

Report on an announced inspection of

HMP Wealstun

1–5 December 2008

by HM Chief Inspector of Prisons

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Introduction

Wealstun is a category C training prison for adult males. On our previous visit, we were critical of the complexity of the site, which included an open prison. On our return, the open side was empty and in the process of being converted into additional closed training places. Wealstun was clearly benefiting from the single focus that these changes had brought about. Improvements were visible across the board, with particular progress having been made in resettlement provision.

Wealstun was now a reasonably safe place. Early days in custody were well managed and suicide and self-harm arrangements were good. Bullying and violence reduction arrangements had also developed, although more individual work was needed with bullies and their victims. Drugs remained a significant problem, but security arrangements had been tightened proportionately to address the issue. Clinical services for substance users had improved, but the compliance testing programme was discredited and required reform. The segregation unit needed further updating.

Accommodation was reasonable, although communal areas were shabby. Staff-prisoner relationships were mixed, as was the quality of the personal officer scheme, and managers needed to support staff to become more active role models for prisoners. The incentives and earned privileges scheme required improvement. Diversity was generally well managed, with effective work to ensure race equality, but provision for foreign nationals was underdeveloped. Health services staff were stretched but services were beginning to improve.

Prisoners spent less time out of cell at Wealstun than at many training prisons. While there was plenty of purposeful activity available, not all of it was effectively utilised and there were unnecessary delays in reconciling rolls. The quality of learning and skills provision was good, but participation on some courses was poor. There were opportunities to gain worthwhile accreditation in all work areas. Access to the library was limited but physical education was impressive.

The resettlement strategy was up to date and informed by a comprehensive needs analysis, although more work was needed to address the needs of the increasing number of prisoners on indeterminate sentences. All prisoners were managed under the offender management model and sentence planning was effective. There were some useful services available across all the resettlement pathways, with good use made of prisoner information workers to ensure take-up.

There had been significant improvements at Wealstun since our previous visit. The prison had clearly benefited from the increased clarity of role that had come with the closure of the open prison, leaving it to focus fully on its category C training function. It will obviously be essential to ensure that the reopening of the refurbished accommodation is accompanied by a proportionate increase in the training regime to ensure that the improvements we have noted are sustained.

Anne Owers
HM Chief Inspector of Prisons

March 2009

Fact page

Task of establishment

HMP Wealstun is a category C training prison.

Brief history

HMP Wealstun was formed in April 1995 by the amalgamation of HMPs Thorp Arch and Rudgegate. The establishment functioned as a category C (closed) prison and a category D (open) prison until March 2008, when the category D open prison was closed in preparation for conversion to a category C prison.

Area organisation

Yorkshire and Humberside

Number held

522

Certified normal accommodation

505

Operational capacity

527

Last inspection

Full follow-up inspection: 6–10 November 2006

Description of residential units

Since the closure of the open side of the establishment in preparation for conversion to a full category C prison, Wealstun had operated four residential units and an assessment and separation unit. A wing was a therapeutic wing, specialising in drug misuse issues. B and D wings were normal accommodation units. C wing specialised in induction and provided spaces for prisoners managed under the integrated drug treatment system (IDTS).

Healthy prison summary

Introduction

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

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

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

... performing well against this healthy prison test.

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

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

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

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

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

... performing poorly against this healthy prison test.

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

Safety

HP3 Reception offered a positive first experience for new prisoners. First night procedures responded to immediate need. The induction process was comprehensive, but the format and language of delivery were too complex. Suicide and self-harm systems and structures were good. Bullying and violence reduction procedures had improved

but there were no interventions for victims or perpetrators. The assessment and separation unit (ASU) still operated as a segregation unit. The clinical management of substance users under the integrated drug treatment system (IDTS) was developing. The positive mandatory drug testing (MDT) rate including buprenorphine remained high. Overall, the establishment was performing reasonably well against this healthy prison test.

- HP4 The reception area provided a welcoming environment, and a good range of relevant information was available in the holding rooms. There was good interaction between staff and prisoners. Vulnerability and risk issues were identified but not always reflected in cell sharing risk assessments.
- HP5 All prisoners spent their first night on C wing and underwent first night procedures which appropriately responded to their immediate needs. Prisoners' feelings of safety on their first night were comparable with those at other category C training prisons.
- HP6 The induction programme provided a good introduction for new prisoners. The lesson plans used by prisoner information workers and staff to deliver information were comprehensive, but the language used was complex.
- HP7 Suicide prevention and self-harm management was well integrated into most aspects of the establishment and information about vulnerable prisoners was appropriately shared with relevant staff and departments. Detailed monitoring of assessment, care in custody and teamwork (ACCT) was undertaken by the safer custody coordinator, and issues were discussed and responded to at the safer custody meeting. Near-death incidents were neither recorded nor investigated. There were a sufficient number of Listeners across the wings but prisoners had little confidence in the scheme.
- HP8 The quality of most of the ACCT assessments, care maps and daily entries in ACCT documents seen were good, and the quality was monitored. Multidisciplinary case reviews were held. ACCT training was delivered regularly and three-quarters of staff had undergone the training. Some night staff did not carry anti-ligature knives and were not clear about what to do if first on the scene at a self-harm incident.
- HP9 The management of violence reduction and anti-bullying had improved since the previous inspection. Incidents of bullying, unexplained injuries and assaults were investigated by wing managers and monitored by the safer custody coordinator. However, follow-up action was not always sufficient or expeditious. Debt appeared to be one of the main issues behind bullying. There were no interventions available for victims or perpetrators of bullying.
- HP10 The segregation unit had been renamed as the ASU, but this had not been underpinned by supporting procedures or changes in role. There were anomalies between the unit policy and practice. Personal officers were not allocated there, and the regime was poor.
- HP11 Segregation reviews were carried out, but only to a basic level, with little attention given to the reasons why a prisoner was in segregation. No constructive behavioural targets were set or care plans developed. There was no formal monitoring of the use of segregation.

- HP12 There had been 76 incidents involving the use of force between January and November 2008, and there had been an increase each year since 2004. There was no evidence that the use was inappropriate. The use of special accommodation was low, with only two uses in 2008, which had been appropriately authorised. Planned interventions were video-recorded but not routinely reviewed for learning points. The new use of force committee had met once to monitor and discuss trends at a strategic level.
- HP13 The IDTS had led to improvements in the clinical management of those with substance use problems. Prescribing lacked flexibility, as methadone was the only opiate substitute available. Secondary detoxification was not advertised or routinely offered. IDTS forums were held every three months to allow prisoners to air their views and offer suggestions to improve the service. There was a problem with drug availability. The average random MDT positive rate over the previous six months varied significantly. With buprenorphine positive tests included, the random MDT positive rate range was less wide. Compliance drug testing (CDT) was available, but there was no voluntary drug testing (VDT) programme. The CDT positive rate was high; the programme was ineffective as a deterrent and had lost credibility.

Respect

- HP14 The external environment was pleasant and cells were generally in a good state of decoration, but communal areas were shabby. Staff-prisoner relationships were mixed, as was the quality of the personal officer scheme. The incentives and earned privileges (IEP) scheme was poor, and arrangements for those on the basic level were inadequate. Catering was reasonable. A dynamic team was developing diversity provision, and there was good strategic management of race equality. Provision for foreign national prisoners was underdeveloped. Faith provision was well integrated into the work of the establishment. Health services had begun to improve. Overall, the establishment was performing reasonably well against this healthy prison test.
- HP15 The external areas of the prison were pleasant. While the internal cell decoration was good and prisoners were clear that they could have their cells painted quickly if requested, the communal areas were bleak and shabby. Cells were mostly clean and well equipped, but toilets were not screened and prisoners ate in their cells. There was good access to cleaning materials, and prisoners appeared to take pride in keeping their living conditions in good order.
- HP16 Access to showers was good, but the showers were in a poor state of repair, particularly on A and B wings, and did not offer privacy on C wing. Access for those with disabilities was inadequate. Laundry equipment was in a poor state of repair.
- HP17 The IEP policy document was out of date and inconsistent. There were not enough distinctions between standard and enhanced levels of the scheme. The 'no work, no pay, no gym' element was disproportionately punitive. There were no formal monitoring processes for those on basic and no encouragement to improve behaviour. The quality of responses to complaints varied.
- HP18 Staff-prisoner-relationships were mixed. Many were good on a one-to-one basis, but there was little use of preferred names, and staff often spoke dismissively of prisoners. Some staff challenged inappropriate behaviour, and sometimes gave

prisoners a chance to rectify poor behaviour before issuing formal warnings. Prisoner representatives attended a range of consultative groups about key issues. The quality of responses to complaints varied.

- HP19 There was a good level of engagement with the personal officer scheme from staff. Prisoners' perceptions were mixed; some did not know who their personal officer was, but others knew them well and were able to cite issues they had dealt with. There had been too many changes of personal officers, due in part to the closure, re-opening and subsequent closure of the open site.
- HP20 The quality of the food was reasonable, and portions were adequate and of a suitable temperature, despite the distance that had to be travelled from the kitchen. The catering manager, who attended regular prisoner representative meetings, had responded to consultation by expanding the menus. However, lunch and dinner were served too early, and the breakfast pack was issued on the preceding day. Not everyone had a kettle or a flask to enable them to have a hot drink after evening lock-up.
- HP21 An overarching diversity strategy was being developed within a cohesive and committed diversity team. There were a number of constructive developments, including a full-time diversity manager, who was also the disability liaison officer. A disability policy and action plan was in the process of being implemented, including training for staff and prisoners. Work on distinct services for gay, bisexual, transgender and older prisoners was also under development.
- HP22 Commitment to race equality was evidenced by monthly race equality action team (REAT) meetings, chaired by the Governor. There was a full-time race equality officer and an effective team of prisoner race equality representatives. The documented structures appeared sound and well advertised. Racist incident report forms were investigated promptly and thoroughly, with reasoned and respectful written responses to all relevant parties. Quality assurance included an innovative and effective scrutiny panel of diversity staff and prisoner representatives from three prisons, along with external bodies, to develop and share good practice.
- HP23 Foreign nationals represented 7% of the prison population, some of whom were detainees past their sentence release date. Foreign national issues were discussed at the monthly REAT meeting. The policy for foreign nationals covered the basic principles but was underdeveloped. Neither the recently appointed coordinator nor his assistant had sufficient time to devote to foreign nationals work.
- HP24 Some of the existing team of race equality representatives had also recently been designated as foreign national representatives, and a training programme had been set up for them. There were no foreign national group meetings providing regular peer support and feedback to managers on the primary concerns of this group. A representative from the UK Border Agency local enforcement office had begun visiting the establishment, to provide prisoner surgeries. There was no link with independent immigration advisers.
- HP25 The chaplaincy team provided support in care and sentence planning, as well as in faith provision. A Muslim chaplain worked part time, but an extension of hours was under consideration because of the high proportion of Muslim prisoners. There was no suitable ablution area adjacent to the multi-faith area.

HP26 Health services were underdeveloped, but the health services team was well supported by the Governor and her deputy to make improvements in all areas. The Leeds Primary Care Trust had recently carried out a health needs analysis and an action plan was in place. There had been significant staffing issues over the previous two years, which had impacted negatively on patient services. The current staffing levels and skill mix were poor. These issues impacted negatively on the quality of healthcare provision.

Purposeful activity

HP27 Although there were more activity places than prisoners, they were not utilised effectively. The learning and skills provision was good, but participation on some courses was poor. Opportunities for accredited learning were available across all work areas. The prison recorded a maximum of 8.4 hours' time out of cell, which was accurate but low for a training prison. Access to the library was not sufficient to support learning. PE facilities were good, as was the range of accreditation and leisure provision. Overall, the establishment was performing reasonably well against this healthy prison test.

HP28 The overall management of learning and skills was good, as were communication and partnership working. Opportunities for accredited learning were available in every work area. Quality assurance systems were underdeveloped and there was insufficient use of the available management information. The management of attendance was good, but there were problems in recruitment and retention for courses. Prisoners were penalised financially for undertaking education.

HP29 There were more activity places than there were prisoners, so all could be occupied purposefully. Despite this, our roll checks indicated that this provision was not used effectively. There were also significant delays to the regime due to the lengthy process of reconciling the roll.

HP30 All new prisoners received information, advice and guidance (IAG) about learning and skills, and appropriate assessments were completed for specific learning needs. Learning plans were effectively linked with sentence plans and sequencing of interventions had improved. Prisoners were allocated to activities based on need, and timetable clashes between learning and offending behaviour programmes had been reduced.

HP31 There was a range of provision to ensure the development of employability skills, and provide literacy, numeracy and language support and opportunities to support personal and social skills. There was insufficient higher level provision in the construction workshops and for literacy and numeracy. Standards of work and levels of achievement were good.

HP32 The prison recorded 8.4 hours' time out of cell per day, although this was reduced on Fridays and at weekends. This appeared to be accurate but was low for a category C prison. As a result of recent changes to the core day, exercise and association were now predictable, but this had resulted in inappropriate meal times and reduced purposeful activity. Evening association ended too early. The equipment in the association areas was damaged and some of the furniture in need of replacement. Facilities differed from wing to wing.

- HP33 The library service was well managed. The main library was well furnished, light and an inviting venue. Three satellite libraries were located on C and D wings because prisoners there could only access the main library during education and other specific activities. These arrangements provided insufficient access to a good learning and social environment. The library supported learning and skills activities through reading and art clubs, Storybook Dads and the prison magazine.
- HP34 There was an extensive programme of PE activities. PE resources were well maintained and prisoner access was good. There was accredited provision from levels one to three, and achievement was high. Health promotion was good, with smoking cessation and acupuncture on offer.

Resettlement

- HP35 The management of resettlement was comprehensive and interventions were based on a thorough needs assessment. Sentence planning drove the delivery and sequencing of some interventions. All prisoners were managed under the offender management model and had reasonable contact with their offender supervisors. Positive interventions were in place against all of the resettlement pathways. Good use was made of peer prisoner information workers to signpost into resettlement services. Few prisoners were discharged without accommodation. Links with employers resulted in high levels of post-release employment. Primary healthcare arrangements for the release of prisoners were developing. Arrangements for contact with the outside world were reasonable. Overall, the establishment was performing well against this healthy prison test.
- HP36 The resettlement strategy was up to date and based on a thorough needs analysis of the population at different times in their sentence. This had identified that in many areas interventions suitable for the population were being delivered, and had also highlighted the need for additional accredited programmes. While general diversity issues were mentioned in the resettlement policy, it did not address the specific needs of the increasing population of indeterminate-sentenced prisoners, or the significant numbers of black and minority ethnic and Muslim prisoners.
- HP37 There had been a lack of focus in the way the reducing reoffending agenda had been taken forward through the responsible prison management committees. The newly introduced meeting structure clearly provided a forum for discussion of strategy, and for practitioners to influence and discuss day-to-day issues. While a range of resettlement services were provided, prisoners in our survey were less positive than at comparators about knowing whom to contact for assistance in a range of relevant areas. Good use was made of peer prisoner information workers to signpost into resettlement services.
- HP38 Most of the prison population were serving sentences of over 12 months, and all of these prisoners were managed under the offender management model, regardless of whether or not they were in scope for offender management. There were advanced plans to implement a system to assess the immediate resettlement needs of the small number of prisoners serving under 12 months.
- HP39 The multidisciplinary offender management group was well integrated. A recent change in the organisation of the team had led to significant improvements in

outcomes for prisoners, particularly the level and frequency of contact with them, and significantly more prisoners than at comparators had a sentence plan. Sentence planning drove the delivery and sequencing of some, but not all, interventions.

- HP40 Engagement with offender managers was generally good, and most sentence planning meetings were chaired by them. Offender assessment system (OASys) reviews were combined with sentence planning meetings, which meant that target setting was not based on a rigorous assessment of risk and need. Targets were too often focused on undertaking assessments or interventions, rather than changing behaviour and attitudes. Offender supervisors were offered training in mental health issues. There was a backlog of 51 OASys assessments.
- HP41 Three accredited offending behaviour programmes were delivered and the latest audit results were good. Staff actively looked for ways to address gaps in provision, including moving prisoners assessed as needing accredited interventions not offered at Wealstun elsewhere to do so.
- HP42 There were some delays in carrying out recategorisation reviews, but there was a comprehensive information gathering system, and reviews were well informed. Decisions relayed to prisoners were detailed and included advice to those who were unsuccessful as to what they needed to do to have a better chance at the next review.
- HP43 Work around the resettlement pathways was developing well. A Shelter worker saw all prisoners on induction, but not individually, and subsequently provided accommodation advice on application. The Foundation Training Company and SOVA also provided information and assistance with accommodation pre-release. Few prisoners were discharged without accommodation. An experienced finance, benefit and debt worker provided debt management advice and assistance.
- HP44 Links with employers resulted in high levels of post-release employment. There was good provision of learning and skills services for resettlement but these were insufficiently coordinated. Links with Jobcentre Plus were well established. The Foundation Training Company offered a pre-release course.
- HP45 Primary healthcare arrangements for the release of prisoners were developing to ensure that all prisoners were seen and assisted in accessing health services in the community. Mental health release procedures were well managed and the mental health in-reach team ensured continuity of care.
- HP46 The drug and alcohol strategy had been informed by two comprehensive needs analyses, which highlighted the need for alcohol interventions. Accredited drug programmes were available and the counselling, assessment, referral, advice and throughcare (CARAT) team had an active caseload and ran a range of groups. CARAT workers took the lead with release plans involving drug intervention programmes (DIPs) and also took part in the 'gate pick-up' scheme.
- HP47 Arrangements for contact with the outside world were reasonable. Family visits took place regularly. The visitors' centre was poor. The visits hall was adequate, but there was inadequate provision for closed visits. There were delays, both for visitors and for prisoners, in reaching the visits hall. The 'email a prisoner' scheme had been implemented. No release on temporary licence had been granted to assist in maintaining family ties in the previous six months.

HP48 Public protection identification was rigorous and well managed, and prisoners were informed verbally and in writing of any restrictions.

Main recommendations

HP49 The compliance drug testing scheme should be revamped to improve credibility and effectiveness.

HP50 Managers should put in place policies and procedures to improve staff-prisoner relationships further and support staff to demonstrate positive attitudes towards prisoners, including the use of preferred names.

HP51 All prisoners should be unlocked during the core day and engaged in employment or leisure activities if retired.

HP52 The time available for purposeful activity should be increased, particularly on Friday mornings.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Approximately 14 prisoners were received each week. The reception closed during the lunch hour. Prisoners told us that they were not held on the cellular vehicles for long periods and they were not handcuffed in the vehicles or when moved into the reception area. Paperwork was checked thoroughly by reception staff and escort staff before prisoners were accepted.
- 1.2 Approximately 14 prisoners were received each week, which was significantly fewer than at the time of the previous inspection, owing to the closure of the open site. The escort contractor was Global Solutions Limited (GSL) and relationships between reception staff and GSL were good. The cellular vehicles we looked at were clean, held refreshments and were well maintained, although in our survey significantly more prisoners than at comparator establishments were negative about the cleanliness of the vehicles.
- 1.3 Escort staff were aware of the opening times of reception, which was profiled to close during the lunch hour. During the inspection, GSL were delayed owing to poor weather and arrived at lunch time to collect a prisoner; the reception was closed and they had to wait until after the lunch hour. Escort staff said that this rarely happened and that on occasion reception staff would work through the lunch hour. However, it was accepted that unless staff were prepared to work through the lunch hour, newly arrived prisoners would be expected wait on the cellular vehicles if they arrived at this time.
- 1.4 Prisoners told us that they were not held on the cellular vehicles for long periods and were not handcuffed in the vehicles or when moved into the reception area. Prisoner escort records (PERs) were fully completed and did not indicate that prisoners were held for long periods, and certainly not over two hours.
- 1.5 Paperwork was checked thoroughly by reception staff and escort staff before prisoners were accepted, and in our survey 93% of respondents said that their property had arrived at the same time as them, which was significantly better than the 87% comparator.
- 1.6 Prisoners' perceptions of their treatment by escort staff and attention to their health needs during transportation were significantly worse than at comparator establishments. Prisoners with health concerns were identified and accompanying information was attached to their PERs in a sealed envelope. In the case of prisoners who were potentially a risk to others, this was not always communicated to reception staff, although it was contained in their accompanying records and highlighted on the PERS.

Recommendations

- 1.7 Prisoners should not be expected to wait in cellular vehicles if they arrive at the establishment during the lunch hour.

- 1.8 Prisoners who pose a risk to others should be identified to reception staff by the escort staff.

First days in custody

Expected outcomes:

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

- 1.9 The reception was large, clean and welcoming. Insufficient care was taken by reception staff in the management and monitoring of prisoners assessed as high risk while in the reception area. The holding rooms were light, well decorated and provided information to prisoners, and had a good line of vision for staff. There was a good interaction between reception staff and prisoners. All prisoners spent their first night on the C wing first floor landing and went through first night procedures. Most prisoners said that they had felt safe on their first night, although black and minority ethnic and Muslim prisoners responded significantly more negatively. The planning and structure of the induction programme were good, although prisoners were locked up in the afternoons during the five-day programme.

Reception

- 1.10 The purpose-built reception was a large, clean and welcoming environment. A core group of 10 staff worked in the reception area, and three staff and a senior officer made up the normal staff complement each day. Prisoners' perceptions of their treatment in reception were comparable to those in other establishments.
- 1.11 During the inspection, we observed two groups of prisoners arriving at the establishment and observed a good interaction between them and reception staff. However, insufficient care was taken in the management and monitoring of prisoners assessed as high risk while in the reception area. On one occasion, the front of a prisoner's wing history sheet clearly highlighted that he was a high-risk prisoner and should not share accommodation with black and minority ethnic prisoners. Although staff saw this in the paperwork, they still located the prisoner in a holding room with other prisoners, including an Asian prisoner; when it was brought to their attention, the prisoner was relocated.
- 1.12 The holding rooms displayed useful information in English, and there was a notice translated into a range of languages informing prisoners that they should approach staff if they required translated forms and notices. The holding rooms were light and well decorated, and each contained information about the prison. A resource folder, containing information about the work and education opportunities at the establishment, was also available. There was a good line of vision for staff to monitor prisoners held in these rooms. The reception orderly was also a prisoner information desk (PID) worker, and in addition to providing refreshments and smokers' and non-smokers' packs, he was available to signpost and provide information to new prisoners.
- 1.13 Prisoners who arrived at lunch time were provisionally booked in, then taken to the induction wing (C wing) for lunch and returned to the reception area to complete the process. Insufficient

care was taken to ensure that prisoners who might present a risk to themselves or others were made known to staff on C wing during the lunch period for monitoring purposes.

- 1.14 All prisoners were strip searched in a private room and then seen by health services staff. Prisoners responded significantly more positively than at comparator establishments about being searched respectfully (79% compared with 74%) and being seen by health services staff (96% compared with 89%). The cell sharing risk assessments (CSRAs) were carried out in a private room, although were often completed with few sources of information because of limited information being sent from sending establishments. In two CSRAs completed during the inspection, insufficient information was provided about why risk levels had been reduced from medium to low once the prisoners had been located on C wing. This was despite previous establishments assessing these prisoners as medium or high risk and preparing risk minimisation plans. In addition, there were no safeguards to ensure that prisoners with a catalogue of risk indicators but assessed as low risk would be monitored. We were told by some staff that CSRAs were less significant at Wealstun than at other establishments, as the majority of cells were single occupancy; however, managers did not hold this view and reviewed the CSRAs we had highlighted.

First night

- 1.15 All prisoners spent their first night on the C wing first floor landing and went through first night procedures. A first night risk assessment form was completed which appropriately addressed prisoners' immediate needs. Cells were prepared and clean for new receptions. In our survey, 82% of prisoners said that they had felt safe on their first night, which was similar to the 84% comparator. However, black and minority ethnic and Muslim prisoners responded significantly more negatively about feeling safe on their first night compared with white and non-Muslim prisoners, respectively (66% against 87%, and 57% against 89%). During the inspection, we found no evidence to bear out these survey results, and during the prisoner groups black and minority ethnic prisoners did not express any concerns about feelings of safety on their first night.
- 1.16 Prisoners were offered the opportunity for staff to make a telephone call on their behalf, but were not given a free telephone call themselves. They were issued with a £2 PIN telephone credit the next day which they had to repay. Prisoners responded significantly better than at comparator establishments about being offered a range of information on arrival, accessing a shower and receiving a smokers' or non-smokers' pack. Shop orders were collected on Tuesdays, and prisoners arriving after this had to wait a further two weeks to access the shop, unless special arrangements were made. Prisoners were, however, permitted to purchase a further smokers' or non-smokers' pack after seven days.
- 1.17 There was poor interaction between residential staff and prisoners on the first night unit, where staff clustered on the upper landings, looking down on association below.

