

Report on an unannounced inspection of

HMP Leicester

by HM Chief Inspector of Prisons

4 – 15 November 2013

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Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

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Introduction

HMP Leicester is a Victorian category B local prison in the centre of Leicester that, at the time of this inspection, held 387 adult men – 80% more than its certified normal accommodation. This unacceptable degree of overcrowding, the age of the buildings and the high level of need of its population created real challenges. Few prisoners stayed at the prison for more than six months. The prison also had to adjust to some significant reductions in staffing levels. Despite this, an experienced and positive staff group was able to ensure HMP Leicester was reasonably safe, there was a good level of activity on offer and there was credible work underway to address most areas where improvement was needed.

The prison had a reasonable approach to tackling violence; and what we observed and what most prisoners told us confirmed this. Nevertheless, there were areas of concern. In our survey more prisoners than in comparable prisons told us they had not felt, or did not feel, safe. Recorded levels of violence were higher than in other local prisons, although much was low level and there was evidence of drug and debt-related bullying. The prison needed to do more to get on top of this. There was inadequate support for victims, many of whom were moved to the vulnerable prisoners unit for their own protection. The vulnerable prisoners unit itself had insufficient space and, as a consequence, vulnerable prisoners were frequently placed on the first night unit, which had an adverse impact on the regime of both groups of prisoners held there. Vulnerable prisoners continued to be intimidated when they came into contact with the main population and had less access to activities.

Levels of self-harm were relatively high but good work was being done with a few prolific self-harmers. Staff generally had a good knowledge of prisoners at risk, and demonstrated a good level of care. Some processes to identify and case manage prisoners at risk of self-harm were inconsistent. More needed to be done to ensure that lessons from previous deaths in custody were embedded.

Discipline processes were implemented fairly. Use of force was managed well: there were good and prolonged attempts at de-escalation and many incidents where force was used were limited to a light touch guiding arm. Staff in the segregation unit generally worked well with challenging prisoners and the unit often took prisoners who had been relocated from other establishments. However, the location of the unit, in an area previously used for health care, was not suitable for managing prisoners with very challenging behaviour. Support for prisoners with substance abuse problems was very good and better than we see elsewhere.

Relationships between staff and prisoners were good. Staff were relaxed and confident in their dealings with prisoners and this mitigated some of the effects of an old and very overcrowded environment. In one case, six men shared a 16 foot by 12 foot cell with a single, inadequately screened toilet. The men were confined to the cell for at least 16 hours a day on Mondays to Thursdays and 20 hours a day on Fridays to Sundays. Work on equality and diversity was reasonable and prisoners confirmed the prison was generally a harmonious environment. About a third of the prisoners held were on remand and arrangements for them to access legal advice and resettlement support were inadequate. Prisoners were dissatisfied with the food but we thought the quality and quantity was reasonable. However, cleanliness and hygiene standards in the kitchen were unacceptably poor and required urgent improvement.

A new health service provider, Leicestershire Partnership NHS Trust (LPT), had taken over a few months prior to the inspection. Prior to that time, health services provided by Serco had been failing badly as their contract came to an end. LPT was addressing these failings but significant further improvement was still needed to bring health provision up to an acceptable standard. As we have seen in other settings, it is crucial that commissioners have adequate processes in place to ensure services do not deteriorate when contract periods come to an end.

Prisoners had more time out of their cells than we often see in local prisons – although it was still too limited. Learning, skills and work were well led and managed and most prisoners could access some part-time activity. Vulnerable prisoners' access was more restricted. The quality of teaching was good and the environment in classrooms and workshops was busy and purposeful.

HMP Leicester is to become a resettlement prison under the 'Transforming Rehabilitation' plans and it had a lot of work to do to prepare for its new role. Offender management was poorly organised and not central to the work of the prison. There were some key weaknesses in the public protection arrangements. Some prisoners serving long sentences remained in the prison for too long and there was very little support for the large population of remand prisoners. Practical resettlement support was inconsistent and many prisoners did not know where to go for help. Too many prisoners therefore left the prison likely to return, with little done to address the attitudes and circumstances that lay behind their offending.

HMP Leicester had some significant weaknesses. Some, such as the high level of overcrowding, were outside its direct control. Others, such as the inconsistent application of some safety processes, the prison could and should have addressed. Some of these weaknesses were offset by good staff prisoner relationships created by an experienced and positive staff group. Tangible improvements were being made in important areas such as healthcare. We saw no reason why the prison could not make the further improvements necessary to equip it for its new role as a resettlement prison – but there was a great deal still to do.

Nick Hardwick
HM Chief Inspector of Prisons

April 2014

Fact page

Task of the establishment

HMP Leicester is a category B local prison for adult males.

Prison status (public or private, with name of contractor if private)

Public

Region/Department

East Midlands

Number held

387

Certified normal accommodation

214

Operational capacity

411

Date of last inspection

4 – 7 October 2010, short follow-up inspection

Brief history

HMP Leicester's gatehouse dates from 1825 and much of the building took place in 1874. In 1990, a new visits and administration block was built adjoining the gatehouse. The establishment's role has changed over the last 20 years from a category A local prison housing a special security wing to a category B local prison.

Short description of residential units

The main residential unit is a large four-storey Victorian building. Level one includes a first night centre and vulnerable prisoner unit. Level two contains a substance misuse unit. The remaining section of this floor and levels three and four house mainstream prisoners, including an area set aside for enhanced prisoners. The segregation unit is housed on the first floor of the health care building.

Name of governor/director

Ian West

Escort contractor

GeoAmey

Health service commissioner and providers

NHS England Derbyshire and Nottinghamshire
Leicestershire Partnership NHS Trust

Learning and skills providers

Milton Keynes College

Independent Monitoring Board chair

Michael Irwin

About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons 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 tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
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.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection. This inspection follows a short follow-up inspection and does not report directly on progress made against the previous recommendations.

This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and II respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix III of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

*S1 Survey findings were poor in relation to safety. This was not consistent with what we saw and were told. Good use was made of video conferencing to mitigate the problems associated with getting prisoners to court. Prisoners were treated well in reception and staff were friendly and courteous towards them. The mixed population in the First Night Centre was problematic. The strategic approach towards managing violence was good and decisive action was taken where there were areas of concern. Levels of recorded violence were relatively high but recorded cases related to low level incidents. The quality of investigations into incidents varied and there was no systematic support for victims. The level of self harm was high and good work was being carried out with the most vulnerable prisoners. The quality of ACCT documentation was inconsistent and work to embed learning from previous deaths was not sufficiently embedded. Security was effective, there were close links with the police and good use was made of intelligence. The introduction of the new IEP scheme had been handled well. Force was used in a careful and measured way. The attempt to improve the Care and Separation Unit by moving its location had not been successful, but despite this, staff there worked well with challenging prisoners. Support for substance misusers was of a high standard with peer mentors making a significant contribution. There were weaknesses in the reduction of drug supply. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S2 Most prisoners had relatively short journeys to the prison and arrived at a reasonable time, but we did observe late arrivals. Some of these prisoners had spent lengthy periods in court cells waiting for transport.
- S3 We found one instance of important information about a prisoner's vulnerability not being properly handed over by escort to reception staff.
- S4 Some improvements had been made to the reception area since the previous inspection and better use was being made of the limited space available. In our survey, prisoners were more positive about their treatment in reception than at comparator prisons and we observed staff treating them in a friendly, respectful way.
- S5 Managing a mixed population of vulnerable and non-vulnerable prisoners on the first night centre was complicated and it was difficult to meet the needs of the different groups of prisoners held there. The problem was compounded by the limited privacy for prisoners to speak openly in the first night area. Fewer prisoners than at comparator prisons said they felt safe on their first night, and survey findings in relation to safety were worse across a range of indicators.
- S6 The strategic approach to addressing violence was reasonable. The monthly safer custody meetings were well attended, with the exception of health care staff, and data were monitored and analysed effectively.
- S7 The level of assaults against staff and prisoners in the previous six months was higher than other local prisons, although some recorded assaults concerned low-level behaviour. Investigations of violent incidents were not always timely and the quality varied. Support for victims was limited and there were no interventions for perpetrators.

- S8 A quarter of the prisoners on the vulnerable prisoners' unit and its overspill were located there for their own interest, many as a result of conflict with other prisoners. There were no plans to reintegrate these prisoners on to the mainstream units.
- S9 There had been five deaths in custody since the previous inspection in October 2010, three of which were self inflicted. Recommendations made following the deaths were being implemented, but actions taken were not shared with the safer custody forum or other staff. It was disappointing to observe some practice that was contrary to recommendations made by the death in custody investigations. For example, we observed a prisoner arriving late in reception with a self-harm warning in his documentation which was not pointed out to prison staff by the escort contractor. When prison staff discovered this, it was not treated with sufficient priority.
- S10 Levels of self-harm were relatively high. Good work was being undertaken with a few prolific self-harmers to reduce the frequency of self-harm and the level of observation required and to reintegrate these prisoners into the mainstream regime, with some very positive outcomes.
- S11 The quality of ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm) documentation was mixed. Most prisoners on ACCTs told us they were well cared for but some expressed concerns about how their cases were managed.
- S12 Staff we spoke to were aware of the needs of prisoners who self-harmed, but some felt detached from this area of work because much of it was now undertaken by custodial managers. Almost half the staff had not received the introduction to safer custody training in the previous three years.
- S13 Physical security was adequate, and there was very good liaison between the prison and the police. Security information was well analysed and disseminated and generally followed through. Limited but proportionate use was made of closed visits.
- S14 The most common theme described in security information reports was drugs. Adjudications, segregation for good order or discipline and use of force had all increased in the second half of 2013 when a number of challenging prisoners had been held at the prison.
- S15 The recent introduction of the new national incentives and earned privileges (IEP) system had been communicated clearly to prisoners which had helped them to adjust to the change. At the time of the inspection, the proportion of prisoners on the different IEP levels was appropriate.
- S16 The number of adjudications was relatively high and had increased over the previous 12 months. Adjudications were conducted fairly and efficiently, with occasional lapses in recording. An adjudication standardisation meeting met frequently and the governor carried out checks of a sample of records, disseminating the lessons to be learned.
- S17 Video evidence showed careful and measured use of control and restraint techniques, with lengthy attempts at de-escalation before force was used. The monthly average of 17 incidents of use of force was not excessive, and many were very light touch. Reports by a health professional on injuries to the prisoner were absent in several cases where force had been used, but otherwise records had improved since the previous inspection.

- S18 The experiment of using the first floor of the health care building as the care and support unit (CSU) had not worked well. The environment was not fit for purpose and there were often not enough cells for prisoners removed from association. Despite this, CSU staff worked well with challenging prisoners. Care planning had been introduced since the previous inspection, but behavioural targets were often formulaic and authorisation of segregation was not always properly recorded.
- S19 The analysis of patterns and trends in segregation was very thorough. The number of prisoners segregated was relatively high. Special accommodation had been used three times in 2013 to date, on one occasion without proper justification.
- S20 Clinical and psychosocial services for prisoners with drug problems were of a high quality, especially in the substance misuse unit where the high ratio of peer mentors had contributed significantly to the progress that prisoners made. The mandatory drug testing random positive rates were reducing but the failure to complete over half the requested suspicion tests represented a serious shortcoming in the approach to drug supply reduction.

Respect

S21 *The prison was very over-crowded. The living conditions were poor and the age and design of the buildings contributed significantly to this. Relationships between staff and prisoners were good, although sometimes staff were too passive. Prisoners from different backgrounds lived harmoniously together. The religious needs of prisoners were well catered for. The complaints system was efficient. Support for legal rights was completely inadequate. Health care services were improving from a very low base. The prison kitchen was dirty and untidy. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S22 The living environment was worn and difficult to keep clean. The showers were in an unhygienic condition and outside areas were covered in litter. The prison was very over-crowded. Most cells were cramped and occupied by more people than they were designed for. Many cell toilets were not properly screened.
- S23 Our survey results and discussions with staff and prisoners indicated that there were problems with the availability of clean clothes, bedding and cell cleaning materials.
- S24 In our survey, prisoners were less content with the timeliness of replies to applications than in other local prisons or at the last inspection. Logs of applications were incomplete and responses were not tracked.
- S25 Staff interacted with prisoners in a mature, unruffled way and prisoners spoke positively about most members of staff. All prisoners were allocated a personal officer, but these members of staff made infrequent records of their conversations with prisoners and we found a few inappropriate entries.
- S26 The management of equality and diversity was reasonable, but the designated staff did not have enough time to cover all their work. The focus of equality meetings was too narrow and, despite the work of prisoner representatives, there was no forum for wider consultation with prisoners. In our discussion groups, black and minority ethnic prisoners reported more victimisation by staff than white prisoners.

- S27 Sufficient attention was paid to the needs of foreign national prisoners, although the number held beyond sentence expiry date had increased significantly since the previous inspection.
- S28 Faith provision was good and prisoners' religious beliefs were respected. Chaplains offered good pastoral support to prisoners.
- S29 Replies to complaints were appropriate but hand written and sometimes difficult to read. Complaint forms were not always readily available.
- S30 There was no organised support in place for prisoners to exercise their legal rights; this was a significant gap in provision. The legal visits rooms were private but the waiting areas for prisoners contained graffiti.
- S31 Many key areas of health provision such as chronic disease management were poor, and access to most services was slow. Prisoners we spoke to complained of long queues for medication and waits for most services. However, there were signs that significant investment in new staff and stronger governance were resulting in improvements. Most prisoners said that the treatment they received was good, particularly in the enhanced care facility. However, the environment there was poor and the facility lacked a therapeutic focus.
- S32 Pharmacy services were good, but medication was not administered in private and was sometimes given too early. The mental health team provided prisoners with a reasonable level of support.
- S33 The kitchen was dirty and untidy. We found grease and grime on equipment and work surfaces, food and litter on the floor throughout the day, dirty utensils left in sinks overnight, insufficient hand-washing facilities, blocked drains and unsafe broken electrical power outlets in use.

Purposeful activity

S34 *Most prisoners received adequate time unlocked during the week but those on restrictions received four hours or less. Association was available for most prisoners every day. Improvements had been made to the management of education, learning and skills, which was now a strong area. Provision was reasonably good but prisoners could only participate part time. Much of the teaching was good and achievements were generally sound. The library was a good resource, although opening times were limited. Most prisoners had enough opportunity to participate in PE. **Outcomes for prisoners were reasonably good against this healthy prison test.***

- S35 Prisoners on the substance misuse unit and prisoners on the enhanced level who were able to access evening activities could receive up to seven hours out of their cell during the week. Prisoners on the basic regime were likely to receive less than four hours out of their cell each day.
- S36 Daytime roll checks showed 45% of prisoners off the main wing involved in activities or appointments and a further 25% engaged in association and work on the wing, which was positive. Evening association was no longer available but, apart from prisoners on basic level, prisoners had the opportunity for association every day.

- S37 A range of short accredited programmes had been developed and over two-thirds of prisoners were engaged in learning and skills activities. The learning and skills provision was well managed with an established self-assessment and improvement planning process.
- S38 Management of the regime had improved, but too many prisoners still failed to arrive on time to activities. The allocation of prisoners to activities was effective and there were no waiting lists.
- S39 There was a reasonable range of employment and purposeful activities. There was enough work for most of the population with an emphasis on achieving qualifications at level 1 prior to employment. On average 80 – 85% of the population were engaged in purposeful activity. The range of vocational training across the main site and on the vulnerable prisoners' unit was limited.
- S40 Much of the teaching and learning was good and particularly effective use was made of classroom assistants, with good outreach provision. Classroom attendance was good. Prisoners progressed well on most programmes, but achievement in qualifications in entry level English and English for speakers of other languages needed improvement.
- S41 There continued to be inconsistencies in the completion of learning plans and links to sentence plans were not sufficiently developed.
- S42 The library was a small, well-managed and well-used resource, which was easily accessible by prisoners. Opening times were very limited.
- S43 The standard of PE and healthy living provision was reasonably good. Most prisoners had good access to recreational PE but those on basic level had less than two sessions a week. There was a good range of accredited vocational programmes in PE, with high levels of achievement.

Resettlement

S44 *The strategic management of resettlement was weak. Little consideration had been given to the implications of the transition to a resettlement establishment. Offender management was poorly organised and most prisoners did not receive consistent or reliable assistance. Long-term prisoners received good support but there were frailties in the organisation of public protection. Provision under the resettlement pathways was mixed and too dependent on prisoners taking the initiative.*
Outcomes for prisoners were not sufficiently good against this healthy prison test.

- S45 The resettlement policy was not based on a needs analysis. There was no supporting action plan and no indication of how the establishment would make the transition to a resettlement prison. Provision under the resettlement pathways was not well communicated and prisoners did not know where to go for help.
- S46 The introduction of restorative justice was a welcome initiative.
- S47 The work of the offender management unit (OMU) was not well understood by other staff and communication between the OMU and other key areas was weak. All prisoners were allocated to an offender supervisor on arrival, but did not meet them quickly enough. Offender supervisors were enthusiastic and willing and carried large caseloads. However, other staff relied on them too much and the OMU provided a mainly reactive service.

- Offender supervisors had received little training in risk management, and managerial oversight of their work was limited.
- S48 Sentence plans were frequently produced late or not completed at all. When they were completed, they did not focus on the prisoner's progress during his sentence.
- S49 Public protection arrangements were generally sound, but some key information in OASys assessments was overlooked and risk assessments were not always robust.
- S50 Decisions on categorisation were timely and justifiable, but there were significant delays in transferring some long-term prisoners, including sex offenders, to appropriate prisons. Indeterminate-sentenced prisoners were well managed and appropriate support was offered to those recalled to prison.
- S51 Remand prisoners did not receive an initial assessment of their pathway needs and could be released without being offered any help. Other prisoners received an adequate needs assessment, but not always within the prescribed timescale of 72 hours.
- S52 There was no general pre-release assessment of outstanding needs and prisoners had to take the initiative in seeking help for this. Some formal pre-release work was undertaken, including CV writing and completing applications through the virtual campus². The National Careers Service delivered appropriate interventions and coordination between support organisations was enhanced by their co-location in the prison.
- S53 Health care discharge planning was effective for prisoners with complex needs. The required medication was provided to most prisoners before release, but liaison with community services was inadequate.
- S54 The substance misuse service provided very good resettlement opportunities for substance misusers who had easier access to resettlement opportunities than other prisoners.
- S55 The finance, benefit and debt pathway was underdeveloped and offender supervisors gave very basic support. Job Centre Plus provided good advice to prisoners on state benefits which also covered prisoners' families.
- S56 The visitors' centre was well used, but unnecessary identification checks took place. Visitors were admitted promptly to the prison, but prisoners were not unlocked until the start time and always arrived late. Visitors and prisoners complained about how long it took to book visits and the facility to book on site was out of order. Prisoners and visitors said that staff in the visits hall were respectful and our observations confirmed this.
- S57 Storybook Dads (prisoners record stories for their children) was available to all prisoners and there was a link with a local organisation, Think Family, which provided practical support to prisoners' families.
- S58 No offending behaviour courses were delivered and there was no assessment of unmet need.

² Enables prisoners to have internet access to community education, training and employment opportunities

Main concerns and recommendations

S59 **Concern:** The support and management of vulnerable prisoner and victims of bullying required improvement. Too many prisoners had to be held on the vulnerable prisoners unit which had insufficient space. As a consequence vulnerable prisoners were frequently placed on the first night unit which had an adverse impact on the regime of both groups of prisoners held there. Vulnerable prisoners continued to be intimidated when they came into contact with the main population and had less access to activities.

Recommendation: There should be consistent, pro-active and visible support for victims of bullying to enable them to live safely on the main residential unit. Arrangements for prisoners who are vulnerable because of their offence should ensure they are safe and have equal access to the prison's activities and facilities. Vulnerable prisoners should not be held on the first night centre.

S60 **Concern:** The prison had more to do to prepare for its new role as a resettlement prison. The strategic management of resettlement was weak, offender management was not well integrated in the work of the prison as a whole, practical resettlement support was inconsistent and many prisoners did not know where to go for help. As a consequence, too many prisoners left the prison without having the attitudes and circumstances that led to their offending addressed.

Recommendation: The resettlement policy should be revised, based on a needs analysis, allocate resources according to need and risk and ensure services are delivered in a consistent and co-ordinated way.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- | |
|--|
| <p>I.1 <i>Most prisoners had relatively short journeys to the prison, but some arrived late. We observed one case where escort staff handed documentation about a prisoner to reception staff without alerting them to important information about his vulnerability.</i></p> |
|--|
- I.2** Most prisoners had relatively short journeys to the prison and arrived at a reasonable time, but we observed some late arrivals, some of whom had spent lengthy periods in court cells waiting to leave and some had not eaten while at court. Some arrivals we spoke to said that Leicester was not their local prison and they were further from home than they had expected. Staff said they thought that population pressures were having an increasing impact on the allocation of prisoners.
 - I.3** We were told by staff and prisoners that some arrived without their property and escort staff described a lack of space on vans for property, particularly larger items.
 - I.4** We observed a case where escort staff did not alert reception staff to recent important information about a prisoner's vulnerability when his documentation was handed over.
 - I.5** Good use was made of video conferencing to reduce the number of prisoners having to attend court. An average of 50 court appearances each month took place using video link to local crown and magistrates courts.

