

Report on an unannounced inspection of

# **HMP Wakefield**

by HM Chief Inspector of Prisons

**30 June–11 July 2014**

## **Glossary of terms**

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# Introduction

HMP Wakefield is one of eight high security prisons in England and holds 750 men, many of whom are serious sex offenders. Approximately 70% of the population are life or indeterminate sentence prisoners, a small number of whom are unlikely ever to be released. The prison also contains a small close supervision centre (CSC) unit, part of a nationally managed system of similar units that hold some of the most violent men in the prison system. This facility was not part of our inspection but will be considered as part of a thematic inspection of these units, due to take place in early 2015.

Wakefield is a highly complicated and high risk institution where the need to ensure the protection of the public, the need to provide safe, decent and humane treatment for men serving extremely long sentences, and the need to work with men to help them address their offending behaviour have to be balanced. This inspection found that Wakefield had made progress in developing and embedding a decent and constructive staff culture and had started to make progress in working constructively with men, most of whom had committed the most serious of offences.

The prison felt calm and ordered and most prisoners (although fewer than when we last visited the prison) said they felt safe. A changing population profile and a more challenging population mix than at our previous inspection may explain this change, but managers needed to better understand some of these dynamics. Levels of violence, while not high, had increased, particularly assaults against staff, and although most incidents were not serious, ongoing vigilance in the context of the high risks managed was needed. Case work to support those at risk of self-harm was generally well managed and some good care was provided to men who were vulnerable. Processes to support prisoners on arrival were reasonably good and efforts were made to help prisoners settle down, for what were often very long stays at the prison.

As one would expect in a high security prison, security arrangements were sophisticated and provided an appropriate level of reassurance to the public. Despite this, Wakefield felt less oppressive in many respects than other similar prisons we have visited. This was, in no small part, due to some excellent relationships between staff and prisoners which were generally good at our last inspection, and had improved further. Most interactions between staff and prisoners were low key, friendly and appropriately challenging. The environment was decent and exceptionally well maintained for its age. Prisoners had good access to amenities and valued the wing-based cooking facilities, although there was scope for these to be improved. Focus on diversity was generally strong but more needed to be done to understand the more negative perceptions of black and minority ethnic prisoners. Better coordination was needed to ensure the needs of the increasingly older and infirm population were being met. Health services were generally very good.

F wing, the segregation and CSC unit, remained a poor environment, despite some efforts to brighten it up. Plans to carry out a major refurbishment of the unit in autumn 2014 were welcome. Some men held in segregation presented among the toughest challenges for staff, both in terms of their complexity and the degree of their difficult and sometimes violent behaviour. We were therefore disappointed to see that structures to provide care and progression planning to these men was very weak, and little was being done to prevent the psychological harm of long-term containment. The controlled unlock protocols we observed in the segregation unit were an extreme intervention which were said only to be used on those who were actively refractory. However, if misused they could have allowed significant risks of mistreatment or abuse. These protocols needed to be more closely and robustly monitored to ensure the measures were only used in extremis and that supervision was accountable.

The provision of work and activities to keep men purposefully engaged was not impressive. While time out of cell for the majority was reasonable, too many men were locked in cells during the working day, which largely reflected the significant shortage of activity places available. Given the wide ability mix in the population and the very long sentences being served, the education, creative

and arts-based activities on offer were in particular need of improvement. The prison was seeking to address these weaknesses and at the time of the inspection was refurbishing a workshop which, in the near future, would provide additional workplaces. It had also secured funding to improve the offer available to category A prisoners, but none of this was yet in place.

Priorities in resettlement were appropriate, and included the idea or concept of 'settlement'. This meant working with men serving very long sentences or men with only a distant prospect of release and providing them with some possibility or potential for progression, whatever that might mean to the individual, and critically working with them to reduce risk to others. To this end, offender management arrangements were good. Support for the small number released each year was bespoke and also good. Public protection arrangements were robust, and some good support was provided to help men keep in contact with family and friends.

A useful range of offending behaviour programmes were offered, although inevitably demand for these outstripped supply and many men complained about long waits for a course. At our two previous inspections we raised concerns about the lack of focus on working with the significant number of men who were in denial of, or refusing to fully accept, responsibility for their offences. It was pleasing therefore to see some progress being made in work to understand some of the underlying reasons why men minimise their responsibility for or deny their offences, and what could usefully be done to move them to a point where they could start to address relevant aspects of their behaviour and cognitions. This work was in its early days but some encouraging progress had been made.

HMP Wakefield has made progress in some key areas since our last inspection. A renewed focus on some of the emerging challenges around safety and the population mix, as well as developing more opportunities to keep prisoners purposefully occupied, are priorities we have identified. But considering the complexity, risk and challenges of this population, the prison is providing reasonable outcomes for prisoners.

**Nick Hardwick**  
HM Chief Inspector of Prisons

November 2014

# Fact page

**Task of the establishment**

HMP Wakefield is a high security prison for category A and B male prisoners, almost exclusively holding those with a determinate sentence for over 10 years, lifers and prisoners with an indeterminate sentence for public protection.

**Prison status**

Public

**Department**

High security estate

**Number held**

740

**Certified normal accommodation**

750

**Operational capacity**

750

**Date of last full inspection**

May 2012

**Brief history**

HMP Wakefield was originally built as a house of correction in 1594. The current prison was designated a dispersal prison (holding prisoners posing the highest security risk) in 1966. It is now a main lifer centre with a focus on serious sex offenders. The average prison roll is approximately 700, including a maximum of 100 category A and 10 high risk category A prisoners. Wakefield has a close supervision centre (CSC) (or exceptional risk management unit), a small therapeutic centre providing some of the most challenging prisoners with a supportive, safe, structured and consistent environment. The CSC was not inspected.