Induction

- 1.18 The planning and structure of the induction programme were good. It was a rolling programme, so all new receptions could access it the day after their arrival. It was designed to last five days, after which prisoners were either relocated to other wings or remained on C wing and completed the preparation to work course.
- 1.19 Although the timetable was structured so that prisoners would be engaged in the programme all day, in reality the programme was delivered mainly in the morning, and prisoners were

locked up after lunch on most days. Prisoners were not issued with a timetable, and there was no clear rationale for this.

- 1.20 The lesson plans used by PID workers and staff for delivering information during the induction programme ensured that information was correct and consistently delivered, but the information was complicated and some PID workers struggled with the text. Induction staff did not ensure that prisoners understood the information delivered, or provide an opportunity for prisoners to discuss any issues in private. Prisoners we spoke to who were in the middle of their induction said that it was adequate and that the programme told them what they wanted to know. However, in our survey, 88%, significantly fewer than the 93% comparator, said that they had completed an induction course, although, of those who had completed the course, significantly more than the comparator said that the course covered everything they needed to know.
- 1.21 An induction closure interview was completed at the end of the induction programme and prisoners were given an evaluation form to complete about their experience of the programme; however, this did not appear to be analysed or any relevant comments acted on.

Recommendations

- 1.22 Risk assessments for all prisoners should be read before prisoners are located in holding rooms.
- 1.23 Wing staff should be informed of all high-risk and vulnerable prisoners when being located on the wings as an interim measure, and these prisoners should be monitored.
- 1.24 When risk levels on cell sharing risk assessments are changed following location to the wings, an explanation should be recorded.
- 1.25 Managers should reaffirm to staff the importance of cell sharing risk assessments and their relevance in managing prisoners who pose a risk during periods when they associate with other prisoners.
- 1.26 Prisoners should be permitted to make a free telephone call as part of the first night procedures.
- 1.27 The poor perceptions of black and minority ethnic and Muslim prisoners about their safety on their first night should be explored and action taken accordingly.
- 1.28 Arrangements should be made for prisoners who arrive after canteen sheets have been submitted to order goods.
- 1.29 The text of the lesson plans for the induction programme should be re-written so that it is more accessible.
- 1.30 The induction programme should fully occupy prisoners throughout the day, and prisoners should be given an induction timetable.
- 1.31 The information from the induction evaluation forms should be analysed and relevant comments acted on.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The external areas of the prison were pleasant and in good order, and there was little litter around. The internal cell decoration was good but communal areas were bleak and shabby. Cells were mostly clean and well equipped but toilets were not screened and prisoners dined in their cells. Access to cleaning materials was good. Prisoners could shower daily, other than on the segregation unit and on basic. The showers were in a poor state of repair, particularly on A and B wings, and did not offer privacy on C wing. Access for those with disabilities was problematic. Laundry equipment was in a poor state of repair. Prisoners' mail was dealt with well, and a new facility had been introduced for prisoners to receive emails from family and friends. There were sufficient telephones on all but one of the wings, but they were not sufficiently private.

Accommodation and facilities

- 2.2 The grounds were in a good state, with pleasant garden areas and minimal litter. The areas around the windows were clean and the grilles free from rubbish. The exercise yards were in a reasonable state of repair and cleanliness, with the exception of the segregation unit yard, but had no furniture. Staff supervised outdoor exercise.
- 2.3 The internal cell decoration was good and prisoners were clear that they could have their cells painted if they so wished. There was little graffiti, and prisoners expressed pride in their own areas and gratitude for mostly single cell accommodation. Prisoners all had privacy keys to their rooms.
- 2.4 The standard of cellular accommodation across the prison was reasonable. Even in the oldest wings, the cells we saw had been recently decorated and were in good condition. There were no complaints about the temperature, despite the inclement weather at the time of the inspection. However, there was no toilet screening, so prisoners had to dine in their cell next to an open toilet. Some prisoners had covered their toilets with makeshift toilet seats.
- 2.5 Communal areas were adequate in size for the numbers using them. They were bleak and shabby, but reasonably clean. The A wing association room was probably in the best state of repair, but had nothing to brighten it or make the space interesting. It was relatively small, although the number of prisoners using it was consistently low and more prisoners chose to associate in their cells. One of the small panes of glass in the window in this room was broken, as was one of the frosted panes in the window of the communal toilet. B, C and D wing association rooms were in a poor state of decoration. The B wing association room, which was used as a break room for education during the day, was particularly shabby. Much of the equipment in association areas had been vandalised, particularly on B wing. Games, such as chess, were available but not well advertised.

- 2.6 A considerable amount of current information was displayed in a variety of areas on the residential wings, and prisoner information desk (PID) workers had the responsibility for keeping this up to date.
- 2.7 There was recent evidence of reasonable adjustments for those with disabilities identified as needing them. However, facilities for those with disabilities remained limited and access to showers and baths particularly restricted (see section on diversity). Prisoners with disabilities that we spoke to did not feel they were disadvantaged in terms of access to work or services. There was no accommodation specifically designated for older prisoners. There was no scheme for nominated prisoners to offer planned support for those identified as needing it.
- 2.8 Prisoners had access to drinking water, toilets and washing facilities at all times. Kettles were available for prisoners to provide hot water during lock-up periods but there were not enough of these for everyone.
- 2.9 The response to cell call bells observed during the inspection was mainly good. Most calls were answered swiftly and prisoners did not report excessive delays in responses to cell bells. In our survey, 40% of prisoners said that their cell call bell was normally answered within five minutes, which was in line with the comparator. Despite C and D wings having the appropriate technology, cell bell response time recording sheets were not produced or checked, and there was no alternative system on A and B wings. Observation panels were not blocked, and staff we spoke to said that such instances were minimal.
- 2.10 There was a clear offensive display policy. Although it was not strictly adhered to, none of the items we observed was offensive and prisoners demonstrated a good understanding of what was expected.
- 2.11 Prisoners did not report feeling unsafe in their cells or in the communal areas of residential units. In our survey, 27% of respondents (compared with the 29% comparator) said that they had felt unsafe at some time while at the prison, and 14% (compared with the 15% comparator) felt unsafe at the time of the survey (see section on bullying and violence reduction).
- 2.12 Prisoner representatives met monthly with relevant staff and were consulted about routines and facilities. The minutes were detailed, but did not always show who was responsible for dealing with items raised or what the outcomes were.
- 2.13 Most of the residential areas were calm and quiet when prisoners were locked in their cells. The C wing first night spur was the noisiest after lock-up in the evening, and we did not observe any action being taken to quieten the wing down during our night visit. Prisoners were asked respectfully to keep the noise down on B wing, and generally prisoners responded well.
- 2.14 There were no restrictions on the number of letters that prisoners could send or receive. The post office could not guarantee a delivery time, so a member of prison staff collected all the prison's mail early each morning. A team of operational support grade staff were located in the correspondence office, close to the security department. Mail was sorted and delivered to prisoners on the day of arrival. Outgoing mail was collected from wings at least once a day, and often twice.
- 2.15 The prison had recently introduced the 'email a prisoner' scheme, which meant that prisoners could receive text emails from family and friends. The scheme was popular and resulted in prisoners receiving messages the day they were sent. There was appropriate monitoring of 5% of all mail, and the mail for those on Prison Service Order 4400 (harassment charges) and

others who had been identified as needing monitoring for security reasons. Legal mail was handled appropriately.

- 2.16 There were sufficient telephones available on all but A wing, where there were only three for nearly 70 prisoners. Telephones were not all sufficiently private. Access to telephones was provided daily during periods of association and unlock on the wing. Telephones were switched off during working hours to encourage all prisoners to attend work and activities. Prisoners were able to exchange visiting orders for additional telephone credit whether or not they received visits.

Clothing and possessions

- 2.17 Prisoners were allowed to wear their own clothing, according to privilege level, and the majority did so. Prisoners had access to adequate prison issue clothing when required and there were few complaints about size or state of repair. In our survey, 66% of prisoners said that they were normally offered enough clean, suitable clothes for the week, which was similar to the comparator.
- 2.18 Prisoners had access to laundry facilities, through orderlies. The kit bags used for laundry were often so tightly packed that they became damaged in the wash. Some of the laundry equipment was broken. On C wing in particular, so much of the equipment was out of order that prisoners there washed their clothing in their sinks and hung it on pipes or over wing railings to dry. The security of personal items was good, with orderlies ensuring that the laundries were either supervised or locked. Irons and ironing boards were available from all wing offices, bar one, where the iron needed to be replaced. Prison clothing was washed and returned weekly.
- 2.19 Prisoners' property was held securely in reception. In our survey, 35% of prisoners said that they could get their stored property if they needed to, which was similar to the comparator. Requests were usually dealt with at weekends, so a prisoner applying on a Monday had the longest wait for his property. Applications and complaints both indicated that more property issues reached a formal stage than necessary (see section on applications and complaints).

Hygiene

- 2.20 Access to cleaning materials was good. In our survey, 78% of respondents said that they normally got cell cleaning materials every week, which was similar to the comparator. The cleanliness of the cells was reasonable.
- 2.21 In our survey, 95% of prisoners said that they were able to have a shower every day, other than on the segregation unit and on the basic level of the incentives and earned privileges (IEP) scheme, which was significantly better than the 92% comparator. This was despite four showers being out of action on D wing. Showers were poorly ventilated and in a poor state of repair, particularly on A and B wings, although showers on these wings had been refurbished since the previous inspection. The floor covering used in these showers had water beneath it and the new surfaces were black with mould and water damage. The showers on C wing did not offer any privacy, while the showers on D wing offered privacy but were out of staff supervision. Prisoners reported easy access to showers throughout the day and after gym sessions. There was a ready supply of personal hygiene items of basic quality on the residential areas.

- 2.22 Freshly laundered bedding was provided for all prisoners on arrival. Thereafter, kit exchange took place weekly. We received no complaints about obtaining sheets and blankets, and in our survey, 86% of respondents, compared with the 84% comparator, said that they normally received clean sheets every week. A mattress replacement system was in operation but health services staff complained about doctors being required to authorise the replacement of mattresses, despite the wing mattress replacement books being clear that this was not to happen.
- 2.23 Prisoners were allowed their own bedspreads and duvets on the standard and enhanced levels of the IEP scheme, but curtains were not listed. Some prisoners had prison-provided curtains, while others had had sheets made up into curtains, and still others had their windows remaining bare.

Recommendations

- 2.24 The B, C and D wing association areas should be redecorated.
- 2.25 Screening should be provided for in-cell toilets and toilet seats fitted.
- 2.26 Kettles should be provided for all prisoners.
- 2.27 The electronic cell call bell recording system for C and D wings should be utilised by residential managers to ensure timely responses to cell bell alarms. A different management check should be instituted for A and B wings.
- 2.28 An additional telephone should be installed on A wing.
- 2.29 Appropriate privacy hoods should be fitted to improve privacy.
- 2.30 Broken laundry equipment should be mended or replaced, with C wing as the priority.
- 2.31 The showering facilities on B wing should undergo extensive refurbishment.
- 2.32 The ventilation in all the residential showering areas should be improved.
- 2.33 Prisoners should be able to shower with a reasonable degree of privacy.
- 2.34 Curtains should be provided in all cells, and prisoners allowed their own curtains under the incentives and earned privileges (IEP) scheme.
- 2.35 Outdoor furniture should be provided for external areas.
- 2.36 The offensive display policy should be enforced.

Housekeeping points

- 2.37 The supervision of the cleaning parties responsible for association areas should be improved.
- 2.38 Broken glass panes should be replaced.

- 2.39 Minutes of prisoner representative meetings should show time-bounded and named responsibility for actions to be taken.
- 2.40 Irons should be available on all wings.

Staff–prisoner relationships

Expected outcomes:

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

- 2.41 The staff–prisoner-relationships we observed were mixed. Many were good on a one-to-one basis, but there was little use of preferred names, and among themselves staff often spoke dismissively of prisoners. Some staff challenged inappropriate behaviour, and sometimes gave prisoners a chance to rectify poor behaviour before issuing formal warnings.
- 2.42 Some staff interacted well with prisoners and offered appropriate role models, while others avoided contact, only responding when approached. Staff on A wing mostly stood in the corridor, rather than engaging with prisoners on association or in their cells, but were responsive to prisoners. On B wing, a fixed desk formed a physical barrier between staff and prisoners. Interactions on C wing varied, with staff on the first night spur congregating on the upper landings, while those on the other spur were more interactive, as on D wing. Many staff engaged on a one-to-one basis with individuals, but some spoke dismissively about prisoners when with their colleagues. Formal pro-social modelling training was being rolled out through the psychology team, and 60 front-line staff had so far been trained.
- 2.43 Engagement during association varied enormously. In some cases it was passive but responsive to active queries; in others it was relaxed and comfortable. We saw a particularly supportive approach with a prisoner who had just heard that care proceedings were being taken against his daughter, and staff facilitated a lengthy telephone call to his ex-wife. In our survey, 19% of prisoners said that staff normally spoke to them most or all of the time on association, which was identical to the comparator. This showed a significant improvement from previous surveys, with 14% reporting positively in 2006 and only 6% in 2003.
- 2.44 Staff mostly showed confidence in challenging inappropriate behaviour. On a number of occasions, entries in wing files gave prisoners the chance to improve behaviour before the more formal use of IEP warnings or adjudications was resorted to. Staff were polite when asking prisoners to turn down their music or dress appropriately, and routinely knocked before entering cells.
- 2.45 Most prisoners were referred to by their surname, despite the personal officer scheme requiring staff to find out from the prisoners on their caseload what name they wanted to be known by and to make a note on the file accordingly. Most written entries in wing files used surnames only. In our survey, 71% of respondents said that most staff in the prison treated them with respect, which was in line with the comparator.

- 2.46 There were prisoner representatives for a range of consultative and statutory committees. The establishment had introduced a prisoner peer advice and support service called the PID. As well as providing information and referrals from reception and induction, PID workers provided surgeries on wings during association. Those we observed were well attended, and resettlement workers received effective referrals from this service.

Recommendation

- 2.47 **Managers should ensure that staff mix with prisoners during association and encourage participation with the activities available to them.**

Personal officers

Expected outcomes:

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

- 2.48 There was a good level of engagement with the personal officer scheme from staff, and wing files mostly demonstrated consistent entries over a considerable time, although often by many different members of staff. There had been too many changes of personal officer. Staff generally showed a reasonable knowledge of the prisoners in their care. Wing history files were completed to an acceptable standard. Management checks were minimal and none were observed above senior officer level. Personal officers contributed to important decision making, completing contributions for categorisation, IEP and parole reports.
- 2.49 Prisoners' responses differed greatly when asked about their personal officers. Some did not know who their personal officer was, some could point to them but did not know their name or have much contact with them, while others knew them well and were able to talk about issues they had dealt with on their behalf. Most cell cards had the name of the personal officer on them.
- 2.50 There had been many changes of personal officers, partly because new staff had been allocated a caseload when the open site had closed but had then been required to return there when it had re-opened briefly. The fact that the scheme was cell based, rather than a wing-allocated one, also meant that prisoners changed personal officers when they moved cell. We saw one wing file in which two different personal officers had introduced themselves to a prisoner within one week.
- 2.51 There was generally a good level of engagement with the personal officer scheme from staff. Those we spoke to were aware of their responsibilities. The knowledge of personal officers about the personal circumstances of the prisoners on their caseload, and willingness to engage with families, varied from officer to officer. On a few occasions, staff had intervened directly to ensure that contact was made with families, including making a public expense call available. There had also been occasions when personal officers had spoken to prisoners about issues of concern and given them an understanding of what needed to change, or had engaged with prisoners to get them into employment or offending behaviour courses.
- 2.52 The published personal officer scheme required a minimum of one entry in the wing history sheet each fortnight. It also required this entry to provide evidence of a conversation with the prisoner and a record of the progress being made. Most files contained at least fortnightly

entries, dating back several months and, in some cases, years. The quality of documented contact varied widely, but even when the officer had written 'no issues', (s)he had nearly always offered some further comment about progress at work or behaviour. There were some dismissive entries in the wing history sheets and a notable lack of use of anything other than surnames, even when the knowledge of the individual was good. Although most of the entries were meaningful and demonstrated that staff were in touch with significant events, these entries came from various staff rather than the dedicated personal officer. Management checks tended to concentrate on the quantity rather than the quality of entries, although there were some which praised staff for the good quality of their work. We did not observe any management checks above senior officer level.

- 2.53 Personal officers contributed to important decision making and completed contributions for categorisation, IEP reviews and parole reports. Their presence at boards was rare, but officers cited particular occasions where they had made the effort to attend because an individual prisoner for whom they had responsibility had particularly requested it.

Recommendations

- 2.54 Regular changes of personal officers for individual prisoners should be avoided.
- 2.55 Wing history file entries should be made at least weekly.
- 2.56 Staff should use preferred names for prisoners.
- 2.57 Management checks of history sheets should routinely include assessments of quality and include checks from managers above senior officer level.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

- 3.1 There was a comprehensive violence reduction strategy, which had recently been reviewed. Staff were required to complete an electronic anti-bullying training programme. The establishment had conducted a safety survey in May 2008. Twenty perpetrators had been placed on stage one of anti-bullying measures in the previous six months. Bullies who were placed on stage three anti-bullying measures were located in the segregation unit, with no interventions provided. The violence reduction plans were not routinely checked by the safer custody coordinator to ensure that the quality was monitored. There were no formal interventions for bullies or victims.
- 3.2 The comprehensive violence reduction strategy had recently been reviewed and was readily available across the establishment. The strategy detailed the overarching links with different departments and policies. In order to promote the contents of the strategy, as well as the establishment's overall commitment to violence reduction, staff were required to complete an electronic anti-bullying training. The head of residence, who was responsible for preparing the document, was in the process of collating information about the number of staff who had completed the training, but this was not available during the inspection.
- 3.3 The establishment had conducted a safety survey in May 2008 and, of the 520 prisoners approached to complete the questionnaire, 226 (44%) had completed and returned it, which was a significant increase from the previous year, when only 7% of questionnaires had been completed. Some of the findings had been incorporated into the violence reduction strategy. Over 50% of respondents identified themselves as a victim of bullying or having participated in bullying. Over half who replied said that they felt unsafe in association, en route to and from wings and in the showers. About half of those who said they felt unsafe said that they would not approach staff with their fears. The prison had introduced an improved system for movement, which might have allayed such prisoners' fears, but this was untested.
- 3.4 In our survey, prisoners' responses to whether they had ever felt unsafe and whether they felt unsafe at the moment were comparable to those at other training establishments. However, 41% of Muslim prisoners said that they had felt unsafe at the establishment compared with 21% of non-Muslim prisoners. The safer custody coordinator told us that perceptions of feeling unsafe among some Muslims prisoners might have been due to two serious assaults which had occurred involving Muslim prisoners.
- 3.5 The head of residence and safer custody coordinator displayed anti-bullying posters across the establishment. Although the head of residence said that more work had been done with staff to improve prisoners' perceptions of the way that staff handled reports of bullying, there was no evidence that this had been achieved.

- 3.6 Violence reduction was discussed as part of the safer custody meeting (see section on suicide and self-harm). The safer custody coordinator prepared a report which recorded the numbers of victims and perpetrators who had been placed on anti-bullying measures and also tracked unexplained injuries and any relevant information recorded in the observation books that might highlight potential bullies or victims.
- 3.7 All bullying incidents and unexplained injuries were investigated by wing managers, and information was submitted to the safer custody coordinator using a safer prisons report form, detailing the events and any action that was taken. This form was widely used across the establishment, with over 200 submitted in the year to date. The forms we reviewed lacked information about the action that had been taken by wing managers. The safer custody coordinator told us that wing managers often informed him verbally of the action taken, and he maintained a log of alleged bullying incidents. When we reviewed the log, it was evident that the anti-bullying measures were implemented as a last resort, and in some instances perpetrators had been reported on several occasions before any action was taken.
- 3.8 Twenty perpetrators had been placed on stage one of the anti-bullying measures in the previous six months; this had involved covert monitoring of the perpetrator for 28 days. Two perpetrators had been placed on stage two measures, resulting in being referred to an incentives and earned privileges (IEP) review board, with possible demotion to basic, a review of work and employment assignments, and covert monitoring. Stage three of the anti-bullying measures resulted in prisoners being located to the segregation unit, where they were managed by security staff. The violence reduction strategy did not outline what arrangements were in place for prisoners placed on stage three, and no perpetrators had been placed on this stage of the anti-bullying measures. Five victims had been placed on victim support plans in the previous six months. Victims were observed for 28 days and given the opportunity to change locations, although the safer custody coordinator said that the perpetrator would be moved if necessary.
- 3.9 The quality of violence reduction plans was reasonable but contained insufficient information about how the alleged behaviour would be addressed. In some documents, the outcome of the covert monitoring of the alleged perpetrator was not clear, yet the booklet had nevertheless been closed. The violence reduction plans remained with the wing history sheets even after closure, but were not routinely checked by the safer custody coordinator to ensure that the quality was monitored.
- 3.10 All cell sharing risk assessments which were assessed as medium or high were referred to the safer custody officer, so that the information could be cross-referenced with his violence reduction log. Debt was the main motivation for bullying incidents. Since the re-profiling, canteen distribution had been amended and goods were now delivered individually to prisoners' cells (see section on the prison shop) to reduce the number of prisoners being bullied for their canteen as a means of settling debts.
- 3.11 There were no formal interventions for bullies or victims. The offender management unit (OMU) was notified of all perpetrators and victims of bullying, but it was not clear what further work was undertaken by offender supervisors. The head of residence had not reviewed this arrangement and consequently was not clear about the outcomes of providing this information to the OMU.
- 3.12 The education department delivered an assertiveness and decision-making course, but we were told that there were insufficient spaces for alleged bullies or victims to be referred to it.

Recommendations

- 3.13 The recommendations from the establishment's safety survey should be implemented and progress reviewed.
- 3.14 Managers should explore the poor perceptions of Muslim prisoners about their safety at the prison.
- 3.15 The safer prisons reports should clearly outline the actions that wing managers have taken regarding reported incidents of bullying, so that any trends can be identified and the responses by wing managers across the different wings can be monitored.
- 3.16 The low use of the anti-bullying measures should be addressed and all suspected perpetrators of bullying should be placed on at least stage one of the anti-bullying measures.
- 3.17 The violence reduction strategy should clearly outline the arrangements for stage three of the anti-bullying measures.
- 3.18 Where there have been repeat instances of bullying by named perpetrators, they should be progressed through the anti-bullying measures available.
- 3.19 The violence reduction plans should be routinely checked by the safer custody coordinator and monitored at the safer custody meeting.
- 3.20 Formal interventions should be available, both for victims and for perpetrators of bullying.

Self-harm and suicide

Expected outcomes:

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

3.21 Suicide prevention and self-harm management were well integrated into most aspects of the establishment and underpinned by a comprehensive safer custody strategy. An at-risk hotline had been implemented, whereby families could contact the establishment and report any concerns they had about their family member or friend. There were good examples of assessment, care in custody and teamwork (ACCT) assessments, and care maps which set clear objectives to address the triggers of the harmful behaviour. Multidisciplinary case reviews were held. Seventy-five per cent of staff had received ACCT training. Not all night staff were ACCT trained. Although there had been some near-death incidents during the year, these had not been recorded or action plans devised.

3.22 Suicide prevention and self-harm management were well integrated into most aspects of the establishment and underpinned by a comprehensive safer custody strategy. The strategy

document identified all departments and staff who were responsible for the management of vulnerable prisoners and outlined their roles. It also clearly detailed the day-to-day expectations of staff in preventing and managing prisoners at risk of self-harm and suicide. The strategy document was available from the prison intranet and staff were aware of its contents.