Recommendations

- I.6** **Prisoners should be allocated to the prison closest to their home area.**
- I.7** **Escort staff should always make reception staff aware of any important information contained in prisoners' documentation.**

Early days in custody

Expected outcomes:

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

- I.8** *Prisoners were generally content with their treatment in reception. The environment remained unwelcoming but staff were friendly and courteous. Important information about vulnerability was not always acted on appropriately. The sharing of the first night centre between new admissions and vulnerable prisoners resulted in a poorer outcome for both groups of prisoners. First night arrangements had been reviewed but still required further development. Induction had improved since the previous inspection.*
- I.9** Better use was being made of the limited space in reception and there were more holding areas and increased storage space. The physical environment remained unwelcoming: the smaller holding rooms for vulnerable prisoners were particularly bleak and there was little information available about the prison. Prisoner cleaners who were also Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked in reception morning and afternoon but were not available to prisoners who arrived after tea time.
- I.10** In our survey, 70% of prisoners said that staff in reception treated them well against the comparator of 63%. We observed staff who were friendly and courteous, greeting prisoners they recognised by name. Prisoners spoke individually to staff at the booking desk to confirm their details and then had private interviews with an officer and a nurse. The door to the health care room was left open during the interviews, which compromised confidentiality. All prisoners were strip-searched in and out of the prison.
- I.11** Staff completed cell-sharing risk assessments during their private interview with each prisoner. However, when information about a prisoner's vulnerability was found in documentation left by the escorts, the prisoner was not prioritised for a one-to-one interview and move to the first night centre (see section on self-harm and suicide).
- I.12** The first night centre was located under ground level. It was also used for vulnerable prisoners as an overspill when there were too many to be accommodated on the vulnerable prisoner unit. There were 10 such prisoners on the first night centre at the time of the inspection. This had an adverse impact on the regime for both groups as only one group could be unlocked on the unit at a time (see main recommendation S59).
- I.13** In our survey, 62% of respondents, against the comparator of 74%, said that they felt safe on their first night. Prisoners were generally less positive about their experience of early days in the prison across a range of indicators, including being given early information about the prison and sources of help. Several prisoners described cells not being properly cleaned for them to move into on their first night, although cells that we checked were properly equipped and clean. Some cells on the first night centre were very cold.

- I.14** All prisoners had an interview with a first night officer in the unit office with the door open, in keeping with the ethos of staff being available to prisoners. However, there were often other prisoners nearby which compromised confidentiality. The officer conducting the interview sometimes had to answer the telephone. While the positive tone of the interviews was helpful, the environment was not conducive to alleviating feelings of vulnerability.
- I.15** Prisoners were given some useful information about the establishment during this interview and the opportunity to buy reception packs of groceries or tobacco and pin phone credit. All prisoners were offered a three-minute free telephone call, which was logged, but some did not use their entitlement. The unit cleaner was unlocked to prepare microwave meals for new arrivals which we observed he was doing until after 9pm one evening.
- I.16** Induction took place the day after prisoners arrived. Survey results for taking part in induction were worse than the comparator (67% against 80%) and particularly poor for vulnerable prisoners living on the vulnerable prisoner unit (46% against 70%). The induction programme covered a wide range of areas but some prisoners we spoke to said it did not fully cover what they wanted to know. Most prisoners spent one night on the first night centre before moving to a main landing.

Recommendations

- I.17** Reception staff should deal as a priority with new prisoners who arrive with information indicating they may be at risk.
- I.18** Prisoners should contribute to a review of induction to ensure that it meets the needs of the population.

Housekeeping points

- I.19** Health care interviews in reception should take place in private.
- I.20** Interviews on the first night centre should take place in private.
- I.21** All new prisoners should be given the opportunity to participate in induction.

Bullying and violence reduction

Expected outcomes:

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

- I.22** *The new violence reduction procedure had a narrow focus and was not based on a recent prisoner survey or on data analysed at the safer custody meeting. Analysis of violence and bullying was comprehensive and trends were followed up. The order and control meeting was well conducted. The quality of investigations into incidents of violence and bullying varied. Bullying and intimidation were not adequately addressed. The number of fights and serious assaults had reduced since the previous year but remained higher than comparable prisons.*

- I.23** A new violence reduction procedure, 'zero tolerance', had been published and distributed to staff in August 2013 but it had a narrow focus. It described the investigation and decision-making procedure following an incident of violence or bullying but was not based on the detailed analysis of violent incidents that was discussed at the monthly safer custody meeting. It was expected that the violence reduction procedure should be read in conjunction with Prison Service Instruction 64/11 (Management of prisoners at risk of harm to self, to others and from others) and that this would give staff a good understanding of the establishment approach to violence reduction.
- I.24** Staff whom we spoke to were conversant with the zero tolerance procedure and their role in the process but prisoners were less familiar with it. The most recent prisoner safety survey had been completed in June 2011. In our survey, 54% of prisoners said they had felt unsafe at this prison and 25% that they felt unsafe at the time of completing the survey against respective comparators of 40% and 16%. More prisoners than the comparator felt they had been victimised by other prisoners across a range of areas.
- I.25** The monthly safer custody meetings were attended by appropriate departments apart from health care. Data on the number, type and location of violent incidents each month were comprehensive and analysis of information to identify trends was good. Decisive action was taken when there were areas of concern. This meeting was complemented by a weekly order and control meeting which focused on prisoners in the care and separation unit, those who had been involved in serious incidents, and intelligence which could place prisoners' safety at risk. The meeting was well conducted and focused on outcomes and allowed antisocial behaviour to be tracked and responded to.
- I.26** The zero tolerance violence reduction investigation form was submitted by a range of departments and investigations were conducted by supervising officers. Investigations were not timely and varied in quality, with some very poor, and the outcome was often a behaviour warning or incentives and earned privileges review. Formal arrangements to manage bullying had been amended. Victim and perpetrator monitoring booklets were no longer used, but a simple compact where objectives were set to encourage a change in behaviour or to offer support to victims. There had been 20 recorded incidents of bullying in the previous nine months, but no compacts had been opened. Supervising officers told us that they had not been adequately briefed in how to use the compacts.
- I.27** There was evidence of drug- and debt-related bullying and intimidation but the response to this was inadequate. Victims of bullying were given the option of a transfer out of the establishment on Rule 45 or relocation to the vulnerable prisoners' unit (VPU). Thus, a quarter of the prisoners on the VPU and its overspill were there of their own volition, most of whom were in conflict with other prisoners on main location (see main recommendation S59).
- I.28** The level of assaults against staff and prisoners in the previous six months was higher than at other local prisons, although some of the incidents recorded simply involved low-level poor behaviour. The assaults in the previous six months was lower than the previous year.
- I.29** Vulnerable prisoners we spoke to were very concerned about their personal safety. We saw evidence of low-level intimidation towards vulnerable prisoners during the serving of meals, library visits and on the wing, but little was being done to challenge this (see main recommendation S59).

Recommendations

- I.30** A general safety survey of prisoners should be conducted and the findings should be incorporated into the violence reduction procedure.
- I.31** The violence reduction investigations should be improved and the bullying compacts should be effectively implemented.
- I.32** The interventions for perpetrators should be improved.

Housekeeping points

- I.33** New arrivals should be better informed of the violence reduction zero tolerance procedure.
- I.34** Health care should be represented at the safer custody meeting.

Self-harm and suicide

Expected outcomes:

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

I.35 *Action had been taken to implement recommendations arising from the Prisons and Probation Ombudsman investigations into deaths in custody and this was kept under review. However, guidance resulting from this was not effectively shared with staff and we observed some poor practice. The circumstances of prisoners with complex needs were fully discussed and care plans were produced to reduce the risk of harm. The number of self-harm incidents was high compared with other local prisons and most incidents involved cutting and scratching. Good work was being undertaken to support prolific harmers, with some very positive outcomes. The quality of ACCT (case management for prisoners at risk of suicide or self-harm) documents was mixed but better on the smaller units. The Listener scheme was well established and supported.*

- I.36** There had been five deaths in custody since the previous inspection, three of which had been self-inflicted. The PPO recommendations were being implemented and all recommendations from deaths in custody since 2007 were under review. This work was not integrated into the safer custody meetings and not shared with staff. It was disappointing to observe practice contrary to recommendations made by the death in custody investigations. For example, we found one case where reception staff did not respond to a self-harm warning form obscured in a prisoner's documentation or information in his person escort record. An ACCT was opened, but poorly completed.
- I.37** A custody manager responsible for safer custody and the head of safety and equality oversaw the procedures to prevent self-harm and suicide. There was no safer custody strategy and staff were expected to familiarise themselves with the Prison Service Instruction on self-harm. The lack of guidance or protocol for staff was a particular failing.

- I.38** Wide-ranging information was used at safer custody meetings to identify trends and cross reference data against a range of protected characteristics. The circumstances of prisoners with complex needs were discussed and care plans were devised to reduce the risk of harm. Health care had only attended one meeting in the previous six months.
- I.39** In general, we observed very positive interactions between prisoners and staff and in our survey 68% of respondents said they had a member of staff they could turn to with a problem, compared with 58% at the previous inspection. Staff demonstrated good knowledge of prisoners who were subject to ACCT case management documents or who had self-harmed in the past. However, some staff we spoke to felt removed from the process as the ACCT assessments, reviews and post-closure meetings were now undertaken by the custodial managers. Data provided by the prison indicated that 49% of staff needed refresher training in safer custody.
- I.40** The number of self-harm incidents was high compared to other local prisons. There had been 156 incidents in the previous six months involving 70 prisoners. Most incidents involved cutting and scratching. Good work was being undertaken to support and reduce the frequency of self-harm for prolific harmers, with some very positive outcomes.
- I.41** There had been 131 ACCT case management documents opened in the previous six months. The head of safety and equality monitored any increase in the use of ACCTs to ensure that they were being used appropriately. The quality of ACCTs on the vulnerable prisoner and substance misuse units was good: detailed support plans showed meaningful conversations between staff and prisoners. Improvement was needed in the quality of entries and support plans on the main wing. The ACCT review meetings were not multidisciplinary and often involved just the custody manager and prisoner. Most prisoners on ACCTs told us they felt well cared for but some told us that they did not have an opportunity to express themselves and did not feel that the right people attended their ACCT reviews.
- I.42** The Listener scheme was well established and prisoners had 24-hour access to Listeners. In our survey, 22% of respondents said they had access to a Listener when they arrived against the comparator of 37%. Listeners did not contribute to the induction programme but their role was explained there. At the time of the inspection there were 13 active Listeners who were easily identifiable. Since June 2013 two Listeners had attended and contributed to the safer custody meeting. The Samaritans supported the Listeners on a weekly basis and there was a free direct line number for prisoners to telephone the Samaritans.

Recommendations

- I.43** **Actions taken in response to PPO recommendations should be discussed and reviewed at safer custody meetings and changes in practice disseminated to staff.**
- I.44** **Staff should be made aware of the safer custody procedures and their role in keeping prisoners safe.**
- I.45** **Staff should receive safer custody refresher training.**
- I.46** **The quality of ACCT case management documents should be consistently good.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

I.47 *There was no formal safeguarding policy to manage adults at risk. Staff were not aware of how to deal with information that an adult at risk may have been abused or injured while in custody. There was no systematic approach to identifying all vulnerable prisoners, and separate strands of work were undertaken by a number of departments.*

I.48 The head of offender management had recently taken responsibility for adult safeguarding, but had not yet attended any meetings. There was no safeguarding policy to manage adults at risk and there had been no contact with local social services to develop a policy. There were vulnerability screening procedures covering disability and age which included initial identification of disability and health care interviews. There was an adult safeguarding policy in health care and they were proficient at assessing and referring prisoners with social care needs.

I.49 Staff did not know how to deal with information that an adult at risk may have been abused or injured while in custody. There had been no awareness training for staff. The prison had established formal links with the local safeguarding adults board. There was no systematic approach to identifying prisoners at risk, and separate strands of work undertaken by the diversity and equality officer, health care and safer custody needed to be integrated into the formal protocol for safeguarding adult prisoners.

Recommendation

I.50 **The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes.**

Security

Expected outcomes:

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

I.51 *The security department was efficient and the overall approach to security was proportionate. Staff submitted security information appropriately and the most common issue related to drugs. The arrangements for carrying out drug testing were inadequate.*

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

- I.52** The security department was well organised and focused on effective intelligence analysis to identify patterns, follow through actions and disseminate information to staff. Its four dedicated officers had recently been replaced by a larger pool of staff, and staff had concerns that this would impact on speed of response and the level of expertise that could consistently be deployed. Liaison with the police was very good, and there was a full-time police intelligence officer. Drug dogs provided a reasonable level of cover.
- I.53** Bans were rarely placed on visitors and were used to mitigate risk rather than as a punishment. Closed visits were also used sparingly, and only three prisoners were on closed visits at the time of the inspection. Physical security was adequate and the vehicle lock was due to be upgraded.
- I.54** On average, over 400 security information reports (SIRs) were submitted each month. Drugs were the most prolific topic reported, averaging about 70 a month, with threats to staff the next most common, at about half that. SIRs relating to order and control had increased in the previous six months, reaching a peak of 61 in September 2013 and falling to 38 in October.
- I.55** The monthly security meeting was well attended by staff from a range of departments. On the whole the meetings reflected an active approach to security, but some items were carried over for several months without effective action, for example, the system for accounting for tools.
- I.56** There had been some increase in the number of incidents, at height for example, but no clear evidence of any common cause or trigger for these, other than the willingness of the establishment to accept disruptive prisoners from other establishments.
- I.57** The mandatory drug testing random positive rate was 11.6% for the six months to October 2013 against a target of 9%. There had been a spike of 27.3% in July 2013 but the source of this had not been fully investigated. The trend after July was downwards.
- I.58** The suspicion testing positive rate was very low at 8.3% but, in the six months to October 2013, 49 of the 89 tests requested had not been completed due to staff shortages. This represented a serious shortcoming in the prison's approach to the reduction of drug supplies.
- I.59** In our survey, 14% of prisoners against the comparator of 8% said they had developed a problem with diverted medication while at the prison. There had been 30 drug finds in the six months to October 2013, mostly involving cannabis and buprenorphine.

Recommendations

- I.60** **Use of segregation, force and adjudications should be monitored to identify and address any trends across the establishment.**
- I.61** **Drug tests on the basis of suspicious evidence should be carried out in the required timescale.**

Housekeeping point

- I.62** Security issues raised in meetings should be followed through with a prompt and effective operational response.

Incentives and earned privileges

Expected outcomes:

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

I.63 *Managers and staff had communicated the contents of the new national incentives and earned privileges scheme to prisoners effectively. There had been little adverse reaction from prisoners, who had no significant complaints about the fairness of the existing scheme.*

I.64 The new Prison Service instruction on incentives and earned privileges had been well prepared for and communicated, and there had been less reaction than might have been expected from prisoners who were aware that the changes affected prisoners in all prisons. The most unpopular measures were reversion to entry level on conviction and the limits on income from part-time work. The impact of these changes had yet to work its way through the system.

I.65 There were 102 prisoners on enhanced level and 12 on basic at the time of the inspection, very similar to the average for the last 12 months. Prisoners reported to us that they were generally content with the existing IEP arrangements.

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.

I.66 *Adjudications were carried out fairly, with occasional procedural flaws. The governance of use of force was sound. The segregation unit was nearly always full, often with prisoners who had been transferred from other prisons for disruptive behaviour. The accommodation used for segregation was not sufficiently robust, nor spacious enough to house all prisoners judged to need segregation. Case management of segregated prisoners had improved but was still inconsistent.*

Disciplinary procedures

I.67 The adjudications that we observed were fair and thorough, with proper attention to the prisoner's rights and the integrity of the process. Not all adjudication records were completed and signed correctly, nor were the reasons for findings and punishments always clear.

I.68 An adjudications standardisation meeting was held at sufficiently frequent intervals. The governor carried out thorough checks of a sample of adjudication records and fed back learning points to colleagues. The number of adjudications fluctuated but appeared to be rising.

The use of force

- I.69** Video evidence showed careful and measured use of control and restraint techniques, with lengthy attempts at de-escalation before force was used.
- I.70** A custodial manager reviewed all use of force records and the functional head checked a percentage regularly. The standard of records by staff using force had improved since the previous inspection. F213 reports (form used to report injuries to prisoners) by a health professional were absent in several cases when force had been used, but otherwise records were detailed and complete.
- I.71** On average, there had been 17 incidents of use of force a month, several of which consisted of a touch with a guiding hand. Twenty per cent of incidents in the five months before the inspection had involved two prisoners.

Segregation

- I.72** The experiment of using the first floor of the health care building as the care and support unit had not worked well. The environment was light and spacious, but not resilient enough to withstand rough treatment by disturbed and disruptive prisoners. The cells were large with a separate internal toilet and wash basin which were difficult to observe, and wide heavy doors which made control difficult. The cells were in poor condition and had been damaged: the plaster had been torn off the walls and the concrete painted over.
- I.73** There were six cells on the unit which was often not enough to house prisoners on removal from association. As a result, prisoners punished with cellular confinement were often in a shared cell on the wing.
- I.74** Care and support had improved, there were formal plans for each segregated prisoner, and the weekly order and control meeting brought a whole-establishment perspective to the risk management of each segregated prisoner. Unit staff made useful entries in prisoner records. Nevertheless, the behavioural targets set in segregation authorisation forms were often limited to compliance with the unit regime. Although we were told that health professionals made daily visits to all segregated prisoners, these were often not recorded. Segregated prisoners were able to go to the gym and to religious worship, subject to risk assessment.
- I.75** Special accommodation was used rarely and for as short a time as possible, and with proper authorisation. Senior managers acknowledged that, on one recent occasion, the level of risk had not warranted the use of special accommodation, while on another occasion it was not clear from the record whether the prisoner had been violent or refractory at the time of location in the special cell.
- I.76** The prison regularly received difficult prisoners from other establishments and this was true of several of the seven people who had been segregated for more than 30 days in the previous six months. The quarterly review of segregation statistics and the quality of records were very thorough. No significant imbalance had been revealed by diversity monitoring in the previous six months, which was an improvement over the previous two inspections.

Recommendation

- I.77** **Managers should review the location of segregation, with a view to preserving the positive aspects of the present location while using a more robust environment to hold disruptive prisoners.**

Substance misuse

Expected outcomes:

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

I.78 *Clinical and psychosocial services were of a high quality, especially the substance misuse unit where the high ratio of peer mentors had significantly contributed to good recovery progress for programme participants. Mandatory drug testing random positive rates were reducing but the non-completion of 55% of requested suspicion tests represented a serious shortcoming in the prison's approach to the reduction of drug supplies. Substance misusers had better access to resettlement opportunities than other prisoners.*

I.79 Since July 2013, the substance misuse service (SMS) had been delivered by 'LIFT' which was a partnership between Inclusion Healthcare and the Criminal Justice Drugs Team - a division of the Leicestershire and Rutland Probation Service. Clinical assessments and reviews were conducted by the SMS nurses but primary health care team nurses administered daily opiate substitution medication.

I.80 At the time of the inspection, 79 prisoners were receiving opiate substitution treatment, with 67 on methadone and 12 on buprenorphine in the form of suboxone. Initial reception screenings and second day assessments were robust. Prescribing was flexible and responsive to clinical need for maintenance doses. However, in line with Department of Health guidance, the service was encouraging the majority of prisoners into reduction and recovery. At the time of the inspection, 100% of prisoners on opiate substitution were on reducing doses. Prisoners we spoke to were content that their dose reduction regimes were appropriate, clinical reviews were more frequent than the national guidance minimum and they had enough say in the delivery of their care plans. All of this was a notable achievement for a local prison.

I.81 Opiate substitution medication was administered in the health care centre with suitable officer supervision of the queuing process. The waiting room was not clean, had a lot of graffiti and could only hold 12 prisoners at a time. Delays in movements to the health care centre for medication administration and for clinical review appointments caused continuing problems for some prisoners as medication times varied widely from day to day (see section on health services governance arrangements).

I.82 The Gateway to Recovery substance misuse unit housed 28 prisoners for an eight-week programme of group work and recovery-focused activities. Four peer mentors living and working on the unit co-facilitated groups, and delivered relaxation sessions and one-to-one peer support. This ratio of peer mentors to programme participants was relatively high and it was clear that this had a very positive influence on the overall effectiveness of the programme.

I.83 A specially written eight-session group-work programme was delivered alongside one-to-one support and individual in-cell workbooks. The unit had a supportive and relaxed atmosphere and discipline staff were clearly contributing positively to the therapeutic environment.

- I.84** Prisoners on general location could access the same eight-session programme delivered as one-to-one sessions, supported by in-cell workbook-based homework. All prisoners could attend Alcoholics Anonymous meetings organised by the chaplaincy.
- I.85** In our survey, 81% of prisoners said they had received help with drugs and 78% with alcohol against respective comparators of 63% and 60%.
- I.86** A recently revised drug and alcohol strategy was in place but it contained outdated information. The SMS manager had introduced a comprehensive three-month operational action plan detailing specific tasks, strategic planning and reflective practice points with named responsibilities and due dates

Recommendation

- I.87** **Medication administration times should be consistent throughout the week** (see recommendation 2.60).