**Short description of residential units**

Wings A to D – residential units

Wing F – segregation unit and close supervision centre

Health care centre – inpatients unit.

**Name of governor/director**

Dave Harding

**Escort contractor**

GEOAmey

National Offender Management Service

**Health service provider**

Humber NHS Foundation Trust

Nottinghamshire Healthcare NHS Trust

Spectrum Community Health Community Interest Company

**Learning and skills providers**

The Manchester College

**Independent Monitoring Board chair**

Richard Baldwin



# 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:

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely
<b>Respect</b>	prisoners are treated with respect for their human dignity
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them
<b>Resettlement</b>	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 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*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> 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** *Escorts were split between the contractor for category B prisoners, and Prison Service escorts for category A prisoners. Prisoners said they were treated reasonably well during these escorts. Reception, first night and induction arrangements were mainly good. More prisoners than previously reported feeling unsafe and victimised. Despite this, the prison felt calm and ordered, although a more challenging population mix meant greater vigilance was required. Levels of self-harm were not high, and the care provided for vulnerable and at risk prisoners was generally good, although formal adult safeguarding arrangements were underdeveloped. Security was very well managed and appropriate to a high security prison. Incentives and earned privileges (IEP) arrangements were reasonably well applied. Adjudications were fair. Use of force was authorised appropriately, well monitored and used infrequently. However, F wing remained poor and not enough was being done to mitigate the effects of a long stay there. Level three special unlocking arrangements were extreme and needed better governance. The prison had focused on reducing trading in prescribed medications. Substance misuse use provision was good, but some elements were in transition.*  
**Outcomes for prisoners were reasonably good against this healthy prison test.**
- S2** *At the last inspection in 2012 we found that outcomes for prisoners in Wakefield were reasonably good against this healthy prison test. We made 31 recommendations in the area of safety. At this follow-up inspection we found that 11 of the recommendations had been achieved, five had been partially achieved, 11 had not been achieved, three were not relevant for this inspection and one was no longer relevant.*
- S3** Escorts for category B prisoners were conducted by the contractor, and for category A prisoners by Prison Service staff and vehicles. Prisoners were positive about most aspects of these escorts. Although reception was shabby, it was being refurbished and it was adequate for the relatively small number of prisoners passing through. Searching procedures were appropriate and prisoners were dealt with promptly.
- S4** In our survey fewer prisoners than the comparator stated that they felt safe on their first night. Newly arrived prisoners told us that this was because of the poor perceptions they had of the prison before their transfer, rather than their treatment on arrival. We found first night arrangements ensured new arrivals were safe. Induction was prolonged and arrangements to ensure all elements took place needed to be tighter.
- S5** A new violence reduction policy had been introduced. It seemed appropriate, but was not yet well embedded. A team of peer anti-bullying representatives provided support on the wings, and was involved in monthly management meetings. There was scope to improve data collection and analysis to enhance the prison's understanding of prisoners' perceptions. Some issues dragged on for months before they were resolved. In our survey, more prisoners than at the last inspection said they felt unsafe or victimised. The large number of non-sex offenders held, abuse directed at those convicted of sexual offences, anxiety about sharing cells and the closure of the remand unit might have played a part in this. In the context of a changing population, a noticeable increase in violence had taken place, including a concerning spike in the number of assaults on staff. Despite a few serious incidents, most were minor. Investigations into violent incidents were generally good and responses proportionate.

- S6 The number of prisoners on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm was low. ACCT case management processes were carefully managed, and we saw examples of good multidisciplinary care planning and support. However, case management was not consistent. An enthusiastic group of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) provided prisoners with support. In our survey, most prisoners were positive about their ability to contact a Listener. The prison did not monitor the use of safer cells, gated cells or strip-clothing effectively.
- S7 A senior manager had started to attend the local adult safeguarding board, but there was no safeguarding policy. However, some vulnerable men received good support from health professionals.
- S8 Security was well managed and proportionate, and intelligence-based risk management systems were effective. Given the high security category A classification of the prison, targets were appropriately focussed on the risks presented in the population. Security committee meetings had a high profile and links to all prison departments were particularly effective. There were also excellent links to the police. In our survey, fewer prisoners than in the comparators said it was easy to get drugs or alcohol. Mandatory drug testing (MDT) rates were very low.
- S9 There was a reasonable distinction between the different IEP levels and those on the basic level had an adequate regime. We observed the scheme being applied fairly across the prison.
- S10 The number of adjudications was comparatively low and had decreased slightly since the previous inspection. Charges appeared appropriate and hearings were conducted fairly. Use of force was reasonably low. Governance was good and information was being used strategically to help reduce its use. Paperwork was completed correctly and accounts from officers generally demonstrated that de-escalation was the preferred option. Special accommodation was used infrequently.
- S11 The segregation unit was poor, although plans for its refurbishment were in place. Some prisoners in segregation were extremely challenging. Leadership in the segregation unit was good; relationships were generally friendly and respectful. However, structures to support care planning were very weak and little was being done to prevent the psychological harm done to those in long-term containment. The level 3 unlocking protocol was an extreme measure to manage very problematic prisoners, but lacked robust individual risk assessments and regular reviews at a senior level.
- S12 A new, prison-wide strategy to address trading in medication was effective. Psychosocial support needed to be developed. The prison lacked sufficient contingencies to cope with the redeployment of substance misuse workers during the transition between providers, and some group-based and individual work had been interrupted. Alcoholics Anonymous fellowship groups were available. Outcomes for prisoners receiving clinical substance misuse treatment were good and prisoners had daily access to nursing support and regular reviews with the specialist GP.