- 3.23 The head of residence and safer custody coordinator had implemented an at-risk hotline in response to the establishment's safety survey results (see section on bullying and violence reduction), whereby families could call the establishment and report any concerns they had about their family member or friend. The hotline had only been operational for two months, and during the inspection the message we left was promptly responded to by the safer custody coordinator and logged. There had been no calls to the hotline so far, but it was well advertised in the visitors' hall and centre, and the contact number was printed on visitors' information. Prisoners could not access this hotline.
- 3.24 A monthly safer custody meeting was chaired by the head of residence. Although the membership of this meeting was comprehensive, attendance by some, particularly health services staff, the Listener coordinator and Listeners, was not regular. The new safer custody coordinator, a senior officer, had been in post for two months, but was still supported by the previous coordinator, who attended the meetings.
- 3.25 The meeting was conducted in two parts. In the first part, Listeners provided feedback about their callouts and any related issues; in part two, which the Listeners were not permitted to attend, specific cases were discussed, and the safer custody coordinator presented a detailed monthly report. The report not only recorded the number of ACCT documents opened during the preceding month, but also highlighted any at-risk groups, such as recalled prisoners, prisoners serving indeterminate sentences for public protection and prisoners on the integrated drug treatment system (IDTS) programme.
- 3.26 There had been 30 acts of self-harm in the previous six months, involving 23 prisoners. The safer custody coordinator had a good awareness of the small number of prisoners who were likely to self-harm, and this was monitored appropriately. At the time of the inspection, there were four ACCT documents open, 52 in the year to date, and all open ACCT documents were displayed in the gate.
- 3.27 The quality of the ACCT documents was monitored by the safer custody coordinator and reported back at the safer custody meeting, with the actions that managers had taken. We saw good examples of ACCT assessments, and care maps which set clear objectives to address the triggers of the harmful behaviour. Multidisciplinary case reviews were held. The names of staff responsible for each action were identified and updates were recorded as to whether the action had been completed, and what needed to be done for it to be achieved.
- 3.28 Where appropriate, telephone calls to family and friends were facilitated by providing extra telephone credit. The coordinator ensured that reviews took place within the designated timescales and, where necessary, sent out invitations to relevant staff and departments to attend the reviews. Triggers to self-harming behaviour, particularly significant anniversaries, were recorded and, where appropriate, wing employment was sought in order to occupy prisoners who were feeling vulnerable and isolated. ACCT documents were taken to work and education so that observations could be completed throughout the day.
- 3.29 There was one care suite, located on C wing, which was a comfortable space. We were told that records of its use were maintained, but these could not be located during the inspection. We were told by a group of Listeners that they had not used the care suite in the year to date.

All of the first night cells were safer cells and, although any prisoners placed on an ACCT document were managed in situ, in exceptional circumstances they could be moved to a safer cell.

- 3.30 There were 21 ACCT assessors at the establishment. ACCT training was regularly delivered, and 75% of staff had completed the training. However, some induction staff and the current safer custody coordinator had not undertaken recent refresher training. Not all night staff were ACCT trained, and some did not carry anti-ligature knives and were unsure of the action they would take in the event of a self-harm incident during the night.
- 3.31 The Listener scheme was well advertised and Listeners participated in the induction programme. There were 12 Listeners at the establishment and, although the majority were located on B wing, there was one on each of the residential wings. In our survey, 51% of respondents said that they were able to speak to a Listener at any time, which was significantly worse than the 65% comparator. Prisoners in our groups expressed little confidence in Listeners and felt that they could not be trusted. There were few Listener call-outs to residential wings.
- 3.32 We met a group of Listeners who were committed to their role and said that they had full access to prisoners and had no concerns. The low confidence in Listeners appeared to be due to a previous Listener coordinator being stripped of his role and demoted to basic owing to an incident which other prisoners were aware of.
- 3.33 The safer custody co-ordinator was concerned that some serious incidents of self-harm, which could have resulted in death, were not being collated and investigated due to lack of administrative support.

Recommendations

- 3.34 The terms of reference and membership of the safer custody meeting should be re-issued and attendance should be monitored.
- 3.35 The at-risk hotline should be made available to prisoners.
- 3.36 The use of the care suite should be recorded.
- 3.37 All night staff should be assessment, care in custody and teamwork (ACCT) trained.
- 3.38 All staff should carry anti-ligature knives.
- 3.39 Managers should take steps to address the low confidence in Listeners among prisoners.
- 3.40 Near-death incidents should be reported, an action plan devised and points of learning should be acted on at the safer custody meeting.

Diversity

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

- 3.41 Diversity awareness had improved, with a commitment to staff and prisoner training, collaboration with diversity staff in neighbouring prisons, and a full-time diversity manager, who was also the disability liaison officer (DLO). A detailed disability policy and action plan was being implemented, including early identification of anyone arriving with a disability, and planning which involved collaboration with all departments.
- 3.42 The establishment was in the process of devising a diversity strategy, and had a cohesive and proactive diversity team, overseen by the head of safety and diversity. A range of issues were brought to the monthly race equality action team (REAT) meetings. With the development of a wider agenda, terms of reference had recently been agreed for a separate quarterly meeting on equality and diversity relevant to staff and prisoners.
- 3.43 A full-time executive officer grade diversity manager, who was also the DLO, was developing work in a number of areas. The establishment benefited significantly from sharing ideas, training and good practice with diversity staff in other prisons in the area. Statements of policy and photographs of relevant staff and prisoner representatives were displayed on diversity notice boards around the prison.
- 3.44 A detailed disability policy had just been finalised. Under headings relating to 19 different areas, it suggested how to work with certain impairments. A related action plan included a programme for impact assessments and a training programme, which had already started. Diversity awareness featured in staff and prisoners' induction.
- 3.45 People with disabilities were identified on arrival by routine review of their documentation, a questionnaire filled out by health services staff and by a further questionnaire when new arrivals met the information, advice and guidance (IAG) worker. Any disabilities were then recorded centrally on the local inmate database system to advise all staff, and steps were taken to assess and refer people. The widely distributed minutes of the morning meeting also recorded the names of people with disabilities.
- 3.46 The DLO received reception information, interviewed everyone presenting with a disability and followed this up, including with the relevant personal officer. In recent wing files we saw, information about the needs of the person with disabilities had been recorded. The DLO also opened his own case files, recording the initial interview, steps taken and review dates. These informed the other full-time diversity officer, the race equality officer (REO), who covered for him in his absence. There was effective cooperation between different staff to meet individual needs. For example, an afternoon job in a supportive environment was found for a prisoner whose medication, taken in the morning, made it difficult for him to cope with work early in the day. The DLO attended area DLO meetings.
- 3.47 Work with people with learning difficulties included the Toe by Toe mentoring scheme. The healthcare department was taking the lead in developing an older persons' policy (see section on health services). There were a few prisoners above retirement age, but all were still active and working.
- 3.48 Care planning for disabled and older prisoners was in its infancy. C wing had two adapted cells with wider doors, a lowered sink and a call bell by the bed, and there was a lift to facilitate access to the healthcare department and a small library on the upper floor. However, no adjustment had been made to the nearby showers, which had a step, and there was no bath. Staff could not recall anyone with a serious mobility restriction being located there. The visits hall was accessible and had a disabled toilet.

- 3.49 Three-quarters of staff had received diversity training, but not all within the previous three years, and there was a programme to update this. Recent training had included transgender, gay and lesbian, disability and foreign nationals awareness sessions. Diversity staff were trying to improve the promotion of diversity.
- 3.50 Recently, prisoners who had been identified as having a disability and needing a personal evacuation plan had been provided with these and they were published on office doors. Staff we spoke to were aware of these plans and who had them, although expressed some confusion about whether it would be staff or other prisoners who would provide the assistance.

Recommendations

- 3.51 All staff should receive regular, updated diversity training.
- 3.52 The establishment should conduct an impact assessment to improve facilities and policies affecting people with disabilities.
- 3.53 Work on care mapping should be further built on and integrated into the personal officer scheme.
- 3.54 There should be adapted sanitary facilities, close to the cells, for prisoners with mobility problems.
- 3.55 Staff should be appointed to assist prisoners with a personal evacuation plan in the event of an emergency.

Race equality

Expected outcomes:

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

- 3.56 There were sound structures to underpin, monitor and report on race equality, including a monthly REAT meeting, chaired by the Governor, a live action plan, full-time REO and a large team of trained prisoner race equality representatives. Investigation of, and response to, racist incident report forms (RIRFs) was thorough; quality assurance included a quarterly three-prison scrutiny panel, which generated constructive ideas.

Race equality

- 3.57 A quarter of the prisoner population was from black and minority ethnic backgrounds, and the establishment showed a commitment to race equality. In the 2008 race equality annual report, all functional heads gave a detailed report on how they addressed the statutory duty and prison policy to eliminate discrimination and promote equality and good relations. It included a nine-page report by a prisoner representative on the operation of the monthly REAT meeting, which he regularly attended; he appraised positive developments and suggested improvements, such as further tutoring for prisoner representatives, which had been implemented.

- 3.58 The REO was an experienced senior officer and the post was full time. The REO and DLO (who was the former REO) shared an office and collaborated effectively. There had been a recent effort to appoint assistant REOs on the wings, although they had to fit this in with their general duties without any specific time allocated. To compensate for location in an administrative building outside of the closed prison, the REO toured the wings and staffed the movement line to make herself visible and accessible to prisoners. She was generally known to prisoners and staff, and her photograph was on diversity notice boards, alongside those of nominated assistant REOs and representatives on the units, and minutes of meetings. In line with the communication strategy, the library held copies of policies, minutes, monitoring and impact assessments.
- 3.59 The REAT meeting, which brought together functional heads, representatives from every department and prisoner representatives, was chaired by the Governor, and most members had received relevant training. A detailed race equality action plan was updated regularly, with review dates, and drew on a wide range of sources, including prisoners' perceptions, revealed in impact assessments. In response to some of these issues, further training was planned. A 2008 communication strategy, to publicise race equality information across the prison, had been implemented. Community representatives rarely attended the REAT meeting, although the community engagement strategy included development of contact.
- 3.60 Ethnic monitoring was scrutinised routinely at the REAT meeting. No sustained, significant patterns of differential access or application emerged in key areas of monitoring, although there were some differences which were investigated; for example, black and minority ethnic people were over-represented in use of full-time education facilities.
- 3.61 At the time of the inspection, there were 11 prisoner race equality representatives. They had their own monthly meeting with the REO and other invitees; for example, the catering manager regularly attended. The prisoner representatives who would attend the REAT meeting, and the issues they would raise, were also decided at this forum. Representatives signed compacts outlining their roles and received training, and shirts were issued to identify them to their unit. The Governor issued certificates to representatives to confirm completion of a structured introduction to dealing with racial discrimination and skills for cultural awareness.
- 3.62 The proportion of black and minority ethnic staff had risen to around 4%, and was slightly higher among staff in contact roles; this was close to the target.

Managing racist incidents

- 3.63 RIRFs were widely available, including in the visitors' centre and segregation unit. They were managed to a high standard. Previously, RIRFs from the open and closed sites had been logged together. In the previous six months, 27 RIRFs had been logged. Although the open site had housed some prisoners for a part of this time, the REO believed that all of these RIRFs had been submitted from the closed site. Logged RIRFs included some standard complaint forms indicating a racist element and therefore copied to the REO. Staff were encouraged to discuss some comments made on RIRFs, or offer early explanation to complainants at the time, before implementing a full investigation, to test if they were an expression of frustration rather than a perception of discrimination.
- 3.64 There was a checklist to monitor the processing of RIRFs. All were promptly acknowledged and all relevant parties or witnesses were interviewed by the REO, which could be time consuming. Other sources of information were checked, such as wing observation books and violence reduction reports. Steps taken were included in the report. Typed responses were

issued to the complainant and other involved parties, clearly explaining the basis of the findings. Responses were uniformly respectful and included information about the prison's commitment to equality and avenues of appeal. One response included an apology for delay, with the explanation that a witness had been working on the night shift. In another case, investigated after a prisoner had transferred, the receiving prison was notified, with the suggestion that the prisoner's wing file and cell sharing risk assessment be updated. All the RIRFs we saw had been countersigned by the deputy governor. Wealstun also participated in a scrutiny panel with two other prisons in the area, meeting quarterly at each prison in turn to scrutinise a sample of five RIRFs selected independently from each. In attendance were prison and area diversity staff, prisoner representatives from the host prison, and representatives from other collaborating agencies, such as the police and Kirklees Equality and Human Rights Agency. The minutes recorded thorough discussion, bringing out good practice and suggestions for alternative interventions. An area diversity officer also visited to sample RIRFs quarterly.

- 3.65 Prisoners we met did not describe racist treatment at the establishment. Survey findings were inconsistent. A lower proportion of black and minority ethnic prisoners reported feeling safe on first night compared with white prisoners (see section on first days in custody), although, in the same survey, when asked if they had been victimised because of race or ethnic origin, none reported this in respect of other prisoners, and one person (4%) reported it in respect of staff. A recent Prison Service survey measuring the quality of prison life (MQPL) recorded a relatively positive finding on race equality.

Recommendations

- 3.66 Assistant race equality officers on wings should have adequate facility time to undertake this work.
- 3.67 Engagement with other agencies able to contribute to race equality at the establishment should be progressed, and the race equality action plan updated accordingly.

Good practice

- 3.68 *With diversity staff from two other prisons in the area, Wealstun participated in a quarterly scrutiny forum to develop good practice in the management of racist incident reporting.*

Foreign national prisoners

Expected outcomes:

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

- 3.69 Foreign national issues were discussed at the REAT meeting. A team of foreign national prisoner representatives had recently been recruited, with training scheduled. There were no peer support meetings for foreign nationals. Attempts had been made to improve links with the UK Border Agency (UKBA), but replies were sometimes late, inconsistent and unhelpful, particularly regarding possible recategorisation.

- 3.70 At the time of the inspection, the prison held 32 foreign nationals, representing 7% of the population, including a few held after the end of custodial sentence as immigration detainees. Most had been living in the UK for some time and spoke good English. There was little translated material visible, but the assistant foreign nationals coordinator was knowledgeable about general information in different languages on the intranet, which was downloaded and printed as needed. He also downloaded news from the BBC website in different languages. There was occasional use of a professional interpreting service, and lists were kept of staff and prisoners who spoke more than one language. An interpreting service had been used to interview a Chinese prisoner who spoke limited English.
- 3.71 Foreign national issues were discussed at the monthly REAT meetings, and were also raised at race equality prisoner representative meetings. An officer, who until recently had acted as the foreign nationals coordinator, had written a reasonable policy, describing some legal provisions, identified needs, such as family contact, and some relevant resources. He had attended meetings with UKBA staff, but largely learnt by experience. Foreign nationals awareness training had been delivered to 30 staff members in recent weeks. The policy had recently been revised. A principal officer had recently been appointed as the foreign nationals coordinator, although the former post-holder retained some time to assist him. The new coordinator was also the drug strategy coordinator. It was not clear how much time either could devote to developing work with foreign nationals. Foreign national prisoners, as they arrived or presented applications, were often referred through the full-time REO.
- 3.72 Five prisoner representatives had recently been designated as foreign national representatives, with a compact outlining their responsibilities. Some had experience as race equality representatives. Training was set up for the team of representatives during the inspection week. However, as yet there were no regular meetings enabling foreign nationals as a group to meet and share their concerns and suggestions with each other and with staff.
- 3.73 The body within the UKBA responsible for what happened to foreign national prisoners at the end of sentence was the Criminal Casework Directorate. The foreign nationals coordinator and discipline clerks who regularly liaised with them described poor continuity and quality of information, which added to their workload. A link had recently been established with a local UKBA office which had access to the UKBA database and could deal with some enquiries. A named officer had started to visit the establishment and advised on individual queries. However, no effective link had been established with a local source of independent immigration advice. The former foreign nationals coordinator had written to around 50 solicitors in the region, without eliciting useful interest.
- 3.74 A telephone call could be exchanged for two visiting orders by any prisoner. At the time of the inspection, 52 prisoners were using this scheme. A telephone card to the value of £5 was given to replace the two visiting orders. According to the tariff, this value permitted a five-minute call to any part of the world, although calls to countries with a lower tariff could be much longer. Foreign nationals could also buy international telephone cards, although few did so.
- 3.75 The prison assessed foreign nationals for recategorisation to open conditions in the same way as other prisoners, but also consulted UKBA, since possible deportation was a relevant factor. Prison staff were frustrated by late, inconsistent and unhelpful responses from UKBA, usually in a pro-forma indicating a negative reaction. Some of the prisoners in question had been living in the UK since childhood and had an effective right of appeal against deportation. UKBA responses were inconsistent with their own detention policy, which indicated that a right of appeal is a positive incentive to compliance. The information supplied by UKBA listed complex legislative provisions, in English, using technical language, which was unlikely to be comprehensible either to prison staff or to the prisoner.

Recommendations

- 3.76 The prison should hold regular peer support meetings for foreign national prisoners.
- 3.77 The foreign nationals coordinator and assistant should have facility time to undertake this role effectively.
- 3.78 In consultation with the Legal Services Commission, foreign national prisoners' need for independent specialist legal advice should be addressed.
- 3.79 The prison should liaise with the UK Border Agency (UKBA) to ensure timely and understandable notification relevant to deportation and detention.
- 3.80 The prison should liaise with UKBA to ensure prompt and understandable contributions to risk assessment for recategorisation.

Applications and complaints

Expected outcomes:

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

- 3.81 The general application system comprised carbon copy application forms, allowing the prisoner to retain a copy so that it could be tracked. There was also a wide range of specialist application forms which prisoners could access from staff. Complaint forms and confidential access envelopes were readily available on the wings. The complaints log recorded that over 1,300 complaints had been submitted in the previous six months. A large number of complaints could have been dealt with by wing staff, without the need to be escalated to a complaint form. The quality of replies varied, but some were dismissive and even inappropriate. Management checks were adequate.
- 3.82 Prisoners submitted applications in the morning, which gave wing staff the opportunity to deal with any applications themselves and refer the rest to other departments on the same day. Application forms were located in staff offices and staff were encouraged to explore the reasons why prisoners were accessing an application form, to ensure that the issue could not be dealt with by wing staff. In our survey, 86% of respondents said that it was easy or very easy to get an application form, which was significantly worse than the 90% comparator.
- 3.83 The general application system comprised carbon copy application forms, allowing the prisoner to retain a copy so that it could be tracked. There was also a wide range of specialist application forms which prisoners could access from staff, or a smaller range was available from prisoner information desk (PID) workers. The applications ranged from purchasing hobby items to making appeals against IEP review decisions. The forms for these applications had no carbon copies; staff were expected to log the application and not only record when it was responded to, but also chase up any outstanding applications. In our survey, significantly more prisoners said that they felt that their application had been dealt with fairly and promptly than at comparator establishments.

- 3.84 The complaints system had been revamped to improve its effectiveness. Complaint forms and confidential access envelopes were readily available on the wings. In our survey, 92% of respondents said that it was easy or very easy to get a complaint form, which was significantly better than the 85% comparator. The complaints boxes were emptied by the night orderly and taken to the complaints clerk to log on a comprehensive database and present to the morning meeting. Those that had a racist or bullying element were referred to the violence reduction coordinator and the REO. There were clear timescales for the responses to complaints, and at the time of the inspection 96% of stage one complaints were answered within three days.
- 3.85 Complaints against members of staff were dealt with by the head of residence, and complaints which were identified by prisoners as urgent were expedited by the complaints clerk, depending on the circumstances. Prisoners made use of the confidential access to submit complaints to the Independent Monitoring Board (IMB), Governor and area manager, and information regarding how to make complaints to external bodies was advertised around the establishment, although prisoners were significantly more negative than at comparator establishments about being able to see a member of the IMB.
- 3.86 The complaints log recorded that over 1,300 complaints had been submitted in the previous six months. The performance department monitored the number of complaints, and it was evident from their data that the same prisoners made several complaints; for example, in June 2008, the 169 complaints submitted were received from 113 prisoners. In our survey, 32% of respondents said that complaints were dealt with fairly, which was similar to the comparator, and significantly more prisoners than at comparator establishments felt that their applications had been dealt with promptly (66% versus 53%).
- 3.87 A large number of the complaints we looked at could have been dealt with by wing staff, without the need to be escalated to a complaint form, or were requests for action to be taken, which would have been more appropriate for submission on an application form.
- 3.88 Since August 2008, prisoners had been asked to complete an evaluation form regarding how they felt that their complaint had been dealt with. At the time of the inspection, 100 evaluation forms had been returned and were in the process of being analysed. So far, it had been calculated that 61% of respondents said that they were satisfied with the responses.
- 3.89 A quality control process was conducted by managers; we were told that 100% of complaints were read by managers or the complaints clerk, to check the quality of the response and ensure that the complaint had been answered. The quality of replies varied. Most were legible and addressed the issue raised. However, others were dismissive and in some circumstances disrespectful. The management check, which was verified by a management stamp on the complaint form, was not always effective. Complaints submitted using inappropriate language were returned to prisoners, explaining why they had been returned.
- 3.90 The highest number of complaints concerned property and cash. Property complaints mainly concerned prisoners not being able to be in possession of particular items that they had previously been able to have in other establishments, such as curtains and digi-boxes. Monitoring data on the subject matter, location and ethnicity of the complainants were recorded to report timeliness in accordance with prison targets, rather than check the quality of responses or extract other management information.

Recommendations

- 3.91 The quality of replies to prisoners' complaints should be better monitored to check the appropriateness of the reply, and any inappropriate or dismissive replies should be dealt with.
- 3.92 The high number of complaints should be investigated to ensure that prisoners are not submitting multiple complaints owing to the complaint not being appropriately responded to.
- 3.93 Staff should be encouraged to deal with low-level complaints informally.
- 3.94 The evaluation forms should be analysed and any key issues acted on to improve the complaints system.

Legal rights

Expected outcomes:

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

- 3.95 Services to provide prisoners with legal information were underdeveloped. A law clinic run by independent solicitors was offered, but take-up was low. Discretionary release issues were well dealt with by the offender management group, although there were delays in notifying recalled prisoners of the reasons and appeal procedures. There were no delays in obtaining legal visits.
- 3.96 There was no advice about whom to contact for legal information in the induction programme, and the services of the legal rights officers were not advertised around the prison. Two officers based on C wing had recently been given the responsibility for responding to prisoner applications about legal matters, and Monday mornings had been allocated for this work. However, one of the officers involved said that he could only offer basic information, such as names and addresses of solicitors. Neither officer had received any training for the role.
- 3.97 Law clinics, run by an independent firm of solicitors, were offered, although take-up had been poor, with only 21 prisoners using this facility since it had started in April 2008. The open-door advice sessions aimed to signpost prisoners to relevant legal services.
- 3.98 Parole, home detention curfew and end of custody licence were administered by the offender management group, and offender supervisors were responsible for responding to requests for parole and other early release information, and liaising with the prisoners concerned. They were also responsible, along with probation and discharging officers, for ensuring that licence conditions were fully explained. There were 31 recalled prisoners at the prison, and these were also dealt with by the offender management group, which reported regular delays in relevant paperwork reaching them to explain decisions, and in appeal procedures.
- 3.99 The peer PID workers operating on residential units helped prisoners needing assistance with reading or completing forms.

- 3.100 Legal visits took place in the main visits room, and there were no delays in obtaining such a visit. However, this meant that a lack of privacy was a potential issue, although this was not raised by prisoners during the inspection.

Recommendations

- 3.101 The services available to provide legal information should be better advertised to prisoners.
- 3.102 The legal rights officers should complete appropriate training for the role.
- 3.103 Recalled prisoners should be quickly informed of the reasons and avenues for appeal.

Substance use

Expected outcomes:

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

- 3.104 The integrated drug treatment system (IDTS) worked well, with high levels of prisoner satisfaction, although secondary detoxification was not available. Random mandatory drug testing (MDT) positive rates were relatively high when buprenorphine was included in the figures. The establishment was taking steps to reduce the high levels of drug availability.
- 3.105 The IDTS worked well, although with relatively low numbers so far, with only 36 prisoners on a methadone prescription. All IDTS prisoners arrived at the establishment having been stabilised on methadone at category B prisons. Seventeen prisoners received a maintenance dose of methadone; the rest (19) were on a reducing dose programme. The prescribing regime lacked flexibility, in that alternatives to methadone that could be more appropriate for some prisoners were not made available.
- 3.106 There was a good relationship between IDTS nursing staff and prisoners. Prisoners told us that they felt understood and well cared for under the IDTS regime. Several prisoners said that they had been consulted about their wishes and concerns in relation to their drug treatment, and that their views had directly influenced their care plans. IDTS forums were held every three months, where prisoners could air their views and make suggestions to improve the service. Secondary detoxification was not advertised or routinely offered. Prisoners requiring such services had to be transferred out of the establishment.
- 3.107 The subsequently published MDT positive rate over the six months before the inspection was 15.1%, not including buprenorphine. The range was wide: from 0% in June 2008 to 20.7% in September 2008. With buprenorphine included, the random MDT positive rate increased to 21.9%, and the range was less wide: from 19.2% in April 2008 to 31.0% in September 2008. These figures showed that illicit buprenorphine was the most widely used drug.
- 3.108 The issue of drug availability was further underlined in our survey, where 40% of respondents said that drugs were easy or very easy to get, which was significantly worse than the 31% comparator. The establishment was taking several steps to reduce the high levels of drug

availability. This included referring prisoners who tested positive for buprenorphine more than once to an independent adjudicator.