Good practice

- I.88** *The focused approach evident in the three month action plan had helped to provide an effective service with a good range of intervention options in just three months of operation.*

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1** *The environment was shabby with unhygienic showers and conspicuous litter. The prison was very over crowded. Most cells were cramped. Supplies of clean clothes and bedding were not reliable. Prisoners had little confidence in the applications system.*
- 2.2** The living areas were old, worn and difficult to keep clean. Several areas, particularly outside, had too much litter. The showers in many areas were not hygienic, with broken floor tiles and peeling paint on wall tiles in the shower cubicles. Some in-cell toilets, such as on the first night centre, were not properly screened.
- 2.3** Some rooms had been turned back into cells, including dormitories to increase capacity. At the time of the inspection, a room 16 foot by 12 foot was converted for use by six prisoners in three double bunk beds. The one toilet in the cell was inadequately screened and visible from the exercise yard. There was no room for sufficient tables and chairs. The category D prisoners who lived there, who at least were out of the cell for much of the day, were in unacceptable living conditions. The number of prisoners held in the cell was reduced to four during the course of the inspection.
- 2.4** Access to clean clothes and bedding, basic toiletries and cleaning materials, was inconsistent. In our survey, only 37% of prisoners said that they were normally offered clean, suitable clothes for the week against the comparator of 55% and 62% at the last inspection. Similar differentials applied to clean sheets and cleaning materials.
- 2.5** The equipment in association areas was in poor condition. A pool table had no pockets and the table football had no balls. Good quality outdoor fitness equipment had recently been installed in the exercise yards.
- 2.6** A good range of prisoner consultation forums were held in the evenings.
- 2.7** Prisoners said that it was not worth putting in an application because they were unlikely to get a reply unless they gave it to an officer in whom they had confidence. Our survey showed relatively poor perceptions of the applications system, fewer prisoners being content with the timeliness of replies than at comparable prisons or at the last inspection. A system for processing applications by night staff had been introduced, but responses were still not tracked. The applications log on one landing had no records for eight days just before the inspection took place.

Recommendations

- 2.8 All shower rooms should be refurbished to an acceptable standard of hygiene, and all toilets should be screened.**

- 2.9 Prisoners should not be held in multi-occupancy cells with inadequate space, equipment and privacy.
- 2.10 Prisoners should be issued with clean bedding and clothes each week.
- 2.11 The association equipment on the main wing should be replaced.

Staff-prisoner relationships

Expected outcomes:

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

2.12 *Staff were relaxed and confident in speaking to prisoners, many of whom they addressed by their first name. However, not all staff engaged positively with prisoners. Personal officers did not generally keep in close contact with their allocated prisoners.*

- 2.13 We observed informal and easy interactions between staff and most prisoners, and prisoners said that the majority of staff were helpful. Staff used first names in most cases. A few staff whom we observed were more passive and did not speak to prisoners much unless asked a question. Some staff said that they no longer had time to talk to prisoners.
- 2.14 Good entries in individual case records were made by offender supervisors, chaplains and care and separation unit staff. We found a few unprofessional entries made by staff; there was no evidence of recent management checks of case notes.
- 2.15 Each prisoner had a personal officer, but there was little sign of regular, meaningful engagement by personal officers, and their entries in case records were infrequent, with intervals of about six weeks.

Recommendation

- 2.16 **Personal officers should have sufficient regular contact with their prisoners, and make a record of the conversation.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁴ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

⁴ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

2.17 *The management of equality and diversity was reasonable and there were no signs of tension among the population. However, staff assigned to the work were too often used for other tasks. The involvement of prisoner representatives at diversity meetings was good but the focus of the meetings was too narrow. Prisoners with disabilities responded less favourably in our survey across a range of safety indicators, and Muslim prisoners were more negative across a range of indicators. Support for foreign national prisoners was stronger than for other groups. There were no regular forums with prisoners other than the prisoner representatives.*

Strategic management

- 2.18** Equality and diversity were managed reasonably well by a member of the senior management team and an equality officer. However, the officer was often required for other work and over the previous two months had spent only a third of his time on equality work. The equality policy had recently been updated and covered all protected characteristics. We observed prisoners from different backgrounds living harmoniously together.
- 2.19** The prisoner equality action team (PEAT) meetings were chaired by the deputy governor. Attendance was reasonably good and included prisoner representatives who were promoted on notice boards across the prison; each took the lead on a protected characteristic and they had attended equality and diversity training provided by Milton Keynes College. The structure of equality and diversity meetings was being adapted at the time of the inspection to amalgamate prisoner and staff issues, and quarterly meetings were planned from January 2014.
- 2.20** The focus of the PEAT meetings was too narrow and did not include all protected characteristics. Each member of the senior management team was responsible for one protected characteristic and impact assessments were carried out by a different manager. The quality of assessments was generally reasonable and risks and actions required were appropriately identified. Relevant actions needed to be integrated in the consolidated action plan and taken forward.
- 2.21** The treatment and conditions of prisoners were monitored by race but not other protected characteristics. National plans to monitor across all protected characteristics were due to be introduced at the end of 2013. The prison was making efforts to ensure that all prisoners' protected characteristics were recorded on arrival, but this was hampered because the equality officer did not meet all new arrivals on the first night centre. Our survey identified more prisoners with protected characteristics than indicated by prison records. No support was provided to minority groups by community organisations.
- 2.22** During the six months before the inspection, 33 discrimination incidents had been reported. Investigations undertaken by custodial managers were timely and focused and they were quality assured by a senior manager. There was no external quality assurance of completed investigations. The equality officer monitored completed investigations for patterns or trends, including who had submitted the complaint and the subject of the complaint. Blank forms were not available alongside all complaint boxes.

Protected characteristics

- 2.23** Thirty-five per cent of the population were from a black or minority ethnic group. In our survey, 7% of black and minority ethnic prisoners said that it was easy to see the doctor and 22% the nurse against respective comparators for white prisoners of 19% and 38%. We received similar responses during the inspection. However, the survey also showed that 38% of black and minority ethnic prisoners had felt unsafe at the prison against 59% of white prisoners. An overrepresentation of black and minority ethnic prisoners on the lowest level of the incentives and earned privileges scheme had been referred to the NOMS diversity team for investigation, although prisoners did not raise this issue with us.
- 2.24** Prisoners with a previous or current conviction for racial offences or stated racist views were identified in reception and an alert placed on the prisoner's electronic case record. The central database was updated and the information was used to inform cell-sharing risk assessments. Other discriminatory views or behaviour were similarly identified.
- 2.25** Our survey indicated that 23 Gypsies and Travellers were held in the establishment. The prison was aware of 10 and said that numbers fluctuated. There was no forum for this group, although the establishment had recently contacted an external agency to request support for their Gypsy and Traveller population.
- 2.26** At the time of the inspection, there were 41 foreign nationals, of which 10 were immigration detainees and support for these groups was more developed. The equality officer acted as foreign national coordinator and had a good knowledge of the circumstances of prisoners. A Home Office immigration worker visited the prison in alternate months to update prisoners on the progress of their immigration case. The equality officer had links with solicitors offering immigration advice and had helped one prisoner to obtain bail. The number of prisoners held for immigration reasons after their sentence had expired had increased since the previous inspection, with one prisoner held for 16 months after expiry. Reasonable use was made of telephone interpretation services but there was little information in other languages. Foreign nationals and prisoners with family overseas could have a free five-minute telephone call each month if they had not received a visit.
- 2.27** In our survey Muslim prisoners were more likely than other prisoners to say they were not treated with respect by staff, it was difficult to complain and that they had been restrained. Too many Muslim prisoners said they had been discriminated against by staff and prisoners because of their religion. Not enough had been done to understand and address these perceptions.
- 2.28** In our survey, a quarter of prisoners considered themselves to have a disability. The prison had identified 51 prisoners who were clearly identified with the nature of their disability on a database available to staff. Very few of these were physical disabilities. No personal emergency evacuation plans were open at the time of the inspection, but staff spoke of prisoners who had previously required a plan and they knew where the plans were kept. There were no adapted cells for prisoners with physical disabilities, and plans to create a suitable cell had been superseded by the need to find additional prisoner places in the establishment. In our survey, prisoners with a disability reported less favourably than prisoners without a disability across a range of safety indicators.
- 2.29** The prison had identified 10 gay or bisexual prisoners compared with 19 in our survey. There were no support services for these prisoners. Condoms were available from health care but this was not advertised to prisoners. There were no transgender prisoners at the time of the inspection but appropriate procedures were in place.

2.30 Six prisoners over the age of 60 and 28 between the ages of 50 and 59 were held at the time of our inspection. In our survey, they were more negative about feeling safe on their first night (32% against 65%), finding it easy to communicate with their legal representative (23% against 44%) and their access to the library and gym (23% against 48% and 22% against 44%). There was no regular consultation with older prisoners and a gym session for older prisoners had been suspended following a decrease in numbers. A lead nurse for older prisoners had recently been appointed.

Recommendations

2.31 Staff allocated to diversity work should have sufficient time to carry out the work.

2.32 The diversity and equality meeting should routinely involve discussion of all protected characteristics and work being undertaken in relation to this.

2.33 The views of prisoners from all minority groups should be sought to understand their concerns and inform the development of services and support.

Faith and religious activity

Expected outcomes:

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

2.34 *The chaplaincy was easily accessible and provided a range of effective spiritual and pastoral support for prisoners.*

2.35 Figures provided by the prison showed that the population consisted of 44% Christian, 34% with no religion, and 11% Muslim. Small numbers of Sikhs, Hindus, Buddhists and Jews were also represented. There was no permanent co-ordinating chaplain at the time of the inspection, although one was to start imminently. The team comprised part-time and sessional chaplains, all major faiths were provided for and prisoners were positive about the chaplaincy during the inspection. One prisoner wrote in his survey: 'The team of chaplains here are very good'. In our survey, 62% of black and minority ethnic and 66% of Muslim prisoners said that their religious beliefs were respected against comparators of 43% and 48%.

2.36 The chaplaincy provided regular religious and pastoral services and classes, and they were visible about the prison. A chaplain visited the health care and segregation units each day and made thoughtful entries in the segregation unit records. Chaplains attended ACCT reviews for prisoners they were supporting and facilitated fortnightly Alcoholics Anonymous meetings for prisoners.

2.37 A large, attractive all faiths room was used for services. There were no adjacent washing facilities but instructions had been issued that Muslim prisoners wishing to attend Friday prayers should be unlocked in time to shower before going to the all faiths room. A smaller room nearby could be used if required. Monthly notices alerted staff to dates of religious significance, including dates on which adherents could be excused from work with no penalty.

Complaints

Expected outcomes:

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

2.38 *Complaint forms were not readily available. Replies were generally polite and timely and quality assurance arrangements identified and addressed areas that required improvement.*

2.39 In our survey, 24% of prisoners said they had been prevented from making a complaint when they wanted to do so against the comparator of 18%. Several of the complaint boxes did not contain blank complaints forms. In the six months before our inspection, 596 complaints had been submitted, with health care the most common concern.

2.40 Replies were generally polite, but they were all handwritten and some were difficult to read. Most complaints were replied to on time. It was not clear how many complaints were upheld because staff replying to the complaints did not complete the documentation fully. In the sample that we looked at, there were examples of complaints being upheld and remedial action, for example a prisoner was given compensation for damaged clothing. Quality assurance was carried out on 10% of complaints; this identified and addressed appropriate areas for improvement. A monthly report for managers recorded relevant information, including some monitoring by ethnicity and disability.

Housekeeping points

2.41 Complaints boxes should be checked regularly to ensure that blank complaints forms are available to prisoners.

2.42 Complaints should record whether or not the complaint has been upheld.

Legal rights

Expected outcomes:

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

2.43 *Legal rights services were poor; there was no legal services officer or signposting for prisoners to sources of advice. Some prisoners complained that legal visits were poorly organised and there was graffiti in waiting areas.*

2.44 Legal rights services were poor. There was no legal services officer, and no information for prisoners on whom to consult about legal problems. The stock of legal text books and Prison Service Instructions in the library was adequate and in our survey, 48% of prisoners said they could get legal books in the library against the comparator of 38%. Prisoners had limited time to look at books during their timetabled access to the library, and the books could not be removed. Solicitors could visit prisoners each day in small, private interview

booths. Some prisoners said that legal visits were poorly organised and when we observed the area it was busy with two video link court sessions taking place at the same time as legal visits. Video link was used for legal consultation on average 14 times each month. Graffiti in the prisoner waiting areas was a continuing problem, and some graffiti that we saw identified other prisoners by name.

Recommendations

- 2.45 Prisoners should have access to trained legal services advisers.**
- 2.46 Prisoner concerns about legal visits should be investigated and, if necessary, addressed.**

Housekeeping point

- 2.47** Graffiti in waiting areas should be removed.

Health services

Expected outcomes:

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

- 2.48** *Prisoners in our survey were dissatisfied with the access to and quality of health services. Many key areas were poor, but the new provider was making some improvements. Prisoners waited too long for most services. The health environment was generally poor. Prisoners on the enhanced care facility spoke highly of the care received, but it lacked a therapeutic focus. Pharmacy services were good, but medication administration lacked privacy and some medicines were given too early. The integrated mental health team provided reasonable support.*

Governance arrangements

- 2.49** Health services were commissioned by the NHS England Derbyshire and Nottinghamshire area team and provided by Leicestershire Partnership NHS Trust (LPT) since 1 July 2013. The health care services that were transferred to LPT by Serco were very poor and although provision was now improving, there was still much to do. Governance was developing, but some established arrangements were shared with two other Leicestershire prisons. Well attended clinical governance and partnership board meetings covered all essential areas. There were good working relationships with commissioners. A recent health needs assessment had informed service delivery.
- 2.50** Learning from serious incidents, complaints and audits all contributed to service delivery, but the information was not shared with all staff. There was no health service user forum and, although health was discussed at prisoner council meetings, health care staff did not attend regularly.

- 2.51** The LPT complaints system had recently been introduced, but was poorly advertised and most complaints still came through the prison complaint system. Most of the 120 complaints received since July had related to medication and delayed GP appointments. The responses sampled were courteous, but did not consistently address the issues raised.
- 2.52** Consistent clinical leadership had been lacking for several years. A very experienced nurse manager and two senior clinical lead nurses had recently started. Significant staff shortages had adversely affected service delivery. Several new nurses had just started and regular relief staff covered gaps. There was 24-hour nursing cover and 12 GP clinics each week. The previous provider had relied on locum GPs, but a local GP practice providing regular GPs had improved consistency.
- 2.53** New arrivals received an information booklet. Most services were delivered in the small health care unit, except general medication which was administered from a single wing treatment room. Most clinical rooms were not compliant with infection control requirements and the cleaning arrangements were inadequate. The waiting room was stark and dingy and the toilet area was covered with graffiti, which was painted over during the inspection.
- 2.54** Prisoners were escorted to the health centre. A maximum of 12 prisoners were held in the waiting room which severely restricted access, as the room was filled with prisoners on controlled medication for most of the day. A disorganised appointment system and difficulty locating prisoners on the wing further compounded the situation and there was an extremely high failure-to-attend rate.
- 2.55** Health care staff were clearly identifiable. Most prisoners we spoke to said they were treated courteously by health care staff and the interactions that we observed were good. Electronic clinical records were reasonable, but care planning was underdeveloped. A comprehensive range of policies held electronically, including communicable diseases and safeguarding, were used.
- 2.56** Health care staff who had been in post with the previous provider said they had not received appraisals or supervision for two years. All new staff had attended LPT mandatory training and had received a comprehensive induction. There were advanced plans to make all staff compliant with mandatory training, appraisals and supervision. Many team members required significant development to be fully effective, particularly in chronic disease management and nurse assessment.
- 2.57** Excellent health promotion displays in the health care department did not extend to the main prison and the health promotion action group had lapsed. The smoking cessation adviser had recently increased services to reduce the long waiting list. Barrier protection was available from health staff, but was not advertised. A new senior nurse was the identified lead for older prisoners. There was good access to mobility and health aids following assessment and referral by health care staff. Staff shortages had caused long waiting lists for immunisations and screening for blood-borne viruses.
- 2.58** The health care team had too much emergency equipment which was not stored together, which could delay emergency response. However, the equipment received daily documented checks and was well located. Not enough custodial staff had been trained in first aid.

Recommendations

- 2.59 All clinical areas should be fully compliant with infection control guidelines.**

- 2.60** There should be a robust appointment system which ensures that prisoners have adequate advance notice of appointments and makes best use of available clinic time (see recommendation 1.87).
- 2.61** Sufficient officers should be trained to respond to medical emergencies, and emergency response equipment should be reviewed and rationalised.
- 2.62** Learning from adverse events and complaints should be shared with all staff.
- 2.63** The complaints system should be well advertised and should maintain medical confidentiality; responses should consistently address all the issues raised.
- 2.64** There should be regular health care service user consultation which informs service delivery.
- 2.65** There should be systematic health promotion throughout the prison, overseen by a prison health promotion action group which includes prisoner representation. There should be easy access to barrier protection and smoking cessation advice.

Delivery of care (physical health)

- 2.66** Nurses saw all new prisoners promptly for a comprehensive assessment, and appropriate referrals were made. The door was routinely left open during consultations which breached patient confidentiality. Good community liaison ensured continuity of care.
- 2.67** Information sharing between health and gym staff was poor, and some prisoners who should have had restricted gym access did not. This could have serious health consequences.
- 2.68** In our survey, 15% of prisoners said that it was easy to see the doctor and 32% the nurse against respective comparators of 25% and 49%. Eighteen per cent were satisfied with the overall quality of health services against the comparator of 38%. Our inspection confirmed that the access to and quality of health services was poor but improving.
- 2.69** Prisoners requested services by application. Nurses processed the applications and visited prisoners on the wing to assess their clinical need, but assessment was severely restricted by a lack of facilities and training to conversations on the wing which were not confidential or effective.
- 2.70** Despite the lack of effective nurse assessment clinics and an excessive failure-to-attend rate, the wait for routine GP appointments was five days and daily emergency appointments were available. Waiting times for all other clinics were too long and this was exacerbated by the failure-to-attend rate which was not monitored.
- 2.71** A nurse ran a hepatitis C clinic in partnership with a visiting nurse specialist and a community support service. There were no other chronic disease clinics, which meant that prisoners were not systematically monitored or supported.
- 2.72** The community service provided out-of-hours GP cover and had a prison doctor information pack and formulary to support decision making. We were advised that the service was rarely used, but there was no log available.
- 2.73** Prisoners on the 10-bed enhanced care facility spoke highly of the care received, although the environment was poor and the facility lacked a therapeutic focus. The accommodation

consisted of grim single, double and dormitory accommodation which needed refurbishment. Most patients were unlocked throughout the day, but the regime was not therapeutic. Admission criteria were unclear and the unit was sometimes used for operational reasons, which adversely affected the running of the unit. A health care assistant and discipline officer staffed the unit, with nurse support as required. Three separate teams (mental health, substance misuse and GPs) managed their own patients, which was disjointed.

- 2.74** A senior nurse called or visited the facility each day to ensure effective continuity of care when prisoners were discharged. Two external hospital appointments could be facilitated each day. Referrals to external hospital appointments occurred promptly, but robust systems were needed to ensure that appointments were received and to monitor waiting times and cancellations.

Recommendations

- 2.75** Prisoners should have prompt access to confidential nurse assessment clinics, provided by trained staff who can provide appropriate treatment using evidence-based triage algorithms to ensure consistency.
- 2.76** Prisoners should have timely access to all primary care services and the failure-to-attend rate for all clinics should be monitored and appropriate remedial action taken to reduce it to less than 10%.
- 2.77** Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan managed by staff who are appropriately trained and supervised.
- 2.78** There should be an integrated, multidisciplinary approach to the enhanced care facility which includes clear clinical criteria for admission, joint patient review and meaningful care plans which include reintegration/transfer/release.
- 2.79** The enhanced care facility should offer a regime which provides therapeutic, meaningful and constructive activities to patients in a satisfactory environment. The facility should not be used for solely operational reasons.

Housekeeping points

- 2.80** Nurse consultations in reception should be conducted in private to maintain medical confidentiality.
- 2.81** There should be robust processes to ensure that appropriate information is shared between health care and gym staff.
- 2.82** Use of the out-of-hours service should be monitored to ensure that prisoners receive appropriate follow up and to evaluate the outcomes.
- 2.83** Access to hospital appointments should be monitored and cancellations/delays prevented.

Pharmacy

- 2.84** The contract for pharmacy services had recently changed to the Leicestershire Partnership Trust. Medicines were provided in a timely manner. A pharmacist attended each week and a

senior pharmacy technician and support worker provided daily oversight. Access to the pharmacist was advertised, but there were no pharmacy clinics or medicine use reviews.

