skills)?	36%		36%	
11.1	Offending Behaviour Programmes?	26%		26%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	69%	71%	69%	59%
11.2	Vocational or skills training?	7%	15%	7%	15%
11.2	Education (including basic skills)?	16%	45%	16%	35%
11.2	Offending Behaviour Programmes?	11%	23%	11%	18%
11.3	Have you had a job while in this prison?	90%	89%	90%	
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	38%	41%	38%	
11.3	Have you been involved in vocational or skills training while in this prison?	71%	75%	71%	
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	44%	60%	44%	
11.3	Have you been involved in education while in this prison?	75%	86%	75%	
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	47%	71%	47%	
11.3	Have you been involved in offending behaviour programmes while in this prison?	76%	81%	76%	
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	48%	58%	48%	
11.4	Do you go to the library at least once a week?	60%	53%	60%	64%
11.5	Does the library have a wide enough range of materials to meet your needs?	60%		60%	
11.6	Do you go to the gym three or more times a week?	20%	12%	20%	26%
11.7	Do you go outside for exercise three or more times a week?	22%	16%	22%	13%
11.8	Do you go on association more than five times each week?	82%	89%	82%	89%
11.9	Do you spend ten or more hours out of your cell on a weekday?	12%	35%	12%	15%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	26%	30%	26%	31%
12.2	Have you had any problems with sending or receiving mail?	53%	53%	53%	48%
12.3	Have you had any problems getting access to the telephones?	15%	24%	15%	25%
12.4	Is it easy/ very easy for your friends and family to get here?	14%		14%	

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	85%		85%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	27%		27%	
13.2	Contact by letter?	53%		53%	
13.2	Contact by phone?	18%		18%	
13.2	Contact by visit?	39%		39%	
13.3	Do you have a named offender supervisor in this prison?	61%		61%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	88%	88%	88%	89%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	30%	51%	30%	42%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	58%		58%	
13.6	Offender supervisor?	15%		15%	
13.6	Offender manager?	18%		18%	
13.6	Named/ personal officer?	10%		10%	
13.6	Staff from other departments?	24%		24%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	50%	57%	50%	56%
13.8	Are there plans for you to achieve any of your targets in another prison?	21%		21%	
13.9	Are there plans for you to achieve any of your targets in the community?	7%		7%	
13.10	Do you have a needs based custody plan?	5%		5%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	10%	9%	7%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	17%		17%	
13.12	Accommodation?	17%		17%	
13.12	Benefits?	17%		17%	
13.12	Finances?	15%		15%	
13.12	Education?	20%		20%	
13.12	Drugs and alcohol?	23%		23%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	60%	57%	60%	53%

Diversity Analysis



Key question responses (ethnicity and foreign national) HMP Wakefield 2012

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		33	148	18	164
1.3	Are you sentenced?	94%	99%	94%	99%
1.5	Are you a foreign national?	31%	5%		
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	99%	88%	100%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			56%	14%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	2%	11%	2%
1.1	Are you Muslim?	39%	1%	18%	6%
1.12	Do you consider yourself to have a disability?	24%	31%	39%	29%
1.13	Are you a veteran (ex-armed services)?	6%	14%	18%	12%
1.14	Is this your first time in prison?	30%	43%	28%	42%
2.6	Were you treated well/very well by the escort staff?	50%	68%	44%	66%
2.7	Before you arrived here were you told that you were coming here?	33%	57%	47%	53%
3.2	When you were searched in reception, was this carried out in a respectful way?	73%	80%	78%	78%
3.3	Were you treated well/very well in reception?	63%	68%	65%	67%
3.4	Did you have any problems when you first arrived?	72%	60%	75%	61%
3.7	Did you have access to someone from health care when you first arrived here?	53%	60%	59%	58%
3.9	Did you feel safe on your first night here?	61%	72%	50%	73%
3.10	Have you been on an induction course?	85%	92%	88%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	67%	64%	65%	64%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	73%	87%	81%	85%
4.4	Are you normally able to have a shower every day?	93%	96%	94%	96%
4.4	Is your cell call bell normally answered within five minutes?	40%	40%	56%	38%
4.5	Is the food in this prison good/very good?	12%	18%	6%	18%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	19%	34%	6%	34%
4.7	Are you able to speak to a Listener at any time if you want to?	59%	66%	77%	62%
4.8	Do you feel your religious beliefs are respected?	56%	52%	77%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	51%	71%	50%
5.1	Is it easy to make an application?	85%	85%	82%	84%
5.3	Is it easy to make a complaint?	71%	71%	77%	71%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	47%	29%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	31%	35%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	3%	6%	3%
7.1	Do most staff, in this prison, treat you with respect?	75%	75%	65%	76%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	76%	72%	76%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	18%	0%	19%
7.4	Do you have a personal officer?	88%	88%	89%	88%
8.1	Have you ever felt unsafe here?	39%	49%	47%	48%
8.2	Do you feel unsafe now?	20%	19%	20%	20%
8.3	Have you been victimised by other prisoners?	41%	38%	63%	36%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	31%	23%	50%	22%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	28%	2%	31%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	8%	13%	7%
8.5	Have you been victimised because of your nationality? (By prisoners)	12%	5%	25%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	6%	13%	5%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	63%	39%	69%	41%
8.7	Have you ever felt threatened or intimidated by staff here?	38%	25%	44%	25%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	25%	3%	31%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	6%	6%	7%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%	6%	1%
8.7	Have you been victimised because you have a disability? (By staff)	9%	6%	13%	6%
9.1	Is it easy/very easy to see the doctor?	55%	41%	47%	43%
9.1	Is it easy/ very easy to see the nurse?	72%	61%	59%	63%
9.4	Are you currently taking medication?	58%	69%	65%	67%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	23%	29%	33%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	12%	25%	19%	23%
11.2	Are you currently working in the prison?	53%	73%	80%	68%
11.2	Are you currently undertaking vocational or skills training?	3%	9%	13%	7%
11.2	Are you currently in education (including basic skills)?	25%	14%	13%	17%
11.2	Are you currently taking part in an offending behaviour programme?	12%	11%	20%	11%
11.4	Do you go to the library at least once a week?	71%	58%	73%	58%
11.6	do you go to the gym three or more times a week?	34%	16%	18%	21%
11.7	Do you go outside for exercise three or more times a week?	33%	19%	24%	21%
11.8	On average, do you go on association more than five times each week?	76%	83%	71%	83%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	14%	6%	13%
12.2	Have you had any problems sending or receiving mail?	67%	49%	59%	53%
12.3	Have you had any problems getting access to the telephones?	25%	13%	24%	15%