- 3.109 Drug dogs (active and passive) from the Yorkshire Area Search Team (YAST) were on site at the prison between three and five times a week. There had been 84 drug finds since April 2008.
- 3.110 The MDT suite was clean and tidy, with appropriate screening around the toilet area. The holding cell was also clean and tidy, although there were no drugs or blood-borne virus information posters on the walls. Information leaflets were, however, available in the testing suite.

Recommendations

- 3.111 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance.
- 3.112 The prison should develop secondary detoxification provision.

Good practice

- 3.113 *The integrated drug treatment system (IDTS) forums held every three months enabled prisoners to air their views and make suggestions to improve the service.*

Section 4: Health services

Expected outcomes:

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

4.1 The Leeds Primary Care Trust (PCT) was responsible for the delivery of health services. A comprehensive health needs assessment (HNA) and action plan informed the delivery of health services, but significant staffing issues had hindered its implementation. There were considerable challenges in relation to the recruitment and retention of experienced qualified staff, with a significant staff turnover in the previous two years. These issues impacted negatively on the delivery of health services, particularly primary care services. Dental services were under pressure, with a long waiting list. Secondary mental health services were good but primary mental health services were underdeveloped.

General

- 4.2 The HNA and action plan informed the delivery of health services, but significant staffing issues had hindered its implementation. The prison had good relationships with the PCT, although there appeared to be a lack of cooperation from the commissioning arm of the PCT to provide the Health Care Commission with the requisite completed questionnaire relating to health services at the prison. The healthcare centre held copies of PCT and local policies, as well as relevant NHS publications, including National Service Frameworks and NHS guidelines. Some of the PCT and local policies were out of date.
- 4.3 The main healthcare department was located centrally in the prison and there was another treatment area servicing C and D wings. The main department was small and had insufficient consulting rooms and treatment areas. A new health centre was being converted from the former visitors' centre in the open side of the prison. This refurbishment was due for completion in 2010. The healthcare centre was generally clean but some areas were untidy. The treatment room serving C and D wings was generally clean and tidy. A prison-employed cleaner provided domestic support every weekday morning. There had been no infection control audit recently.
- 4.4 Prisoners could access most health services within a reasonable time frame, but in some areas the waiting lists were long. Prisoners were offered immunisation against hepatitis and meningitis during the reception process. Well-man clinics were available but the waiting list was long. Health promotion was usually carried out on a one-to-one basis and there was a good selection of health promotion literature in the department. A health promotion specialist from the PCT provided regular support, although this service could have been delivered inhouse. Insufficient health promotion material was available in languages other than English.
- 4.5 There were two waiting areas, which were reasonably comfortable. The outer area was austere, but new locked notice boards had recently been fixed to the wall in readiness for health information to be put up. The inner area was spacious, with plenty of healthcare information and health promotion available. Discipline officers were on site when prisoners were in the department. Toilet facilities were available for prisoners.

- 4.6 The multipurpose treatment room was used by nursing staff and the visiting podiatrist, physiotherapist and optician. It was in a poor state of decoration.
- 4.7 The dental surgery had been upgraded recently; the standard of the dental equipment was good and dental cross-infection controls appeared satisfactory. This room was also used by other health services professionals and was untidy at times. There was a shortage of office storage facilities, but additional cabinets were on order.
- 4.8 The main pharmacy room was well equipped, with lockable storage cupboards. However it was used to assess patients when the main treatment room was in use. A hatch in the room led out into the inner waiting area. Pharmacy reference books were held there but were out of date.
- 4.9 The general practitioner's (GP's) office was large and well equipped, but the emergency bell was located several feet away from the doctor's desk.
- 4.10 There was a good relationship between nursing staff and prisoners, although our survey showed that significantly fewer prisoners than at comparator establishments rated the overall quality of care delivered by nurses as good or very good.
- 4.11 There were only 12 prisoners over the age of 50. While a nurse had been identified as the lead for older prisoners, (s)he had not yet taken up a permanent post. We were told that the same nurse had been identified to provide the focus for prisoners with disabilities and heart problems.
- 4.12 There was no evidence that prisoners' access to external NHS services was hindered by a lack of prison escorts.

Clinical governance

- 4.13 Clinical governance arrangements included the management and accountability of staff. There was a shortage of staff and a high turnover (including eight managers in two years), and these impacted negatively on service delivery. All staff, including agency staff, were conscientious and aware of the shortfalls in service delivery. The overall number of nurses was low and there were high sickness levels, some of which were long term.
- 4.14 The health services team was well supported by the Governor and her deputy. The healthcare manager was a band 7 qualified pharmacy technician, who had been in post for two months. She was strongly supported by the area prison healthcare manager, who was a registered nurse for learning disabilities. The area manager was a member of the senior management team and attended fortnightly meetings with the deputy governor. The healthcare manager attended the morning meetings, and the healthcare department was represented on many prison committees.
- 4.15 The deputy senior nurse was a band 6 registered general nurse (RGN). The primary care team comprised three band 6 nurses (one RGN, one registered mental health nurse (RMN) and one dual qualified RGN/RMN) and two band 5 nurses (one RGN and the other a registered mental handicap nurse). Three of the nurses were on sick leave. There was a heavy reliance on agency nurses, most of whom worked regularly at the prison, but their attendance was often inconsistent.

- 4.16 GP services, delivered by a local practice, were good, with easy access for prisoners. This was supported by our survey, in which 46% of prisoners said that it was easy or very easy to see the doctor, against the 31% comparator. A GP attended the prison every morning from Monday to Friday, and for new receptions and emergencies on Saturdays. Out-of-hours cover was provided through the PCT emergency system.
- 4.17 Pharmacy staff included a locum pharmacist, who attended once a week, as well as an agency technician. Administrative support was good, but staffing levels were low; there were three administrators, including one agency staff member, in post. Other visiting health professionals included an optician, podiatrist and physiotherapist.
- 4.18 Professional ongoing training for all staff was available and there was a good clinical supervision structure allowing nurses to participate. Professional registrations for nursing staff were all up to date.
- 4.19 There were regular monthly staff meetings, but this was generally limited to nursing staff.
- 4.20 Emergency equipment was not properly organised, and records to evidence regular efficacy checks were not readily available. The equipment in use was heavy and cumbersome. All staff were in date with resuscitation training.
- 4.21 Aids to daily living and other medical equipment, such as walking frames, were available through the PCT.
- 4.22 Clinical records were all computer based, and SystmOne was used. The clinical records we saw were contemporaneous and appropriate. Paper records of prescription and administration charts were stored securely in the administrative office in accordance with the Data Protection Act and Caldicott principles. Records could only be accessed by health services staff.
- 4.23 There was no dedicated healthcare patient forum, although health services staff attended some general prisoner meetings.
- 4.24 During the reception screening, all prisoners were given a card outlining the healthcare complaints procedure. They were able to make complaints through the prison complaints system and the PCT complaints system.
- 4.25 There were protocols in place to facilitate the sharing of information between relevant parties. There were good links with the local Health Protection Agency, which provided all necessary support in the event of breakout of a communicable disease.

Primary care

- 4.26 Primary care services were available between 7am and 8pm on Monday to Friday and between 8am and 5pm on Saturday and Sunday. Alongside the GP clinic was a nurse-led general clinic, the purpose of which was to carry out any investigations or procedures ordered by the GP and to triage prisoners. Some of the nursing staff had completed minor ailment courses. Chronic disease management was underdeveloped. One of the GPs specialised in diabetes and there was support from specialists in the community, including an asthma-trained nurse.
- 4.27 Prisoners received a moderate level of primary care services, and their perception of the overall quality of healthcare was generally good. This perception was supported in our survey,

in which health services were said to be comparable to those at other category C prisons. The areas causing most concern to prisoners were in relation to the overall quality of care delivered by nurses, the dentist and the optician, and also access to simple medication for ailments such as headaches, all of which were rated lower than the comparators in our survey. Staff shortages and the lack of permanent staff was a cause of concern for prisoners. We were told that there were plans to introduce named wing nurses, which would alleviate this problem, but the lack of such a system, due to the shortage of staff, meant that prisoners would probably see a different nurse every day.

- 4.28 All new prisoners were seen by a nurse in reception and a health screening pro-forma was completed. Following an explanation, prisoners were asked to sign a disability questionnaire, medication compact and consent to an information-sharing protocol. They were given written information on how to access health services, but the information was available only in English and none of it was in a pictorial form for those who could not read. The prison had secured funding to improve patient access and information systems, but this had not yet been implemented. Prisoners' GPs were not routinely contacted for previous medical records on admission.
- 4.29 There was little interface with nurses on the wings and this was a source of great anxiety among prisoners. Nurses only attended the wings to administer prescribed medication. Prisoners had to complete a written application form if they wished to access health services. Application forms were on the wings, and on completion prisoners placed them in dedicated healthcare boxes, which were opened by nurses every day. In theory, the nurse would look at each application and, if the need was urgent, would see the patient there and then. In practice, this was not the case; nurses returned to the healthcare centre to assess applications and to put them on the computerised medical information system. This meant that a prisoner complaining of a headache and requesting simple pain relief had to write an application form before receiving pain relief, which might not happen until the afternoon. Nurses told us that they were unable to administer any medication without a prescription.
- 4.30 Prisoners were not notified of clinic appointments until the day before.
- 4.31 Barrier protection was available on request from health services staff.
- 4.32 Prisoners held in the segregation unit were seen by a member of the health services team every day.
- 4.33 A podiatrist visited every three weeks and a physiotherapist every two weeks. Despite the optician visiting every two weeks, prisoners told us that there was a long wait to see him. However, the actual waiting list comprised only eight prisoners, all of whom would be seen in one clinic session.
- 4.34 Sexual health support was delivered by external specialists from the community and the local genito-urinary clinic. A new service delivered inhouse was due to start in the near future.
- 4.35 Any prisoner requiring admission to hospital for surgical intervention had their preoperative assessment carried out in the healthcare centre, removing the need for prisoners to be sent to outside facilities.

Pharmacy

- 4.36 Pharmacy supplies were provided by the inhouse pharmacy at HMP Leeds. Pharmacy stock management was generally good, and pharmacy staff were responsible for topping up the stock. Most medicines were correctly stored in secure cabinets, although internal and external medications were not segregated. A dual labelling system was used for some medications but not all.
- 4.37 Medicine refrigerators were in the main treatment room and on C wing. Daily temperature records were found for the main treatment room, but not for C wing, and recorded temperatures were within acceptable ranges.
- 4.38 Controlled drugs (CDs) were stored correctly, but the CD register did not comply with the new regulations introduced in February 2008. Not all requisitions were countersigned by a doctor. CD cupboard keys were securely held.
- 4.39 Prescription and administration charts were generally completed correctly, although some review dates had not been entered onto the chart.
- 4.40 Medication was administered once a day, at either 7.30am or 11.30am, depending on the wing. Administration times were generally orderly and discipline staff managed waiting prisoners.
- 4.41 Most prisoners held medication in-possession for periods from daily to 28 days; others were supervised. Prisoners were encouraged to order their own repeat prescription through the application system. The in-possession policy included a risk-based assessment. There was no review date for the risk assessment and the policy did not reflect current practice. For example, the policy stated that opiate medications were not given in-possession, but we found that this was not always the case. The risk assessment part of the policy had to be completed by the nurse, pharmacist and doctor. While this practice was acceptable, it slowed down the process of providing in-possession medication and unnecessarily increased the workload of all the health professionals.
- 4.42 Pharmacy requisitions were faxed to the pharmacy daily, but there were problems with this system, as part of the prescription sheet was not faxed through. If a new medication was added, it was not always clear to the provider pharmacy whether the prescription was new or not.
- 4.43 An HMP Leeds formulary was used by the prison but we were unable to see this.
- 4.44 There were patient group directions (PGDs), but some were out of date. PGDs for antibiotics were present, but it was not clear whether these had been drawn up with the help of a microbiologist in line with Department of Health guidelines.
- 4.45 There were no pharmacy clinics and there was no interface with prisoners.
- 4.46 Some patient information leaflets were given out, but there were no signs advising prisoners to ask for them with their medication.
- 4.47 The medicines and therapeutics committee, chaired by the principal pharmacist from HMP Leeds, had last met in June 2008, with representation from the PCT.

- 4.48 Prescribing data were difficult to obtain, but we were told that attempts to improve this were underway. We did not see any evidence of proactive use of prescribing data.

Dentistry

- 4.49 Dental services were provided by a local dental organisation, which provided two full days of treatment. Three dentists, a therapist and two dental nurses provided care. This service had only started in November 2008; the previous contract had finished nine months earlier, leaving the prison without a dental service. A full range of NHS treatment was now offered, but the waiting list was long, with around 200 prisoners needing treatment; the longest wait for an individual prisoner dated back to March 2008. The dentists covered each other for leave, but there was no out-of-hours protocol for emergency treatment. Dental records were appropriately annotated and entries were made in the computerised clinical record system. The dental team was not aware of the procedure to be followed in the event of a medical emergency.
- 4.50 Some oral health promotion leaflets were available and oral health information was provided on a one-to-one basis by the dentists. The dental team had no input to general health promotion.

Mental health

- 4.51 Despite having several mental health nurses, only one RMN provided mental health support, along with a mental health in-reach team (MHIRT). This RMN was allocated two days a week to support prisoners, although this was often curtailed, as the individual had to undertake generic health duties owing to staffing shortages. At the time of the inspection, the RMN carried a caseload of 19 prisoners, with another 51 waiting to be assessed. The pressure on this nurse was great and she was concerned that she was unable to support prisoners more positively. She did, however, receive excellent professional and practical support from senior health staff and the MHIRT, with which she had a good relationship. She met the MHIRT daily, with an official team meeting every two months.
- 4.52 Prisoners needing mental health support were referred to the RMN by officers, health services staff and general prison staff. Most of her clients complained of depression, anxiety and panic attacks, and she supported them as much as possible through one-to-one meetings and relaxation classes. There were no specialist counselling services. Access to prisoners by mental health staff was often difficult due to the frequent roll checks of prisoners.
- 4.53 The RMN worked closely with the GPs to provide continuous support to prisoners, and also maintained strong links with offender management and psychology staff.
- 4.54 Secondary services were provided by the Leeds Partnership Foundation Trust. The team comprised an experienced dual qualified (RGN/RMN) band 6 nurse, who had been at the prison for some time, another band 6 RMN and a part-time band 3 administrator. The team had a caseload of up to 12 prisoners each, all of whom were on the care programme approach register. The team had integrated well with the prison health services team, and the two teams used the same clinical record system, ensuring that all health services workers were fully conversant with each others' interface with patients.
- 4.55 The team accepted referrals from across the prison, but not from prisoners. Prisoners identified during the reception process as having a severe and enduring mental health need were referred to the team and seen as soon as possible. All referrals were normally seen within a week or earlier, depending on need. A general consultant psychiatrist held one

session every two weeks, but there were no clinical psychologists or occupational therapists in post at the time of the inspection. There were no day care facilities offering help to men who found it difficult to cope with life on the wings. The team worked with the education department in an effort to set up a mental health well-man support group. However, there were difficulties in accessing prisoners due to the lack of suitable accommodation in which prisoners could be seen. The team had also developed robust links with offender management, safer custody and integrated risk management teams, and made efforts to attend all multi-agency public protection arrangements (MAPPAs) and assessment, care in custody and teamwork (ACCT) reviews, and provided specialist input to areas which the primary mental health nurse was unable to cover. Mental health awareness training for staff was delivered monthly by the team, and personality disorder training was being introduced.

Recommendations

- 4.56 The prison should encourage the PCT to undertake a full and comprehensive review of staff skill mix and numbers to ensure that there are sufficient appropriately qualified health services staff, including administrators.
- 4.57 The prison should encourage the PCT to undertake a cross-infection audit of all healthcare areas within the prison and ensure that cross-infection measures are in place and adhered to.
- 4.58 Local healthcare policies should be reviewed and updated.
- 4.59 Regular health promotion activities, such as well-man clinics and 'health fairs', should be delivered by health services staff. Health promotion should be available in languages other than English.
- 4.60 The primary mental health registered nurse (RMN)'s time should be ring fenced for mental health duties. Additional RMN time should be ring fenced to provide a comprehensive primary mental health service.
- 4.61 The need for counselling services should be assessed to ensure that prisoners receive appropriate support.
- 4.62 Day care services should be introduced to support those prisoners who find it difficult to cope with life on the wings.
- 4.63 Emergency protocols and equipment should be reviewed, and equipment required to attend an emergency should be as portable as possible.
- 4.64 The healthcare manager or representative should introduce a dedicated healthcare forum to allow direct contact for prisoners with a senior member of staff to discuss generic healthcare issues. The meetings should be minuted.
- 4.65 The healthcare manager should introduce a system whereby nurses work in designated areas for a period of time, thus allowing prisoners and staff to develop a working relationship.
- 4.66 The protocol for the management of minor ailments such as headaches should be reviewed.

- 4.67 Chronic disease management should be formalised to ensure that such patients are regularly reviewed.
- 4.68 Selected nurses should be trained to undertake simple eye tests to determine the urgency of requests to see the optician.
- 4.69 Additional dental sessions should be introduced to reduce the waiting list as soon as possible.
- 4.70 A protocol for dealing with medical emergencies in the dental surgery should be developed to ensure that dental staff are aware of prison procedures to deal with an emergency.
- 4.71 The prison should encourage the PCT to introduce a written protocol to manage out-of-hours dental emergencies.
- 4.72 A named health worker should be identified as the focus for older prisoners and those with disabilities.
- 4.73 Requisitions for controlled drugs should have a doctor's signature before a supply is made.
- 4.74 A new controlled drug register should be ordered which complies with the new regulations introduced in February 2008.
- 4.75 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population.
- 4.76 The medicines and therapeutics committee should meet regularly, at least four times a year, and all stakeholders should attend.
- 4.77 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 4.78 Patient group directions should be reviewed, and comply with Department of Health guidance and the relevant legislation.
- 4.79 Prisoners should be given more than 24 hours' notice of clinic appointments.

Housekeeping points

- 4.80 Where appropriate, prisoners' general practitioners (GPs) should be contacted for copies of their health records.
- 4.81 Health services staff should ensure that all working areas are maintained to a high level of cleanliness and tidiness.
- 4.82 Dedicated rooms should be identified for mental health staff, including the mental health in-reach team, to see prisoners in privacy.
- 4.83 Regular visiting specialists such as the GP, dentist and pharmacist should be invited to health services team meetings.

- 4.84 Old reference books should be discarded, and only the most recent copy kept, to ensure that any information used is up to date.
- 4.85 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in the treatment rooms and pharmacy to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff.
- 4.86 All pre-packs should be dual labelled. When the pre-pack is dispensed against a prescription, one label should be removed and attached to the prescription chart, which should be faxed to the pharmacy provider.
- 4.87 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 4.88 Information on health services should be available in a form that can be understood by all prisoners.
- 4.89 The emergency button in the GP's office should be re-routed nearer the doctor's desk.
- 4.90 Records of regular checks on all emergency equipment should be rigorously maintained.

Good practice

- 4.91 *Preoperative assessments were carried out in the prison, reducing the need for prisoners to attend external hospital appointments and therefore the risk of cancellation.*

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

- 5.1 The learning and skills provision was good, with sound leadership and management. All prisoners were able to access education, which was offered on a full- and part-time basis. The range of learning and skills provision was good, with prisoners able to access embedded literacy and numeracy support in all workshops. There was sufficient work available for the size of the prison, and accreditation was available in every work area. Work, activities included both training and contract workshops. Some work in the contract workshops was mundane and repetitive. Participation in some programmes was low. Library facilities were good, although some prisoners had insufficient access.
- 5.2 The management of learning and skills was good. Leaders, managers and staff had a clear sense of direction and purpose. The prison provided high-quality learning and skills teaching and qualifications that were relevant to the labour market. Overall participation rates were high. In our survey, 85% of prisoners said that they had been involved in vocational or skills training while in prison and 89% said that they had been involved in education, which were significantly higher than the 74% and 81% comparators. Staff recognised the value of learning and skills and encouraged prisoners to engage. Needs analysis continued adequately to inform the development of the provision. Prison staff and provider and partner organisations worked well together to address prisoners' needs, solve common issues and improve the quality of the provision.
- 5.3 There were more activity places than there were prisoners, so all prisoners could be occupied purposefully. Despite this, our roll checks indicated that this provision was not being used effectively. The length of time taken to reconcile the roll meant that there were considerable interruptions to accredited activities. Pay rates disadvantaged prisoners engaged in some regime activities, including education.
- 5.4 The quality assurance arrangements were satisfactory but underdeveloped. The prison's self-assessment report was insufficiently evaluative. Arrangements to assess the quality of teaching and learning in workshops had not been fully implemented. Sharing of good practice across the prison was also underdeveloped. Insufficient use was made of locally produced data to monitor and review trends in participation, retention and achievements or to analyse the performance of different groups of learners.
- 5.5 Access to information, advice and guidance (IAG) was good. The quantity of IAG had improved significantly in the few months before the inspection. The IAG team had increased from one to four staff, including a support worker. Prisoners were given IAG during their induction and also had an individual meeting with an IAG worker, during which they agreed a learning plan. This plan prioritised learning and effectively took account of sentence plan

requirements, learner expectations and their release date. The sequencing of interventions had improved, and there were fewer timetable clashes between learning and offending behaviour programmes. This approach helped to ensure that waiting lists were well managed. The provision of information about courses overall was good, but some was inaccurate.

- 5.6 All prisoners received an initial assessment to identify their additional support needs. The initial assessment tool was the same for all prisoners, irrespective of reading ability. A learning support worker provided additional individual specialist assistance to those who required it. Teachers made effective use of this information to support individual learning.
- 5.7 The prison had developed a good range of provision, so that prisoners could develop employability skills, improve their literacy and numeracy skills, and develop their personal and social skills. The main education provider was Manchester College. There were 72 places in education, in the morning and afternoon on Monday to Thursday, and on Friday morning. Fifty-three prisoners attended education full time, and 113 attended part time in the education department, in work or on the residential wings. Courses included information communications technology (ICT), business, literary, numeracy, English for speakers of other languages, personal and social development and art. A further 101 prisoners were taking vocational qualifications.
- 5.8 All work and workshop provision included accredited vocational training, such as qualifications in construction, performing manufacturing operations, business improvement techniques and rail track maintenance. Short courses leading to accredited qualifications were also available to meet the needs of shorter-term learners, including industrial cleaning at levels one and two and a short course in sewing machine skills.
- 5.9 Prisoners did not have access to level two provision in construction or provision above level two for literacy and numeracy, or qualifications linked to computer repair. The prison separately offers a qualification in computer engineering. Participation rates in some classes were low, but the management of unauthorised absences was good. The numbers of prisoners in the poorly attended lessons were adversely affected by a combination of poor retention rates, poor attendance and/or low levels of recruitment.
- 5.10 Literacy and numeracy was particularly well embedded within the vocational provision in all work areas, and uptake of this provision was good. This approach to teaching literacy and numeracy was better developed in some curriculum areas than in others, but integration was continuing to improve.
- 5.11 Much of the coaching, teaching and learning was effective. Lessons were well planned and well managed. Teachers used a range of learning activities to stimulate and engage learners, and challenge bias, stereotypical thinking and behaviour. Tutors made effective checks on progress, and prisoners generally participated well. Tutors provided helpful and encouraging feedback on assessed work, which supported learning. Prisoners and teaching staff treated each other with mutual respect. Individual learning plans, which had recently been introduced into PE and workshops, were not always well used. However, this did not seem to affect learners' progress adversely.
- 5.12 Resources and accommodation to support learning were satisfactory, although one workshop had to be closed when it was cold because it was unheated.
- 5.13 The use of information learning technology was underdeveloped in most areas, but some improvements were in hand, with laptops and smart boards purchased for teaching areas, and

some initial staff training provided. However, staff and learners were not yet sufficiently confident or competent to use the equipment to full effect.

- 5.14 Learners had insufficient access to ICT to support self-directed learning, and did not have access to computers or DVD players for in-cell study. Controlled access to the internet was unavailable for learners on higher-level courses for research or to communicate with their tutor or their tutor group.
- 5.15 Work activities generally provided a stimulating environment, in which prisoners took part actively. Prisoners were allocated to activities based on need. Waiting lists were managed effectively and account was taken of sentence plan need and release dates.
- 5.16 Standards of learners' work overall were good, with some prisoners on vocational programmes producing work of level two standard, although they were working at level one. In the contract production workshops, where some work was repetitive and mundane, prisoners had to meet production targets and develop good team working and time management skills, which enhanced their employability.