- 2.85** There had been no medicine management committee meetings since LPT took over in July, but the medical lead received aggregated prescribing data and met the pharmacist regularly to discuss local issues. There was a full range of standard operating procedures. Errors and near misses were reported and drug alerts were managed effectively. A current prescribing formulary was used. Most medicines, including controlled drugs, were stored appropriately, but some obsolete medicines were found in the enhanced care facility. Refrigerator temperatures were not consistently recorded or correctly read and appropriate remedial action was not always taken.
- 2.86** Medicines were prescribed and administered electronically, although prescriptions were faxed to the pharmacy. All controlled drugs were stored and administered in the main health department and all other named patient and stock medicines were stored in and administered from the wing treatment room. There was no confidentiality during the administration of wing medicines because of the proximity of the three administration hatches. Prisoners who required supervised injections were brought into the treatment room while other medication was administered, which created a security risk. Discipline officers supervised all medication administration.
- 2.87** Medicines were administered three times a day at 8 and 11am and 4.30pm, which meant that some medicines were given too close together and supervised night sedation was given too early.
- 2.88** Medicines that were liable to abuse were appropriately administered under supervision. Robust in-possession risk assessments were consistently completed, but the default position was supervised medication and only 48% of prisoners in our survey had medication in possession against the comparator of 63%, which created long queues for medicine. Spot checks on in-possession medication had recently started to ensure compliance.
- 2.89** Nurses were able to administer a small selection of special sick⁵ remedies, but there were no monitoring procedures in place. There were no agreed protocols to allow nurses to administer prescription medication to treat minor illnesses or provide immunisations, which placed greater demand on the GP and meant that prisoners did not receive prompt treatment.

Recommendations

- 2.90** **A medicine management committee should meet monthly, attended by all relevant stakeholders, to discuss key elements of medicine management, including adverse incidents and aggregated prescribing data.**
- 2.91** **Prisoners should not be allowed in the treatment room while the medicine cupboards are open.**
- 2.92** **Medicines should be administered in private at times which ensure maximum clinical efficacy.**
- 2.93** **Pharmacy-led clinics and medicine use reviews should be introduced.**
- 2.94** **The use of special sick medication should be monitored.**

⁵ When a prisoner attends the health care department for immediate treatment without an appointment

- 2.95 The introduction of patient group directions (PGDs) should be considered to enable the supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the GP. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff.**

Housekeeping point

- 2.96** Pharmacy staff should monitor the daily recording of maximum/minimum temperatures for all drug refrigerators and corrective action should be taken.

Dentistry

- 2.97** Two dental sessions were provided each week. In our survey, 2% of prisoners were satisfied with access to dental services and 12% with the quality of dental services against respective comparators of 10% and 31%. In the previous two months the surgery had been closed for several weeks during building work and problems with equipment which had temporarily resulted in longer waiting times for appointments: 53 prisoners were waiting for assessment and 14 had waited more than six weeks. The failure-to-attend rate was very high.
- 2.98** Appointments were allocated based on need and urgent appointments were provided if needed. NHS-equivalent dental treatment was available. The dental consultation and clinical records that we examined were good. Comprehensive oral health promotion was provided.
- 2.99** The dental surgery was small and cluttered. A separate decontamination room was not yet operational. The previous provider had not provided equipment service records and service contracts were being arranged.

Recommendation

- 2.100 All dental equipment should be fit for purpose and should have appropriate recorded servicing and maintenance.**

Delivery of care (mental health)

- 2.101** There were effective working relationships between prison and mental health staff and almost half the prison officers had received mental health awareness training in the previous three years.
- 2.102** LPT provided an integrated primary and secondary mental health and learning disability service. Staff shortages had significantly affected service delivery, but this had recently improved. Most of the 50 referrals received each month through the open referral system were seen quickly. A forensic consultant psychiatrist provided two sessions a week and a consultant psychiatrist in learning disability was due to start. A psychologist provided a weekly cognitive behavioural therapy clinic, but the referral criteria were unclear and it was underused. No counselling or groups were available.
- 2.103** The team supported 32 prisoners with mild to moderate mental health needs and 10 with severe and enduring mental illness. The community care planning approach for patients with severe and enduring mental illness was continued, but care planning was underdeveloped for those with less complex needs. Community liaison was good. The new mental health clinical lead was developing monitoring systems and clear clinical pathways.

2.104 Four prisoners had been transferred in a timely manner to NHS mental health facilities since July 2013.

Recommendation

2.105 Prisoners should have timely access to a full range of care-planned support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies.

Catering

Expected outcomes:

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

2.106 *Very few prisoners thought that the food was good but we felt that the quality of meals was adequate. Meals were served too early. The kitchen was very dirty, untidy and poorly maintained. Prisoners working in the kitchen could not achieve qualifications higher than the most basic certificate.*

2.107 In our survey, 16% of prisoners against the comparator of 23% said the food was good or very good. Some black and minority ethnic and Muslim prisoners told us that there was too little variety and that portions were too small, but our observations did not reflect these views.

2.108 A published four-week menu cycle catered for different dietary needs and preferences. Two hot meals were provided each day with up to six choices at lunch and dinner. Fresh fruit and vegetables were included.

2.109 Breakfast packs were issued the previous evening, and lunch and evening meals were served too early at approximately 11.20am and 4.40pm. Serveries were managed well and we observed good portions and hot meals at the end of the service. The food we sampled was tasty.

2.110 Enhanced prisoners and those on the Gateway to Recovery unit could eat out of cell in association. All other prisoners, including vulnerable prisoners, had to eat in their cells. Vulnerable prisoners also had to wait until the end for each meal as there was only one servery.

2.111 The kitchen was untidy and very dirty. Hand-washing facilities were inadequate and prisoners were seen handling salads and other foods without gloves. Dried food containers were dirty and paper and food litter was scattered across the floors. Several electric power outlets were broken and unsafe but still in use. Halal-only utensils were in place but we observed an instance of Halal food being prepared with non-Halal utensils. In contrast, the wing servery was relatively clean.

2.112 Prisoners who worked in the kitchen were unable to achieve more than a basic food handling and hygiene certificate.

- 2.113** Prisoners were consulted about the food through a twice-yearly survey and the prisoner council consultation meeting.

Recommendations

- 2.114** Breakfast should be served in the mornings rather than issued in packs the previous evening.
- 2.115** Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm.
- 2.116** A rota should be established to enable vulnerable prisoners to eat first on some days.
- 2.117** The kitchen should be deep cleaned and broken electrical power outlets should be repaired immediately. The kitchen should be kept clean and well maintained.

Purchases

Expected outcomes:

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

2.118 *Some prisoners had to wait up to 10 days for a first canteen order, although appropriate interim arrangements were in place. In our survey, only 37% of prisoners thought that the canteen list was adequate, although several consultation mechanisms were in place. Prisoners ordering from catalogues were charged an administration fee.*

- 2.119** Some prisoners had to wait up to seven days to place a canteen order and 10 days to receive their first order. However, well-stocked grocery and non-smoker's or smoker's packs were available to new receptions if their funds permitted. If prisoners arrived late in the evening, packs were available the following morning.
- 2.120** In our survey, 37% of prisoners against the comparator of 47% considered that the shop sold a wide enough range of goods. However, the shop list was reviewed regularly, prisoners were canvassed individually through a survey every six months and the prisoner forum provided appropriate feedback.
- 2.121** Prisoners could order from a reasonable range of catalogues and could order books from an online provider. Prisoners were required to pay a 50 pence administration fee on each order.

Recommendations

- 2.122** New receptions should be able to buy items from the prison shop within 24 hours of arrival.
- 2.123** Prisoners should not be charged an administration fee for placing orders from catalogues.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

3.1 *Most prisoners had about six hours out of cell on weekdays and between three and four hours at the weekend. Prisoners on a basic regime could expect a minimum of three hours. Prisoners on the vulnerable prisoner unit (VPU) were more likely to have their regime curtailed. During one roll check, 45% of prisoners were off the main wing on activities or appointments and a further 25% were engaged in association and work on the wing. Just under a third were locked up.*

3.2 A new daily activity schedule, the core day, had been introduced in September 2013. The core day indicated that prisoners could achieve about 7.5 hours time out of cell from Monday to Thursday and about four hours Friday to Sunday. The reality was that only a part-time employed enhanced prisoner (26%) who was able to participate in the limited evening activities could achieve this, and approximately 30 prisoners on the substance misuse unit. We calculated that most prisoners could achieve about six hours out of cell on weekdays and between three and four hours at the weekend. Prisoners on a basic regime (3%) could expect a minimum of three hours if they were engaged in education or employment. They had access to association and the gym only once a week.

3.3 Prisoners on the VPU experienced about six hours unlocked each weekday but they were more likely to have their regime curtailed because of staffing issues and the logistics of moving vulnerable prisoners to activities (see main recommendation S59).

3.4 The prison conducted a rolling check of where prisoners were throughout the day. During the inspection, when we checked where prisoners from the main wing were, 45% were off the wing involved in activities or appointments and 25% were engaged in association and work on the wing. Just under a third were locked up.

3.5 Access to association had improved since the last inspection for most prisoners: daily association and exercise were available. Forty-five minutes was scheduled for evening activities which included telephone calls and showers. On the main wing only 40 prisoners were permitted to undertake evening activities at one time, but there was no rota to ensure equal opportunity for all prisoners.

3.6 The association equipment on the main wing was in a poor state and needed replacing. On the units the association areas were better maintained and there was a small selection of books and a comfortable seating area on the VPU.

Recommendation

3.7 The establishment should ensure that all prisoners have fair access to showers and telephone calls during evening activities.

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

Learning and skills and work activities

Expected outcomes:

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

3.8 *The provision of purposeful activities was reasonably good for most of the population. Most prisoners were engaged in education, training or work. While the range of education generally met the needs of prisoners, there were few opportunities for learning above level two, the qualification level most people need for employment and progression to further education or employment. Opportunities for vocational training were limited. All purposeful activity was part time. Prisoners assessed at below level one in English and mathematics were required to attend education and achieve qualifications at level one before being allocated to work. The management of learning and skills had improved since the last inspection and was strong. Most learning and skills sessions were full, but not all prisoners got to activities on time. Teaching and learning in education and training sessions were consistently good. Most prisoners achieved well and developed good skills, although achievements in English required improvement. The quality assurance and evaluation of the provision were effective. The library was well managed and well used.*

3.9 *Ofsted⁷ made the following assessments about the learning and skills and work provision:*

*Achievements of prisoners engaged in learning and skills and work: **Good***

*Quality of learning and skills and work provision: **Good***

*Leadership and management of learning and skills and work: **Good***

Management of learning and skills and work

3.10 The delivery of learning and skills was well managed. Participation in learning and skills was particularly good. About 70% of prisoners were engaged in part-time learning and skills, including a third of those on remand. The prison had recognised the needs of prisoners in the establishment for short periods and had introduced short accredited programmes which enabled prisoners to achieve units of qualifications in addition to full awards. While the range of education was narrow, there was a clear focus on raising skill levels in English, mathematics and ESOL (English for speakers of other languages) provision. All education and vocational training was part time and there were few opportunities to attend full time or achieve qualifications above level two. The support for education on the wings and other areas was particularly good and well managed.

3.11 The management of vocational training and work was good. The number of training places had increased since the last inspection but there were still not enough places for full-time provision. The labour allocation process was well managed. The practice observed at the previous inspection of oversubscribing prisoners had ceased and named prisoners were allocated to each session. The regime had been reorganised since the previous inspection to

⁷ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

minimise absence from sessions due to other appointments. This had much improved and, although some properly took priority, other regime appointments now had a minimal impact on attendance.

- 3.12** The prison-wide self-assessment process was well established and inclusive and provided an accurate picture of the provision and the strengths and areas for improvement. There were appropriate links to a quality improvement plan which reflected the transition to a resettlement prison in November 2014. For example, the prison had recognised the missed opportunity to accredit skills in the kitchens and the need to introduce additional vocational and employability training. The teaching and learning session observation process had improved, although more work was needed to ensure consistency of judgements. Overall, the offender learning and skills service (OLASS) provision was good.
- 3.13** Attendance was good and had improved since the last inspection. However, punctuality was sometimes hampered by the day-to-day management of the regime and prisoners often arrived late for sessions.

Recommendations

- 3.14 Prisoners should have opportunities to attend education and training full time when deemed appropriate, and this should be recognised and documented in their sentence plans.**
- 3.15 The prison should develop a wider range of education and vocational training programmes in readiness for the change to a resettlement establishment.**
- 3.16 The management of the regime should be improved to ensure that prisoners arrive at activities on time.**

Provision of activities

- 3.17** There were enough activity places for most prisoners and approximately 85% of the population were occupied each day. However, all places were part time. An average of 12% were not occupied purposefully and remained on the wings. A few prisoners were locked in their cells for refusing education. Activities included 175 part-time work places and 162 part-time education and vocational training places.
- 3.18** The provision of education was reasonably good, for example, a range of information and communications technology programmes, English and mathematics, art, equality and diversity and personal development sessions. Individual education support on the wings, in health care and the substance misuse units was well managed and structured. Short sessions were offered to raise English and mathematics skills levels, particularly for prisoners reluctant to attend formal education sessions. Individual learning plans were clear and progress was monitored well. Prisoners were motivated and worked hard on assignments in their cells. Some 20 prisoners at a time were benefiting. One or two prisoners were studying Open University courses and were well supported by OLASS staff. Sessions for prisoners wanting to set up their own business were very limited. The virtual campus⁸ was restricted to the main prison and did not include the vulnerable prisoners' unit.

⁸ Enables prisoners to have internet access to community education, training and employment opportunities

- 3.19** Vocational training included food safety in catering, industrial cleaning, employability and personal development courses, PE and waste management. Prisoners worked on the wings, in the kitchen, barber shop, cleaning, painting and on food serveries and as orderlies and mentors in the library, gym, education, resettlement and induction. Prisoners gained work skills in other areas such as in the laundry, but these skills were not accredited to help prisoners gain employment on release.
- 3.20** Vulnerable prisoners could undertake training and qualifications in food safety in catering and waste management. Prisoners had been registered and the waste management course was about to be assessed by the south-west regional assessment centre, but the first planned course had not started due to prison staff sickness. Vulnerable prisoners were trained to carry out cleaning duties and gained partial accreditation, but they were not given the opportunity to gain full qualifications in cleaning.
- 3.21** The allocation of prisoners to activity places was generally fair and usually informed by sentence planning and induction assessment results, including the standard of prisoners' English, mathematics and language ability. Prisoners were required to have a qualification at level one in English and mathematics before allocation to activities. There were no waiting lists.

Recommendations

- 3.22 More support should be given to prisoners wanting to set up their own businesses and the virtual campus should be extended to the vulnerable prisoners' unit.**
- 3.23 Vulnerable prisoners should be given the opportunity to undertake training in industrial cleaning and to gain full qualifications.**

Quality of provision

- 3.24** Induction into education and training was well planned and informative with a strong emphasis on education, particularly for prisoners with an identified English, mathematics and language support need. The use of prisoners as learning mentors was particularly effective and they were highly respected by their peers. The use of individual learning plans remained inconsistent and they needed to be linked more closely to sentence plans, particularly for prisoners moving to other establishments. The Storybook Dads project (in which prisoners record stories for their children) was very successful and supported by the writer in residence who was highly motivated and working with some prisoners to develop recordings for the national prison radio.
- 3.25** Although some prisoners remained for up to two years, the average length of stay was four to six weeks and all courses had individual units of achievement that could be gained within the time available. The quality of training and assessment in vocational training was good. However, the qualifications offered were insufficient for prisoners to develop higher levels of vocational skills and qualifications to help gain employment on release.
- 3.26** Attendance was good for most vocational training sessions. Mathematics and English were integrated into sessions and there were opportunities for prisoners to apply them in workplace situations. Prisoners on vocational PE and industrial cleaning programmes were making good progress and demonstrated good levels of skills and knowledge. Portfolios contained clear records of assessment and evidence of sufficient knowledge and understanding.

- 3.27** Vocational training resources were adequate. Rooms were clean and tidy and dedicated classrooms had helpful displays of prisoners' work and relevant posters. Information technology (IT) was used effectively to support teaching and learning in vocational training.
- 3.28** Teaching, learning and assessment in education sessions and on the wings were consistently good. Sessions were vibrant and well planned and highly motivated staff made sessions interesting and successfully engaged learners. In all education sessions, learners were challenged and stretched and clearly enjoyed their learning. Very good use was made of classroom assistants provided by OLASS and peer mentors were invaluable in supporting teaching staff. IT resources were very good and well used. ESOL learners were particularly motivated and learning involved a wide variety of stimulating activities and was on many occasions enthusiastically spontaneous. Teaching and learning staff were flexible and additional sessions were provided when needed. This was particularly evident for the ESOL provision which varied with the influx of prisoners.

Recommendations

- 3.29 Opportunities should be developed for prisoners to achieve qualifications at higher levels.**
- 3.30 More effective use should be made of individual learning plans to identify personal, education and training needs and monitor progress and achievements systematically.**

Education and vocational achievements

- 3.31** Most prisoners remained on education programmes and achieved units of accredited qualifications or full awards. Achievements were typically between 85% and 100% on most programmes. The establishment was able to hold prisoners to enable them to complete their learning before transfer. Prisoners supported on the wings progressed well and a few progressed into formal education sessions. Achievements in English at entry level two and ESOL at level one were about 50% and required improvement. Standards of artwork were high. Outcomes on most vocational training programmes were good and most learners achieved their qualifications. The quality of written work on vocational training was also good. Learners in industrial cleaning and PE programmes demonstrated good work-related skills. Most learners were motivated, worked well with others and were aware of their health and safety responsibilities.
- 3.32** Prisoners were required to achieve at least a level one qualification in English and/or mathematics if they were assessed as being below this level on arrival. This was a good initiative to improve prisoners' essential life skills and their future employment prospects. However, if prisoners transferred to other prisons with a sentence plan, the need to improve their English and/or mathematics was not always included in their plan. Prisoners entering the establishment with qualifications at level one in English and mathematics were not actively encouraged to work towards a higher level qualification.

Recommendations

- 3.33 Achievements in English at entry level and ESOL at level one should be improved.**

- 3.34** If prisoners have an identified need to improve their English or mathematics, this should be reflected in sentence plans so that action is taken if they are transferred to other prisons.

Library

- 3.35** The library service was provided by Leicester City Council and was managed by a senior librarian and two part-time library assistants, supported by four part-time trained prison orderlies. At the time of the inspection, one library assistant had left and had not yet been replaced. The small but busy library was situated on the ground floor of the residential units and was easily accessible.
- 3.36** Prisoners visited the library during induction and were able to take books out on loan. Links with education were good and there was a good range of resources, including books in at least 22 different languages. Access to restricted legal material and Prison Service Orders/Instructions was reasonable and library staff were able to print material easily. However, prisoners wanting to use legal books in the library had limited time to do so. All prisoners had a timetabled slot which was often limited to less than 15 minutes. It was not clear how many prisoners used the resource regularly. There was a small range of newspapers, magazines and books in the health care and substance misuse units. Book loss was estimated at 5% by the senior librarian. Opening times were limited to mornings and afternoons, Monday to Thursday.

Recommendation

- 3.37** The library should be open on Fridays and during the evenings.

Physical education and healthy living

Expected outcomes:

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

- 3.38** *The physical education (PE) department was well managed and provided prisoners with good access to recreational and vocational PE. The facilities were small but well used and provided enough activities to meet the needs of most prisoners. Outside facilities were limited to a hard surface area that could only be used in dry weather because the surface became slippery when wet. PE staff referred prisoners to health care if they identified potential health issues. Health care did not provide PE staff with information following their initial health assessments on reception. Achievement rates for vocational qualifications were high and retention of prisoners on programmes was good.*

- 3.39** The PE department was well managed by three instructors who worked very effectively together to provide good prisoner access to recreational PE. The promotion of healthy living was good in the gym areas although not in the rest of the prison. Prisoners were not given enough information about the benefits of eating a balanced diet and taking regular exercise to maintain their health and wellbeing (see paragraph 2.54).

- 3.40** PE facilities accommodated up to 36 prisoners a session for recreational PE. Access was well planned to accommodate the needs of most prisoners for at least three sessions a week. However, a weekly session timetabled for older prisoners had recently been removed to provide more access for vulnerable prisoners. Prisoners on basic incentives and earned privileges status only had one recreational PE session a week.
- 3.41** Formally accredited nationally recognised vocational training qualifications were provided for prisoners interested in working in the leisure industry. These ranged from a six-week entry qualification in basic health and fitness to a 12-week level two programme in fitness instructing for prisoners with enough time in the prison to complete it. There were two seven-week level one programmes in active healthy living and assisting active healthy living. Achievement and retention levels were very high for all the vocational training programmes. Programmes were suitably observed for quality improvement purposes by the education manager.
- 3.42** Partnership working with health care required improvement. Health care provided very little information to PE staff about prisoners' suitability for recreational PE following initial assessment on arrival at the prison. However, PE staff conducted a basic health screening and notified health care of any concerns. Community agencies delivered awareness sessions several times during the year on topics such as smoking cessation, sexual health and diabetes.
- 3.43** Sufficient sport and health related fitness activities were offered to engage most prisoners. PE sessions took place during the day, in the evenings and at weekends. Recreational PE was timetabled during the core day to work around prisoners engaged in part-time work, vocational training or education. About half the population participated in gym sessions at least three times a week.
- 3.44** A range of equipment included resistance equipment, free weights and cardiovascular equipment in the main gym. A room above the gym was used for circuit training and short tennis but the low ceiling and radiators and windows at the sides prevented other sports such as badminton, football and basketball from being organised. An outside PE area was only suitable for use during dry weather as the surface became very slippery in the rain.