Diversity Analysis



Key question responses (disability and age over 50) HMP Wakefield 2012

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		54	129	81	102
1.3	Are you sentenced?	98%	98%	100%	97%
1.5	Are you a foreign national?	13%	9%	11%	9%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	98%	99%	100%	98%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	15%	20%	14%	22%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	2%	1%	4%
1.1	Are you Muslim?	4%	10%	3%	12%
1.12	Do you consider yourself to have a disability?			36%	25%
1.13	Are you a veteran (ex-armed services)?	11%	13%	19%	8%
1.14	Is this your first time in prison?	28%	46%	38%	42%
2.6	Were you treated well/very well by the escort staff?	56%	68%	64%	64%
2.7	Before you arrived here were you told that you were coming here?	57%	52%	55%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	80%	76%	80%
3.3	Were you treated well/very well in reception?	68%	66%	67%	66%
3.4	Did you have any problems when you first arrived?	73%	57%	54%	69%
3.7	Did you have access to someone from health care when you first arrived here?	59%	59%	51%	64%
3.9	Did you feel safe on your first night here?	58%	76%	71%	71%
3.10	Have you been on an induction course?	93%	90%	93%	89%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	65%	64%	65%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	88%	89%	82%
4.4	Are you normally able to have a shower every day?	93%	97%	98%	94%
4.4	Is your cell call bell normally answered within five minutes?	44%	38%	44%	36%
4.5	Is the food in this prison good/very good?	9%	21%	20%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	24%	34%	36%	27%
4.7	Are you able to speak to a Listener at any time if you want to?	63%	65%	70%	59%
4.8	Do you feel your religious beliefs are respected?	47%	55%	53%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	49%	54%	52%	53%
5.1	Is it easy to make an application?	74%	89%	84%	84%
5.3	Is it easy to make a complaint?	71%	71%	75%	68%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	34%	48%	39%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	36%	28%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	2%	1%	4%
7.1	Do most staff, in this prison, treat you with respect?	72%	76%	78%	72%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	71%	78%	79%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	21%	16%	24%	12%
7.4	Do you have a personal officer?	89%	88%	91%	85%
8.1	Have you ever felt unsafe here?	62%	41%	46%	50%
8.2	Do you feel unsafe now?	28%	16%	12%	26%
8.3	Have you been victimised by other prisoners?	47%	34%	35%	41%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	38%	18%	19%	30%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	7%	9%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	6%	8%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	6%	5%	7%
8.5	Have you been victimised because of your age? (By prisoners)	9%	5%	9%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	19%	0%	8%	4%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	51%	40%	33%	52%
8.7	Have you ever felt threatened or intimidated by staff here?	32%	25%	16%	36%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	15%	5%	9%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	6%	4%	10%
8.7	Have you been victimised because of your nationality? (By staff)	4%	0%	1%	1%
8.7	Have you been victimised because of your age? (By staff)	8%	3%	9%	1%
8.7	Have you been victimised because you have a disability? (By staff)	19%	1%	8%	5%
9.1	Is it easy/very easy to see the doctor?	37%	46%	42%	45%
9.1	Is it easy/very easy to see the nurse?	60%	64%	64%	62%
9.4	Are you currently taking medication?	87%	59%	69%	64%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	45%	20%	16%	37%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	22%	26%	20%
11.2	Are you currently working in the prison?	57%	74%	74%	66%
11.2	Are you currently undertaking vocational or skills training?	8%	7%	7%	8%
11.2	Are you currently in education (including basic skills)?	14%	17%	20%	13%
11.2	Are you currently taking part in an offending behaviour programme?	12%	11%	13%	10%
11.4	Do you go to the library at least once a week?	56%	62%	53%	65%
11.6	Do you go to the gym three or more times a week?	8%	25%	12%	27%
11.7	Do you go outside for exercise three or more times a week?	17%	23%	18%	24%
11.8	On average, do you go on association more than five times each week?	75%	85%	75%	87%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	10%	13%	20%	6%
12.2	Have you had any problems sending or receiving mail?	53%	52%	49%	56%
12.3	Have you had any problems getting access to the telephones?	21%	13%	14%	16%