Library

- 5.17 The library was well managed by Leeds Library Service (LLS). The regional manager of LLS met quarterly with the head of learning and skills and the education manager. Library staff at the prison met regularly with librarians from other prisons in the North-East managed by LLS to share good practice. The library was staffed by three librarians on fractional contracts, amounting in total to 1.5 whole-time equivalents.
- 5.18 The main library was open to individual and group use during most of the core education day, other than on Mondays. This library was situated next to the education block and two residential wings (A and B wings). It was accessible to prisoners from these blocks for recreational use. Three satellite libraries had been located on C and D wings to overcome the barriers of prison geography and improve access to the resources. There were systems to facilitate reference to, and borrowing of, books between the main and satellite libraries. However, prisoners without access to this learning resource and social environment were at a disadvantage.
- 5.19 The main library was well furnished, light and inviting, and library staff worked well with education and IAG staff to support initiatives to develop learning, including Storybook Dads and Dads' Days. Library staff also organised a monthly reading and arts groups, in addition to supporting prisoners in the production of the quarterly prisoner magazine. There was one prison orderly, whose vocational development was being enhanced by undertaking a National Vocational Qualification in librarianship, supervised by the library staff.
- 5.20 In the main library, there was a suitable range of legal books and Prison Service Orders (PSOs). There were duplicate copies of the PSOs most frequently referred to in the satellite libraries, with a list of the complete collection which prisoners could request. There was a well-kept stock of children's books to support Storybook Dads, and adequate access to large-print books for those with visual impairment. The collection of books for speakers of languages other than English was limited.
- 5.21 Prisoners' use of library facilities was satisfactory overall, with 70% being registered users, and the average attendance was around 250 each week. Analysis of data indicated that usage of the satellite libraries was considerably higher than individual attendance at the main library.

However, the main library was also used for some education groups. Book loss was not excessive, with a total of 109 books identified as missing at the April 2008 audit, amounting to around 2% of the stock.

Recommendations

- 5.22 The arrangements to identify and share good learning and skills practice across the prison should be improved.
- 5.23 The use of data to promote improvements should be improved.
- 5.24 Provision to level two in construction should be developed, along with provision beyond level two for literacy and numeracy and computer repair.
- 5.25 The use of information communications technology to support learning should be improved.
- 5.26 Access to the main library should be improved.
- 5.27 Resources for prisoners who are speakers of other languages should be improved.

Physical education and health promotion

Expected outcomes:

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

- 5.28 Recreational PE was available to all prisoners in the evenings and at weekends. There was a good range of PE activities, which included weights and activities such as football, volleyball, basketball and cardiovascular activities. A range of accredited provision was available and achievement of qualifications was good.
- 5.29 The facilities consisted of a large sports hall, an outside football pitch, a weights room, a cardiovascular room and two classrooms. Facilities and resources, including showers, were well maintained. Staffing levels were good. The department was managed by a senior PE officer supported by eight PE officers.
- 5.30 Access to PE was good. According to the prison's data, 69% of the population accessed PE twice or more a week, and our survey confirmed this figure. Most men could attend five sessions a week, two during the core day, one in the evening and two at the weekend. There was a programme of varied activities to meet prisoners' needs.
- 5.31 A wide range of accredited provision was available. This included the level one British Amateur Weight Lifting Association (BAWLA) instructors award, first aid at work, the level two Community Sports Leaders Award (CSLA), the level two Central YMCA fitness leaders qualification, the level three Central YMCA Personal Instructors Award and a level three qualification in nutrition. The prison was exploring the introduction of entry level provision and a new level two qualification in understanding health improvement. The qualifications were

offered on a nine-month cycle, taking 18 prisoners at a time. This meant that some prisoners had to wait before they could start a PE course. In general, these waiting lists were well managed.

- 5.32 Four mentors worked in the gym, all of whom had achieved a level two fitness instructor qualification and were working towards the level three qualification. They provided one-to-one support for gym users, including those with a range of complex health issues.
- 5.33 Links with community groups were good. Three community groups, whose members had a range of physical disabilities and learning difficulties and disabilities, used the facilities. They were taught by men who were either on or who had passed the CSLA course, which provided a good opportunity for the men to develop their skills.
- 5.34 Achievement of qualifications was good. In 2007/08, 96% of men who started programmes achieved their qualifications.
- 5.35 Links with education were effective. Men who did not want to accept literacy and numeracy support in work or workshops were offered an extra gym session, in return for participating in a one-to-one session with a tutor from the education department in the gym environment. PE staff teaching PE courses had a good awareness of each learner's literacy and numeracy levels and of their support needs. Those on accredited programmes received good learning support.
- 5.36 Health promotion was good. The PE department, in conjunction with Leeds Smoking Service, offered regular smoking cessation programmes. Links with the healthcare department were positive. Acupuncture and double gym sessions were provided by the PE department to those on programmes to address drug taking.

Recommendation

- 5.37 The frequency with which accredited programmes are offered should be increased.

Faith and religious activity

Expected outcomes:

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

- 5.38 The chaplaincy team incorporated various faiths and was integrated into the work of the prison at a number of levels. In addition to services, the team was involved in study sessions, including the accredited Sycamore Tree restorative justice programme. The office in the multi-faith area was inadequate for the team's needs.

- 5.39 The Anglican coordinating chaplain led a team of part-time or occasional ministers and volunteers. Additional to Christian services on Sundays, a Roman Catholic chaplain led a service on Mondays. Nineteen per cent of the population were Roman Catholic. Sikh and Buddhist meetings were regularly held at weekends. A Muslim chaplain worked 20 hours over two or three days, including Fridays, when he led the Muslim service. He was also in demand to advise staff. An extension of hours was under consideration to ensure adequate provision for Muslim prisoners (17% of the prison population), including cover for the existing part-time

Muslim chaplain if he was ill or on leave. In our survey, 55% of respondents confirmed receipt of information about the chaplaincy soon after arrival, which was significantly better than the 47% comparator.

- 5.40 The chapel on the closed site had been adapted to a multi-faith area, as the former area, with a single ablution sink, was too small to accommodate the Muslim prisoner population. Muslim prisoners were now expected to wash before coming to the area, although their accommodation could be some distance away. Congregations were escorted to and from services and had to put their names on a list the day before. We received no complaints about people missing out on attending worship, although it was rare for anyone housed in the segregation unit to be escorted to a communal service. This had been noted in the race equality action plan for investigation.
- 5.41 Members of the chaplaincy team visited occupants in the segregation unit daily and other prisoners in need or on application. The Muslim chaplain had assisted in developing religious and cultural awareness among staff. In our survey, nearly two-thirds of black and minority ethnic prisoners and Muslims (who constituted a large proportion of the former) said that they felt their religious beliefs were respected, and were more positive than white or non-Muslim prisoners. Prisoners we spoke to held the chaplaincy team in high regard and, within the diversity team, it seemed to be well integrated in the work of the prison. The coordinating chaplain attended the race equality action team meeting, and members of the chaplaincy team ran weekly groups, such as Bible study, 'Christianity explored', a 'within the walls' Bible-based discussion group and Islamic studies. They ran two evening sessions. The Sycamore Tree restorative justice project, accredited by the Open College Network, was chaplaincy led and managed by the offender management group within sentence planning priorities. Linked church groups had co-sponsored rehabilitative work on release for some individuals.
- 5.42 The chaplaincy team hoped to develop its group work. Members could escort prisoners from accommodation to the chapel, but only one at a time, which suited one-to-one work but not group sessions. The team's office, with a single computer terminal, was too small for the number of staff and volunteers working there.

Recommendations

- 5.43 The prison should recruit an additional Muslim chaplain to increase provision for the Muslim prisoner population and to provide cover for the existing Muslim chaplain.
- 5.44 Muslim prisoners attending services in the multi-faith area should have an adequate ablutions area nearby.
- 5.45 The chaplaincy team should have an office and equipment suitable for the size and work of the team.
- 5.46 Prisoners in the segregation unit should be able to attend corporate worship, subject to individual risk assessment.
- 5.47 Members of the chaplaincy team should be able to escort small groups to the chapel.

Time out of cell

Expected outcomes:

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

- 5.48 The prison recorded 8.4 hours' time out of cell, which was accurate, although this was reduced on Fridays and at weekends. On Fridays, prisoners were only at work or activities for 2.5 hours. Exercise and association were predictable but provided at the expense of reasonable meal times and purposeful activity. Association ended too early in the evenings and facilities were variable across the wings. We observed varied quality of interaction between staff and prisoners on association.
- 5.49 The published core day provided 8.4 hours out of cell on Monday to Thursday, against a target of 7.4 hours. This was reduced to seven and a half hours at weekends and less than seven hours on Fridays. Time out of cell was recorded reasonably accurately.
- 5.50 During the inspection, there were significant delays to the regime due to the lengthy process of reconciling the roll on several occasions. During one roll check, we observed that a prisoner had been unlocked to carry out laundry duties and had been left unsupervised. He was observed going to cell doors and shouting and swearing at other prisoners who had their music turned up loud, and was not stopped by staff. On one morning during the inspection, 23% of prisoners were locked in their cells, and 29% were locked up during one afternoon. Although there were justifiable reasons for some of them to be locked up (such as cancelled activities), they had no purposeful activity to occupy them.
- 5.51 The core day had been changed recently to allow more predictable access to exercise and association. However, the change to the core day had resulted in the introduction of inappropriate meal times and reduced purposeful activity hours. On Fridays, prisoners spent only 2.5 hours in activities, as shop orders were distributed door to door in the afternoon, with prisoners remaining in their cells.
- 5.52 There were no recorded cancellations of association. Association areas varied in size and the facilities provided. Some equipment and furniture were in a poor state of repair. Prisoners in our groups complained about the inequalities in facilities and association rooms. We observed good interactions between staff and prisoners on some wings during association. On other wings, staff were seen to congregate in one area and even to monopolise association equipment.
- 5.53 Outdoor clothing was not provided for exercise, although the new facilities list enabled prisoners to have fleece jackets and cagoules in their possession.

Recommendations

- 5.54 The process of reconciling the roll should be reviewed and delays kept to a minimum, and prisoners unlocked during roll checks should be supervised.
- 5.55 Alternative activities should be provided for those whose regular activities are cancelled.

- 5.56 Equipment for association areas should be equitable and in good condition. The existing broken items should be mended or replaced.
- 5.57 Prisoners should be provided with appropriate clothing for inclement weather.

Section 6: Good order

Security and rules

Expected outcomes:

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

6.1 The security department was well managed and good links had been made with other areas in the prison, such as safer custody, diversity and drugs strategy. There were effective systems for the processing of security information and intelligence. A balanced approach had been taken to physical security to accommodate the design of some of the buildings and the perimeter, and there were ongoing efforts to reduce the quantities of drugs and mobile telephones entering the prison by illicit means. Strip searching was overused. There were delays in carrying out recategorisation reviews.

Security

- 6.2 Senior management responsibility for the security department came under the remit of the head of operations, with two principal officers managing matters on a day-to-day basis. The security committee met regularly, and this meeting was well attended and discussed a range of relevant issues. There were well-formed links with safer custody and the race equality officer and good communication with other departments.
- 6.3 There were effective systems to receive, analyse and use intelligence, and security managers took a measured approach to ensure an appropriate balance between security, safety and the regime. Information received about ongoing problems with drugs and mobile telephones coming into the prison had led to effective methods to reduce and manage both these issues. For example, the positive rate for mandatory drug tests (MDTs) carried out under suspicion was high, which suggested that security information was carefully considered before a test was authorised. There had been over 2,300 security information reports (SIRs) submitted since January 2008, which represented a significant increase on the previous year. Security staff thought that this was due to increased confidence in the system by staff, as all SIRs were now acknowledged and information given to staff as to what action had been taken.
- 6.4 Physical security was appropriate for the design and layout of the establishment, which presented a challenge, as some buildings were located close to the perimeter fence, and parts of the perimeter were formed by low buildings. Free-flow movement was closely controlled and staff escorts were routinely available to ensure that prisoners were able to access activities and services at other times during periods of unlock.
- 6.5 Strip searching was not based on individual risk assessments and was overused. All prisoners coming in and going out of reception, all those located on the segregation unit and prisoners using the toilet during visits were routinely strip searched.

- 6.6 There was an effective warning system for prisoners who displayed behaviour that might warrant being placed on closed visits, and similar arrangements regarding the need to ban visitors. These measures were used appropriately and were only sanctioned when sufficient information had been received to warrant them. At the time of the inspection, there were 20 prisoners subject to closed visits and 18 visitors subject to bans of differing lengths. The records showed that all had been given warnings and that the restrictions had been appropriately applied. Prisoners were not given details of how to appeal against the imposition of closed visits. We were told by security staff that if a prisoner appealed it would take up to a month to respond to it, so the first month would have been served anyway. Reviews were carried out monthly by the security committee. Photographs of banned visitors were displayed openly in the gate area.

Rules

- 6.7 Prison Service and local rules were explained to all prisoners on induction and included in prisoner compacts. They were also clearly displayed on all residential units.

Categorisation

- 6.8 There were delays in undertaking categorisation reviews, with more than 30 decisions (26%) overdue for the previous two months. There was a comprehensive information gathering system, and reviews were well informed, including a submission from the prisoner, offender supervisor, personal officer and the security department. Decisions relayed to prisoners were detailed and included advice to those who were unsuccessful as to what they needed to do to have a better chance at the next review. Those who were successfully recategorised were given advice as to what to expect in open conditions, and achievements by all prisoners were acknowledged. Foreign national prisoners were considered in the same way as British nationals for recategorisation. While there was evidence of small numbers of such prisoners being recategorised to category D, this was subsequently withdrawn, both before and after transfer to open conditions, if a decision to deport was later made by the UK Border Agency.
- 6.9 Prisoners were informed of the appeals procedure, and approximately a third appealed the decisions. Some of these appeals were successful when factual inaccuracies were found in the original review. On checking appeal records, we found one instance where the appeal was considered by the same manager who made the original recategorisation decision.
- 6.10 In instances where a prisoner refused to transfer following a transfer request, and where transport had been organised, they could be subject to a 12-month ban on further requests. At the time of the inspection, there were five prisoners subject to such bans and there was no evidence that any review of their circumstances had taken place. A notice to prisoners issued in 2004 detailed the circumstances for such a ban. This process had not subsequently been reviewed as to its effectiveness or fairness.

Recommendations

- 6.11 Strip searching should be carried out only after a risk assessment indicates that it is necessary.
- 6.12 Photographs of banned visitors should be removed from public view.
- 6.13 Categorisation reviews should be completed within prescribed timescales.

- 6.14 Appeals of recategorisation decisions should be considered by a person other than the one making the original decision.
- 6.15 The policy of banning prisoners from transfer for 12 months following a first refusal to transfer should be reviewed.

Good practice

- 6.16 *There was an effective warning system for prisoners who displayed behaviour that might warrant being placed on closed visits, and similar arrangements regarding the need to ban visitors.*

Discipline

Expected outcomes:

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

- 6.17 The number of adjudications was relatively high. Hearings were conducted in a separate area in the segregation unit. Adjudicators ensured that prisoners understood the procedures and they were given the opportunity to seek legal advice. Records of hearings showed that some charges had not been fully investigated. Use of force had risen each year since 2004. Proper authorisation was sought and control and restraint (C&R) techniques were used as a last resort. The segregation unit was adequate, but floors were in a poor state of repair, showers were dirty and there was graffiti in some cells. Individual prisoner records were poor and the regime restricted. All prisoners located on the unit were routinely strip searched. Use of special accommodation was low.

Adjudications

- 6.18 There had been 607 formal adjudications since January 2008. Many of the charges related to the possession of unauthorised articles (including mobile telephones), disobeying lawful orders and drugs offences. There were a considerable number of charges for less serious matters, which might have been dealt with more appropriately using the incentives and earned privileges (IEP) system. The adjudication room was in the segregation unit and was adequately equipped for the purpose.
- 6.19 The adjudication process was explained to prisoners at the start of the hearing and they were offered the opportunity to seek legal advice. The hearings we observed were carried out to a good standard, although prisoners were not offered a pen and paper to take notes. Prisoners were able to challenge the evidence and give their version of events, and, where appropriate, were referred for additional help with drug and alcohol misuse issues and bullying. However, the documentation we examined showed that such referrals were not always made, particularly when a prisoner had raised concerns about being bullied. Some records of hearings were brief and did not show that the charges had been fully investigated. Adjudication standardisation meetings had not been held.

Use of force

- 6.20 There were 76 incidents involving the use of force between January and November 2008. There had been a dramatic increase each year since 2004, when the number of incidents had been 15. Analysis of this by prison managers suggested that it was because of changes in the regime, a major rooftop incident and subsequent unrest, and the influx of borderline category C/B prisoners arriving at the prison. The trend looked set to continue upwards.
- 6.21 Spontaneous interventions were well recorded, with injury report forms for prisoners completed in all cases, irrespective of whether or not injuries had been sustained. All prisoners involved in the use of force were seen by health services staff immediately after the incident. There was evidence of de-escalation being used. Planned interventions were video-recorded but not reviewed to ensure that C&R had been used correctly or if there were any lessons to be learnt. The recording that we viewed showed staff being disrespectful, and a prisoner being moved in full C&R locks and handcuffs, and subsequently being strip searched.
- 6.22 The use of special accommodation was low, with only two prisoners located there in the current year. Both uses had been appropriately authorised and detailed records kept.
- 6.23 A use of force committee had recently been set up and had met once to discuss relevant matters, monitor trends and analyse the use of force at a strategic level.

Segregation unit (assessment and separation unit)

- 6.24 The segregation unit had been renamed the assessment and separation unit (ASU). It was purpose built and had been extended to include four more cells. It was adequate for the size of the establishment, although some areas were in poor condition. The floors in cells and communal areas were in a poor state of repair and there was graffiti in several cells. The showers were grubby. The exercise yards were austere and at the time of our visit were dirty. The accommodation consisted of two holding rooms, one unfurnished cell (special accommodation), eight normal cells, five safer cells and one cell equipped for constant watches. Toilets in the cells were dirty and unscreened. The holding rooms were cells that were not often used, and contained three chairs and a bed for prisoners to sit on while waiting for adjudications; they were otherwise bare. The accommodation cells were of adequate size and reasonably light, but without in-cell electricity. There were several notice boards on the unit, containing detailed and up-to-date information on a variety of subjects.
- 6.25 Over 200 prisoners had been located in the unit since April 2008 and the longest stay had been 78 days. There were seven prisoners located in the unit at the time of the inspection. All prisoners located on the unit were routinely strip searched and given sterile prison clothing.
- 6.26 Although the unit had been renamed, there were no underpinning policies and procedures to reflect this change. The overarching policy was titled 'the segregation unit policy' and was inconsistently applied. For example, the stated personal officer scheme was not used, and individual assessments of prisoners were not carried out with regard to the regime they would receive on the unit. The regime was pre-printed on the documentation and identical for every resident. Reviews of prisoners appeared to be carried out at a basic level, with little attention given to the reasons why a prisoner was in segregation. Prisoners were not challenged about their poor behaviour or given realistic targets to address it. There were no care plans for prisoners segregated for over 30 days. The staff selection policy had not been adhered to, as

staff had not received the identified training. The unit's first female officer had recently been appointed.

- 6.27 Documentation relating to the segregation of prisoners was completed to a basic level, but history sheets did not fully reflect the interaction between staff and prisoners. The daily log showed that governors visited daily, but health services staff and Independent Monitoring Board members did not always record their attendance.
- 6.28 The regime on the unit was poor. Prisoners had access to showers three times a week, and those on the unit complained about this. Prisoners were able to make telephone calls daily by application, and access to visits was acceptable. The only other regime available was an hour's exercise daily, reading material and in-cell education once a week. Association was not offered.
- 6.29 There was no formal monitoring group, and segregation monitoring and review reports had not been compiled since September 2007.

Recommendations

- 6.30 Managers should investigate the reasons for the high number of adjudications and whether staff should be encouraged to use the incentives and earned privileges (IEP) scheme in appropriate cases.
- 6.31 Formal monitoring systems should be introduced for adjudications, and standardisation meetings should take place.
- 6.32 Adjudicators should ensure that appropriate referrals for support are made when prisoners reveal that they are the subject of bullying or require assistance with drug or alcohol misuse.
- 6.33 Records of adjudication hearings should be comprehensive and reflect all the evidence that has been considered and a full investigation of the charges heard.
- 6.34 The senior management team should continue to monitor and analyse the use of force and the reasons for the ongoing increase in incidents.
- 6.35 The video-recording policy should be updated to include the routine examination of recordings of planned interventions to ensure adherence to correct procedures and that any lessons are learned.
- 6.36 The role of the segregation unit should be clearly defined, with supporting policies and procedures developed and implemented to include: an improved regime on the unit, individual assessments for access to regimes by prisoners held there, care plans for those remaining there for more than 30 days, the setting of realistic targets to challenge poor behaviour, the format of prisoner reviews and a formal monitoring group for all aspects of segregation.
- 6.37 The staff selection policy for the segregation unit should be adhered to and specific training provided to staff.
- 6.38 Visitors to the unit, including health services staff and Independent Monitoring Board members, should record their visits in the daily log.

- 6.39 In-cell electricity should be provided on the segregation unit.
- 6.40 Toilets and showers on the segregation unit should be cleaned and toilets screened.

Housekeeping points

- 6.41 Prisoners should be provided with pen and paper to take notes during adjudications.
- 6.42 The exercise area should be kept clean and made less austere, with seating provided.

Incentives and earned privileges

Expected outcomes:

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

- 6.43 The IEP scheme had been published but was not clearly understood by staff or prisoners. There were insufficient differentials between the standard and enhanced levels. A new facilities list was issued during the inspection, but staff and prisoners were not aware of it. There were no monitoring systems for those on basic and inconsistencies in the application of the scheme in general. Little was done to encourage prisoners on basic to improve their behaviour.
- 6.44 The IEP scheme was publicised to staff and prisoners. The three usual levels of basic, standard and enhanced were in operation. At the time of the inspection, 51% of the population were on the enhanced level, 48% on standard and 1% on basic. The policy document was out of date and confusing, as it referred to the open side of the prison, which had closed.
- 6.45 Prisoners arriving at the prison were placed on the IEP level they had gained at their previous establishment. Standard prisoners could be considered for enhanced after three months in the prison. The policy document stated that progress or demotion on the scheme would depend on patterns of behaviour, and there was provision for automatic downgrade in the case of one-off serious incidents or offences.
- 6.46 Prisoners on the basic regime were not routinely monitored, and we found that one prisoner had no comments in his wing history sheet for his first 14 days on basic. The regime for basic prisoners was not applied as published, with access to showers and telephones being granted for 15 minutes three times a week and not for half an hour daily, as stated in the policy.
- 6.47 The scheme included a 'no work, no pay, no gym' element. It was designed to encourage all prisoners to go to work or education. In reality, it resulted in some prisoners being given IEP warnings, then downgraded on the IEP scheme, placed on report, receiving no pay, as well as losing access to the gym, with little evidence of routine reviews of the situation. One prisoner was placed on this restriction for three months, as he would not work in the workshops. Records showed that he had given legitimate reasons for not wanting to work there. He had been encouraged by governors to apply for work on the wings, but residential staff had not responded to his applications for other work. He was removed from the restrictions a few days before the inspection and given a place in education.

- 6.48 Prisoners on the enhanced level had few additional benefits, apart from extra private cash and a privilege visit. A new facilities list, which had been developed in consultation with prisoners, was issued during the inspection, but staff and prisoners were not aware of it and referred us to the existing list.
- 6.49 Review boards were held when required and chaired by senior officers. Prisoners were given the opportunity to attend. Those who were downgraded were not given specific targets to achieve to help improve poor behaviour but general targets, such as 'adhere to wing rules and regime'. Reviews were triggered when a prisoner had received a number of warnings or adjudications, or a mixture of both, depending upon the current IEP level held. Routine reviews would be carried out every six months, although the policy stated six months in one section and 12 months in another. However, an examination of history sheets showed that reviews did not always take place when trigger points had been reached. Additionally, while some reviews led to demotion or promotion, others resulted in the prisoner being given another chance. This was not included in the policy and led to inconsistencies, staff not feeling empowered to use the scheme, and a high number of adjudications for minor infringements of the rules.
- 6.50 Management checks were undertaken by principal officers and residential governors, and recorded on the review documentation.