## Respect

**S13** *Living conditions were good and prisoners had good access to amenities. Staff-prisoner relationships had improved since the previous inspection and were mostly very respectful. Equality and diversity work was reasonably well developed but black and minority ethnic prisoners' negative perceptions and care needs of prisoners with disabilities were not well understood. Faith provision was good and complaints reasonably well managed. The demand for legal services was limited. Health services were very good. Prisoners complained about the quality of the food. However, they valued the wing-based cooking facilities, although these needed to be improved. Canteen arrangements were adequate. **Outcomes for prisoners were good against this healthy prison test.***

**S14** *At the last inspection in 2012 we found that outcomes for prisoners in Wakefield were reasonably good against this healthy prison test. We made 23 recommendations in the area of respect.<sup>2</sup> At this follow-up inspection we found that nine of the recommendations had been achieved, two had been partially achieved, 11 had not been achieved and one was no longer relevant.*

**S15** The residential communal areas and cells were well equipped and clean although toilets were not screened. Prisoners expressed some concern over plans to introduce double cells, which were being introduced to provide extra capacity. Some prisoners reported thefts from cells. Outside areas were well kept. The majority of cell call bells were answered within five minutes. Prisoners had good access to prison kit, laundry facilities and cleaning material.

**S16** In our survey, most prisoners said that staff treated them with respect. Our observations suggested that relationships had improved since the previous inspection and were generally good. Overall, we saw most officers interact positively with prisoners; they knew their circumstances well and demonstrated a good level of care. However, a few staff continued to have low expectations of prisoners and failed to challenge them or deal with reasonable requests. Management had started to take a robust approach to address this.

**S17** Strategic management of equality and diversity was good overall. There was a regular and well attended prisoner equality action group, which included prisoner representatives but no input from external equality agencies. Lead staff members for each protected characteristic had been appointed. Equality representatives were from diverse groups and we were impressed by the support they received and the opportunities they had to scrutinise the redacted discrimination incident reporting forms (DIRFs). DIRFs were reasonably well investigated but lacked external scrutiny.

**S18** The new equalities monitoring tool showed black and minority ethnic prisoners were over-represented in some areas, and our survey indicated they felt more victimised than white prisoners. Specific initiatives were needed to explore these perceptions. Gypsy, Romany and Traveller prisoners had monthly meetings, which included a celebration of Traveller culture.

**S19** The prison had a regular meeting for foreign national prisoners. They could make overseas telephone calls and the Home Office held surgeries for them. Although efforts had been made to move two detainees, one had been held in high security conditions for three years.

**S20** The prison identified prisoners with disabilities effectively. Prisoners from this group were generally more negative about their treatment than others in our survey and although a valued formal carer scheme was in place, there were some gaps in the social care provided.

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

- The learning disability nurse provided good support. The prison had some provision for older prisoners but the core day unlocking arrangements were not consistently applied and there were not enough specific activities for them. Staff knew which prisoners were subject to personal emergency and evacuation plans. There were quarterly meetings for gay, bisexual and transgender prisoners.
- S21 The chaplaincy was well integrated into the life of the prison and had good links to security and safer custody departments. There were also links with community-based faith groups and an active prison visitors scheme.
- S22 The complaints procedure was well used. More needed to be done to analyse complaints – particularly the large number recorded under confidential access and ‘other’ categories. Most responses to complaints were prompt and generally respectful. On average around 14 complaints were made about staff each month, mostly relating to perceived poor staff attitudes or decisions. In most cases managers answered them at an appropriate level, but in some cases replies were not sufficiently comprehensive. Complaints underwent effective quality assurance with senior managers providing staff detailed feedback to improve standards. The demand for legal services was limited with offender supervisors providing information and directing prisoners to services.
- S23 Health care services were good overall. Provider arrangements were complex and governance was insufficiently integrated. Some parts of the health care environment were poor. The complaints system did not protect medical confidentiality. Primary care services were very good and had an appropriate emphasis on the care of patients with long-term conditions. Waiting times were very good except for the optician; the failure-to-attend rate for GPs was commendably low. A third of in-patient beds were blocked by non-clinical admissions.
- S24 Pharmacy services and medicines management were very good, but running two medicine queues simultaneously from one hatch was poor practice. The dental suite did not comply with infection control standards. Mental health services were very good but there were insufficient dedicated therapy rooms and hospital transfer delays were extensive.
- S25 Prisoners’ perceptions about the food were generally negative. The menu was broadly appropriate and special diets were generally managed well. Provision for Ramadan worked well. Prisoners valued the wing kitchens but they needed to be improved.
- S26 Canteen processes were efficient, but prisoners were unhappy that they could not buy meat or frozen goods. Consultation was effective.