Recommendations

- 3.45 All prisoners should be able to use the PE facilities at least twice a week regardless of their incentives and earned privileges status.**
- 3.46 Health care should inform PE staff about prisoners' suitability for PE following health assessments carried out at reception into the prison.**
- 3.47 Outdoor PE facilities that can be used in wet weather conditions should be provided for team sports.**

Housekeeping point

- 3.48** Separate PE sessions should be provided for prisoners over 50 and the second floor facility should be used for activities such as carpet bowls, short tennis or spinning bikes.

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

4.1 *The regimes and resettlement policy was not based on a needs analysis and there had been insufficient preparation for the transition to the prison's new role as a resettlement prison. Resettlement pathway services were not well communicated to prisoners, who did not know where to go for help. The introduction of restorative justice was a welcome initiative. Offender supervisors were motivated but received little training or support for the role or oversight of their work.*

4.2 The regimes and resettlement strategy set out aims but was not based on an analysis of need. A resettlement needs analysis was under way at the time of the inspection. There had been insufficient preparation for the transition to the prison's new role as a resettlement prison. Given the importance of the changes this involved, this was a significant weakness. Prisoners were not well informed about resettlement pathway services and in our survey fewer than the comparator across all pathways knew whom they could go to for specific help.

4.3 The provision of resettlement services was underdeveloped. Links with community agencies were improving and some agencies delivered services in the prison. The monthly resettlement meeting, which covered all pathways, had recently been reinstated. Pathway leads had been identified but no preparatory work had been carried out. There was some monitoring of resettlement outcomes but data were often not provided to the meeting and it was too early for analysis to be carried out.

4.4 A restorative justice programme had been introduced, which was a welcome initiative. Considerable effort had been put into encouraging prisoners to take part. The first two conferences were scheduled to take place just after our inspection.

4.5 Offender supervisors were well motivated but few had received enough training for the role. The team relied heavily on each other for help and advice, although the recent introduction of a practice development manager had provided valuable support. Managerial oversight and support was otherwise weak. The whole prison approach to offender management and resettlement had yet to be developed and there was poor communication between the offender management unit (OMU) and other departments.

Recommendation

4.6 **The resettlement needs of the prisoner population should be analysed and met by effectively coordinated and targeted resettlement services.**

Offender management and planning

Expected outcomes:

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

4.7 *All prisoners were allocated an offender supervisor on arrival but some did not meet their supervisors within a reasonable time. Initial assessments of resettlement needs had been suspended for remand prisoners. Offender supervisors had heavy case loads and offered a mostly reactive service to prisoners. Sentence plans were often late or not completed and very few contained objectives focused on outcomes. Public protection arrangements were generally sound when prisoners presented an obvious risk to the public. However, some key information in OASys (offender assessment system) was overlooked in the management of prisoners who could present a risk to others on release. Categorisation procedures were timely and decisions were justifiable. There were significant delays in transferring some long-term prisoners, including sex offenders, to appropriate prisons. Indeterminate-sentenced prisoners were well managed.*

4.8 All prisoners were allocated to an offender supervisor on arrival but some prisoners waited up to two weeks before initial contact was made and a few who came into the prison in September and October 2013 had yet to be seen in mid-November. The information leaflet given to prisoners specified that all receptions should undergo an assessment of their resettlement and immediate needs within 72 hours of arrival. These assessments had been suspended for remand prisoners, a significant number of whom had not been seen, with the risk that some could be released with their needs not met. Prisoners serving less than 12 months should have received a basic OASys assessment but we were told this did not happen. Those serving over 12 months had a full OASys assessment, but there was a backlog of 29 assessments (16% of those eligible), some of which were the responsibility of community offender managers.

4.9 There were six offender supervisors: four probation service officers who reported to the practice development manager and two non-operational prison staff managed by the OMU hub manager. Each supervisor managed a caseload of between 70 and 80 prisoners who were allocated randomly to the six staff, regardless of their skills and experience. All indeterminate-sentenced prisoners were managed by the practice development manager. Prisoners included some who had committed very serious sexual and violent offences, remand and short-sentence prisoners and prisoners serving 12 months or more who were subject to offender management arrangements. Each offender supervisor had an assigned case administrator which provided continuity for prisoners. Contact levels were based on the needs of each prisoner.

4.10 The offender supervisors were relied on too heavily. They were responsible for all elements of a prisoner's sentence including categorisation, home detention curfew (HDC) assessments, sentence planning and public protection work. They also undertook work more suited to personal officers and, as a result, they provided a mainly reactive service to prisoners. We found a lack of coordination between the work of the unit and other departments, such as education and substance misuse, with poor communication of prisoners' targets and needs, particularly for sentence planning purposes.

- 4.11** We examined 19 case files, all of which came under the scope of the offender management model. Most cases had been allocated promptly to an offender manager following sentence. Sentence planning meetings were often rearranged several times because of the unwillingness of other departments to release prisoners from activities to attend the boards. Sentence planning boards had taken place in most cases, in all of which the offender manager and supervisor had contributed effectively. We found no contributions to sentence planning boards by other departments. Less than half the sentence plans had been completed in the required timescale. Few contained a logical sequence of activities and only three contained objectives focused on outcomes.
- 4.12** There was no evidence of management oversight of sentence plans or quality assurance checks. OASys assessments were checked by the head of resettlement. Offender supervisors and case administrators did not check OASys to ensure that plans were completed. Prisoners did not receive copies of their sentence plans and plans and objectives were not shared with other departments.
- 4.13** The integrated offender management and multi-agency prolific and priority offender management teams from Leicester and Rutland probation trust offered support and guidance to local prisoners in custody and on release, and community agencies worked together to tackle reoffending.
- 4.14** More prisoners were being released under HDC than at our last inspection. Most assessments were completed on time and prisoners were released by their eligibility date.

Public protection

- 4.15** Public protection arrangements were good for prisoners who presented an obvious and easily identifiable risk to the public, such as prisoners with harassment and non-child-contact orders against them. The restrictions applied were appropriate, and prisoners were told about them, and how to appeal. An interdepartmental risk management meeting was held fortnightly to discuss all new arrivals and an interim assessment was carried out on prisoners who arrived between meetings. Minutes of the meetings were not copied to individual prisoners' files and it was sometimes difficult to understand the reasons for the decisions.
- 4.16** In the case files that we examined, we found examples of offender supervisors not recognising or acknowledging less obvious risks posed by prisoners which would not then be considered at the risk management meeting. For example, in one case where a young child had witnessed a serious offence, no consideration was given to the child's future safety. In another case, a prisoner whose index offence was not related to his previous offending could have posed a serious risk to young children on release, but this had not been addressed.
- 4.17** Offender supervisors contributed to multi-agency public protection arrangements (MAPPA) meetings. The violent and sexual offenders register (ViSOR) was used well to support offender management.

Recommendations

- 4.18** The offender management team should ensure that all prisoners are assessed and sentence plans developed within prescribed timescales, which include appropriate sequencing of events.
- 4.19** Quality assurance processes for sentence plans should be developed. Relevant departments should be informed of targets and required interventions and prisoners should be given a copy of their sentence plan.
- 4.20** Interdepartmental risk management meetings should consider all information about a prisoner's behaviour as well as convictions and ensure effective sharing of information about risks to all staff in contact with the prisoner.

Categorisation

- 4.21** Categorisation procedures were carried out in a timely fashion. However, the prison experienced significant delays in getting some long-term prisoners, including sex offenders, transferred to appropriate prisons.
- 4.22** The categorisation documentation that we reviewed was of consistent quality. All prisoners were given the decision in writing and told how to appeal. Few re-categorisations were carried out and documentation indicated that the reasons were justifiable.

Recommendation

- 4.23** Prisoners should be transferred without undue delay to prisons which can meet their offending behaviour needs.

Indeterminate-sentenced prisoners

- 4.24** There were 19 indeterminate-sentenced prisoners (ISPs) at the establishment at the time of the inspection. All were appropriately managed by the practice development manager. Those who could receive life sentences were identified while on remand but little was done before court hearings to discuss the implications of a life sentence.

Housekeeping point

- 4.25** Prisoners identified as eligible to receive a life sentence should receive support before their case is heard in court.

Reintegration planning

Expected outcomes:

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

4.26 *Some prisoners did not receive an initial assessment of their pathway needs. Prisoners received well coordinated support in relation to Education Training and Employment. The Substance Misuse Service was effective and provided prisoners with additional opportunities. There was no formal pre-release assessment to identify outstanding needs and it was incumbent on individual prisoners to seek help from offender supervisors.*

4.27 Accommodation and finance and debt services were not coordinated and prisoners had to apply to offender supervisors for help. Job Centre Plus provided good advice on state benefits. The visitors' centre was adequate and well used, but identification checks were made alongside biometric systems, which was unnecessary. Visitors were admitted quickly but prisoners arrived late to visits. Visitors and prisoners complained about booking visits. The visits area had an institutional feel. Storybook Dads was available and Think Family provided practical support to some prisoners' families. No offending behaviour programmes were delivered. Vulnerable prisoners who were sex offenders did not receive timely interventions.

4.28 Assessments had been suspended for remand prisoners who did not receive an assessment of their resettlement needs on arrival at the prison. Other prisoners should have received an assessment within 72 hours but we found evidence of some who had waited over 10 days. As a consequence, some prisoners could be released without appropriate interventions being offered.

4.29 There was no formal pre-release assessment of prisoners' needs and it was incumbent on individual prisoners to seek help to ensure that all their resettlement requirements had been addressed.

Recommendation

4.30 **Remand prisoners should receive an assessment of their resettlement needs on arrival at the prison and action taken or referrals made to meet any needs identified.**

Accommodation

4.31 In the six months before our inspection, 10 prisoners had been released as no fixed abode and 26 into temporary accommodation. Prisoners had to approach their offender supervisors for help to find accommodation. Offender supervisors had good links with local housing organisations and councils but accommodation services were not centrally coordinated. Prisoners from the local area with no offender manager could ask the community probation resettlement team for help with finding accommodation.

Recommendation

- 4.32 Accommodation services should be centrally coordinated and expanded to meet prisoner need.**

Education, training and employment

- 4.33** Prisoners due for release received timely and effective resettlement programmes to meet their individual education, training and employment needs. Overall, the National Careers Service contracted to 'Futures' was good. Prisoners received sound advice and a skills action plan for their time at the prison. A full-time Job Centre Plus adviser provided employment and benefits advice. The REACH project, in conjunction with NACRO, provided good help for high-risk and/or high-needs prisoners about to be released. All these agencies were co-located and worked very effectively with each other to meet prisoners' resettlement education, training and employment needs.
- 4.34** The resettlement agencies met every two weeks to review the resettlement needs of prisoners due for release in the next six weeks. They arranged CV preparation, job search and interview techniques training to reflect each prisoner's identified needs. The education department delivered an effective Gateway to Employment course and qualification with structured tasks and information to help with job search and employment requirements. The virtual campus was used very effectively to help prisoners with CV writing and other job search facilities.
- 4.35** When prisoners were transferred to other prisons, records of their learning needs were sent electronically to the receiving prison very soon after they left. Records of their work and achievements were sent at a later date by registered post. However, the process was not systematic enough to ensure that records of prisoners' work and achievements reached the receiving prison promptly. There was no use of release on temporary licence.

Housekeeping point

- 4.36** A systematic procedure should be adopted to ensure that records of prisoners' work and achievements are sent promptly to the receiving prison.

Health care

- 4.37** Prisoners with complex physical and mental health needs received effective pre-release planning, including appropriate community liaison. However, for most prisoners pre-release planning was limited to providing take-home medication, which was inadequate. Prisoners did not receive health promotion information, support in registering with a GP or a discharge summary of the health care they had received.
- 4.38** There was an end of life pathway, and a palliative care pathway was in development.

Recommendation

- 4.39 A discharge summary should be sent to prisoners' GPs or given to the prisoner before release and prisoners should receive information and assistance in using community health services on release.**

Drugs and alcohol

- 4.40** The substance misuse service (SMS) was delivered by the Leicestershire and Rutland Probation Service criminal justice drugs team which had excellent links and worked jointly with community services in Leicester City and Leicestershire. Community substance misuse workers regularly visited the prison to meet prisoners approaching release. Links with accommodation, education, training and employment and family services were also good. Evidence showed that prisoners who were clients of the SMS, potentially 49% of the population, had easier access to resettlement opportunities than other prisoners through the SMS links with the probation service.

Finance, benefit and debt

- 4.41** The finance, benefit and debt pathway was underdeveloped. There was no formal support from community agencies to help prisoners manage their finances and debt. Offender supervisors provided a letter for prisoners to send to creditors and referral to the Money Advice Service. Plans were well advanced to start a finance course in December 2013. Job Centre Plus offered comprehensive advice on state benefits to prisoners and their families.

Recommendation

- 4.42** **Finance and debt services should be centrally coordinated and expanded to meet prisoner need.**

Children, families and contact with the outside world

- 4.43** Family support work was developing. All prisoners could participate in Storybook Dads. A community organisation, Think Family, provided practical support to prisoners' families in the local area. Family visits were available to prisoners each month after they had attended a course delivered by Leicestershire County Council. Ongoing family visits without the course were not available so most prisoners were only able to have one session of family visits during their stay at the establishment.
- 4.44** Social visits took place Monday to Thursday and at weekends. Visitors and prisoners complained about difficulties in booking visits and the facility to book them on site was out of order.
- 4.45** The visitors' centre outside the prison was well used but had very limited facilities. It was run by prison staff. Identity checks and biometric checks were carried out, which was unnecessary. Visitors were searched respectfully and were admitted to the visits hall up to 45 minutes before visits started. Prisoners were unlocked at 2pm, the starting time for advertised visits, so were always late arriving in the visits hall.
- 4.46** The visits hall was reasonable but the furniture gave it an institutional feel. Volunteers from the Salvation Army provided a refreshment service on most visit sessions. The play area was not always staffed. Staff were helpful during visits and unobtrusively monitored any prisoners who might present a risk to children. Information was displayed around the hall, including how to report any concerns about prisoners.

Recommendations

4.47 Family visits should be provided more frequently for all prisoners.

4.48 Visits should start at the advertised time.

Housekeeping point

4.49 Identity checks should only take place when biometric systems are not available.

Attitudes, thinking and behaviour

4.50 No offending behaviour programmes were delivered and there was no up-to-date analysis of prisoners' needs. Many sex offenders remained at the prison for lengthy periods without the opportunity to address their offending behaviour. Others who were in denial of their offence were not undertaking any motivational work.

Recommendations

4.51 A needs analysis should be undertaken to inform provision of offending behaviour programmes.

4.52 Motivational work and other purposeful, relevant interventions should be provided for prisoners awaiting transfer to other prisons.

Section 5. Summary of recommendations and housekeeping points

The reference number at the end of each recommendation, housekeeping point or example of good practice refers to its paragraph location in the main report.

Main recommendations

To the governor

- 5.1 There should be consistent, pro-active and visible support for victims of bullying to enable them to live safely on the main residential unit. Arrangements for prisoners who are vulnerable because of their offence should ensure they are safe and have equal access to the prison's activities and facilities. Vulnerable prisoners should not be held on the first night centre. (S59)
- 5.2 The resettlement policy should be revised, based on a needs analysis, allocate resources according to need and risk and ensure services are delivered in a consistent and co-ordinated way. (S60)

Recommendations

To the National Offender Management Service

Courts, escort and transfers

- 5.3 Prisoners should be allocated to the prison closest to their home area. (1.6)

Purchases

- 5.4 Prisoners should not be charged an administration fee for placing orders from catalogues. (2.123)

Categorisation

- 5.5 Prisoners should be transferred without undue delay to prisons which can meet their offending behaviour needs. (4.23)

Recommendation

To the escort contractor

Courts, escort and transfers

- 5.6 Escort staff should always make reception staff aware of any important information contained in prisoners' documentation. (1.7)

Recommendations

To the governor

Early days in custody

- 5.7** Reception staff should deal as a priority with new prisoners who arrive with information indicating they may be at risk. (1.17)
- 5.8** Prisoners should contribute to a review of induction to ensure that it meets the needs of the population. (1.18)

Bullying and violence reduction

- 5.9** A general safety survey of prisoners should be conducted and the findings should be incorporated into the violence reduction procedure. (1.30)
- 5.10** The violence reduction investigations should be improved and the bullying compacts should be effectively implemented. (1.31)
- 5.11** The interventions for perpetrators should be improved. (1.32)

Self-harm and suicide

- 5.12** Actions taken in response to PPO recommendations should be discussed and reviewed at safer custody meetings and changes in practice disseminated to staff. (1.43)
- 5.13** Staff should be made aware of the safer custody procedures and their role in keeping prisoners safe. (1.44)
- 5.14** Staff should receive safer custody refresher training. (1.45)
- 5.15** The quality of ACCT case management documents should be consistently good. (1.46)

Safeguarding

- 5.16** The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.50)

Security

- 5.17** Use of segregation, force and adjudications should be monitored to identify and address any trends across the establishment. (1.60)
- 5.18** Drug tests on the basis of suspicious evidence should be carried out in the required timescale. (1.61)

Discipline

- 5.19** Managers should review the location of segregation, with a view to preserving the positive aspects of the present location while using a more robust environment to hold disruptive prisoners. (1.77)

Substance misuse

- 5.20** Medication administration times should be consistent throughout the week. (1.87)

Residential units

- 5.21** All shower rooms should be refurbished to an acceptable standard of hygiene, and all toilets should be screened. (2.8)
- 5.22** Prisoners should not be held in multi-occupancy cells with inadequate space, equipment and privacy. (2.9)
- 5.23** Prisoners should be issued with clean bedding and clothes each week. (2.10)
- 5.24** The association equipment on the main wing should be replaced. (2.11)

Staff-prisoner relationships

- 5.25** Personal officers should have sufficient regular contact with their prisoners, and make a record of the conversation. (2.16)

Equality and diversity

- 5.26** Staff allocated to diversity work should have sufficient time to carry out the work. (2.31)
- 5.27** The diversity and equality meeting should routinely involve discussion of all protected characteristics and work being undertaken in relation to this. (2.32)
- 5.28** The views of prisoners from all minority groups should be sought to understand their concerns and inform the development of services and support. (2.33)

Legal rights

- 5.29** Prisoners should have access to trained legal services advisers. (2.45)
- 5.30** Prisoner concerns about legal visits should be investigated and, if necessary, addressed. (2.46)

Health services

- 5.31** All clinical areas should be fully compliant with infection control guidelines. (2.59)
- 5.32** There should be a robust appointment system which ensures that prisoners have adequate advance notice of appointments and makes best use of available clinic time. (2.60)
- 5.33** Sufficient officers should be trained to respond to medical emergencies, and emergency response equipment should be reviewed and rationalised. (2.61)
- 5.34** Learning from adverse events and complaints should be shared with all staff. (2.62)
- 5.35** The complaints system should be well advertised and should maintain medical confidentiality; responses should consistently address all the issues raised. (2.63)

- 5.36** There should be regular health care service user consultation which informs service delivery. (2.64)
- 5.37** There should be systematic health promotion throughout the prison, overseen by a prison health promotion action group which includes prisoner representation. There should be easy access to barrier protection and smoking cessation advice. (2.65)
- 5.38** Prisoners should have prompt access to confidential nurse assessment clinics, provided by trained staff who can provide appropriate treatment using evidence-based triage algorithms to ensure consistency. (2.75)
- 5.39** Prisoners should have timely access to all primary care services and the failure-to-attend rate for all clinics should be monitored and appropriate remedial action taken to reduce it to less than 10%. (2.76)
- 5.40** Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan managed by staff who are appropriately trained and supervised. (2.77)
- 5.41** There should be an integrated, multidisciplinary approach to the enhanced care facility which includes clear clinical criteria for admission, joint patient review and meaningful care plans which include reintegration/transfer/release. (2.78)
- 5.42** The enhanced care facility should offer a regime which provides therapeutic, meaningful and constructive activities to patients in a satisfactory environment. The facility should not be used for solely operational reasons. (2.79)
- 5.43** A medicine management committee should meet monthly, attended by all relevant stakeholders, to discuss key elements of medicine management, including adverse incidents and aggregated prescribing data. (2.90)
- 5.44** Prisoners should not be allowed in the treatment room while the medicine cupboards are open. (2.91)
- 5.45** Medicines should be administered in private at times which ensure maximum clinical efficacy. (2.92)
- 5.46** Pharmacy-led clinics and medicine use reviews should be introduced. (2.93)
- 5.47** The use of special sick medication should be monitored. (2.94)
- 5.48** The introduction of patient group directions (PGDs) should be considered to enable the supply of more potent medication by the pharmacist and/or nurse, to avoid unnecessary consultations with the GP. A copy of the original signed PGDs should be present in the pharmacy, and read and signed by all relevant staff. (2.95)
- 5.49** All dental equipment should be fit for purpose and should have appropriate recorded servicing and maintenance. (2.100)
- 5.50** Prisoners should have timely access to a full range of care-planned support for mild and moderate mental health problems, including counselling, clinical psychology and group therapies. (2.105)