Recommendations

- 6.51 The incentives and earned privileges (IEP) scheme should be overhauled and arrangements improved for those on basic.
- 6.52 The IEP scheme should be applied consistently to prisoners on all regime levels.
- 6.53 The 'no work, no pay, no gym' element should be removed.
- 6.54 Reviews should take place when trigger points are reached.
- 6.55 Individual, specific targets should be set to encourage prisoners who need to improve their behaviour.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 Despite the distance between the kitchen on the open site and the serveries on the closed site, the catering manager delivered two hot meals of reasonable quality and choice on most days. He regularly consulted prisoners and other agencies with a view to improving the standard and diversity of catering. However, meals were served too early, leaving a long gap between the last meal of the day and the first of the following day.
- 7.2 The prison kitchen was located on the open site and meals had to be ferried to the closed site twice a day. They were transported in insulated trolleys in two vans, accompanied by three members of kitchen staff, who checked the temperature on arrival and helped to supervise the serveries. There were unit serveries on C (which had two) and D wings, but A and B wings shared a servery. On the day we accompanied meals, they were still at a suitable temperature when they reached the unit serveries, although we received some complaints about cold food. Prisoners collected their food and returned to their cells to eat it. They did not dine in association, even though there was scope to permit this. Most cells were singles and toilets were inadequately screened (see section on residential units). Some prisoners had constructed their own curtains, to screen themselves from the toilet while eating their meals. Prisoners washed up their own receptacles and utensils in their in-cell sink. They were expected to buy their own detergent.
- 7.3 Two substantial hot meals were served most days, at lunch time and tea time; on two weekdays the lunch comprised soup or chips with sandwiches and salad, rather than a full cooked meal. Breakfast was the same every day: a small packet of cereal with a carton of milk, issued on the preceding day. Lunch was served at 11.45am on most days but 11am on Fridays, and the evening meal was served between 4.15pm and 4.45pm. The early serving of the evening meal fitted in with early lock-up (see section on time out of cell). Prisoners did not cook any of their own meals.
- 7.4 A third of surveyed prisoners said that the food was good or very good, which was similar to the comparator. The food we tasted was reasonable and portions were adequate. Fresh fruit was issued with meals every day. Five main meal choices were offered, with vegetables. Halal, vegetarian, vegan and healthy options were marked on menus, and these were issued for pre-selection a week in advance. The kitchen rang the segregation unit each morning to check likely numbers and any special needs for that day. A separate trolley left the kitchen for the segregation unit, with a similar range of options to other trolleys and additional meals in case occupancy had risen during the day. Occupants of the segregation unit were served at their cell door from the trolley.
- 7.5 The catering manager regularly undertook consultation exercises, including surveys, and was often seen around the establishment. Extensive consultation had taken place before Ramadan. He collaborated regularly with the Muslim chaplain, attended a number of meetings, including the monthly race equality action team meetings, the residential managers meeting

and other meetings with prisoners. He said that he could not adopt every suggestion – for example, he could not combine cooked breakfasts with two other hot meals most days because he was limited to a budget of £1.97 per person per day – but that there were some that he could. He was currently revising the three-week menu cycle into a longer cycle, to fit in a wider range of dishes in response to prisoners' suggestions. He had also met the Leeds Primary Care Trust lead for obesity, food and activity, to consider improvements in diet and education, and, in response to prisoner consultation, had booked a specialist trainer to deliver training in Asian cooking for kitchen staff over three days.

- 7.6 Kitchen and wing serveries were clean. The kitchen was orderly, although some of the roof tiles in the kitchen were loose. Workers were appropriately dressed. Trolleys were cleaned thoroughly every day. Halal food was stored separately and served with designated utensils. No prisoners worked in the kitchen at the time of the inspection, being on the open site; they had been replaced with agency workers. It was anticipated that prisoner training in catering would be resumed once both sites were operational. Prisoner orderlies served on the unit serveries and had received health and hygiene training; supervising staff had also received hygiene training to level two. Segregation unit staff indicated that two of their number had received recent training. They wore gloves to serve food, but did not use the designated utensils for halal food. On wing serveries, designated utensils were used and a Muslim orderly usually worked there.
- 7.7 Prisoners received tea packs, but there were insufficient kettles for the number of prisoners, and not enough flasks. Those without kettles could get a beaker of hot water from the unit boiler just before they were locked up, at around 7pm, or earlier at weekends, but they could not make another hot drink that night. Occupants of the segregation unit had flasks.

Recommendations

- 7.8 Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm.
- 7.9 Prisoners should be able to dine in association at least some of the time.
- 7.10 Prisoners routinely washing up receptacles and utensils in their cells should be provided with a suitable detergent.
- 7.11 Breakfast should be served on the morning it is eaten.
- 7.12 Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm.
- 7.13 Kitchen ceiling tiles should be secured in the interests of safety and hygiene.
- 7.14 Designated utensils for halal food should be used.
- 7.15 Prisoners should have the means of making a hot drink after evening lock-up.
- 7.16 Prisoners should have some opportunity to cater for themselves.

Prison shop

Expected outcomes:

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

- 7.17 The shop was managed and run by Aramark. At the time of the inspection, over 400 products were available on the shop list. The range of goods on sale was limited and did not reflect the diversity of the prisoner population. There was a good range of catalogues from which prisoners could order, but a 50 pence administrative fee was charged for each order.
- 7.18 The shop was managed and run by Aramark. At the time of the inspection, over 400 products were available on the shop list. Prices had been agreed by the Prison Service and the provider and were high in relation to prisoners' means. The contract for the delivery of shop services was due to be handed over to another provider in February 2009 and it was anticipated that certain items would not be re-ordered, as the new shop list would only contain 350 items and would include different products.
- 7.19 In our survey, 41% of prisoners said that the shop sold a wide enough range of goods to meet their needs, which was significantly worse than the 48% comparator. Although black and minority ethnic and Muslim prisoners' responses were comparable with those of white and non-Muslim prisoners about the range of goods, the list was limited in range and did not reflect the diversity of the population.
- 7.20 All prisoners were issued with a shop list on arrival. The spend amount was recorded on each prisoner's list, and prisoners were expected to prioritise which goods they required in order of preference. Orders were collected and submitted to the finance department, and the funds were deducted from prisoners' accounts by the Wednesday before the goods were distributed.
- 7.21 The Aramark manager told us that by the time items were bagged on the following Thursday, his staff had sometimes received notification from the finance department that some prisoners' available funds had changed, through loss of employment or a discrepancy; in such cases, Aramark staff had to re-bag the goods according to available funds. Aramark staff said that this happened to at least 10 prisoners' accounts each week. Frustration with the finance department was also reflected in our prisoner groups, where prisoners told us about poor communication from the finance department and discrepancies with their spending accounts.
- 7.22 Prisoners could order and receive items from the shop once a week. All deliveries were made on a Friday. Aramark delivered the bagged items to the wings in the morning and checked through the inventory with staff to ensure that it was correct, in preparation for their distribution in the afternoon. Following the change to the core day and issues around prisoners being bullied for their shop goods, the bagged items were delivered to each individual prisoner's cell during lock-up. We received few complaints about discrepancies or about the shop in general from prisoners.
- 7.23 Newly arrived prisoners had to rely on their reception packs and could not purchase items from the shop within 24 hours; they could wait up to two weeks if they arrived after the shop list had been collected (see section on first days in custody).
- 7.24 The shop list was updated every quarter at a product review meeting attended by managers from the prison and from Aramark. Products which met relevant dietary requirements were

clearly marked on the list. We were told that staff used surveys to consult prisoners about the product range, but we did not have access to the surveys they distributed or subsequent findings. Prisoner representative meetings were held across the wings, and the manager of Aramark attended on invitation.

- 7.25 There was a good range of catalogues that prisoners could order from, but they all charged a 50 pence administrative fee per order. Although some prisoners complained about the delays in obtaining catalogue goods, the system for placing orders was well organised and checks were made to ensure that products were available before sending out the orders. There appeared to be some delays once goods arrived at the establishment, due to the need for the orders to be checked by security before being issued. Magazines and hobby items could be ordered from the prison through the application system.

Recommendations

- 7.26 The shop list should reflect the diversity of the population.
- 7.27 Surveys should be conducted every six months regarding prisoners' views about the shop provision and, where appropriate, findings should be acted upon.
- 7.28 Prisoners should not be charged an administrative fee for placing catalogue orders.

Housekeeping point

- 7.29 Correct spending amounts should be recorded on the shop list, so that prisoners can make informed choices about what to order.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The resettlement policy was comprehensive and linked to a thorough needs analysis of the general prisoner population, but not enough was done to identify the specific needs of indeterminate-sentenced, black and minority ethnic and Muslim prisoners. The resettlement committee structure had recently been revised to ensure that strategy and pathway issues could both be dealt with effectively. Work to develop links with non-statutory organisations was being further developed. Many prisoners were not fully aware of whom to contact about all the help available to them.
- 8.2 There was an up-to-date and comprehensive resettlement policy, which was based on a thorough needs analysis of the prisoner population. This policy included details of the offender management arrangements, key targets and interventions available or needing to be developed in each of the reducing reoffending pathways. The needs analysis had been based on offender assessment system (OASys) data for the prisoner population. It had identified that in many areas the prison was delivering suitable interventions, but also the need for additional accredited programmes addressing alcohol-relating offending, domestic abuse and more general violent offending behaviour. While general diversity issues were mentioned in the resettlement policy, there was little attention to the resettlement needs of the significant numbers of black and minority ethnic and Muslim prisoners. Nevertheless, in our prisoner survey, 88% of prisoners, against the 67% comparator, said that they could achieve some or all of their sentence plan targets at the prison.
- 8.3 Efforts had been made to forge links with non-statutory agencies in the resettlement pathways, and this was evident in the range of providers involved. In addition, the prison had decided to recruit a specialist in this area to develop these links further.
- 8.4 Until recently, there had been a lack of focus in the way that the strategic management of resettlement had been taken forward through the responsible prison management committees. This had been addressed and a new meeting structure introduced with two distinct meetings: one for managers to discuss strategic and policy issues and another for practitioners to discuss reducing reoffending pathway issues. To this end, a lead had been identified for each of the pathways.
- 8.5 While a range of relevant resettlement services was offered and information was provided at induction by prisoner information desk workers and displayed on wings, not enough was being done to ensure that prisoners were aware of what was available to assist them. Prisoners in our survey were less positive than at comparator prisons about knowing whom to contact for assistance in a range of these areas, a pattern which was similar to findings in our previous surveys in 2006 and 2003. While all prisoners were offered assistance at the beginning, end and, by application, throughout their sentence, no ongoing resettlement drop-in service or resettlement surgeries were run.

Recommendations

- 8.6 Further analysis should be carried out to identify any specific resettlement needs of prisoners and those of black and minority ethnic and Muslim prisoners.
- 8.7 The resettlement service should be better advertised, with regular drop-in sessions or surgeries offered.

Offender management and planning

Expected outcomes:

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

- 8.8 Offender management arrangements were well developed and nearly all prisoners were allocated an offender supervisor, all of whom were undertaking training in mental health. The assessment of the resettlement needs of the few short-term prisoners was inadequate. The offender management group was multidisciplinary and had recently undergone reorganisation, to maximise outcomes for prisoners. The frequency of contact with some prisoners, target setting and sentence planning arrangements were inadequate. Joint work with outside offender managers was generally good. Some OASys assessments were overdue, and sentence plans were not driving the delivery and sequencing of all interventions. Public protection arrangements were robust, but progressive transfers to facilitate sentence plans were managed by the prison operations department rather than from the offender management unit (OMU). The needs of the indeterminate-sentenced population had not been established.

Sentence planning and offender management

- 8.9 Over 98% of the prisoner population were serving sentences of over 12 months and all were managed by the offender management group, regardless of whether or not they were in scope for offender management. This meant that they all had an offender supervisor and were required to have an OASys assessment completed and regularly reviewed. For the 265 prisoners in scope of offender management at the time of the inspection, this also meant that they had an external probation offender manager.
- 8.10 The few prisoners serving sentences of less than 12 months did not always have their immediate resettlement needs assessed during induction, although there were advanced plans to do so.
- 8.11 The offender management group was a partly co-located and well-integrated multidisciplinary team consisting of an officer and seconded probation offender supervisors. The team had a few vacancies to fill for offender supervisors, and plans were well advanced to do so. All offender supervisors were undergoing training in mental health awareness. The case administration team was located in a separate building on the open side of the prison, although there were plans to house the whole team in the same building.
- 8.12 A recent change in the way the team was organised meant that fewer officer offender supervisors were involved, but these were largely a ring-fenced resource, and these changes

had led to improvements, particularly in the level and frequency of contact with the officer/offender supervisors. Prisoners were mostly aware of who their offender supervisor was and, in our survey, 79% said that they had a sentence plan, compared with the 60% comparator. The organisation of the offender management group was moving away from having specialists to one where most work for a particular prisoner was carried out by a small team of offender supervisors and case administrators. This approach had been well thought through and was being introduced in a staged way to ensure that training and experience could be developed in order to maintain the quality of support offered.

- 8.13 An analysis of offender management prisoner contact logs indicated a more variable picture, with some offender supervisors having frequent contact, reflected in detailed notes of meetings, while others had only minimal contact. No minimum level of contact between offender supervisors and the prisoners on their caseload had been agreed. Prisoners in scope of offender management were seen more frequently than those deemed a lower priority. For prisoners in scope, engagement with offender managers was generally good, and most sentence planning meetings were chaired by them.
- 8.14 In order to achieve this level of engagement, OASys reviews for in-scope prisoners were often combined with sentence planning meetings, which meant that target setting was not based on a rigorous assessment of risk and need. In addition, the targets set for prisoners through OASys were usually focused on undertaking assessments or interventions, rather than behaviour and attitudes needing to be changed.
- 8.15 There was a backlog of 51 OASys assessments, some going back a year. Thirty-four of these related to offender management cases for which outside probation services were responsible and 16 were the direct responsibility of the prison. Assessments were quality assured, and feedback provided to report writers. Attendance at sentence planning boards was largely limited to the prisoner, offender supervisor and, if appropriate, the offender manager. There was only limited engagement from personal officers and specialist resettlement workers.
- 8.16 While sentence planning drove the delivery and sequencing of some interventions, particularly some accredited offending behaviour programmes and learning skills, this was not always the case. Communication between the offender management group and workers delivering interventions was generally strong, although it was accepted that improvement could be made to achieve a more coordinated approach. The location of the OMU on the open side of the prison hindered efforts to improve the integration of offender management into everyday work with prisoners.
- 8.17 Efforts were made to facilitate progressive moves for prisoners to other establishments to meet sentence planning targets when interventions were not available at Wealstun, although this was made more complex because the observation, classification and allocation function was managed by the prison operations department rather than from the OMU.
- 8.18 There were no undue delays in work to assess prisoners for home detention curfew, end of custody licence or release on temporary licence (ROTL). No prisoners had been released on ROTL from the closed site, but a new policy had been developed which partly aimed to facilitate a more flexible approach to ROTL.

Public protection

- 8.19 Public protection identification was rigorous and well managed, with all categories of prisoners being dealt with, and relevant departments and individuals notified of any issues. Prisoners

were informed promptly, both verbally and in writing, of any restrictions. All cases were reviewed at a well-attended bi-weekly public protection meeting.

Indeterminate-sentenced prisoners

- 8.20 All 31 prisoners serving indeterminate sentences for public protection (IPP) at the time of the inspection were managed by the offender management group. This was a new and growing population, and little had been done to establish whether their needs were different to those of the general prisoner population (see section on strategic management of resettlement). One life-sentenced prisoner was being held, and a review of his case demonstrated systemic failures. He was a category D prisoner who had been held without good reason in category C conditions for over a year. No forums or family activities were run specifically for the indeterminate prisoner population.

Recommendations

- 8.21 A resettlement needs assessment should be introduced for all prisoners serving sentences of less than 12 months.
- 8.22 All prisoners should be seen monthly by their offender supervisor or personal officer to discuss progress in meeting their sentence planning targets, or review relevant behaviours and attitudes.
- 8.23 Offender assessment system (OASys) assessments should be up to date, including completion before any sentence planning meeting.
- 8.24 The delivery and sequencing of interventions should be dictated by agreed sentence plans.
- 8.25 Prisoner transfers and movements should be managed from within the offender management group.
- 8.26 A needs analysis should be carried out to ensure that the resettlement needs of indeterminate prisoners are appropriately met.
- 8.27 A regular forum for indeterminate prisoners to meet with staff and discuss relevant issues should be facilitated.

Good practice

- 8.28 *Offender supervisors were offered mental health training.*

Resettlement pathways

Expected outcomes:

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

Reintegration planning

8.29 The accommodation advice worker offered an appropriate range of support, but resources were insufficient to ensure that all prisoners were seen at the key arrival and pre-discharge stages of a sentence. All work and workshop provision included accredited vocational training. All prisoners on medication were given sufficient supplies to last until they saw their own general practitioner (GP). Discharge planning for prisoners with mental health needs started six months before the release date. Some assistance was available for prisoners with money management or debt issues, but this was by application only. Bank accounts could be opened through a local credit union.

Accommodation

8.30 The prison employed a full-time Shelter accommodation worker, who saw all prisoners during induction, but not individually. The worker provided a range of specialist advice, but only by prisoner application, with resource constraints meaning that prisoners were not routinely interviewed about accommodation issues on their arrival at the prison, or pre-release. There was only minimal cover available when the worker was on leave or away from the prison for any other reason.

8.31 At the time of the inspection, 95% of prisoners released from custody had some form of accommodation, although this was not always stable and sustainable, and around 3% were discharged with no fixed abode (NFA). The limited resources in this area also meant that little proactive work was done to address the issues underpinning both the quality of discharge accommodation and those leaving with NFA.

8.32 The Foundation Training Company, which delivered a pre-release course, and SOVA, which offered pre-release employment, training and education advice, were also able to provide information and, in some cases, assistance to prisoners with accommodation needs pre-release (see section on education, training and employment).

Education, training and employment

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

8.33 All work and workshop provision included accredited vocational training, such as qualifications in construction, performing manufacturing operations, business improvement techniques and railway track maintenance. Short courses leading to accredited qualifications to meet the needs of shorter-term prisoners were also available, including industrial cleaning at levels one and two and a short course in sewing machine skills.

8.34 Individual learning plans, which had recently been introduced into PE and workshops, were not always well used. However, this did not seem to affect learners' progress adversely.

8.35 Progress for prisoners who completed the qualification in railway track working was excellent, with 72% progression into post-release employment. However, links with many employers which had worked well before the closure of the open site were no longer in place.

8.36 The provision of learning and skills services for resettlement was good, but was not sufficiently coordinated to meet prisoners' needs fully. Links with Jobcentre Plus were well established.

Mental and physical health

- 8.37 Primary healthcare arrangements for the release of prisoners were being developed to ensure that all prisoners were seen and assisted in accessing health services in the community. All prisoners on medication were given sufficient supplies to last until they saw their own GP. Prisoners were helped to find a GP if they did not already have one. Those with a GP were asked for their permission to send the GP a summary of their health history while in prison.
- 8.38 Discharge planning for prisoners with mental health needs started six months before the release date. Release procedures were well managed by the teams and included contact with community teams to ensure continuity of care; this included an invitation to attend a release meeting to discuss the prisoner's ongoing care.

Finance, benefit and debt

- 8.39 An experienced worker who could provide general debt management advice, and also more detailed assistance for those in greatest need, was employed for one day a week. This support was available to prisoners by application, and over 300 had been seen in the year to the inspection. However, prisoners were not routinely seen on arrival or pre-release by a specialist worker to assess or assist with debt and finance issues.
- 8.40 No budgeting or money management course was offered.
- 8.41 Assistance with benefit issues was offered on one day a week by the Jobcentre Plus worker, and the Shelter worker could assist with rent arrears. Saving and current bank accounts could be opened with a local credit union. Since this service had been introduced, more than 50 accounts had been opened.

Recommendations

- 8.42 Sufficient specialist accommodation support should be available to see all prisoners individually on arrival at the prison and pre-discharge.
- 8.43 All prisoners should be individually assessed for any finance, benefit and debt issues during induction and pre-release and, if appropriate, seen by a specialist worker.
- 8.44 A budgeting and money management course should be offered.

Good practice

- 8.45 *Prisoners could open both savings and current bank accounts.*

Drugs and alcohol

- 8.46 The drug and alcohol strategy acknowledged the need for alcohol-related programmes, although these were limited to an awareness course, which had a long waiting list. Integrated drug treatment system (IDTS) prisoners were not permitted to take part in drug-related offending behaviour programmes. The counselling, assessment, referral, advice and

throughcare (CARAT) team was involved in a wide range of programmes and resettlement interventions. Compliance drug testing (CDT) rates were high and there was no voluntary drug testing (VDT) programme. The programme was considered by staff and prisoners to be ineffective as a deterrent to drug use and had lost credibility.

- 8.47 There was a drug and alcohol strategy, which had been informed by two comprehensive needs analyses conducted in December 2007. The first looked at drug use at the prison, the second at prisoners' experiences of alcohol and its relationship to violence. Although both needs analyses highlighted the need for alcohol interventions, the only alcohol programme available was a 12-place alcohol awareness course run by the education department. There was a waiting list of 60 for this course, but there were plans to employ an extra facilitator so that two courses could be run in parallel, to clear the backlog.
- 8.48 The drug-related offending behaviour programmes available included the substance treatment and offending programme (STOP) and prison addressing substance-related offending (P-ASRO). Neither of these programmes was available to prisoners on the IDTS, which caused frustration among prisoners and CARAT service workers alike.
- 8.49 The CARAT team comprised a manager, two discipline staff, six full-time and one part-time civilian staff members employed by Lifeline, and one administrator. The team had an active caseload of 179. In addition to one-to-one key work and IDTS support, it ran groups on relapse prevention, motivation to change, relaxation, acupuncture, cannabis awareness and crack awareness. Previously distributed in-cell drug awareness packs had been withdrawn for re-writing by Lifeline, but the first of the new edition packs on relapse prevention was being piloted. All others were expected to be available to prisoners by January 2009. CARAT workers were additionally responsible for the selection of participants for both of the structured drug programmes.
- 8.50 The drug strategy support wing enabled prisoners residing there to take part in weekly peer support groups, special gym sessions, acupuncture and a stress management session. One full-time CARAT worker was assigned to work with these prisoners. Prisoners said that the support wing was generally beneficial to their recovery, although there was still a problem with drug dealers moving onto the wing.
- 8.51 CDT was available, although there was no voluntary drug testing (VDT) programme. A total of 270 prisoners were on CDT compacts, meeting the target of 270. The CDT positive rate was high, at an average of 21.3% (similar to the mandatory drug testing random rate including buprenorphine). CDT compacts were required for prisoners who worked in areas where risk analysis required them to be drug free, those taking part in the STOP or P-ASRO programmes and those residing on the drug strategy support wing. Many custody staff and prisoners felt that the CDT programme was ineffective as a deterrent to continued drug use, and had therefore lost credibility. This was further reflected in the regularly high positive test rates.
- 8.52 Prisoners were referred to the CARAT team following a positive test result. Following a third positive test result, a review panel either removed the prisoner from the programme or allowed them to remain on the programme with the understanding that further breaches would result in removal.
- 8.53 The CDT room was adequately clean and tidy, although the toilet was dirty and covered in limescale. The holding room was dirty, the walls were covered in graffiti and there was a large build-up of litter behind the radiator grille.

- 8.54 CARAT workers began release planning with prisoners between three months and three weeks before their release date, depending on the complexity of need. Community-based drug intervention programme (DIP) teams were involved from two months before release, when they attended three-way planning meetings in the prison. All local DIP teams took part in the 'gate pick-up' scheme, whereby DIP workers met newly released prisoners and took them directly to their arranged accommodation or to their first probation appointment, thus minimising the risk of drug use immediately after release. Prisoners we spoke to about this thought that it was an excellent scheme.

Recommendations

- 8.55 The establishment should address the currently insufficient level of services for prisoners with alcohol problems.
- 8.56 Prisoners receiving methadone treatment on the integrated drug treatment system (IDTS) programme should be allowed to take part in offending behaviour programmes.
- 8.57 Voluntary drug testing should be introduced.
- 8.58 The CDT facilities should be refurbished and cleanliness maintained to create an adequate testing and waiting environment.

Good practice

- 8.59 *The gate pick-up scheme minimised the risk of drug use immediately after release.*

Children and families of offenders

8.60 Provision under the children and families pathway was limited but a reasonable start had been made. The visitors' centre was cold, unwelcoming and had insufficient space and seating for the number of visitors attending. The visits hall was bright, newly decorated and generally well presented, with comfortable seating and low tables. There was a large children's play area staffed by WRVS volunteers, and a range of refreshments for sale. Families were encouraged to participate in some aspects of a prisoner's life, and family visits were provided regularly. An in-depth parenting course was offered to prisoners, and this included additional family visits. ROTL had not been used in the previous six months.