## Purposeful activity

- S27** *Time out of cell was reasonable for fully employed prisoners, but too many were locked up during the working day. Teaching and leadership and management of learning skills required improvement, but progress was being made. A significant shortfall in the number of activity places was being addressed but many prisoners were unemployed or under-occupied. Education was somewhat limited and achievements in key areas were not good enough. The range and achievements in vocational training was better. The library and gym provided some good opportunities, but access to the gym was limited. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

*S28 At the last inspection in 2012 we found that outcomes for prisoners in Wakefield were reasonably good against this healthy prison test. We made nine recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved and four had not been achieved.*

- S29 Time out of cell was reasonable for fully employed prisoners, who could have about eight hours out of their cells during the week and about six at weekends. However, the substantial number of prisoners who were unemployed received fewer hours. During roll checks, 35% of prisoners were locked up in the morning and 20% in the afternoon; overall this was too high.
- S30 Strategic planning for learning, skills and work was ambitious and well thought through. A good range of data was used to monitor performance. The prison had won funding to develop and widen the provision, broaden access, provide more qualifications and increase the number of places to accommodate all prisoners. The allocations system was reasonable. Quality improvement arrangements needed to be better. Self-assessment and the observation of teaching were not sufficiently critical or focused on improving teaching, learning and assessment.
- S31 There were insufficient activity places with only enough for 72% of the population, a high proportion of which was undemanding wing work. A number of workshops were temporarily closed pending refurbishment, which had reduced training and work options. While employability qualifications were available in most workshops, they were not currently being offered to all prisoners in work. Category A prisoners continued to have limited access to learning and skills provision, although this was being addressed. The range of education courses, including those run by the Open University, was adequate, but there was a lack of higher level options and too few creative classes. A lack of work and over-allocation of prisoners to some workshops meant some prisoners became bored and disengaged. Pay rates were not sufficiently differentiated. Many complaints were about mistakes in pay.
- S32 Overall, most lessons provided prisoners with a good learning experience, but teachers did not sufficiently challenge or support prisoners on short English and Mathematics courses. Prisoners' behaviour in education was good. Most learners were well motivated but a minority did not want to attend. Those who were capable of higher level attainments did not receive sufficient support. The outcomes of initial assessments were not used well enough to inform teaching or individual learning. The induction into activities was generally sound, but not sufficiently prompt and the assessment of prisoners' English and mathematics skills was too basic. Although there were numerous trained peer mentors in education sessions they were not all deployed effectively.
- S33 Success rates on the relatively small number of vocational and chaplaincy qualifications were high. Success rates on education courses were not consistently high enough. Although achievements were improving, they were low in entry level English and mathematics. The standard of work was broadly satisfactory, but particularly good in art, the craft workshop, recycling and cleaning. Attendance at education sessions was improving but some sessions started late.
- S34 The library was well run and used by over 80% of prisoners. Loan rates were high. The range of stock was broad and the provision for foreign nationals was sufficient; however, book losses were high. The writer in residence scheme was effective. The Shannon Trust's Toe by Toe mentoring scheme to help prisoners learn to read and Storybook Dads (in which prisoners record stories for their children) were available. Equality and diversity were well promoted.

- S35 PE facilities were well maintained and resourced, but access was restricted, particularly at weekends, which meant that only just over half of prisoners used them. The outdoor pitch had only been used sporadically in recent months due to staffing constraints. Provision for specific groups, including older prisoners and those with health problems, was good. Nearly 200 learners had completed physical education (PE) qualifications in the year up to the inspection.

## Resettlement

**S36** *Some positive initiatives were being developed to enhance important elements of resettlement. Nearly all prisoners held were serving very long sentences, including some with whole life tariffs and the concept of 'settlement' was being appropriately developed to work with them. Offender management arrangements were strong overall, although the prison did not have specific outcomes-based targets. Public protection work was robust. There were delays in some category B prisoners getting progressive moves to other prisons. Indeterminate prisoners were well managed. Resettlement support for the small number of prisoners released each year was good. Most of the resettlement pathway services were appropriate and generally well managed but employment, training and education required further development. Visits and children and families support was reasonable overall. The prison offered an appropriate range of interventions. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S37 *At the last inspection in 2012 we found that outcomes for prisoners in Wakefield were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, six had been partially achieved, four had not been achieved and one was no longer relevant.*

S38 The prison had an up-to-date reducing reoffending strategy but the action plan was out of date. Nearly all the prisoners held were serving very long sentences; many for life and a small number had whole life tariffs. The focus for most of these prisoners was therefore on adjusting and adapting to prison life, and undertaking activities to occupy them usefully and address elements of their offending behaviour. The prison was starting to term this focus 'settlement'. Staff had a broad understanding of the prisoners' needs. Comments in P-Nomis (the Prison Service IT system) showed that wing staff were broadly aware of prisoners' sentence plan targets.

S39 All prisoners were allocated an offender supervisor (OS) and caseloads were very high. There were plans to increase the number of OSs, and the allocation of wing-based OSs was an attempt to ensure prisoners had more contact with OSs, although it was not clear whether this had yet been achieved. At the previous two inspections, there had been no expectation of the frequency of contact between OSs and prisoners, which might have assisted prisoners serving very long sentences in developing a sense of hope and progression. Offender assessment system (OASys) documents and sentence plans were good and risk management plans included action to manage prisoners' risks in custody and the community. Not all sentence planning objectives were sufficiently focused on outcomes.

S40 Public protection processes, including multi-agency public protection arrangements, were robust. Given the security classification and the nature of many prisoners' offences, the provision of telephone calls in reception needed to be reviewed. Categorisation processes were well managed but there were delays in obtaining progressive moves to lower security prisons for category B prisoners. The specific needs of indeterminate sentence prisoners were well met.