Catering

- 5.51** Breakfast should be served in the mornings rather than issued in packs the previous evening. (2.114)
- 5.52** Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm. (2.115)
- 5.53** A rota should be established to enable vulnerable prisoners to eat first on some days. (2.116)
- 5.54** The kitchen should be deep cleaned and broken electrical power outlets should be repaired immediately. The kitchen should be kept clean and well maintained. (2.117)

Purchases

- 5.55** New receptions should be able to buy items from the prison shop within 24 hours of arrival. (2.122)

Time out of cell

- 5.56** The establishment should ensure that all prisoners have fair access to showers and telephone calls during evening activities. (3.7)

Learning and skills and work activities

- 5.57** Prisoners should have opportunities to attend education and training full time when deemed appropriate, and this should be recognised and documented in their sentence plans. (3.14)
- 5.58** The prison should develop a wider range of education and vocational training programmes in readiness for the change to a resettlement establishment. (3.15)
- 5.59** The management of the regime should be improved to ensure that prisoners arrive at activities on time. (3.16)
- 5.60** More support should be given to prisoners wanting to set up their own businesses and the virtual campus should be extended to the vulnerable prisoners' unit. (3.22)
- 5.61** Vulnerable prisoners should be given the opportunity to undertake training in industrial cleaning and to gain full qualifications. (3.23)
- 5.62** Opportunities should be developed for prisoners to achieve qualifications at higher levels. (3.29)
- 5.63** More effective use should be made of individual learning plans to identify personal, education and training needs and monitor progress and achievements systematically. (3.30)
- 5.64** Achievements in English at entry level and ESOL at level one should be improved. (3.33)
- 5.65** If prisoners have an identified need to improve their English or mathematics, this should be reflected in sentence plans so that action is taken if they are transferred to other prisons. (3.34)
- 5.66** The library should be open on Fridays and during the evenings. (3.37)

Physical education and healthy living

- 5.67** All prisoners should be able to use the PE facilities at least twice a week regardless of their incentives and earned privileges status. (3.45)
- 5.68** Health care should inform PE staff about prisoners' suitability for PE following health assessments carried out at reception into the prison. (3.46)
- 5.69** Outdoor PE facilities that can be used in wet weather conditions should be provided for team sports. (3.47)

Strategic management of resettlement

- 5.70** The resettlement needs of the prisoner population should be analysed and met by effectively coordinated and targeted resettlement services. (4.6)

Offender management and planning

- 5.71** The offender management team should ensure that all prisoners are assessed and sentence plans developed within prescribed timescales, which include appropriate sequencing of events. (4.18)
- 5.72** Quality assurance processes for sentence plans should be developed. Relevant departments should be informed of targets and required interventions and prisoners should be given a copy of their sentence plan. (4.19)
- 5.73** Interdepartmental risk management meetings should consider all information about a prisoner's behaviour as well as convictions and ensure effective sharing of information about risks to all staff in contact with the prisoner. (4.20)

Reintegration planning

- 5.74** Remand prisoners should receive an assessment of their resettlement needs on arrival at the prison and action taken or referrals made to meet any needs identified. (4.30)
- 5.75** Accommodation services should be centrally coordinated and expanded to meet prisoner need. (4.32)
- 5.76** A discharge summary should be sent to prisoners' GPs or given to the prisoner before release and prisoners should receive information and assistance in using community health services on release. (4.39)
- 5.77** Finance and debt services should be centrally coordinated and expanded to meet prisoner need. (4.42)
- 5.78** Family visits should be provided more frequently for all prisoners. (4.47)
- 5.79** Visits should start at the advertised time. (4.48)
- 5.80** A needs analysis should be undertaken to inform provision of offending behaviour programmes. (4.51)
- 5.81** Motivational work and other purposeful, relevant interventions should be provided for prisoners awaiting transfer to other prisons. (4.52)

Housekeeping points

Early days in custody

- 5.82** Health care interviews in reception should take place in private. (1.19)
- 5.83** Interviews on the first night centre should take place in private. (1.20)
- 5.84** All new prisoners should be given the opportunity to participate in induction. (1.21)

Bullying and violence reduction

- 5.85** New arrivals should be better informed of the violence reduction zero tolerance procedure. (1.33)
- 5.86** Health care should be represented at the safer custody meeting. (1.34)

Security

- 5.87** Security issues raised in meetings should be followed through with a prompt and effective operational response. (1.62)

Complaints

- 5.88** Complaints boxes should be checked regularly to ensure that blank complaints forms are available to prisoners. (2.41)
- 5.89** Complaints should record whether or not the complaint has been upheld. (2.42)

Legal rights

- 5.90** Graffiti in waiting areas should be removed. (2.47)

Health services

- 5.91** Nurse consultations in reception should be conducted in private to maintain medical confidentiality. (2.80)
- 5.92** There should be robust processes to ensure that appropriate information is shared between health care and gym staff. (2.81)
- 5.93** Use of the out-of-hours service should be monitored to ensure that prisoners receive appropriate follow up and to evaluate the outcomes. (2.82)
- 5.94** Access to hospital appointments should be monitored and cancellations/delays prevented. (2.83)
- 5.95** Pharmacy staff should monitor the daily recording of maximum/minimum temperatures for all drug refrigerators and corrective action should be taken. (2.96)

Physical education and healthy living

- 5.96** Separate PE sessions should be provided for prisoners over 50 and the second floor facility should be used for activities such as carpet bowls, short tennis or spinning bikes. (3.48)

Offender management and planning

- 5.97** Prisoners identified as eligible to receive a life sentence should receive support before their case is heard in court. (4.25)

Reintegration planning

- 5.98** A systematic procedure should be adopted to ensure that records of prisoners' work and achievements are sent promptly to the receiving prison. (4.36)
- 5.99** Identity checks should only take place when biometric systems are not available. (4.49)

Good practice

Substance misuse

- 5.100** The focused approach evident in the three month action plan had helped to provide an effective service with a good range of intervention options in just three months of operation. (1.88)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief inspector
Ian MacFadyen	Team leader
Karen Dillon	Inspector
Angela Johnson	Inspector
Martin Kettle	Inspector
Vinnett Percy	Inspector
Kellie Reeve	Inspector
Hayley Cripps	Research officer
Ewan Kennedy	Research officer
Rachel Murray	Research officer
James Timpson	Observer

Specialist inspectors

Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Matthew Tedstone	Care Quality Commission inspector
Peter Gibbs	Pharmacist
Bob Cowdrey	Ofsted inspector
John Grimmer	Ofsted inspector
Liz Smith	Offender management inspector
Mike Lane	Offender management inspector
Ian Simpkins	Offender management inspector

Appendix II: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	0	178	46
Recall	0	36	9.3
Convicted unsentenced	0	80	20.67
Remand	0	83	21.45
Civil prisoners	0	0	0
Detainees	0	10	2.58
Total	0	387	

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	140	36.18
Less than six months	0	36	9.3
six months to less than 12 months	0	19	4.9
12 months to less than 2 years	0	33	8.53
2 years to less than 4 years	0	61	15.76
4 years to less than 10 years	0	58	14.99
10 years and over (not life)	0	26	6.72
ISPP (indeterminate sentence for public protection)	0	7	1.81
Life	0	7	1.81
Total	0	387	

Age	Number of prisoners	%
Please state minimum age here:	21	
Under 21 years	0	0
21 years to 29 years	165	42.64
30 years to 39 years	118	30.49
40 years to 49 years	70	18.09
50 years to 59 years	28	7.24
60 years to 69 years	3	0.77
70 plus years	3	0.77
Please state maximum age here:	74	
Total	387	

Nationality	18–20 yr olds	21 and over	%
British	0	335	86.56
Foreign nationals	0	41	13.44
Total			

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		80	20.67
Uncategorised sentenced		83	21.45
Category A		0	0
Category B		46	11.89
Category C		155	40.05
Category D		23	5.94
Other		0	0
Total		387	

Ethnicity	18–20 yr olds	21 and over	%
White			
British		243	62.79
Irish		6	1.55
Gypsy/Irish Traveller		6	1.55
Other white		15	3.88
Mixed			
White and black Caribbean		13	3.36
White and black African		4	1.03
White and Asian		0	0
Other mixed		7	1.81
Asian or Asian British			
Indian		37	9.56
Pakistani		4	1.03
Bangladeshi		1	0.26
Chinese		0	
Other Asian		6	1.55
Black or black British			
Caribbean		21	5.43
African		11	2.84
Other black		7	1.81
Other ethnic group			
Arab		1	0.26
Other ethnic group			
Not stated		5	1.29
Total		387	

Religion	18–20 yr olds	21 and over	%
Church of England		53	13.7
Roman Catholic		78	20.16
Other Christian denominations		41	10.59
Muslim		41	10.59
Sikh		16	4.13
Hindu		11	2.84
Buddhist		4	1.03
Jewish		1	0.26
Other		9	2.33
No religion		133	34.37
Total		387	

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	3	100
Total		3	

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			75	35.05
1 month to 3 months			58	27.10
3 months to six months			39	18.22
six months to 1 year			27	12.62
1 year to 2 years			14	6.54
2 years to 4 years			1	0.47
4 years or more			0	0
Total			214	

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	10	
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		75	
Total			

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			68	39.31
1 month to 3 months			54	31.21
3 months to six months			32	18.50
six months to 1 year			18	10.40
1 year to 2 years			1	0.58
2 years to 4 years			0	
4 years or more			0	
Total			173	

Main offence	18–20 yr olds	21 and over	%
Violence against the person		101	26.10
Sexual offences		44	11.37
Burglary		69	17.83
Robbery		40	10.34
Theft and handling		47	12.14
Fraud and forgery		5	1.29
Drugs offences		24	6.20
Other offences		42	10.85
Civil offences		0	0
Offence not recorded /holding warrant		15	3.88
Total		387	

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁹. Respondents were then randomly selected from a P-NOMIS prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone interpretation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 4 November 2013 the prisoner population at HMP Leicester was 359. Using the method described above, questionnaires were distributed to a sample of 182 prisoners.

We received a total of 157 completed questionnaires, a response rate of 86%. This included three questionnaires completed via interview. Twelve respondents refused to complete a questionnaire, six questionnaires were not returned and seven were returned blank.

⁹ 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
L1	5
L2	16
L3	50
L4	43
B2 (detox)	16
Vulnerable prisoner unit	24
Segregation unit	2
Health care	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Leicester.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant¹⁰ differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Leicester in 2013 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 35 local prisons since April 2008.
- The current survey responses from HMP Leicester in 2013 compared with the responses of prisoners surveyed at HMP Leicester in 2008.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British nationals and those who are foreign nationals.

¹⁰ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between the vulnerable prisoners' unit and the rest of the establishment.

Survey summary

Section 1: About You

Q1.2	How old are you?		
	<i>Under 21</i>	1	(1%)
	<i>21 - 29</i>	67	(44%)
	<i>30 - 39</i>	42	(28%)
	<i>40 - 49</i>	26	(17%)
	<i>50 - 59</i>	15	(10%)
	<i>60 - 69</i>	1	(1%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	75	(49%)
	<i>Yes - on recall</i>	20	(13%)
	<i>No - awaiting trial</i>	33	(22%)
	<i>No - awaiting sentence</i>	20	(13%)
	<i>No - awaiting deportation</i>	4	(3%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>	57	(38%)
	<i>Less than 6 months</i>	12	(8%)
	<i>6 months to less than 1 year</i>	8	(5%)
	<i>1 year to less than 2 years</i>	16	(11%)
	<i>2 years to less than 4 years</i>	20	(13%)
	<i>4 years to less than 10 years</i>	21	(14%)
	<i>10 years or more</i>	10	(7%)
	<i>IPP (indeterminate sentence for public protection)</i>	1	(1%)
	<i>Life</i>	4	(3%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship.)		
	<i>Yes</i>	27	(18%)
	<i>No</i>	125	(82%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	150	(97%)
	<i>No</i>	4	(3%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	149	(97%)
	<i>No</i>	5	(3%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	89 (58%)	<i>Asian or Asian British - Chinese</i> . 0 (0%)
	<i>White - Irish</i>	10 (7%)	<i>Asian or Asian British - other</i> 3 (2%)
	<i>White - other</i>	7 (5%)	<i>Mixed race - white and black Caribbean</i>
	<i>Black or black British - Caribbean</i>	6 (4%)	<i>Mixed race - white and black African</i>
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 2 (1%)
	<i>Asian or Asian British - Indian</i>	15 (10%)	<i>Arab</i> 1 (1%)

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

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes.....		9 (6%)
	No.....		141 (94%)
Q1.10	What is your religion?		
	<i>None.....</i>	44 (30%)	<i>Hindu.....</i> 6 (4%)
	<i>Church of England.....</i>	33 (22%)	<i>Jewish.....</i> 0 (0%)
	<i>Catholic.....</i>	30 (20%)	<i>Muslim.....</i> 19 (13%)
	<i>Protestant.....</i>	0 (0%)	<i>Sikh.....</i> 4 (3%)
	<i>Other Christian denomination.....</i>	5 (3%)	<i>Other.....</i> 4 (3%)
	<i>Buddhist.....</i>	3 (2%)	
Q1.11	How would you describe your sexual orientation?		
	<i>Heterosexual/ Straight.....</i>		141 (95%)
	<i>Homosexual/Gay.....</i>		2 (1%)
	<i>Bisexual.....</i>		6 (4%)
Q1.12	Do you consider yourself to have a disability? (i.e. do you need help with any long term physical, mental or learning needs.)		
	Yes.....		38 (25%)
	No.....		116 (75%)
Q1.13	Are you a veteran (ex- armed services)?		
	Yes.....		7 (5%)
	No.....		143 (95%)
Q1.14	Is this your first time in prison?		
	Yes.....		47 (31%)
	No.....		106 (69%)
Q1.15	Do you have children under the age of 18?		
	Yes.....		83 (54%)
	No.....		71 (46%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	<i>Less than 2 hours.....</i>		130 (84%)
	<i>2 hours or longer.....</i>		16 (10%)
	<i>Don't remember.....</i>		9 (6%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	<i>My journey was less than two hours.....</i>		130 (83%)
	Yes.....		4 (3%)
	No.....		17 (11%)
	<i>Don't remember.....</i>		5 (3%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	<i>My journey was less than two hours.....</i>		130 (83%)
	Yes.....		3 (2%)
	No.....		22 (14%)
	<i>Don't remember.....</i>		1 (1%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes.....	95 (62%)
	No.....	47 (31%)
	Don't remember.....	12 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes.....	112 (73%)
	No.....	37 (24%)
	Don't remember.....	4 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	35 (23%)
	Well.....	71 (46%)
	Neither.....	36 (23%)
	Badly.....	9 (6%)
	Very badly.....	2 (1%)
	Don't remember.....	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)	
	Yes, someone told me.....	101 (66%)
	Yes, I received written information.....	2 (1%)
	No, I was not told anything.....	46 (30%)
	Don't remember.....	6 (4%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes.....	127 (84%)
	No.....	18 (12%)
	Don't remember.....	7 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours.....	101 (66%)
	2 hours or longer.....	43 (28%)
	Don't remember.....	10 (6%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes.....	121 (80%)
	No.....	25 (17%)
	Don't remember.....	5 (3%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	38 (24%)
	Well.....	71 (46%)
	Neither.....	32 (21%)
	Badly.....	7 (4%)
	Very badly.....	5 (3%)
	Don't remember.....	3 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property.....	21 (14%)
	Housing problems.....	27 (18%)
	Contacting employers.....	12 (8%)
	Contacting family.....	54 (35%)
	Physical health.....	30 (19%)
	Mental health.....	38 (25%)
	Needing protection from other prisoners.....	17 (11%)
	Getting phone numbers.....	52 (34%)

<i>Childcare</i>	10 (6%)	<i>Other</i>	10 (6%)
<i>Money worries</i>	40 (26%)	<i>Did not have any problems</i>	36 (23%)
<i>Feeling depressed or suicidal</i>	58 (38%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

<i>Yes</i>	35 (23%)
<i>No</i>	78 (52%)
<i>Did not have any problems</i>	36 (24%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

<i>Tobacco</i>	124 (81%)
<i>A shower</i>	28 (18%)
<i>A free telephone call</i>	114 (74%)
<i>Something to eat</i>	96 (62%)
<i>PIN phone credit</i>	74 (48%)
<i>Toiletries/ basic items</i>	85 (55%)
<i>Did not receive anything</i>	6 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

<i>Chaplain</i>	78 (53%)
<i>Someone from health services</i>	85 (58%)
<i>A Listener/Samaritans</i>	32 (22%)
<i>Prison shop/ canteen</i>	21 (14%)
<i>Did not have access to any of these</i>	30 (20%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply)

<i>What was going to happen to you</i>	55 (37%)
<i>What support was available for people feeling depressed or suicidal</i>	40 (27%)
<i>How to make routine requests (applications)</i>	46 (31%)
<i>Your entitlement to visits</i>	51 (35%)
<i>Health services</i>	49 (33%)
<i>Chaplaincy</i>	61 (41%)
<i>Not offered any information</i>	49 (33%)

Q3.9 Did you feel safe on your first night here?

<i>Yes</i>	96 (62%)
<i>No</i>	44 (28%)
<i>Don't remember</i>	15 (10%)

Q3.10 How soon after you arrived here did you go on an induction course?

<i>Have not been on an induction course</i>	50 (33%)
<i>Within the first week</i>	77 (51%)
<i>More than a week</i>	13 (9%)
<i>Don't remember</i>	10 (7%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

<i>Have not been on an induction course</i>	50 (35%)
<i>Yes</i>	43 (30%)
<i>No</i>	42 (29%)
<i>Don't remember</i>	8 (6%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

<i>Did not receive an assessment</i>	24 (16%)
<i>Within the first week</i>	83 (56%)
<i>More than a week</i>	29 (19%)
<i>Don't remember</i>	13 (9%)

Section 4: Legal rights and respectful custody**Q4.1 How easy is it to.....**

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
<i>Communicate with your solicitor or legal representative?</i>	23 (16%)	39 (27%)	26 (18%)	29 (20%)	19 (13%)	11 (7%)
<i>Attend legal visits?</i>	26 (20%)	56 (42%)	22 (17%)	10 (8%)	7 (5%)	11 (8%)
<i>Get bail information?</i>	10 (8%)	18 (15%)	29 (23%)	22 (18%)	21 (17%)	24 (19%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

<i>Not had any letters</i>	21 (14%)
<i>Yes</i>	64 (42%)
<i>No</i>	67 (44%)

Q4.3 Can you get legal books in the library?

<i>Yes</i>	71 (48%)
<i>No</i>	12 (8%)
<i>Don't know</i>	65 (44%)

Q4.4 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>Do you normally have enough clean, suitable clothes for the week?</i>	57 (37%)	90 (59%)	6 (4%)
<i>Are you normally able to have a shower every day?</i>	115 (77%)	31 (21%)	3 (2%)
<i>Do you normally receive clean sheets every week?</i>	84 (58%)	55 (38%)	6 (4%)
<i>Do you normally get cell cleaning materials every week?</i>	67 (45%)	76 (51%)	6 (4%)
<i>Is your cell call bell normally answered within five minutes?</i>	49 (32%)	91 (60%)	11 (7%)
<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	85 (58%)	57 (39%)	4 (3%)
<i>If you need to, can you normally get your stored property?</i>	40 (27%)	62 (42%)	45 (31%)

Q4.5 What is the food like here?

<i>Very good</i>	4 (3%)
<i>Good</i>	20 (13%)
<i>Neither</i>	41 (27%)
<i>Bad</i>	52 (34%)
<i>Very bad</i>	35 (23%)

Q4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet/ don't know</i>	11 (7%)
<i>Yes</i>	54 (36%)
<i>No</i>	83 (56%)

Q4.7 Can you speak to a Listener at any time, if you want to?