Diversity Analysis



Key question responses (Veterans) HMP Wakefield 2012

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	156
1.3	Are you sentenced?	100%	98%
1.5	Are you a foreign national?	13%	9%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	99%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	9%	19%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	3%
1.1	Are you Muslim?	0%	9%
1.12	Do you consider yourself to have a disability?	26%	30%
1.13	Are you a veteran (ex-armed services)?		
1.14	Is this your first time in prison?	44%	40%
2.6	Were you treated well/very well by the escort staff?	65%	65%
2.7	Before you arrived here were you told that you were coming here?	61%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	79%
3.3	Were you treated well/very well in reception?	70%	66%
3.4	Did you have any problems when you first arrived?	74%	59%
3.7	Did you have access to someone from health care when you first arrived here?	52%	60%
3.9	Did you feel safe on your first night here?	78%	70%
3.10	Have you been on an induction course?	96%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	78%	62%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	96%	83%
4.4	Are you normally able to have a shower every day?	100%	95%
4.4	Is your cell call bell normally answered within five minutes?	35%	40%
4.5	Is the food in this prison good/very good?	13%	18%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	28%
4.7	Are you able to speak to a Listener at any time if you want to?	78%	62%
4.8	Do you feel your religious beliefs are respected?	61%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	52%
5.1	Is it easy to make an application?	87%	85%
5.3	Is it easy to make a complaint?	78%	70%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	44%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	33%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	2%
7.1	Do most staff, in this prison, treat you with respect?	83%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	78%	75%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	14%	18%
7.4	Do you have a personal officer?	87%	88%
8.1	Have you ever felt unsafe here?	52%	46%
8.2	Do you feel unsafe now?	9%	20%
8.3	Have you been victimised by other prisoners?	30%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	13%	26%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	8%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	6%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)		
8.5	Have you been victimised because you are from a traveller community? (By prisoners)		
8.5	Have you been victimised because of your age? (By prisoners)	4%	6%
8.5	Have you been victimised because you have a disability? (By prisoners)	4%	6%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	30%	45%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	29%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	7%
8.7	Have you been victimised because of your nationality? (By staff)	0%	1%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)		
8.7	Have you been victimised because you are from a traveller community? (By staff)		
8.7	Have you been victimised because of your age? (By staff)	0%	5%
8.7	Have you been victimised because you have a disability? (By staff)	0%	7%
9.1	Is it easy/very easy to see the doctor?	35%	43%
9.1	Is it easy/very easy to see the nurse?	77%	60%
9.4	Are you currently taking medication?	61%	68%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	23%	29%
10.3	Is it easy/very easy to get illegal drugs in this prison?	22%	23%
11.2	Are you currently working in the prison?	82%	68%
11.2	Are you currently undertaking vocational or skills training?	5%	8%
11.2	Are you currently in education (including basic skills)?	18%	16%
11.2	Are you currently taking part in an offending behaviour programme?	5%	12%
11.4	Do you go to the library at least once a week?	64%	59%
11.6	do you go to the gym three or more times a week?	14%	20%
11.7	Do you go outside for exercise three or more times a week?	23%	21%
11.8	On average, do you go on association more than five times each week?	86%	82%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	23%	11%
12.2	Have you had any problems sending or receiving mail?	48%	52%
12.3	Have you had any problems getting access to the telephones?	17%	15%