- S41 The resettlement needs of new arrivals were screened by offender supervisors. The few remanded prisoners had custody plans and their release was individually managed. Most of the small number of prisoners released from Wakefield were discharged to approved accommodation. Planning, delivery and support for prisoners' education, training and employment prior to their release was underdeveloped but a useful pre-release course had been introduced. Health preparation prior to prisoners' release was efficient. Suitable arrangements were made with relevant community agencies for continuing drug treatment and support and provision for assistance and advice for finance benefit and debt was adequate.
- S42 Visitors said they were treated well but complained about a lack of toilet access before the visitors' centre opened. The visitors' centre and visits room were comfortable and bright but first time visitors were not identified and received no specific support. Visits did not start at the advertised time. There were twice yearly extended family visits. Regular coffee mornings enabled visitors to ask questions and included presentations from various prison departments. A prison visitor scheme was available.
- S43 The range of offending behaviour programmes (OBPs) matched the needs of prisoners and included some for prisoners with learning disabilities. Promising work had begun to assess the level of denial in the population, which would ultimately lead to suitable interventions. The Wayfinders initiative involved trained prisoner peers supporting others. This work on denial in the absence of a National Offender Management Service national strategy was particularly welcome.

## Main concerns and recommendations

- S44 Concern: Some prisoners spent long periods in segregation. The regime was impoverished and did little to prevent psychological deterioration. Prisoners spent nearly all day locked up with little to do. Generally, planning systems to address the needs of segregated prisoners were also underdeveloped. There was little to assure us that changes in prisoners' behaviour or circumstances were being monitored; they did not have adequate individual care plans outlining how they could progress back to the mainstream prison.

**Recommendation: The regime for prisoners should be improved and include purposeful activities to help prevent psychological deterioration and formal individual care planning to focus on reintegrating prisoners back into the mainstream prison.**

- S45 Concern: Special arrangements (the level three unlocking protocol) were being used to unlock prisoners thought to present a high risk to staff or other prisoners. Although they provided staff with an alternative to using full personal protective equipment, these arrangements were extreme and required stronger risk assessments and authorisation protocols that were reviewed regularly.

**Recommendation: Individual risk assessments should be reviewed every day for prisoners on level three unlocking protocols. Formal reviews should be carried out by senior managers and authorisation should be recorded.**

- S46 Concern: There were only enough activities for around 72% of the population; the range was limited and did not meet all prisoners' needs. Provision for category A prisoners was even more limited due to security restrictions. Too many men in work were under-occupied and too many were unemployed.

**Recommendation: The amount and range of education and work provision should be increased, including for category A prisoners, and should be broadly sufficient to fully occupy the population.**

# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

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

**1.1** *The majority of prisoners said that escort staff treated them well. Escort vehicles were clean but comfort breaks were rarely offered.*

**1.2** In our survey, more prisoners than in comparator prisons were generally positive about their treatment by escort staff although they were more likely than the comparator to report feeling unsafe. Some prisoners had been provided with a helpful information booklet about the prison although this was only available in English.

**1.3** Category B prisoners were escorted using contractor staff and vehicles, while category A prisoners were escorted by prisons service staff and vehicles. No contractor escort vehicles were seen, but we inspected several Prison Service category A vehicles, including one that had been adapted for transporting prisoners using a wheelchair. All escort vehicles were clean and stocked with water, and on longer journeys, sandwiches were available; records were made of this for each escort. Person escort record forms revealed that refreshments were almost always available, while comfort breaks were rarely offered, even on journeys of over two and a half hours and where there was no stated risk based reason not to provide one.

### Recommendation

**1.4** **Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded.** (Repeated recommendation 1.6)

## Early days in custody

### Expected outcomes:

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

**1.5** *The reception area was shabby but was being refurbished. Reception processes were respectful. First night arrangements were good and systematically adhered to and recorded. Many prisoners reported not feeling safe on their first night. Induction was unduly prolonged.*

**1.6** The reception was shabby but adequate for the relatively small number of prisoners passing through the area. Refurbishment work was underway and this was due for completion by the end of the year.

- I.7** Most prisoners were detained a short while in a holding room opposite the booking-in desk. The room was adequate for the time prisoners were expected to remain there. There were three 'prisoner holding stalls' within the room, which had been taken out of use. All prisoners were privately strip-searched, and the body orifice security scanner was used. This was done with respect for the prisoner's privacy. In our survey 78% of respondents stated that they had been searched respectfully, against 68% in comparator prisons.
- I.8** Incoming prisoners were offered a shower and saw a health care practitioner in private. Hot microwave meals were available for those arriving outside normal meal times, and all prisoners were offered a hot drink. Staff told us that a telephone interpretation service was available, but it was seldom needed.
- I.9** All new arrivals were interviewed by an officer on the first night wing. Insiders (prisoners who introduce new arrivals to prison life) spoke to all newly arrived prisoners, usually on the first night, or at the latest, the following morning. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were available 24 hours a day.
- I.10** Newly arrived prisoners were located on the main residential wings and there were no induction or first night cells. Night staff were made aware of new arrivals, who were subject to additional observations throughout the night. In our survey, 63% of respondents, against a comparator of 68%, said they felt safe on their first night. Recently arrived prisoners told us that this was because of the poor perceptions they had of the prison before transfer, rather than their treatment on arrival.
- I.11** An induction process began in reception and continued on the first night on the wing. Induction was expected to have been completed within 28 days of a prisoner's arrival. However, in the three months prior to the inspection, only 75% had achieved this. Some prisoners told us that this was because they were sometimes turned away from induction classes due to a lack of staff. Employment was only allocated once induction had been completed, which meant some prisoners who were willing to work were unable to do so.