<i>Yes</i>	90 (60%)
<i>No</i>	18 (12%)

	<i>Don't know</i>	41 (28%)
Q4.8	Are your religious beliefs respected?	
	Yes.....	74 (50%)
	No.....	23 (15%)
	<i>Don't know/ N/A</i>	52 (35%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes.....	86 (58%)
	No.....	14 (9%)
	<i>Don't know/ N/A</i>	49 (33%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	30 (21%)
	<i>Very easy</i>	34 (23%)
	<i>Easy</i>	37 (26%)
	<i>Neither</i>	6 (4%)
	<i>Difficult</i>	8 (6%)
	<i>Very difficult</i>	4 (3%)
	<i>Don't know</i>	26 (18%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	112 (76%)		
	No	28 (19%)		
	<i>Don't know</i>	8 (5%)		
Q5.2	Please answer the following questions about applications (<i>If you have not made an application please tick the 'not made one' option</i>).			
		<i>Not made one</i>	Yes	No
	Are <i>applications</i> dealt with fairly?	17 (12%)	61 (44%)	61 (44%)
	Are <i>applications</i> dealt with quickly (within seven days)?	17 (13%)	40 (31%)	71 (55%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	73 (53%)		
	No	27 (19%)		
	<i>Don't know</i>	39 (28%)		
Q5.4	Please answer the following questions about complaints (<i>If you have not made a complaint please tick the 'not made one' option</i>).			
		<i>Not made one</i>	Yes	No
	Are <i>complaints</i> dealt with fairly?	67 (46%)	24 (16%)	55 (38%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	67 (49%)	21 (15%)	50 (36%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes.....	34 (24%)		
	No.....	108 (76%)		
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	<i>Don't know who they are</i>	58 (40%)		
	<i>Very easy</i>	11 (8%)		
	<i>Easy</i>	17 (12%)		
	<i>Neither</i>	19 (13%)		
	<i>Difficult</i>	25 (17%)		
	<i>Very difficult</i>	14 (10%)		

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels).	
	<i>Don't know what the IEP scheme is</i>	17 (12%)
	<i>Yes</i>	60 (41%)
	<i>No</i>	53 (36%)
	<i>Don't know</i>	16 (11%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	17 (12%)
	<i>Yes</i>	69 (47%)
	<i>No</i>	45 (31%)
	<i>Don't know</i>	15 (10%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	10 (7%)
	<i>No</i>	135 (93%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	109 (76%)
	<i>Very well</i>	8 (6%)
	<i>Well</i>	7 (5%)
	<i>Neither</i>	8 (6%)
	<i>Badly</i>	7 (5%)
	<i>Very badly</i>	5 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	112 (79%)
	<i>No</i>	30 (21%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	99 (68%)
	<i>No</i>	46 (32%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	38 (26%)
	<i>No</i>	111 (74%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	15 (10%)
	<i>Never</i>	34 (23%)
	<i>Rarely</i>	42 (28%)
	<i>Some of the time</i>	40 (27%)
	<i>Most of the time</i>	11 (7%)
	<i>All of the time</i>	6 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	92 (63%)
	<i>In the first week</i>	17 (12%)
	<i>More than a week</i>	22 (15%)
	<i>Don't remember</i>	16 (11%)

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	92 (64%)
	<i>Very helpful</i>	20 (14%)
	<i>Helpful</i>	15 (10%)
	<i>Neither</i>	13 (9%)
	<i>Not very helpful</i>	1 (1%)
	<i>Not at all helpful</i>	2 (1%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	79 (54%)
	<i>No</i>	67 (46%)
Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	36 (25%)
	<i>No</i>	106 (75%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	<i>Never felt unsafe</i>	67 (48%)
	<i>Everywhere</i>	23 (16%)
	<i>Segregation unit</i>	5 (4%)
	<i>Association areas</i>	35 (25%)
	<i>Reception area</i>	11 (8%)
	<i>At the gym</i>	14 (10%)
	<i>In an exercise yard</i>	29 (21%)
	<i>At work</i>	12 (9%)
	<i>During movement</i>	31 (22%)
	<i>At education</i>	14 (10%)
	<i>At meal times</i>	44 (31%)
	<i>At health services</i>	13 (9%)
	<i>Visits area</i>	15 (11%)
	<i>In wing showers</i>	30 (21%)
	<i>In gym showers</i>	18 (13%)
	<i>In corridors/stairwells</i>	23 (16%)
	<i>On your landing/wing</i>	27 (19%)
	<i>In your cell</i>	14 (10%)
	<i>At religious services</i>	5 (4%)
Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	48 (32%)
	<i>No</i>	101 (68%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	25 (17%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (7%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	29 (19%)
	<i>Having your canteen/property taken</i>	9 (6%)
	<i>Medication</i>	11 (7%)
	<i>Debt</i>	7 (5%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	8 (5%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	8 (5%)
	<i>You are from a different part of the country than others</i>	6 (4%)
	<i>You are from a traveller community</i>	4 (3%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	2 (1%)
	<i>You have a disability</i>	5 (3%)
	<i>You were new here</i>	14 (9%)
	<i>Your offence/ crime</i>	11 (7%)
	<i>Gang related issues</i>	10 (7%)

Q8.6	Have you been victimised by staff here?	
	Yes	45 (31%)
	No.....	101 (69%)
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (13%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	14 (10%)
	<i>Medication</i>	7 (5%)
	<i>Debt</i>	2 (1%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	4 (3%)
	<i>Your religion/religious beliefs</i>	4 (3%)
	<i>Your nationality</i>	4 (3%)
	<i>You are from a different part of the country than others</i>	3 (2%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	1 (1%)
	<i>You have a disability</i>	5 (3%)
	<i>You were new here</i>	5 (3%)
	<i>Your offence/ crime</i>	11 (8%)
	<i>Gang related issues</i>	3 (2%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	85 (61%)
	Yes.....	11 (8%)
	No.....	43 (31%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	18 (12%)	4 (3%)	18 (12%)	15 (10%)	46 (32%)	45 (31%)
	The nurse	16 (12%)	10 (7%)	34 (25%)	24 (18%)	31 (23%)	21 (15%)
	The dentist	24 (18%)	0 (0%)	3 (2%)	7 (5%)	38 (28%)	65 (47%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	25 (18%)	8 (6%)	21 (15%)	28 (20%)	28 (20%)	31 (22%)
	The nurse	27 (19%)	10 (7%)	28 (20%)	25 (18%)	22 (16%)	27 (19%)
	The dentist	41 (32%)	0 (0%)	10 (8%)	17 (13%)	24 (19%)	36 (28%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>	14 (10%)					
	<i>Very good</i>	5 (4%)					
	<i>Good</i>	18 (13%)					
	<i>Neither</i>	19 (13%)					
	<i>Bad</i>	46 (33%)					
	<i>Very bad</i>	39 (28%)					
Q9.4	Are you currently taking medication?						
	Yes.....	84 (58%)					
	No.....	60 (42%)					

Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	60 (42%)
	<i>Yes, all my meds</i>	14 (10%)
	<i>Yes, some of my meds</i>	26 (18%)
	<i>No</i>	43 (30%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	66 (46%)
	<i>No</i>	78 (54%)
Q9.7	Are you being helped/ supported by anyone in this prison? (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff.)	
	<i>Do not have any emotional or mental health problems</i>	78 (59%)
	<i>Yes</i>	23 (17%)
	<i>No</i>	32 (24%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	53 (36%)
	<i>No</i>	94 (64%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	31 (22%)
	<i>No</i>	113 (78%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	23 (16%)
	<i>Easy</i>	14 (10%)
	<i>Neither</i>	15 (10%)
	<i>Difficult</i>	4 (3%)
	<i>Very difficult</i>	12 (8%)
	<i>Don't know</i>	77 (53%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	7 (5%)
	<i>Easy</i>	2 (1%)
	<i>Neither</i>	9 (6%)
	<i>Difficult</i>	10 (7%)
	<i>Very difficult</i>	25 (17%)
	<i>Don't know</i>	91 (63%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	<i>Yes</i>	12 (8%)
	<i>No</i>	133 (92%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	<i>Yes</i>	19 (13%)
	<i>No</i>	123 (87%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	89 (63%)
	<i>Yes</i>	43 (30%)
	<i>No</i>	10 (7%)

- Q10.8 Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?**
- Did not / do not have an alcohol problem*..... 113 (80%)
 Yes..... 22 (16%)
 No..... 6 (4%)
- Q10.9 Was the support or help you received, whilst in this prison, helpful?**
- Did not have a problem/ did not receive help*..... 83 (61%)
 Yes..... 44 (32%)
 No..... 9 (7%)

Section 11: Activities

- Q11.1 How easy or difficult is it to get into the following activities, in this prison?**
- | | <i>Don't know</i> | <i>Very Easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|------------------------------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| Prison job | 21 (15%) | 8 (6%) | 25 (18%) | 24 (17%) | 42 (30%) | 21 (15%) |
| Vocational or skills training | 31 (23%) | 13 (10%) | 31 (23%) | 19 (14%) | 15 (11%) | 23 (17%) |
| Education (including basic skills) | 16 (12%) | 34 (25%) | 58 (43%) | 17 (13%) | 5 (4%) | 5 (4%) |
| Offending behaviour programmes | 50 (38%) | 1 (1%) | 12 (9%) | 23 (18%) | 16 (12%) | 29 (22%) |
- Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)**
- Not involved in any of these*..... 26 (19%)
 Prison job..... 53 (38%)
 Vocational or skills training..... 15 (11%)
 Education (including basic skills)..... 60 (43%)
 Offending behaviour programmes..... 10 (7%)
- Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**
- | | <i>Not been involved</i> | <i>Yes</i> | <i>No</i> | <i>Don't know</i> |
|------------------------------------|--------------------------|------------|-----------|-------------------|
| Prison job | 30 (26%) | 23 (20%) | 45 (39%) | 16 (14%) |
| Vocational or skills training | 36 (35%) | 26 (25%) | 29 (28%) | 11 (11%) |
| Education (including basic skills) | 15 (13%) | 53 (45%) | 39 (33%) | 12 (10%) |
| Offending behaviour programmes | 41 (40%) | 19 (19%) | 28 (27%) | 14 (14%) |
- Q11.4 How often do you usually go to the library?**
- Don't want to go*..... 17 (12%)
Never..... 29 (21%)
Less than once a week..... 31 (22%)
About once a week..... 34 (24%)
More than once a week..... 29 (21%)
- Q11.5 Does the library have a wide enough range of materials to meet your needs?**
- Don't use it*..... 33 (24%)
 Yes..... 42 (30%)
 No..... 63 (46%)
- Q11.6 How many times do you usually go to the gym each week?**
- Don't want to go*..... 25 (18%)
 0..... 30 (21%)
 1 to 2..... 27 (19%)
 3 to 5..... 46 (33%)
 More than 5..... 13 (9%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	27 (20%)
	<i>0</i>	19 (14%)
	<i>1 to 2</i>	41 (30%)
	<i>3 to 5</i>	33 (24%)
	<i>More than 5</i>	18 (13%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	11 (8%)
	<i>0</i>	5 (4%)
	<i>1 to 2</i>	15 (11%)
	<i>3 to 5</i>	52 (37%)
	<i>More than 5</i>	58 (41%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	26 (18%)
	<i>2 to less than 4 hours</i>	43 (30%)
	<i>4 to less than 6 hours</i>	35 (24%)
	<i>6 to less than 8 hours</i>	12 (8%)
	<i>8 to less than 10 hours</i>	6 (4%)
	<i>10 hours or more</i>	14 (10%)
	<i>Don't know</i>	8 (6%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	45 (32%)
	<i>No</i>	94 (68%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	64 (46%)
	<i>No</i>	76 (54%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	58 (43%)
	<i>No</i>	76 (57%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	18 (13%)
	<i>Very easy</i>	27 (20%)
	<i>Easy</i>	33 (24%)
	<i>Neither</i>	12 (9%)
	<i>Difficult</i>	27 (20%)
	<i>Very difficult</i>	15 (11%)
	<i>Don't know</i>	6 (4%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	57 (38%)
	<i>Yes</i>	64 (43%)
	<i>No</i>	29 (19%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	86 (57%)
	<i>No contact</i>	26 (17%)
	<i>Letter</i>	19 (13%)
	<i>Phone</i>	8 (5%)
	<i>Visit</i>	27 (18%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	64 (46%)
	<i>No</i>	75 (54%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	57 (39%)
	<i>Yes</i>	32 (22%)
	<i>No</i>	59 (40%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	116 (79%)
	<i>Very involved</i>	9 (6%)
	<i>Involved</i>	12 (8%)
	<i>Neither</i>	0 (0%)
	<i>Not very involved</i>	7 (5%)
	<i>Not at all involved</i>	2 (1%)
Q13.6	Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	116 (79%)
	<i>Nobody</i>	15 (10%)
	<i>Offender supervisor</i>	7 (5%)
	<i>Offender manager</i>	11 (7%)
	<i>Named/ personal officer</i>	2 (1%)
	<i>Staff from other departments</i>	6 (4%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	116 (78%)
	<i>Yes</i>	12 (8%)
	<i>No</i>	14 (9%)
	<i>Don't know</i>	7 (5%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	116 (78%)
	<i>Yes</i>	9 (6%)
	<i>No</i>	11 (7%)
	<i>Don't know</i>	13 (9%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	116 (78%)
	<i>Yes</i>	7 (5%)
	<i>No</i>	8 (5%)
	<i>Don't know</i>	18 (12%)
Q13.10	Do you have a needs based custody plan?	
	<i>Yes</i>	6 (5%)
	<i>No</i>	50 (38%)
	<i>Don't know</i>	77 (58%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

Yes..... 11 (8%)
 No..... 122 (92%)

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

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	20 (15%)	25 (19%)	85 (65%)
Accommodation	27 (21%)	21 (16%)	81 (63%)
Benefits	21 (17%)	26 (20%)	80 (63%)
Finances	21 (17%)	14 (11%)	87 (71%)
Education	26 (21%)	22 (18%)	77 (62%)
Drugs and alcohol	36 (28%)	34 (27%)	57 (45%)

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

Not sentenced..... 57 (39%)
 Yes..... 38 (26%)
 No..... 53 (36%)

Main comparator and comparator to last time



Prisoner survey responses HMP Leicester 2013

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

Key to tables

		HMP Leicester 2013	Local prisons comparator	HMP Leicester 2013	HMP Leicester 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		157	5997	157	102
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	6%	1%	0%
1.3	Are you sentenced?	63%	68%	63%	48%
1.3	Are you on recall?	13%	9%	13%	13%
1.4	Is your sentence less than 12 months?	14%	21%	14%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	4%
1.5	Are you a foreign national?	18%	13%	18%	13%
1.6	Do you understand spoken English?	98%	98%	98%	
1.7	Do you understand written English?	97%	96%	97%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	31%	25%	31%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	5%	6%	
1.1	Are you Muslim?	13%	12%	13%	10%
1.11	Are you homosexual/gay or bisexual?	5%	3%	5%	1%
1.12	Do you consider yourself to have a disability?	25%	22%	25%	15%
1.13	Are you a veteran (ex-armed services)?	5%	5%	5%	
1.14	Is this your first time in prison?	31%	31%	31%	27%
1.15	Do you have any children under the age of 18?	54%	54%	54%	59%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	10%	19%	10%	13%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	15%	39%	15%	
2.3	Were you offered a toilet break?	12%	10%	12%	
2.4	Was the van clean?	62%	61%	62%	
2.5	Did you feel safe?	73%	76%	73%	
2.6	Were you treated well/very well by the escort staff?	69%	67%	69%	76%
2.7	Before you arrived here were you told that you were coming here?	66%	65%	66%	
2.7	Before you arrived here did you receive any written information about coming here?	1%	4%	1%	
2.8	When you first arrived here did your property arrive at the same time as you?	84%	81%	84%	90%

Key to tables

Main comparator and comparator to last time

		HMP Leicester 2013	Local prisons comparator	HMP Leicester 2013	HMP Leicester 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	66%	46%	66%	
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	77%	80%	71%
3.3	Were you treated well/very well in reception?	70%	63%	70%	68%
	When you first arrived:				
3.4	Did you have any problems?	77%	74%	77%	76%
3.4	Did you have any problems with loss of property?	14%	15%	14%	6%
3.4	Did you have any housing problems?	18%	23%	18%	17%
3.4	Did you have any problems contacting employers?	8%	6%	8%	5%
3.4	Did you have any problems contacting family?	35%	31%	35%	36%
3.4	Did you have any problems ensuring dependants were being looked after?	7%	5%	7%	5%
3.4	Did you have any money worries?	26%	23%	26%	22%
3.4	Did you have any problems with feeling depressed or suicidal?	38%	21%	38%	24%
3.4	Did you have any physical health problems?	20%	17%	20%	
3.4	Did you have any mental health problems?	25%	20%	25%	
3.4	Did you have any problems with needing protection from other prisoners?	11%	8%	11%	7%
3.4	Did you have problems accessing phone numbers?	34%	29%	34%	
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	31%	35%	31%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	81%	85%	81%	81%
3.6	A shower?	18%	34%	18%	31%
3.6	A free telephone call?	74%	59%	74%	70%
3.6	Something to eat?	62%	76%	62%	69%
3.6	PIN phone credit?	48%	58%	48%	
3.6	Toiletries/ basic items?	55%	61%	55%	
SECTION 3: Reception, first night and induction continued					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	53%	47%	53%	
3.7	Someone from health services?	58%	71%	58%	
3.7	A Listener/Samaritans?	22%	37%	22%	
3.7	Prison shop/ canteen?	14%	18%	14%	22%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	38%	49%	37%	54%
3.8	Support was available for people feeling depressed or suicidal?	27%	46%	27%	49%
3.8	How to make routine requests?	31%	42%	31%	46%
3.8	Your entitlement to visits?	35%	45%	35%	52%
3.8	Health services?	33%	51%	33%	
3.8	The chaplaincy?	42%	46%	42%	

Key to tables

Main comparator and comparator to last time

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	Any percentage highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
3.9	Did you feel safe on your first night here?	62%	74%	62%	81%
3.10	Have you been on an induction course?	67%	80%	67%	80%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	46%	58%	46%	65%
3.12	Did you receive an education (skills for life) assessment?	84%	73%	84%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	42%	41%	42%	42%
4.1	Attend legal visits?	62%	57%	62%	61%
4.1	Get bail information?	23%	21%	23%	37%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42%	39%	42%	29%
4.3	Can you get legal books in the library?	48%	38%	48%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	37%	55%	37%	62%
4.4	Are you normally able to have a shower every day?	77%	78%	77%	72%
4.4	Do you normally receive clean sheets every week?	58%	80%	58%	81%
4.4	Do you normally get cell cleaning materials every week?	45%	60%	45%	69%
4.4	Is your cell call bell normally answered within five minutes?	32%	35%	32%	37%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	58%	64%	58%	67%
4.4	Can you normally get your stored property, if you need to?	27%	25%	27%	29%
4.5	Is the food in this prison good/very good?	16%	23%	16%	30%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	47%	37%	36%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	57%	60%	52%
4.8	Are your religious beliefs are respected?	50%	53%	50%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	53%	58%	57%
4.10	Is it easy/very easy to attend religious services?	49%	46%	49%	
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	76%	77%	76%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	50%	57%	50%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	36%	44%	36%	66%
5.3	Is it easy to make a complaint?	53%	52%	53%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	30%	32%	30%	33%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	29%	34%	29%	46%
5.5	Have you ever been prevented from making a complaint when you wanted to?	24%	18%	24%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	22%	19%	25%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	46%	41%	

Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	44%	47%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%	7%	
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	43%	37%	43%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	79%	74%	79%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	74%	68%	58%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	30%	26%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	12%	19%	12%	11%
7.5	Do you have a personal officer?	37%	45%	37%	52%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	68%	65%	68%	58%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	54%	40%	54%	33%
8.2	Do you feel unsafe now?	25%	16%	25%	22%
8.4	Have you been victimised by other prisoners here?	32%	24%	32%	14%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	17%	11%	17%	9%
8.5	Hit, kicked or assaulted you?	7%	7%	7%	4%
8.5	Sexually abused you?	2%	1%	2%	1%
8.5	Threatened or intimidated you?	19%	14%	19%	
8.5	Taken your canteen/property?	6%	5%	6%	4%
8.5	Victimised you because of medication?	7%	5%	7%	
8.5	Victimised you because of debt?	5%	3%	5%	
8.5	Victimised you because of drugs?	3%	4%	3%	1%
8.5	Victimised you because of your race or ethnic origin?	5%	3%	5%	2%
8.5	Victimised you because of your religion/religious beliefs?	3%	2%	3%	1%
8.5	Victimised you because of your nationality?	5%	3%	5%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	1%
8.5	Victimised you because you are from a Traveller community?	3%	1%	3%	
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	1%
8.5	Victimised you because of your age?	2%	2%	2%	
8.5	Victimised you because you have a disability?	3%	3%	3%	1%
8.5	Victimised you because you were new here?	9%	5%	9%	2%
8.5	Victimised you because of your offence/crime?	7%	5%	7%	
8.5	Victimised you because of gang related issues?	7%	4%	7%	
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	31%	27%	31%	20%