- 8.61 Provision under the children and families pathway was limited, but a reasonable start had been made, with some innovative provision. There had been no pathway meetings, although these were planned for January 2009.
- 8.62 Domestic visits were provided five afternoons a week (not including Wednesday and Friday) and on weekend mornings and afternoons. Our survey showed that more prisoners were able to receive their entitlement to visits than in comparator prisons. The visits booking line was open from 8.30am to noon and 1pm to 4.30pm Monday to Friday. When we tested the line, it was answered the third time we rang it, and we were offered visits within two days of the call. Closed visits were available within three days. Domestic visits could also be booked by email.
- 8.63 Information about visits was available to prisoners and their visitors. The visitors' centre was located in a small portacabin and offered poor facilities. There were no refreshments or play

facilities available, and although visitors arrived from noon onwards, the centre did not open until after 1pm on the day we observed visits, so visitors were left waiting outside in the cold. The centre was cold, unwelcoming and had insufficient space and seating for the number of visitors attending. A newer, purpose-built facility for the open site was located opposite the portacabin, which would have provided an improved environment had it been brought into use. We were told of plans to improve the visitors' centre and visits as part of the plans to upgrade the open site to a category C closed prison.

- 8.64** The order of entry to the visits hall was done on a first come, first served basis; visitors were booked in by operational support grades (OSGs) in the centre from 1.15pm and many arrived in advance of this time to secure their place. Visitors could also hand in property to the OSGs. On the day we observed visits, visitors were taken to the visits hall in groups of six from 1.40pm onwards. Visitors were seated by 1.45pm, but the first visit did not start until 2.10pm, as some prisoners did not arrive at the visits hall on general movement until after 2pm. It took over an hour to get all visitors across to the visits hall because of the need to move them in small groups to facilitate the use of drug dogs. There was little space to carry out drug detection procedures and no private room to carry out searches of visitors.
- 8.65** The visits hall was bright, newly decorated and generally well presented, with comfortable seating and low tables. There was a large children's play area staffed by WRVS volunteers, and a range of refreshments for sale. Refreshments were served by volunteers and a prisoner information desk worker.
- 8.66** There were two closed visits booths, which was insufficient for the 20 prisoners on closed visits. Prisoners and visitors complained that they had sometimes been overbooked and closed visits had been rescheduled or cut short to provide visits for all who wanted them. One closed visits booth was not clearly visible to staff.
- 8.67** Any prisoner wishing to use the toilet during a visit was strip searched before going, without the consideration of a risk assessment. The prisoner holding area was of adequate size and clean.
- 8.68** There was no formal procedure for visitors to give feedback on visits. Research had been carried out by an external agency into visiting facilities and procedures in prisons in the area, and visitors had been consulted. The head of operations had developed an action plan to track progress on the suggested actions resulting from this research.
- 8.69** Family visits were provided at least four times a year during school holidays and were available to all prisoners. Another four family visits were planned for other times. These visits were held in the visits hall and were facilitated by resettlement workers, who encouraged constructive play between parents and children.
- 8.70** An in-depth parenting course was provided through the Paul Hamlyn Foundation and additional family visits were a part of this course. Counselling on finance, benefits and debt had been offered to families during visits, but the service had been poorly attended. The resettlement manager was planning to re-advertise the service to encourage more prisoners and families to take advantage of it.
- 8.71** Prisoners' families were routinely invited to attend offending behaviour course reviews, and these were well attended and had developed into significant events for all concerned. A facility for families had been provided in the resettlement area between A and B wings, and this was used for the course reviews and for occasions when prisoners and family members needed a

private area to discuss personal matters. Families were not routinely involved in other aspects of prisoners' lives.

- 8.72 Parents and children were permitted to exchange home-recorded DVDs with messages for the recipients. This scheme had enabled one father to send messages to his children, who were going to be adopted, and for them to send messages to him.
- 8.73 There had been no use of ROTL in the previous six months for maintaining family ties.

Recommendations

- 8.74 Formal pathway meetings should take place regularly, with a view to developing a comprehensive children and families policy.
- 8.75 Visits should start at the published times.
- 8.76 The visitors' centre should be improved and the centre on the open site brought into use in the interim period.
- 8.77 Additional space should be provided for the dog handlers to carry out searches and drug detection procedures.
- 8.78 Additional rooms for closed visits should be built.
- 8.79 Prisoners using the toilet during visits should not be routinely strip searched.
- 8.80 There should be a system for visitors to provide feedback about visits.
- 8.81 Release on temporary licence should be considered for suitable prisoners wishing to maintain family ties.

Attitudes, thinking and behaviour

8.82 Accredited programme provision was well integrated into the prison, and audit results for the accredited courses were good. There were not sufficient places available on the enhanced thinking skills (ETS) programme to meet the needs of the current prisoner population, and this would be exacerbated when the population increased on completion of the current conversion project. Moves to enable prisoners to undertake programmes not offered at the establishment were facilitated and some staff were trained to carry out specialist assessments.

- 8.83 An offending behaviour protocol had been written and published, outlining how the accredited programmes at the prison functioned and how the establishment and its staff needed to support them. Programme staff said that residential officers were supportive of the aims of the programmes.
- 8.84 The ETS accredited programme was offered to prisoners and the latest audit results had been positive. The prison resettlement needs analysis had indicated that provision for ETS (60 starts a year) was not meeting the current needs of the population, and this was underlined by the 115 prisoners on the current waiting list for this programme. While the programmes team had worked hard to prevent prisoners who needed the intervention from being released without

being offered it, the level of demand meant that this was becoming hard to achieve. The shortage of places available on the ETS programme and other gaps in offending behaviour courses offered would be exacerbated when the prison population increased on completion of the current conversion project. The prison had been a pilot site for the new thinking skills programme, and would be one of the first establishments to roll this out in January 2009.

- 8.85 The programmes team was managed by the senior psychologist, who had oversight of all offending behaviour courses. She had commissioned a series of needs analyses, which had identified gaps in provision, and active steps had been taken to address these through discussions with the Prison Service area office, although some were still not being met (see section on strategic management of resettlement). Whenever possible, they tried to ensure that those assessed as needing accredited interventions not offered at the prison were moved elsewhere to do so, or offered the opportunity to do so on release by the imposition of appropriate licence conditions.
- 8.86 Thirty-two prisoners had been identified as needing to be assessed for the controlling anger and learning to manage it (CALM) programme, which was not delivered at the prison. Three staff at the prison had been trained to carry out these assessments, which had resulted in three prisoners being sent to HMP Moorland to undertake this programme.
- 8.87 In addition to the accredited offending behaviour courses, the Sycamore Tree victim awareness programme was delivered by the chaplaincy team.

Recommendations

- 8.88 The area manager should ensure that a range of accredited interventions are available to meet the current needs of the prisoner population, at the appropriate time and place.
- 8.89 The area manager should ensure that an appropriate range of accredited offending behaviour courses, with sufficient places, are available to meet the demands of the prison's expansion.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

To the Governor

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- 9.1 The compliance drug testing scheme should be revamped to improve credibility and effectiveness. (HP49)
 - 9.2 Managers should put in place policies and procedures to improve staff–prisoner relationships further and support staff to demonstrate positive attitudes towards prisoners, including the use of preferred names. (HP50)
 - 9.3 All prisoners should be unlocked during the core day and engaged in employment or leisure activities if retired. (HP51)
 - 9.4 The time available for purposeful activity should be increased, particularly on Friday mornings. (HP52)

Recommendation

to NOMS

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- 9.5 Recalled prisoners should be quickly informed of the reasons and avenues for appeal. (3.103)

Recommendation

to the Director of offender management

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- 9.6 Offender assessment system (OASys) assessments should be up to date, including completion before any sentence planning meeting. (8.23)

Recommendation

to the Area manager/Director of offender management

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- 9.7 The area manager should ensure that a range of accredited interventions are available to meet the current needs of the prisoner population, at the appropriate time and place. (8.88)

Recommendation

to the Governor/Director of offender management

-
- 9.8 The area manager should ensure that an appropriate range of accredited offending behaviour courses, with sufficient places, are available to meet the demands of the prison's expansion. (8.89)

Courts, escorts and transfers

- 9.9 Prisoners should not be expected to wait in cellular vehicles if they arrive at the establishment during the lunch hour. (1.7)
- 9.10 Prisoners who pose a risk to others should be identified to reception staff by the escort staff. (1.8)

First days in custody

- 9.11 Risk assessments for all prisoners should be read before prisoners are located in holding rooms. (1.22)
- 9.12 Wing staff should be informed of all high-risk and vulnerable prisoners when being located on the wings as an interim measure, and these prisoners should be monitored. (1.23)
- 9.13 When risk levels on cell sharing risk assessments are changed following location to the wings, an explanation should be recorded. (1.24)
- 9.14 Managers should reaffirm to staff the importance of cell sharing risk assessments and their relevance in managing prisoners who pose a risk during periods when they associate with other prisoners. (1.25)
- 9.15 Prisoners should be permitted to make a free telephone call as part of the first night procedures. (1.26)
- 9.16 The poor perceptions of black and minority ethnic and Muslim prisoners about their safety on their first night should be explored and action taken accordingly. (1.27)
- 9.17 Arrangements should be made for prisoners who arrive after canteen sheets have been submitted to order goods. (1.28)
- 9.18 The text of the lesson plans for the induction programme should be re-written so that it is more accessible. (1.29)
- 9.19 The induction programme should fully occupy prisoners throughout the day, and prisoners should be given an induction timetable. (1.30)
- 9.20 The information from the induction evaluation forms should be analysed and relevant comments acted on. (1.31)

Residential units

- 9.21 The B, C and D wing association areas should be redecorated. (2.24)
- 9.22 Screening should be provided for in-cell toilets and toilet seats fitted. (2.25)

- 9.23 Kettles should be provided for all prisoners. (2.26)
- 9.24 The electronic cell call bell recording system for C and D wings should be utilised by residential managers to ensure timely responses to cell bell alarms. A different management check should be instituted for A and B wings. (2.27)
- 9.25 An additional telephone should be installed on A wing. (2.28)
- 9.26 Appropriate privacy hoods should be fitted to improve privacy. (2.29)
- 9.27 Broken laundry equipment should be mended or replaced, with C wing as the priority. (2.30)
- 9.28 The showering facilities on B wing should undergo extensive refurbishment. (2.31)
- 9.29 The ventilation in all the residential showering areas should be improved. (2.32)
- 9.30 Prisoners should be able to shower with a reasonable degree of privacy. (2.33)
- 9.31 Curtains should be provided in all cells, and prisoners allowed their own curtains under the incentives and earned privileges (IEP) scheme. (2.34)
- 9.32 Outdoor furniture should be provided for external areas. (2.35)
- 9.33 The offensive display policy should be enforced. (2.36)

Staff–prisoner relationships

- 9.34 Managers should ensure that staff mix with prisoners during association and encourage participation with the activities available to them. (2.47)

Personal officers

- 9.35 Regular changes of personal officers for individual prisoners should be avoided. (2.54)
- 9.36 Wing history file entries should be made at least weekly. (2.55)
- 9.37 Staff should use preferred names for prisoners. (2.56)
- 9.38 Management checks of history sheets should routinely include assessments of quality and include checks from managers above senior officer level. (2.57)

Bullying and violence reduction

- 9.39 The recommendations from the establishment's safety survey should be implemented and progress reviewed. (3.13)
- 9.40 Managers should explore the poor perceptions of Muslim prisoners about their safety at the prison. (3.14)
- 9.41 The safer prisons reports should clearly outline the actions that wing managers have taken regarding reported incidents of bullying, so that any trends can be identified and the responses by wing managers across the different wings can be monitored. (3.15)

- 9.42 The low use of the anti-bullying measures should be addressed and all suspected perpetrators of bullying should be placed on at least stage one of the anti-bullying measures. (3.16)
- 9.43 The violence reduction strategy should clearly outline the arrangements for stage three of the anti-bullying measures. (3.17)
- 9.44 Where there have been repeat instances of bullying by named perpetrators, they should be progressed through the anti-bullying measures available. (3.18)
- 9.45 The violence reduction plans should be routinely checked by the safer custody coordinator and monitored at the safer custody meeting. (3.19)
- 9.46 Formal Interventions should be available, both for victims and for perpetrators of bullying. (3.20)

Self-harm and suicide

- 9.47 The terms of reference and membership of the safer custody meeting should be re-issued and attendance should be monitored. (3.34)
- 9.48 The at-risk hotline should be made available to prisoners. (3.35)
- 9.49 The use of the care suite should be recorded. (3.36)
- 9.50 All night staff should be assessment, care in custody and teamwork (ACCT) trained. (3.37)
- 9.51 All staff should carry anti-ligature knives. (3.38)
- 9.52 Managers should take steps to address the low confidence in Listeners among prisoners. (3.39)
- 9.53 Near-death incidents should be reported, an action plan devised and points of learning should be acted on at the safer custody meeting. (3.40)

Diversity

- 9.54 All staff should receive regular, updated diversity training. (3.51)
- 9.55 The establishment should conduct an impact assessment to improve facilities and policies affecting people with disabilities. (3.52)
- 9.56 Work on care mapping should be further built on and integrated into the personal officer scheme. (3.53)
- 9.57 There should be adapted sanitary facilities, close to the cells, for prisoners with mobility problems. (3.54)
- 9.58 Staff should be appointed to assist prisoners with a personal evacuation plan in the event of an emergency. (3.55)

Race equality

- 9.59 Assistant race equality officers on wings should have adequate facility time to undertake this work. (3.66)
- 9.60 Engagement with other agencies able to contribute to race equality at the establishment should be progressed, and the race equality action plan updated accordingly. (3.67)

Foreign national prisoners

- 9.61 The prison should hold regular peer support meetings for foreign national prisoners. (3.76)
- 9.62 The foreign nationals coordinator and assistant should have facility time to undertake this role effectively. (3.77)
- 9.63 In consultation with the Legal Services Commission, foreign national prisoners' need for independent specialist legal advice should be addressed. (3.78)
- 9.64 The prison should liaise with the UK Border Agency (UKBA) to ensure timely and understandable notification relevant to deportation and detention. (3.79)
- 9.65 The prison should liaise with UKBA to ensure prompt and understandable contributions to risk assessment for recategorisation. (3.80)

Applications and complaints

- 9.66 The quality of replies to prisoners' complaints should be better monitored to check the appropriateness of the reply, and any inappropriate or dismissive replies should be dealt with. (3.91)
- 9.67 The high number of complaints should be investigated to ensure that prisoners are not submitting multiple complaints owing to the complaint not being appropriately responded to. (3.92)
- 9.68 Staff should be encouraged to deal with low-level complaints informally. (3.93)
- 9.69 The evaluation forms should be analysed and any key issues acted on to improve the complaints system. (3.94)

Legal rights

- 9.70 The services available to provide legal information should be better advertised to prisoners. (3.101)
- 9.71 The legal rights officers should complete appropriate training for the role. (3.102)

Substance use

- 9.72 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (3.111)
- 9.73 The prison should develop secondary detoxification provision. (3.112)

Health services

- 9.74 The prison should encourage the PCT to undertake a full and comprehensive review of staff skill mix and numbers to ensure that there are sufficient appropriately qualified health services staff, including administrators. (4.56)
- 9.75 The prison should encourage the PCT to undertake a cross-infection audit of all healthcare areas within the prison and ensure that cross-infection measures are in place and adhered to. (4.57)
- 9.76 Local healthcare policies should be reviewed and updated. (4.58)
- 9.77 Regular health promotion activities, such as well-man clinics and 'health fairs', should be delivered by health services staff. Health promotion should be available in languages other than English. (4.59)
- 9.78 The primary mental health registered nurse (RMN)'s time should be ring fenced for mental health duties. Additional RMN time should be ring fenced to provide a comprehensive primary mental health service. (4.60)
- 9.79 The need for counselling services should be assessed to ensure that prisoners receive appropriate support. (4.61)
- 9.80 Day care services should be introduced to support those prisoners who find it difficult to cope with life on the wings. (4.62)
- 9.81 Emergency protocols and equipment should be reviewed, and equipment required to attend an emergency should be as portable as possible. (4.63)
- 9.82 The healthcare manager or representative should introduce a dedicated healthcare forum to allow direct contact for prisoners with a senior member of staff to discuss generic healthcare issues. The meetings should be minuted. (4.64)
- 9.83 The healthcare manager should introduce a system whereby nurses work in designated areas for a period of time, thus allowing prisoners and staff to develop a working relationship. (4.65)
- 9.84 The protocol for the management of minor ailments such as headaches should be reviewed. (4.66)
- 9.85 Chronic disease management should be formalised to ensure that such patients are regularly reviewed. (4.67)
- 9.86 Selected nurses should be trained to undertake simple eye tests to determine the urgency of requests to see the optician. (4.68)

- 9.87 Additional dental sessions should be introduced to reduce the waiting list as soon as possible. (4.69)
- 9.88 A protocol for dealing with medical emergencies in the dental surgery should be developed to ensure that dental staff are aware of prison procedures to deal with an emergency. (4.70)
- 9.89 The prison should encourage the PCT to introduce a written protocol to manage out-of-hours dental emergencies. (4.71)
- 9.90 A named health worker should be identified as the focus for older prisoners and those with disabilities. (4.72)
- 9.91 Requisitions for controlled drugs should have a doctor's signature before a supply is made. (4.73)
- 9.92 A new controlled drug register should be ordered which complies with the new regulations introduced in February 2008. (4.74)
- 9.93 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (4.75)
- 9.94 The medicines and therapeutics committee should meet regularly, at least four times a year, and all stakeholders should attend. (4.76)
- 9.95 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.77)
- 9.96 Patient group directions should be reviewed, and comply with Department of Health guidance and the relevant legislation. (4.78)
- 9.97 Prisoners should be given more than 24 hours' notice of clinic appointments. (4.79)

Learning and skills and work activities

- 9.98 The arrangements to identify and share good learning and skills practice across the prison should be improved. (5.22)
- 9.99 The use of data to promote improvements should be improved. (5.23)
- 9.100 Provision to level two in construction should be developed, along with provision beyond level two for literacy and numeracy and computer repair. (5.24)
- 9.101 The use of information communications technology to support learning should be improved. (5.25)
- 9.102 Access to the main library should be improved. (5.26)
- 9.103 Resources for prisoners who are speakers of other languages should be improved. (5.27)

Physical education and health promotion

- 9.104 The frequency with which accredited programmes are offered should be increased. (5.37)

Faith and religious activity

- 9.105 The prison should recruit an additional Muslim chaplain to increase provision for the Muslim prisoner population and to provide cover for the existing Muslim chaplain. (5.43)
- 9.106 Muslim prisoners attending services in the multi-faith area should have an adequate ablutions area nearby. (5.44)
- 9.107 The chaplaincy team should have an office and equipment suitable for the size and work of the team. (5.45)
- 9.108 Prisoners in the segregation unit should be able to attend corporate worship, subject to individual risk assessment. (5.46)
- 9.109 Members of the chaplaincy team should be able to escort small groups to the chapel. (5.47)

Time out of cell

- 9.110 The process of reconciling the roll should be reviewed and delays kept to a minimum, and prisoners unlocked during roll checks should be supervised. (5.54)
- 9.111 Alternative activities should be provided for those whose regular activities are cancelled. (5.55)
- 9.112 Equipment for association areas should be equitable and in good condition. The existing broken items should be mended or replaced. (5.56)
- 9.113 Prisoners should be provided with appropriate clothing for inclement weather. (5.57)

Security and rules

- 9.114 Strip searching should be carried out only after a risk assessment indicates that it is necessary. (6.11)
- 9.115 Photographs of banned visitors should be removed from public view. (6.12)
- 9.116 Categorisation reviews should be completed within prescribed timescales. (6.13)
- 9.117 Appeals of recategorisation decisions should be considered by a person other than the one making the original decision. (6.14)
- 9.118 The policy of banning prisoners from transfer for 12 months following a first refusal to transfer should be reviewed. (6.15)

Discipline

- 9.119 Managers should investigate the reasons for the high number of adjudications and whether staff should be encouraged to use the incentives and earned privileges (IEP) scheme in appropriate cases. (6.30)

- 9.120 Formal monitoring systems should be introduced for adjudications, and standardisation meetings should take place. (6.31)
- 9.121 Adjudicators should ensure that appropriate referrals for support are made when prisoners reveal that they are the subject of bullying or require assistance with drug or alcohol misuse. (6.32)
- 9.122 Records of adjudication hearings should be comprehensive and reflect all the evidence that has been considered and a full investigation of the charges heard. (6.33)
- 9.123 The senior management team should continue to monitor and analyse the use of force and the reasons for the ongoing increase in incidents. (6.34)
- 9.124 The video-recording policy should be updated to include the routine examination of recordings of planned interventions to ensure adherence to correct procedures and that any lessons are learned. (6.35)
- 9.125 The role of the segregation unit should be clearly defined, with supporting policies and procedures developed and implemented to include: an improved regime on the unit, individual assessments for access to regimes by prisoners held there, care plans for those remaining there for more than 30 days, the setting of realistic targets to challenge poor behaviour, the format of prisoner reviews and a formal monitoring group for all aspects of segregation. (6.36)
- 9.126 The staff selection policy for the segregation unit should be adhered to and specific training provided to staff. (6.37)
- 9.127 Visitors to the unit, including health services staff and Independent Monitoring Board members, should record their visits in the daily log. (6.38)
- 9.128 In-cell electricity should be provided on the segregation unit. (6.39)
- 9.129 Toilets and showers on the segregation unit should be cleaned and toilets screened. (6.40)

Incentives and earned privileges

- 9.130 The incentives and earned privileges (IEP) scheme should be overhauled and arrangements improved for those on basic. (6.51)
- 9.131 The IEP scheme should be applied consistently to prisoners on all regime levels. (6.52)
- 9.132 The 'no work, no pay, no gym' element should be removed. (6.53)
- 9.133 Reviews should take place when trigger points are reached. (6.54)
- 9.134 Individual, specific targets should be set to encourage prisoners who need to improve their behaviour. (6.55)

Catering

- 9.135 Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm. (7.8)
- 9.136 Prisoners should be able to dine in association at least some of the time. (7.9)

- 9.137 Prisoners routinely washing up receptacles and utensils in their cells should be provided with a suitable detergent. (7.10)
- 9.138 Breakfast should be served on the morning it is eaten. (7.11)
- 9.139 Lunch should be served between noon and 1.30pm and dinner between 5pm and 6.30pm. (7.12)
- 9.140 Kitchen ceiling tiles should be secured in the interests of safety and hygiene. (7.13)
- 9.141 Designated utensils for halal food should be used. (7.14)
- 9.142 Prisoners should have the means of making a hot drink after evening lock-up. (7.15)
- 9.143 Prisoners should have some opportunity to cater for themselves. (7.16)

Prison shop

- 9.144 The shop list should reflect the diversity of the population. (7.26)
- 9.145 Surveys should be conducted every six months regarding prisoners' views about the shop provision and, where appropriate, findings should be acted upon. (7.27)
- 9.146 Prisoners should not be charged an administrative fee for placing catalogue orders. (7.28)

Strategic management of resettlement

- 9.147 Further analysis should be carried out to identify any specific needs of black and minority ethnic and Muslim prisoners. (8.6)
- 9.148 The resettlement service should be better advertised, with regular drop-in sessions or surgeries offered. (8.7)

Offender management and planning

- 9.149 A resettlement needs assessment should be introduced for all prisoners serving sentences of less than 12 months. (8.21)
- 9.150 All prisoners should be seen monthly by their offender supervisor or personal officer to discuss progress in meeting their sentence planning targets, or review relevant behaviours and attitudes. (8.22)
- 9.151 The delivery and sequencing of interventions should be dictated by agreed sentence plans. (8.24)
- 9.152 Prisoner transfers and movements should be managed from within the offender management group. (8.25)
- 9.153 A needs analysis should be carried out to ensure that the resettlement needs of indeterminate prisoners are appropriately met. (8.26)

- 9.154 A regular forum for indeterminate prisoners to meet with staff and discuss relevant issues should be facilitated. (8.27)

Resettlement pathways

- 9.155 Sufficient specialist accommodation support should be available to see all prisoners individually on arrival at the prison and pre-discharge. (8.42)
- 9.156 All prisoners should be individually assessed for any finance, benefit and debt issues during induction and pre-release and, if appropriate, seen by a specialist worker. (8.43)
- 9.157 A budgeting and money management course should be offered. (8.44)
- 9.158 The establishment should address the currently insufficient level of services for prisoners with alcohol problems. (8.55)
- 9.159 Prisoners receiving methadone treatment on the integrated drug treatment system (IDTS) programme should be allowed to take part in offending behaviour programmes. (8.56)
- 9.160 Voluntary drug testing should be introduced. (8.57)
- 9.161 The CDT facilities should be refurbished and cleanliness maintained to create an adequate testing and waiting environment. (8.58)
- 9.162 Formal pathway meetings should take place regularly, with a view to developing a comprehensive children and families policy. (8.74)
- 9.163 Visits should start at the published times. (8.75)
- 9.164 The visitors' centre should be improved and the centre on the open site brought into use in the interim period. (8.76)
- 9.165 Additional space should be provided for the dog handlers to carry out searches and drug detection procedures. (8.77)
- 9.166 Additional rooms for closed visits should be built. (8.78)
- 9.167 Prisoners using the toilet during visits should not be routinely strip searched. (8.79)
- 9.168 There should be a system for visitors to provide feedback about visits. (8.80)
- 9.169 Release on temporary licence should be considered for suitable prisoners wishing to maintain family ties. (8.81)
- 9.170 The area manager should ensure that a range of accredited interventions are available to meet the current needs of the prisoner population, at the appropriate time and place. (8.88)