## Recommendation

- I.12** **The induction process should ensure all prisoners complete the course quickly and on time.**

## 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.13** *Some violence reduction arrangements were new and not yet embedded. The prison felt calm and ordered, but prisoners were less positive about safety than at our previous inspection. Perceptions of victimisation by prisoners and rates of assault, particularly on staff were a concern. The mix of prisoners at Wakefield had changed somewhat and along with organisational changes may have explained some of these perceptions. Processes were generally sound, but data analysis lacked rigour and prisoner representatives could have been used to better effect.*

- I.14** Overall, the prison felt calm and ordered. A new violence reduction strategy, described as 'zero tolerance' had been introduced in June 2014. It aimed to increase residential staff's involvement and seemed appropriate, but was not yet well enough embedded for us to judge its effectiveness.
- I.15** A team of anti-bullying peer representatives provided support on the wings. Some felt that they had not received sufficient training for their role and that the prison did not deal with antisocial behaviour assertively enough. However, both they and staff had access to a reliable system for referring prisoners to the Safer Prisons team. Safer Prisons staff also collated data from intelligence reports and reports of injuries.
- I.16** Strategies to reduce violence and self-harm were monitored at a monthly multidisciplinary Safer Prisons meeting. A range of data was presented, but analysis lacked rigour. Prisoner representatives attended for part of the meeting, but there was scope to step up their involvement. Residential managers rarely attended the meeting, even though their cooperation was needed to resolve some persistent issues, for example, radios being played too loudly on D wing (see section on self-harm and suicide prevention, paragraph I.26).
- I.17** In our survey, prisoners were less positive than at our previous inspection when asked about safety and victimisation. Most current perceptions were similar to comparator prisons, but 51% against a comparator of 35% said that they had been victimised by other prisoners. Black and minority ethnic prisoners were particularly negative.
- I.18** There had been 38 assaults in the previous six months, of which six were serious, and 20 were against staff. A few were very minor and several were perpetrated by prisoners held in segregation or in the close supervision centre, but these figures were still higher compared with our previous inspection. Most investigations into incidents were good and responses proportionate.
- I.19** Most aspects of the population demographic were similar to our previous inspection, and non-sex offenders were still integrated with sex offenders. However, it seemed likely that the offence profile had changed, with more non-sex offenders and for example, prisoners convicted of terrorist offences. Some prisoners complained of pejorative comments about sex offenders from other prisoners and a few said that some groups of Muslim prisoners were particularly vocal. The closure of a small remand unit in June 2014 (which had also held some men who had refused to mix with sex offenders) and the imminent introduction of some double cells (see residential units section) had caused tension and uncertainty. These factors might have explained the poorer perceptions of safety, but further investigation was required.

## Recommendation

- I.20** **Data on violence, victimisation and self-harm should be more rigorously collected, analysed and discussed with prisoners so that prisoners' perceptions of safety can be better understood. Residential managers should be part of this process.**

## Self-harm and suicide prevention

### 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.21** *Good care and support was offered to prisoners at risk of self-harm. Access to Listeners was mostly good and the level of self-harm was not high. Residential managers needed to be more involved in the suicide prevention strategy. The use of safer cells, gated cells and strip-clothing still needed more careful monitoring.*

**I.22** New arrivals met an officer from the Safer Prisons team within 24 hours; they explained the services available to support prisoners at risk of self-harm or suicide. Twenty-one per cent of prisoners said they felt depressed or suicidal on arrival, more than in comparator prisons.

**I.23** Eighty-five assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm had been established in the previous six months; seven were open during our inspection. Quality assurance processes were reassuring. There had been 46 self-harm incidents in the same period, involving 22 prisoners, which was not high. Two had been serious incidents, one of which had resulted in death.

**I.24** Most ACCT documents showed good care, but some initial assessments could have been more comprehensive, and case managers were rarely consistent. Staff comments generally showed they were interacting with the prisoner, and there was evidence of good care from the mental health in-reach team. Most prisoners felt supported.

**I.25** In our survey, more prisoners than at the comparator said that they could speak to a Listener at any time; however, black and minority ethnic prisoners were less positive than their white counterparts. None of the Listeners were from a black or minority ethnic background. Overall, Listeners were positive about the support offered, but they believed prisoners were sometimes denied access to them, particularly during lock-up periods. They were never called to the segregation unit.

**I.26** The absence of residential managers from the Safer Prisons meeting (see section on bullying and violence reduction, paragraph I.16 and recommendation I.20) impeded progress. For example, Samaritans telephones should have been available in the Listener suites on all wings, but on three of them, they had been stored elsewhere and were not always accessible.

**I.27** Constant supervision had been used on 11 occasions in the previous six months for nine different prisoners, either in a gated cell or one with CCTV. On one occasion, bedding was removed and strip-clothing provided, therefore constituting a special cell and required proper authorisation for use. Documentation available did not assure us that this had been appropriately authorised.

### Recommendations

**I.28** **ACCT case managers should be consistent to ensure continuity in risk management and in the support they provide.**

- I.29 Samaritans telephones should be available for immediate use in all residential areas.**
- I.30 The use of safer cells, gated cells and strip-clothing should be authorised by a governor grade in writing, and closely monitored.**

## 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.<sup>3</sup>**

**I.31** *Awareness of adult safeguarding remained very limited, and there was still no local policy. We saw some examples of good work with individual prisoners, but a more coordinated approach was required.*

- I.32** There was still no local safeguarding policy for adults at risk, and few staff understood what was meant by ‘adult safeguarding’. Some prisoners with disabilities or other care needs valued a scheme that provided prisoner carers. However, not all prisoners’ needs were met and care planning required improvement (see section on equality and diversity, paragraph 2.27). Since January 2012, about 30 men had received support from the mental health and psychology teams to help them cope with custody. Some had been able to access offending behaviour interventions (see section on attitudes, thinking and behaviour), and there was evidence of some advocacy work and enhanced personal officer support.

### Recommendation

- I.33 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. (Repeated recommendation I.64)**

<sup>3</sup> 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).