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	Percentages which are not highlighted show there is no significant difference				
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	13%	11%	13%	9%
8.7	Hit, kicked or assaulted you?	3%	5%	3%	3%
8.7	Sexually abused you?	0%	1%	0%	1%
8.7	Threatened or intimidated you?	10%	11%	10%	
8.7	Victimised you because of medication?	5%	5%	5%	
8.7	Victimised you because of debt?	2%	1%	2%	
8.7	Victimised you because of drugs?	2%	4%	2%	2%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	4%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.7	Victimised you because of your nationality?	3%	3%	3%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	2%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	1%	2%	1%	
8.7	Victimised you because you have a disability?	3%	2%	3%	1%
8.7	Victimised you because you were new here?	3%	5%	3%	3%
8.7	Victimised you because of your offence/crime?	8%	4%	8%	
8.7	Victimised you because of gang related issues?	2%	2%	2%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	20%	33%	20%	19%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	15%	25%	15%	
9.1	Is it easy/very easy to see the nurse?	32%	49%	32%	
9.1	Is it easy/very easy to see the dentist?	2%	10%	2%	
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	25%	44%	25%	56%
9.2	The nurse?	34%	55%	34%	62%
9.2	The dentist?	12%	31%	12%	33%
9.3	The overall quality of health services?	18%	38%	18%	42%
9.4	Are you currently taking medication?	58%	50%	58%	44%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	48%	63%	48%	
9.6	Do you have any emotional well being or mental health problems?	46%	35%	46%	
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	42%	42%	42%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	36%	34%	36%	25%

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10.2	Did you have a problem with alcohol when you came into this prison?	22%	26%	22%	20%
10.3	Is it easy/very easy to get illegal drugs in this prison?	26%	30%	26%	25%
10.4	Is it easy/very easy to get alcohol in this prison?	6%	13%	6%	
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	8%	8%	
10.6	Have you developed a problem with diverted medication since you have been in this prison?	14%	8%	14%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	81%	63%	81%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	78%	60%	78%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	83%	77%	83%	
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	24%	30%	24%	
11.1	Vocational or skills training?	33%	29%	33%	
11.1	Education (including basic skills)?	68%	43%	68%	
11.1	Offending behaviour programmes?	10%	18%	10%	
	Are you currently involved in any of the following activities:				
11.2	A prison job?	38%	44%	38%	
11.2	Vocational or skills training?	11%	9%	11%	
11.2	Education (including basic skills)?	43%	27%	43%	
11.2	Offending behaviour programmes?	7%	8%	7%	
11.3	Have you had a job while in this prison?	74%	69%	74%	64%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	28%	41%	28%	31%
11.3	Have you been involved in vocational or skills training while in this prison?	65%	55%	65%	65%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	40%	48%	40%	40%
11.3	Have you been involved in education while in this prison?	88%	67%	88%	74%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	51%	54%	51%	47%
11.3	Have you been involved in offending behaviour programmes while in this prison?	60%	53%	60%	50%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	31%	45%	31%	17%
11.4	Do you go to the library at least once a week?	45%	34%	45%	45%
11.5	Does the library have a wide enough range of materials to meet your needs?	30%	35%	30%	
11.6	Do you go to the gym three or more times a week?	42%	29%	42%	40%
11.7	Do you go outside for exercise three or more times a week?	37%	39%	37%	56%
11.8	Do you go on association more than five times each week?	41%	43%	41%	2%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	10%	10%	6%

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SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	32%	34%	32%	
12.2	Have you had any problems with sending or receiving mail?	46%	47%	46%	34%
12.3	Have you had any problems getting access to the telephones?	43%	33%	43%	43%
12.4	Is it easy/ very easy for your friends and family to get here?	43%	37%	43%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	69%	61%	69%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	41%	42%	41%	
13.2	Contact by letter?	30%	28%	30%	
13.2	Contact by phone?	12%	13%	12%	
13.2	Contact by visit?	42%	36%	42%	
13.3	Do you have a named offender supervisor in this prison?	46%	32%	46%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	35%	39%	35%	20%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	70%	57%	70%	60%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	48%	44%	48%	
13.6	Offender supervisor?	23%	32%	23%	
13.6	Offender manager?	35%	27%	35%	
13.6	Named/ personal officer?	7%	12%	7%	
13.6	Staff from other departments?	20%	19%	20%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	36%	59%	36%	68%
13.8	Are there plans for you to achieve any of your targets in another prison?	28%	26%	28%	
13.9	Are there plans for you to achieve any of your targets in the community?	21%	32%	21%	
13.10	Do you have a needs based custody plan?	5%	7%	5%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	8%	14%	8%	11%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	23%	30%	23%	
13.12	Accommodation?	21%	39%	21%	
13.12	Benefits?	25%	41%	25%	
13.12	Finances?	14%	24%	14%	
13.12	Education?	22%	30%	22%	
13.12	Drugs and alcohol?	37%	45%	37%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	42%	47%	42%	41%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Leicester 2013

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		47	106	27	125	19	129
1.3	Are you sentenced?	61%	62%	66%	62%	74%	59%
1.5	Are you a foreign national?	31%	12%			37%	15%
1.6	Do you understand spoken English?	98%	97%	92%	98%	100%	97%
1.7	Do you understand written English?	98%	97%	82%	100%	100%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			54%	26%	89%	22%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	7%	9%	6%	0%	7%
1.1	Are you Muslim?	38%	2%	27%	10%		
1.12	Do you consider yourself to have a disability?	15%	30%	26%	24%	11%	24%
1.13	Are you a veteran (ex-armed services)?	2%	6%	3%	5%	5%	5%
1.14	Is this your first time in prison?	43%	26%	52%	27%	48%	30%
2.6	Were you treated well/very well by the escort staff?	70%	68%	71%	68%	58%	70%
2.7	Before you arrived here were you told that you were coming here?	59%	67%	71%	64%	63%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	79%	73%	83%	83%	80%
3.3	Were you treated well/very well in reception?	68%	70%	66%	71%	58%	71%
3.4	Did you have any problems when you first arrived?	72%	80%	72%	78%	84%	75%
3.7	Did you have access to someone from health care when you first arrived here?	45%	63%	40%	61%	44%	60%
3.9	Did you feel safe on your first night here?	64%	63%	60%	63%	48%	63%
3.10	Have you been on an induction course?	74%	64%	85%	63%	84%	63%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	39%	28%	44%	39%	43%
4.4	Are you normally offered enough clean, suitable clothes for the week?	44%	35%	60%	32%	37%	38%
4.4	Are you normally able to have a shower every day?	75%	78%	77%	77%	74%	79%
4.4	Is your cell call bell normally answered within five minutes?	41%	30%	42%	29%	48%	31%
4.5	Is the food in this prison good/very good?	15%	17%	23%	15%	16%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	34%	39%	28%	39%	34%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	63%	60%	60%	61%	60%
4.8	Do you feel your religious beliefs are respected?	62%	43%	60%	47%	66%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	56%	60%	57%	73%	57%
5.1	Is it easy to make an application?	76%	77%	76%	76%	66%	79%
5.3	Is it easy to make a complaint?	45%	56%	58%	52%	25%	58%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	45%	38%	42%	34%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	45%	50%	47%	46%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	12%	5%	17%	5%	17%	6%
7.1	Do most staff, in this prison, treat you with respect?	78%	78%	72%	80%	59%	82%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	67%	56%	70%	59%	71%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	16%	10%	19%	9%	17%	12%
7.4	Do you have a personal officer?	41%	36%	48%	35%	27%	41%
8.1	Have you ever felt unsafe here?	38%	59%	52%	54%	66%	51%
8.2	Do you feel unsafe now?	22%	27%	35%	24%	39%	25%
8.3	Have you been victimised by other prisoners?	21%	37%	33%	32%	39%	31%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	11%	24%	16%	19%	22%	18%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	5%	13%	3%	12%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	9%	2%	12%	1%

Diversity analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	5%	13%	3%	12%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	4%	4%	3%	5%	3%
8.6	Have you been victimised by a member of staff?	24%	34%	29%	32%	44%	29%
8.7	Have you ever felt threatened or intimidated by staff here?	5%	12%	13%	9%	5%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	0%	4%	3%	17%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	1%	4%	3%	12%	2%
8.7	Have you been victimised because of your nationality? (By staff)	7%	1%	4%	3%	12%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	5%	0%	4%	0%	4%
9.1	Is it easy/very easy to see the doctor?	7%	19%	13%	16%	5%	18%
9.1	Is it easy/ very easy to see the nurse?	22%	38%	26%	34%	23%	36%
9.4	Are you currently taking medication?	33%	70%	43%	63%	34%	63%
9.6	Do you feel you have any emotional well being/mental health issues?	18%	58%	21%	49%	17%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	29%	16%	29%	22%	27%
11.2	Are you currently working in the prison?	39%	37%	44%	37%	34%	40%
11.2	Are you currently undertaking vocational or skills training?	14%	10%	10%	10%	17%	10%
11.2	Are you currently in education (including basic skills)?	54%	39%	48%	41%	34%	44%
11.2	Are you currently taking part in an offending behaviour programme?	0%	11%	4%	7%	0%	9%
11.4	Do you go to the library at least once a week?	59%	37%	50%	44%	61%	43%
11.6	Do you go to the gym three or more times a week?	59%	33%	54%	39%	23%	43%
11.7	Do you go outside for exercise three or more times a week?	49%	30%	50%	36%	50%	34%
11.8	On average, do you go on association more than five times each week?	45%	39%	68%	37%	41%	41%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	11%	21%	7%	5%	10%
12.2	Have you had any problems sending or receiving mail?	39%	50%	36%	48%	38%	47%
12.3	Have you had any problems getting access to the telephones?	43%	45%	29%	48%	56%	42%



Diversity Analysis

Key question responses (disability and aged over 50) HMP Leicester 2013

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

Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		38	116	16	136
1.3	Are you sentenced?	61%	63%	69%	62%
1.5	Are you a foreign national?	20%	18%	6%	19%
1.6	Do you understand spoken English?	98%	97%	100%	97%
1.7	Do you understand written English?	94%	97%	100%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	35%	19%	32%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	6%	0%	7%
1.1	Are you Muslim?	7%	15%	0%	15%
1.12	Do you consider yourself to have a disability?	38%	23%	38%	23%
1.13	Are you a veteran (ex-armed services)?	9%	3%	14%	4%
1.14	Is this your first time in prison?	19%	35%	53%	28%
2.6	Were you treated well/very well by the escort staff?	65%	69%	79%	68%
2.7	Before you arrived here were you told that you were coming here?	47%	71%	62%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	83%	79%	81%
3.3	Were you treated well/very well in reception?	61%	73%	81%	69%
3.4	Did you have any problems when you first arrived?	92%	72%	57%	80%
3.7	Did you have access to someone from health care when you first arrived here?	62%	57%	47%	59%
3.9	Did you feel safe on your first night here?	62%	62%	32%	65%
3.10	Have you been on an induction course?	78%	63%	56%	68%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	44%	23%	44%
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	34%	53%	35%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally able to have a shower every day?	86%	74%	79%	76%
4.4	Is your cell call bell normally answered within five minutes?	38%	31%	47%	30%
4.5	Is the food in this prison good/very good?	20%	15%	14%	17%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	37%	47%	36%
4.7	Are you able to speak to a Listener at any time, if you want to?	62%	60%	81%	59%
4.8	Do you feel your religious beliefs are respected?	46%	51%	47%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	56%	50%	59%
5.1	Is it easy to make an application?	69%	79%	79%	76%
5.3	Is it easy to make a complaint?	62%	51%	91%	51%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	42%	53%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	51%	38%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	6%	0%	8%
7.1	Do most staff, in this prison, treat you with respect?	74%	80%	84%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	70%	81%	67%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	10%	14%	11%
7.4	Do you have a personal officer?	42%	37%	38%	37%
8.1	Have you ever felt unsafe here?	70%	49%	68%	53%
8.2	Do you feel unsafe now?	35%	22%	38%	25%
8.3	Have you been victimised by other prisoners?	48%	27%	38%	32%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	32%	16%	19%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	11%	4%	6%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	1%	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	13%	3%	6%	6%
8.5	Have you been victimised because of your age? (By prisoners)	2%	1%	6%	1%

Key to tables

Diversity Analysis

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	13%	0%	0%	4%
8.6	Have you been victimised by a member of staff?	32%	31%	6%	34%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	7%	6%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	3%	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	2%	0%	3%
8.7	Have you been victimised because of your nationality? (By staff)	6%	2%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	2%	0%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	13%	0%	0%	4%
9.1	Is it easy/very easy to see the doctor?	20%	14%	22%	15%
9.1	Is it easy/ very easy to see the nurse?	50%	28%	50%	31%
9.4	Are you currently taking medication?	89%	49%	84%	56%
9.6	Do you feel you have any emotional well being/mental health issues?	80%	35%	22%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	27%	17%	28%
11.2	Are you currently working in the prison?	21%	44%	33%	39%
11.2	Are you currently undertaking vocational or skills training?	12%	10%	0%	11%
11.2	Are you currently in education (including basic skills)?	51%	41%	59%	41%
11.2	Are you currently taking part in an offending behaviour programme?	3%	9%	0%	7%
11.4	Do you go to the library at least once a week?	30%	50%	23%	48%
11.6	Do you go to the gym three or more times a week?	33%	44%	22%	44%
11.7	Do you go outside for exercise three or more times a week?	30%	38%	22%	40%
11.8	On average, do you go on association more than five times each week?	41%	41%	68%	39%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	22%	6%	14%	9%
12.2	Have you had any problems sending or receiving mail?	45%	47%	23%	48%
12.3	Have you had any problems getting access to the telephones?	36%	46%	30%	45%



Prisoner survey responses VP analysis HMP Leicester 2013

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

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable Prisoner Unit	Landings 1, 2, 3, 4 and B2
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		24	130
SECTION 1: General information			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	71%	60%
1.3	Are you on recall?	13%	13%
1.4	Is your sentence less than 12 months?	4%	16%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
1.5	Are you a foreign national?	20%	18%
1.6	Do you understand spoken English?	100%	97%
1.7	Do you understand written English?	100%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	34%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	6%
1.1	Are you Muslim?	13%	13%
1.11	Are you homosexual/gay or bisexual?	9%	5%
1.12	Do you consider yourself to have a disability?	29%	24%
1.13	Are you a veteran (ex-armed services)?	9%	4%
1.14	Is this your first time in prison?	50%	27%
1.15	Do you have any children under the age of 18?	62%	53%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	9%	9%
2.5	Did you feel safe?	80%	73%
2.6	Were you treated well/very well by the escort staff?	75%	67%
2.7	Before you arrived here were you told that you were coming here?	79%	64%
2.8	When you first arrived here did your property arrive at the same time as you?	84%	84%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	67%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	91%	78%
3.3	Were you treated well/very well in reception?	71%	70%
When you first arrived:			
3.4	Did you have any problems?	91%	74%
3.4	Did you have any problems with loss of property?	20%	12%
3.4	Did you have any housing problems?	13%	19%
3.4	Did you have any problems contacting employers?	4%	9%

Key to tables

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Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
3.4 Did you have any problems contacting family?	46%	32%
3.4 Did you have any problems ensuring dependants were being looked after?	0%	8%
3.4 Did you have any money worries?	26%	27%
3.4 Did you have any problems with feeling depressed or suicidal?	62%	33%
3.4 Did you have any physical health problems?	20%	19%
3.4 Did you have any mental health problems?	16%	26%
3.4 Did you have any problems with needing protection from other prisoners?	42%	5%
3.4 Did you have problems accessing phone numbers?	42%	33%
When you first arrived here, were you offered any of the following:		
3.6 Tobacco?	75%	82%
3.6 A shower?	13%	19%
3.6 A free telephone call?	71%	75%
3.6 Something to eat?	58%	63%
3.6 PIN phone credit?	29%	52%
3.6 Toiletries/ basic items?	67%	53%
SECTION 3: Reception, first night and induction continued		
When you first arrived here did you have access to the following people:		
3.7 The chaplain or a religious leader?	36%	57%
3.7 Someone from health services?	54%	58%
3.7 A Listener/Samaritans?	14%	24%
3.7 Prison shop/ canteen?	14%	15%
When you first arrived here were you offered information about any of the following:		
3.8 What was going to happen to you?	18%	40%
3.8 Support was available for people feeling depressed or suicidal?	36%	26%
3.8 How to make routine requests?	14%	34%
3.8 Your entitlement to visits?	18%	37%
3.8 Health services?	28%	34%
3.8 The chaplaincy?	18%	45%
3.9 Did you feel safe on your first night here?	46%	65%
3.10 Have you been on an induction course?	46%	70%
3.12 Did you receive an education (skills for life) assessment?	86%	83%
SECTION 4: Legal rights and respectful custody		
In terms of your legal rights, is it easy/very easy to:		
4.1 Communicate with your solicitor or legal representative?	46%	42%
4.1 Attend legal visits?	63%	62%
4.1 Get bail information?	16%	24%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	43%
4.3 Can you get legal books in the library?	26%	52%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	57%	33%
4.4	Are you normally able to have a shower every day?	87%	76%
4.4	Do you normally receive clean sheets every week?	59%	58%
4.4	Do you normally get cell cleaning materials every week?	78%	39%
4.4	Is your cell call bell normally answered within five minutes?	30%	32%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	79%	54%
4.4	Can you normally get your stored property, if you need to?	28%	26%
4.5	Is the food in this prison good/very good?	17%	14%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	36%
4.7	Are you able to speak to a Listener at any time, if you want to?	91%	55%
4.8	Are your religious beliefs are respected?	50%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	68%	56%
4.10	Is it easy/very easy to attend religious services?	44%	50%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	90%	73%
5.3	Is it easy to make a complaint?	79%	48%
5.5	Have you ever been prevented from making a complaint when you wanted to?	19%	24%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	10%	20%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	64%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	8%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	78%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	96%	63%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	24%
7.4	Do staff normally speak to you most of the time/all of the time during association?	14%	11%
7.5	Do you have a personal officer?	64%	33%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	86%	49%
8.2	Do you feel unsafe now?	63%	19%
8.4	Have you been victimised by other prisoners here?	68%	26%
Since you have been here, have other prisoners:			
8.5	Made insulting remarks about you, your family or friends?	41%	12%
8.5	Hit, kicked or assaulted you?	10%	7%
8.5	Sexually abused you?	4%	2%
8.5	Threatened or intimidated you?	46%	14%

Key to tables

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	Any percentage highlighted in blue is significantly worse		
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	Percentages which are not highlighted show there is no significant difference		
8.5	Taken your canteen/property?	4%	6%
8.5	Victimised you because of medication?	4%	8%
8.5	Victimised you because of debt?	4%	5%
8.5	Victimised you because of drugs?	4%	3%
8.5	Victimised you because of your race or ethnic origin?	10%	5%
8.5	Victimised you because of your religion/religious beliefs?	4%	3%
8.5	Victimised you because of your nationality?	10%	5%
8.5	Victimised you because you were from a different part of the country?	4%	4%
8.5	Victimised you because you are from a traveller community?	4%	3%
8.5	Victimised you because of your sexual orientation?	0%	3%
8.5	Victimised you because of your age?	0%	2%
8.5	Victimised you because you have a disability?	0%	4%
8.5	Victimised you because you were new here?	14%	9%
8.5	Victimised you because of your offence/crime?	36%	2%
8.5	Victimised you because of gang related issues?	14%	6%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	46%	28%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	18%	12%
8.7	Hit, kicked or assaulted you?	0%	4%
8.7	Sexually abused you?	0%	0%
8.7	Threatened or intimidated you?	14%	9%
8.7	Victimised you because of medication?	0%	6%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	2%
8.7	Victimised you because of your race or ethnic origin?	4%	3%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%
8.7	Victimised you because of your nationality?	4%	3%
8.7	Victimised you because you were from a different part of the country?	4%	2%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	0%	1%
8.7	Victimised you because you have a disability?	0%	4%
8.7	Victimised you because you were new here?	0%	4%
8.7	Victimised you because of your offence/crime?	28%	3%
8.7	Victimised you because of gang related issues?	0%	3%

Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable Prisoner Unit	Landings 1, 2, 3, 4 and B2
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	14%	15%
9.1	Is it easy/very easy to see the nurse?	41%	31%
9.1	Is it easy/very easy to see the dentist?	0%	3%
9.4	Are you currently taking medication?	82%	53%
9.6	Do you have any emotional well being or mental health problems?	46%	45%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	22%	39%
10.2	Did you have a problem with alcohol when you came into this prison?	10%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	32%	24%
10.4	Is it easy/very easy to get alcohol in this prison?	0%	8%
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	9%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	10%	14%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	14%	25%
11.1	Vocational or skills training?	15%	36%
11.1	Education (including basic skills)?	85%	65%
11.1	Offending Behaviour Programmes?	11%	9%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	59%	35%
11.2	Vocational or skills training?	4%	12%
11.2	Education (including basic skills)?	41%	44%
11.2	Offending Behaviour Programmes?	4%	8%
11.4	Do you go to the library at least once a week?	28%	47%
11.5	Does the library have a wide enough range of materials to meet your needs?	32%	29%
11.6	Do you go to the gym three or more times a week?	10%	48%
11.7	Do you go outside for exercise three or more times a week?	33%	37%
11.8	Do you go on association more than five times each week?	78%	34%
11.9	Do you spend ten or more hours out of your cell on a weekday?	0%	12%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	31%
12.2	Have you had any problems with sending or receiving mail?	54%	44%
12.3	Have you had any problems getting access to the telephones?	41%	44%
12.4	Is it easy/ very easy for your friends and family to get here?	35%	44%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	73%	40%
13.10	Do you have a needs based custody plan?	0%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	0%	9%