Housekeeping points

Residential units

- 9.171 The supervision of the cleaning parties responsible for association areas should be improved. (2.37)
- 9.172 Broken glass panes should be replaced. (2.38)
- 9.173 Minutes of prisoner representative meetings should show time-bounded and named responsibility for actions to be taken. (2.39)
- 9.174 Irons should be available on all wings. (2.40)

Health services

- 9.175 Where appropriate, prisoners' general practitioners (GPs) should be contacted for copies of their health records. (4.80)
- 9.176 Health services staff should ensure that all working areas are maintained to a high level of cleanliness and tidiness. (4.81)
- 9.177 Dedicated rooms should be identified for mental health staff, including the mental health in-reach team, to see prisoners in privacy. (4.82)
- 9.178 Regular visiting specialists such as the GP, dentist and pharmacist should be invited to health services team meetings. (4.83)
- 9.179 Old reference books should be discarded, and only the most recent copy kept, to ensure that any information used is up to date. (4.84)
- 9.180 Maximum and minimum temperatures should be recorded daily for the drug refrigerators in the treatment rooms and pharmacy to ensure that heat-sensitive items are stored within the 2–8°C range. Corrective action should be taken where necessary and should be monitored by pharmacy staff. (4.85)
- 9.181 All pre-packs should be dual labelled. When the pre-pack is dispensed against a prescription, one label should be removed and attached to the prescription chart, which should be faxed to the pharmacy provider. (4.86)
- 9.182 Patient information leaflets should be supplied wherever possible. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (4.87)
- 9.183 Information on health services should be available in a form that can be understood by all prisoners. (4.88)
- 9.184 The emergency button in the GP's office should be re-routed nearer the doctor's desk. (4.89)
- 9.185 Records of regular checks on all emergency equipment should be rigorously maintained. (4.90)

Discipline

- 9.186 Prisoners should be provided with pen and paper to take notes during adjudications. (6.41)
- 9.187 The exercise area should be kept clean and made less austere, with seating provided. (6.42)

Prison shop

- 9.188 Correct spending amounts should be recorded on the shop list, so that prisoners can make informed choices about what to order. (7.29)

Examples of good practice

Race equality

- 9.189 With diversity staff from two other prisons in the area, Wealstun participated in a quarterly scrutiny forum to develop good practice in the management of racist incident reporting. (3.68)

Substance use

- 9.190 The integrated drug treatment system (IDTS) forums held every three months enabled prisoners to air their views and make suggestions to improve the service. (3.113)

Health services

- 9.191 Preoperative assessments were carried out in the prison, reducing the need for prisoners to attend external hospital appointments and therefore the risk of cancellation. (4.91)

Security and rules

- 9.192 There was an effective warning system for prisoners who displayed behaviour that might warrant being placed on closed visits, and similar arrangements regarding the need to ban visitors. (6.16)

Offender management and planning

- 9.193 Offender supervisors were offered mental health training. (8.28)

Resettlement pathways

- 9.194 Prisoners could open both savings and current bank accounts. (8.45)
- 9.195 The gate pick-up scheme minimised the risk of drug use immediately after release. (8.59)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Sara Snell	Team leader
Sean Sullivan	Inspector
Vinnett Pearcy	Inspector
Eileen Bye	Inspector
Karen Dillon	Inspector
Martin Owens	Inspector
Nigel Scarff	OMI Inspector
Bridget McEvilly	Healthcare inspector
Paul Roberts	Substance misuse inspector
Simon Denton	Pharmacy inspector
Martin Wall	Dental inspector
Laura Nettleingham	Researcher
Michael Skidmore	Researcher
Rachel Murray	Researcher
Simon Cutting	Ofsted inspector (Team leader)
Marina Gaze	Ofsted inspector
Ann Jackson	Ofsted inspector

Appendix II: Prison population profile

(i) Status	Number of prisoners	%
Sentenced	520	99.4
Civil prisoners	0	
Detainees (single power status)	3	0.6
Detainees (dual power status)		
Total	523	100

(ii) Sentence	Number of prisoners	%
Less than 6 months	3	0.6
6 months to less than 12 months	11	2.1
12 months to less than 2 years	48	9.2
2 years to less than 4 years	156	29.8
4 years to less than 10 years	256	48.9
10 years and over (not life)	16	3.1
Life	1 / 31 IPPs	0.2 / 5.9
Total	523	99.8

(iii) Length of stay	Number of prisoners	%
Less than 1 month	49	9.4
1 month to 3 months	111	21.2
3 months to 6 months	118	22.6
6 months to 1 year	139	26.6
1 year to 2 years	80	15.3
2 years to 4 years	23	4.4
4 years and over	3	0.6
Total	523	100.1

(iv) Main offence	Number of prisoners	%
Violence against the person	117	22.4
Sexual offences	0	
Burglary	69	13.2
Robbery	87	16.6
Theft and handling	9	1.7
Fraud and forgery	1	0.2
Drug offences	130	24.9
Other offences	110	21
Civil offences		
Offence not recorded/Holding warrant		
Total	523	100

(v) Age	Number of prisoners	%
21 years to 29 years	266	50.9
30 years to 39 years	173	33.1
40 years to 49 years	72	13.8
50 years to 59 years	9	1.8
60 years to 69 years	2	0.4
70 plus years	1	0.2
Please state maximum age	71	
Total	523	100.2

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	297	56.8
Between 50 and 100 miles of the prison	190	36.3
Over 100 miles from the prison	21	4
Overseas	0	
NFA	15	2.9
Total	523	100

(vii) Nationality	Number of prisoners	%
British	487	93.2
Foreign nationals	36	6.8
Total	523	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	382	72.9
Irish	0	
Other White	14	2.7
<i>Mixed</i>		
White and Black Caribbean	5	1
White and Black African	0	
White and Asian	0	
Other Mixed	0	
<i>Asian or Asian British</i>		
Indian	16	3
Pakistani	47	9
Bangladeshi	0	
Other Asian	16	3
<i>Black or Black British</i>		
Caribbean	26	5
African	5	1
Other Black	10	2
<i>Chinese or other ethnic group</i>		
Chinese	0	
Other ethnic group	2	0.4
Total	523	100

(ix) Religion	Number of prisoners	%
Baptist		
Church of England	141	27
Roman Catholic	99	19
Other Christian denominations		
Muslim	89	17
Sikh	0	
Hindu		
Buddhist	16	3
Jewish	0	
Other	0	
No religion	178	34
Total	523	100

Appendix III: Summary of prisoner questionnaires

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 27 October 2008, the prisoner population at HMP Wealstun was 508. The sample size was 131. Overall, this represented 26% of the prisoner population.

Selecting the sample

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

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

No interviews were carried out.

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, 103 respondents completed and returned their questionnaires. This represented 20% of the prison population. The response rate was 79%. In addition to the 14 respondents who

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

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C trainer prisons since April 2003.
- A comparison within the 2008 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2008 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2008 survey between those prisoners who consider themselves to have a disability and those prisoners who do not consider themselves to have a disability.

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

Summary

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

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not sentenced' options across questions – may differ slightly. This is due to 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 have been 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 have been weighted for comparison purposes.

Appendix IV: Summary of prisoner survey responses

At the time of the pre-inspection, the adult population at HMP Wealstun was 508. A LIDS printout of all prisoners was requested and from this a systematic random sample was formed. In total, 131 prisoners were selected and interviews were offered to those with literacy problems.

In total, 103 completed questionnaires were returned. Fourteen prisoners refused to complete the form and 14 prisoners did not return their questionnaires or returned them blank.

In total, 20% of the prison population was successfully sampled:

A wing = 15

B wing = 30

C wing = 30

D wing = 26

Segregation unit = 2

All missing data have been excluded when calculating the overall percentages. Percentages have been rounded up or down and may not add up to 100%.

Section 1: About You

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.1	What wing or houseblock are you currently living on?	
	See front cover	
Q1.2	How old are you?	
	Under 21.....	1%
	21 - 29.....	52%
	30 - 39.....	29%
	40 - 49.....	14%
	50 - 59.....	4%
	60 - 69.....	0%
	70 and over.....	0%
Q1.3	Are you sentenced?	
	Yes.....	88%
	Yes - on recall.....	12%
	No - awaiting trial.....	0%
	No - awaiting sentence.....	0%
	No - awaiting deportation.....	0%
Q1.4	How long is your sentence?	
	Not sentenced	0%
	Less than 6 months.....	1%
	6 months to less than 1 year.....	1%
	1 year to less than 2 years.....	7%
	2 years to less than 4 years.....	26%
	4 years to less than 10 years.....	59%
	10 years or more.....	3%
	IPP (Indeterminate Sentence for Public Protection).....	2%
	Life.....	1%
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced	0%
	6 months or less.....	34%
	More than 6 months.....	66%
Q1.6	How long have you been in this prison?	
	Less than 1 month.....	8%
	1 to less than 3 months.....	15%
	3 to less than 6 months.....	18%
	6 to less than 12 months.....	22%
	12 months to less than 2 years.....	26%
	2 to less than 4 years.....	9%
	4 years or more.....	3%
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	Yes.....	8%
	No.....	92%

Q1.8	Is English your first language?						
	Yes						88%
	No						12%
Q1.9	What is your ethnic origin?						
	White - British.....	69%	Asian or Asian British - Bangladeshi	0%			
	White - Irish.....	0%	Asian or Asian British - Other	2%			
	White - Other.....	4%	Mixed Race - White and Black Caribbean	0%			
	Black or Black British - Caribbean	5%	Mixed Race - White and Black African.....	1%			
	Black or Black British - African.....	0%	Mixed Race - White and Asian	0%			
	Black or Black British - Other.....	0%	Mixed Race - Other	0%			
	Asian or Asian British - Indian	2%	Chinese.....	0%			
	Asian or Asian British - Pakistani.....	15%	Other ethnic group.....	2%			
Q1.10	What is your religion?						
	None.....	25%	Hindu.....	0%			
	Church of England	30%	Jewish	1%			
	Catholic.....	13%	Muslim.....	22%			
	Protestant.....	1%	Sikh.....	1%			
	Other Christian denomination.....	4%	Other.....	1%			
	Buddhist.....	1%					
Q1.11	How would you describe your sexual orientation?						
	Heterosexual/ Straight.....						100%
	Homosexual/Gay.....						0%
	Bisexual						0%
	Other						0%
Q1.12	Do you consider yourself to have a disability?						
	Yes						12%
	No						88%
Q1.13	How many times have you been in prison before?						
	0	1	2 to 5	More than 5			
	27%	16%	29%	28%			
Q1.14	Including this prison, how many prisons have you been in during this sentence/remand time?						
	1	2 to 5	More than 5				
	3%	87%	10%				
Q1.15	Do you have any children under the age of 18?						
	Yes						57%
	No						43%

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons? How was ...							
		Very good	Good	Neither	Bad	Very Bad	Don't remember	N/A
	The cleanliness of the van	6%	39%	16%	19%	16%	3%	1%
	Your personal safety during the journey	10%	48%	17%	16%	6%	1%	2%
	The comfort of the van	1%	14%	7%	37%	38%	1%	1%
	The attention paid to your health needs	5%	17%	35%	18%	17%	1%	6%
	The frequency of toilet breaks	1%	7%	22%	22%	36%	1%	11%

Q2.2	How long did you spend in the van?					
	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>	
	22%	49%	22%	5%	3%	
Q2.3	How did you feel you were treated by the escort staff?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	8%	46%	39%	4%	2%	2%
Q2.4	Please answer the following questions about when you first arrived here:					
				<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?			83%	13%	4%
	Before you arrived here did you receive any written information about what would happen to you?			32%	63%	5%
	When you first arrived here did your property arrive at the same time as you?			93%	5%	2%

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)					
	<i>Didn't ask about any of these</i>	20%	<i>Money worries</i>	14%		
	<i>Loss of property</i>	14%	<i>Feeling depressed or suicidal</i>	53%		
	<i>Housing problems</i>	20%	<i>Health problems</i>	58%		
	<i>Contacting employers</i>	8%	<i>Needing protection from other prisoners...</i>	16%		
	<i>Contacting family</i>	52%	<i>Accessing phone numbers</i>	36%		
	<i>Ensuring dependents were being looked after</i>	14%	<i>Other</i>	3%		
Q3.2	Did you have any of the following problems when you first arrived here? (Please tick all that apply)					
	<i>Didn't have any problems</i>	35%	<i>Money worries</i>	19%		
	<i>Loss of property</i>	19%	<i>Feeling depressed or suicidal</i>	20%		
	<i>Housing problems</i>	14%	<i>Health problems</i>	24%		
	<i>Contacting employers</i>	8%	<i>Needing protection from other prisoners...</i>	3%		
	<i>Contacting family</i>	20%	<i>Accessing phone numbers</i>	20%		
	<i>Ensuring dependents were looked after ...</i>	4%	<i>Other</i>	1%		
Q3.3	Please answer the following questions about reception:					
				<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Were you seen by a member of health services?			96%	1%	3%
	When you were searched, was this carried out in a respectful way?			79%	14%	7%
Q3.4	Overall, how well did you feel you were treated in reception?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	17%	58%	18%	6%	1%	1%
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply)					
	<i>Information about what was going to happen to you</i>	58%				
	<i>Information about what support was available for people feeling depressed or suicidal</i>	49%				
	<i>Information about how to make routine requests</i>	52%				
	<i>Information about your entitlement to visits</i>	54%				
	<i>Information about health services</i>	66%				
	<i>Information about the chaplaincy</i>	55%				
	Not offered anything	16%				

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply)	
	<i>A smokers/non-smokers pack</i>	91%
	<i>The opportunity to have a shower</i>	51%
	<i>The opportunity to make a free telephone call</i>	48%
	<i>Something to eat</i>	69%
	Did not receive anything	4%
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)	
	<i>Chaplain or religious leader</i>	46%
	<i>Someone from health services</i>	87%
	<i>A listener/Samaritans</i>	21%
	Did not meet any of these people	8%
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes.....	12%
	No.....	88%
Q3.9	Did you feel safe on your first night here?	
	Yes.....	82%
	No.....	14%
	Don't remember.....	4%
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course	12%
	<i>Within the first week</i>	75%
	<i>More than a week</i>	11%
	<i>Don't remember</i>	2%
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	12%
	Yes.....	65%
	No.....	21%
	Don't remember.....	2%

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	8%	43%	11%	21%	8%	8%
	Attend legal visits?	13%	51%	16%	6%	2%	13%
	Obtain bail information?	4%	22%	18%	10%	6%	39%
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						18%
	Yes.....						43%
	No.....						38%
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>		
	Are you normally offered enough clean, suitable clothes for the week?	66%	27%	3%	4%		
	Are you normally able to have a shower every day?	95%	4%	1%	0%		
	Do you normally receive clean sheets every week?	86%	7%	4%	3%		
	Do you normally get cell cleaning materials every week?	78%	20%	2%	0%		

Is your cell call bell normally answered within five minutes?	40%	51%	8%	1%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	67%	28%	3%	2%
Can you normally get your stored property, if you need to?	35%	38%	23%	4%

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
2%	28%	26%	30%	15%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet	2%
Yes	41%
No	57%

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	45%	48%	2%	4%	0%	2%
An application form	36%	49%	2%	10%	0%	2%

Q4.7 Have you made an application?

Yes	93%
No	7%

Q4.8 Please answer the following questions concerning applications

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	7%	70%	23%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	7%	61%	32%

Q4.9 Have you made a complaint?

Yes	62%
No	38%

Q4.10 Please answer the following questions concerning

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	39%	20%	41%
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	40%	32%	28%
Were you given information about how to make an appeal?	41%	28%	31%

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	39%
Yes	8%
No	53%

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
32%	6%	22%	22%	10%	8%

Q4.13 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	46%	18%	36%
Are you able to speak to a religious leader of your faith in private if you want to?	56%	9%	35%

Q4.14 Can you speak to a listener at any time, if you want to?

Yes	No	Don't know
51%	11%	38%

Q4.15 Please answer the following questions about staff in this prison?

Is there a member of staff you can turn to for help if you have a problem?	Yes	No
Do most staff treat you with respect?	66%	34%
	71%	29%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	27%
No	73%

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	14%
No	86%

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)

Never felt unsafe	78%	<i>At meal times</i>	4%
<i>Everywhere</i>	9%	<i>At health services</i>	5%
<i>Segregation unit</i>	4%	<i>Visit's area</i>	1%
<i>Association areas</i>	11%	<i>In wing showers</i>	9%
<i>Reception area</i>	4%	<i>In gym showers</i>	6%
<i>At the gym</i>	5%	<i>In corridors/stairwells</i>	7%
<i>In an exercise yard</i>	8%	<i>On your landing/wing</i>	11%
<i>At work</i>	7%	<i>In your cell</i>	5%
<i>During Movement</i>	11%	<i>At religious services</i>	2%
<i>At education</i>	3%		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	15%
No	85%

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

<i>Insulting remarks (about you or your family or friends)</i>	11%	<i>Because you were new here</i>	6%
<i>Physical abuse (being hit, kicked or assaulted)</i>	6%	<i>Because of your sexuality</i>	2%
<i>Sexual abuse</i>	2%	<i>Because you have a disability</i>	1%
<i>Because of your race or ethnic origin</i>	4%	<i>Because of your religion/religious beliefs</i>	3%
<i>Because of drugs</i>	3%	<i>Being from a different part of the country than others</i>	8%
<i>Having your canteen/property taken</i>	2%	<i>Because of your offence/ crime</i>	6%

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes	23%
No	77%

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

<i>Insulting remarks (about you or your family or friends)</i>	7%	<i>Because of your sexuality</i>	0%
<i>Physical abuse (being hit, kicked or assaulted)</i>	1%	<i>Because you have a disability</i>	3%

Sexual abuse	1%	Because of your religion/religious beliefs ..	2%
Because of your race or ethnic origin.....	2%	Being from a different part of the country	4%
		than others.....	
Because of drugs	6%	Because of your offence/ crime.....	2%
Because you were new here	2%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?
Not been victimised 74%
 Yes 10%
 No 16%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes 20%
 No 80%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes 18%
 No 82%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
21%	19%	11%	3%	6%	39%

Section 6: Health services

Q6.1 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	14%	6%	39%	15%	24%	1%
The nurse	11%	13%	49%	13%	12%	1%
The dentist	15%	1%	4%	2%	21%	57%
The optician	44%	3%	12%	10%	16%	13%

Q6.2 Are you able to see a pharmacist?
 Yes 48%
 No 52%

Q6.3 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	16%	17%	28%	11%	20%	7%
The nurse	13%	23%	31%	12%	15%	5%
The dentist	33%	0%	6%	10%	9%	41%
The optician	55%	3%	10%	15%	12%	5%

Q6.4 What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
11%	9%	33%	16%	21%	10%

Q6.5 Are you currently taking medication?
 Yes 46%
 No 54%

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?
Not taking medication 55%
 Yes 37%
 No 8%

Q6.7	Do you feel you have any emotional well being/ mental health issues?			
	Yes			32%
	No			68%
Q6.8	Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)			
	<i>Do not have any issues / Not receiving any help</i>			79%
	Doctor.....			11%
	Nurse.....			3%
	Psychiatrist.....			7%
	Mental Health In Reach team.....			9%
	Counsellor			3%
	Other			5%
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	29%	71%	
	Alcohol	19%	81%	
Q6.10	Have you developed a problem with either of the following since you have been in this prison?			
		Yes	No	
	Drugs	9%	91%	
	Alcohol	5%	95%	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes			33%
	No			4%
	<i>Did not / do not have a drug or alcohol problem</i>			63%
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes			28%
	No			9%
	<i>Did not / do not have a drug or alcohol problem</i>			63%
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes			23%
	No			13%
	<i>Did not have a problem/Have not received help</i>			64%
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	10%	77%	13%
	Alcohol	7%	86%	8%
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes			22%
	No			8%
	N/A.....			69%

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply)		
	Prison job.....		67%
	Vocational or skills training		20%
	Education (including basic skills)		33%

Offending behaviour programmes	18%
Not involved in any of these	15%

Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	11%	43%	35%	11%
Vocational or skills training	16%	59%	14%	12%
Education (including basic skills)	11%	61%	16%	11%
Offending behaviour programmes	21%	51%	21%	7%

Q7.3 How often do you go to the library?

Don't want to go	15%
Never.....	14%
Less than once a week.....	21%
About once a week.....	41%
More than once a week.....	2%
Don't know.....	6%

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
18%	11%	1%	11%	49%	8%	1%

Q7.5 On average how many times do you go outside for exercise each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
15%	11%	29%	19%	24%	2%

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

Less than 2 hours.....	15%
2 to less than 4 hours	11%
4 to less than 6 hours	12%
6 to less than 8 hours	37%
8 to less than 10 hours.....	12%
10 hours or more	11%
Don't know.....	1%

Q7.7 On average, how many times do you have association each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
2%	3%	6%	4%	84%	1%

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	5%
Never.....	20%
Rarely.....	34%
Some of the time	22%
Most of the time	15%
All of the time	4%

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

Still have not met him/her	29%
In the first week.....	26%
More than a week.....	28%
Don't remember.....	16%

Q8.2	How helpful do you think your personal officer is?	<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
		29%	21%	23%	10%	9%	7%
Q8.3	Do you have a sentence plan/OASys?						
	<i>Not sentenced</i>	0%					
	Yes	79%					
	No	21%					
Q8.4	How involved were you in the development of your sentence plan?						
	<i>Do not have a sentence plan/OASys</i>	22%					
	<i>Very involved</i>	19%					
	<i>Involved</i>	32%					
	<i>Neither</i>	9%					
	<i>Not very involved</i>	7%					
	<i>Not at all involved</i>	11%					
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?						
	<i>Do not have a sentence plan/OASys</i>	22%					
	Yes	69%					
	No	9%					
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?						
	<i>Do not have a sentence plan/OASys</i>	22%					
	Yes	22%					
	No	56%					
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?						
	<i>Not sentenced</i>	0%					
	Yes	32%					
	No	68%					
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?						
	Yes	18%					
	No	82%					
Q8.9	Have you had any problems with sending or receiving mail?						
	Yes	34%					
	No	59%					
	<i>Don't know</i>	7%					
Q8.10	Have you had any problems getting access to the telephones?						
	Yes	17%					
	No	82%					
	<i>Don't know</i>	1%					
Q8.11	Did you have a visit in the first week that you were here?						
	<i>Not been here a week yet</i>	6%					
	Yes	21%					
	No	71%					
	<i>Don't remember</i>	1%					
Q8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)						
	<i>Don't know what my entitlement is</i>	18%					
	Yes	73%					
	No	9%					

- Q8.13 How many visits did you receive in the last week?**
- | | | | | |
|---------------------------|-----|--------|--------|-----------|
| <i>Not been in a week</i> | 0 | 1 to 2 | 3 to 4 | 5 or more |
| 6% | 51% | 43% | 0% | 0% |
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
- | | |
|-----------|-----|
| Yes | 36% |
| No | 64% |
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>Don't know who to contact</i> | 51% | <i>Help with your finances in preparation for release</i> | 20% |
| <i>Maintaining good relationships</i> | 14% | <i>Claiming benefits on release</i> | 37% |
| <i>Avoiding bad relationships</i> | 12% | <i>Arranging a place at college/continuing education on release</i> | 22% |
| <i>Finding a job on release</i> | 36% | <i>Continuity of health services on release</i> ... | 19% |
| <i>Finding accommodation on release</i> | 33% | <i>Opening a bank account</i> | 33% |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**
- | | | | |
|---|-----|---|-----|
| <i>No problems</i> | 41% | <i>Help with your finances in preparation for release</i> | 25% |
| <i>Maintaining good relationships</i> | 10% | <i>Claiming benefits on release</i> | 24% |
| <i>Avoiding bad relationships</i> | 10% | <i>Arranging a place at college/continuing education on release</i> | 17% |
| <i>Finding a job on release</i> | 44% | <i>Continuity of health services on release</i> ... | 20% |
| <i>Finding accommodation on release</i> | 31% | <i>Opening a bank account</i> | 27% |
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**
- | | |
|----------------------------|-----|
| <i>Not sentenced</i> | 0% |
| Yes | 54% |
| No | 46% |