## 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.34** *Security was well managed and proportionate. Sophisticated intelligence-based risk management systems were effective, which, given the high security classification of the prison was reassuring. Security committee meetings were well attended and given a high profile and particularly effective links had been established with all areas of the prison. There were also excellent links to local and regional police forces. An effective drug supply reduction strategy was in place and mandatory drug testing (MDT) rates were very low.*
- I.35** There were no obvious weaknesses or anomalies in the prison's physical security. Regular checks and routine searches of perimeter fences and walls took place every day along with routine and intelligence-led searches of communal areas and activities buildings.
- I.36** Important elements of dynamic security had improved. Relationships between staff and prisoners were generally more positive than previously and the interactions we observed indicated that many, particularly residential officers, knew about the personal circumstances of the prisoners. Supervision in key areas, such as residential wings, education classes and prison workshops, was effective and had also improved. The prison regime was reasonably predictable and most prisoners said that they felt safe.
- I.37** The security department received an average of 385 information reports each month through a prison computer-based intelligence gathering and information reporting system. Reports were processed by trained security analysts and intelligence communicated promptly to appropriate areas. The complex intelligence systems were also used to identify and deal with the more sophisticated and covert forms of bullying associated with organised gang and terrorist activities.
- I.38** Links, between the security team and other key departments, such as the offender management unit, were also very good as were those with the police and other external security services.
- I.39** Security committee meetings were well attended. Monthly security objectives were agreed once intelligence had been considered. An intelligence subcommittee also met to conduct detailed assessments of all security information and make recommendations to the security committee.
- I.40** The security department continued to feed into all decision-making processes, informing rather than determining final outcomes, and we found nothing that indicated security measures were disproportionate. Strip-searching was proportionate to prisoners' risks, closed visits were rarely used and risk assessments and subsequent management systems were effective.
- I.41** Registers were in place to identify the risks prisoners posed in certain activity areas and determine what measures were needed to manage them. We saw little evidence of the prison being risk averse in allocating activity spaces, although some rational restrictions were applied to category A prisoners, which meant there were some activities they could not



attend. Plans were in place to extend security cordons to allow category A prisoners wider access to activity areas. (see paragraph 3.18)

- I.42 The modified system to allow prisoners to move freely during the beginning and end of planned regime activities was well managed and proportionate; prisoners were effectively controlled by officers at strategic points along the route to work and education classes. Supervision was unobtrusive.
- I.43 An effective approach to drug supply reduction included a tradable medication strategy. In our survey, fewer than the comparator and than at the previous inspection said it was easy to get drugs; the situation was similar for alcohol.
- I.44 The random positive MDT rate for the six months to June 2014 was very low at 0.9%. Suspicion testing was even lower at 0% out of 13 tests completed in the same period. Given the security classification of the prison this focus needed to be maintained. The MDT suite and holding rooms were clean, tidy and appropriately equipped.

## Incentives and earned privileges<sup>4</sup>

### 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.45 *There were sufficient differences between the IEP levels and the regime for prisoners on the basic regime was reasonable. The scheme was well publicised, linked to sentence management processes and prisoners were clear about promotion criteria.*

- I.46 The published incentives and earned privileges (IEP) policy described how prisoners could progress through the levels and the standards of behaviour expected. The scheme was well publicised and prisoners and staff knew how it operated.
- I.47 Nearly half of prisoners – 49% – were on the enhanced level of the scheme, and the same percentage were on the standard regime. The majority of the 2% on the basic level were in the segregation unit. No one was on the entry level.
- I.48 There was a reasonable distinction between IEP levels: access to private cash, use of computer games and extra social visits depended on what regime prisoners were on. Although it appeared to be applied consistently across the prison, fewer prisoners (45%) than at comparator prisons (51%) said that they had been treated fairly in their experience of the scheme. Only 38% said that the different levels encouraged them to change their behaviour.
- I.49 The regime for prisoners on the basic level in the main residential units was adequate and included periods of association as well as access to work, education and offending behaviour programmes (see section on segregation). It was unusual for prisoners to remain on the basic level for longer than a week and typically they were promoted to the standard regime following their first review.

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

- I.50** There was a connection between the IEP scheme and sentence management. To progress to the enhanced level, for example, prisoners needed to become involved in sentence management processes and engage with interventions designed to reduce their risks. This was a particular concern for some prisoners who because they were in denial of their index offence were unable to undertake some offending behaviour work specified in their sentence plan. The prison had adopted measured approach to this issue but it did mean some prisoners could not attain enhanced status.

## 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.51** *The number of adjudications was comparatively low and had decreased slightly since the previous inspection. Charges appeared appropriate and hearings were conducted fairly. Use of force was comparatively low. Governance was good and analysis of information was being used strategically to help further reduce its use. The segregation unit environment remained poor, although plans to refurbish it were in place. On the whole, relationships between staff and prisoners were reasonable but the regime was impoverished, care planning was underdeveloped and too many prisoners remained segregated for very long periods with little help to prevent psychological deterioration. Level three unlocking arrangements were extreme and needed better management oversight.*

### Disciplinary procedures

- I.52** The number of formal adjudications was comparatively low at about 253 in the six months prior to the inspection. This was lower than at other high security prisons and represented a slight reduction of about eight per month since the previous inspection.
- I.53** The most common charges were disobeying lawful orders and threatening behaviour. Most records of hearings we examined showed that proceedings were conducted fairly and that prisoners were given the opportunity to explain fully their version of events. On the whole, punishments were fair and there were clear examples of adjudicating governors dismissing cases due to anomalies in the process. The prison rarely used cellular confinement as a punishment.

### The use of force

- I.54** Given the size and nature of the prison, incidents involving the use of force were comparatively low at about 57 in the six months prior to the inspection. Of these, nearly half (46%) did not involve full control and restraint techniques, and most – about 70% – were spontaneous. Many, about 47%, occurred in the segregation unit.
- I.55** Arrangements to monitor the use of force were good. Information about the nature of all incidents was collated and there was sufficient analysis to identify patterns and trends at the use of force review, Safer Prisons and security committee meetings.
- I.56** Spontaneous and planned interventions were well organised, properly carried out and on the whole, documentation was completed correctly. Proper authority was recorded; senior staff

supervised all incidents and planned interventions were recorded on video. There was also evidence that de-escalation was often used to good effect.

- I.57** Special accommodation was used only once in the six months prior to the inspection, a substantial reduction since the previous inspection, when it had been used nine times over the same period. Authorising documents were completed correctly and we were assured that its use was justified.

## Segregation

- I.58** The segregation unit remained poor. Although communal areas were reasonably clean and walls on both landings and in some cells had been freshly painted, the roof leaked, ventilation in most cells was poor and there was little natural light. Some cells were dirty and damp, toilets were stained and there was no in-cell electricity. However, the prison planned to refurbish the unit in September 2014 (see main recommendation S44).
- I.59** During our inspection, 13 prisoners were in normal segregation, all of whom were held under prison rule 45 for good order or discipline. A further two prisoners occupied dedicated cells reserved for prisoners under prison rule 46 for close supervision.
- I.60** About 50 prisoners had been segregated in the six months prior to inspection, usually under prison rule 45. Some were extremely challenging. Although these numbers were not unusually high in the context of a high security prison, we were concerned about the length of time prisoners were kept in segregation (see main recommendation S44). During the inspection, the average stay of segregated prisoners was about 12 weeks. Most had been segregated for more than a month, one for seven months and one for more than a year. Managers and staff told us that this was typical of the length of time prisoners spent in segregation.
- I.61** The regime for these men was particularly impoverished and we were concerned that there was too little in place to help prevent psychological deterioration caused by long periods of segregation. Although the basic daily routine included daily showers, an hour's exercise and access to a telephone, prisoners spent nearly all day locked in cells without anything meaningful to do (see main recommendation S44).
- I.62** Special arrangements (the level three unlocking protocol) had been put into place to unlock prisoners thought to present a particular risk to staff or other prisoners. This system required six prison officers to unlock a single violent prisoner. The prisoner was required to kneel facing away from officers while the cell was being unlocked, then searched and escorted out of his cell surrounded by prison officers. This was repeated on his return. Although this protocol was an extreme measure and used only for prisoners presenting a high risk of violence, we were not fully assured that risk assessments or authorisation protocols were robust enough (see main recommendation S45). Decisions about the protocol's use were not recorded so we could not judge whether or not its use was always justified or if it was always authorised by senior managers following thorough risk assessments.
- I.63** Generally, planning systems to address the needs of segregated prisoners were also underdeveloped. Segregation reviews were completed on time, but there was little information to assure us that changes in prisoners' behaviour or circumstances were monitored or acted on. Prisoners did not have individual care plans and although behaviour targets had been set at review meetings, they were superficial and concentrated nearly exclusively on compliance with segregation unit rules.

- I.64** Relationships between staff and prisoners were friendly and respectful and senior staff leadership on a daily basis was particularly good.

## 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.65** *A new prison-wide strategy to address the issue of tradable prescription medication was proving to be effective. Outcomes for prisoners receiving clinical treatment were good but there were insufficient contingencies in place to ensure delivery of a full psychosocial service during the transition to a new provider, although Alcoholics Anonymous (AA) fellowship groups were available.*

- I.66** Clinical and psychosocial services were provided by Spectrum Community Health Community Interest Company. An effective and well attended drug strategy committee meeting was in place. A prison-wide strategy, introduced since the previous inspection and based on partnership and cross-departmental cooperation, addressed the issue of tradable prescription medication.
- I.67** Spectrum became the contracted provider of psychosocial services in April 2014, taking over from the prison-based substance misuse team. However, at the time of the inspection, the prison team was still in place as the recruitment of a new staff team had not been completed. Four of the five existing substance misuse workers were uniformed officers and staff shortages in the rest of the prison had led to the frequent redeployment of these officers to other duties. The group work programme and many one-to-one sessions had consequently been cancelled, potentially undermining the advances made in supply reduction. However, AA fellowship groups, organised by the chaplaincy, were still available.
- I.68** Compact-based drug testing (CBDT) was in place for prisoners on clinical treatment and offered to others on the psychosocial service caseload. Prisoners testing positive could not always access prompt support owing to the redeployment of officers.
- I.69** Nine prisoners were receiving opiate substitution treatment and of these, three were on maintenance doses for appropriate clinical reasons. Prisoners were extremely satisfied with the service, stating that daily access to nursing support and monthly reviews with the specialist GP were very beneficial. Additional 13-week reviews, which involved psychosocial workers, were a recent addition and were also well received by prisoners.

## Recommendation

- I.70** **The prison and the contracted psychosocial service providers should establish a contingency that ensures continued service provision during the transition to the new staff team.**

## Good practice

- I.71** *The prison-wide strategy on tradable prescription medication was proving to be very effective in reducing the drug supply and the potential for associated problems, including bullying, debt and overdoses.*

## 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 cells and communal areas were clean, bright and well equipped. Cell toilets were not adequately screened. Call bells were answered promptly. There were sufficient clean showers and laundry facilities were reasonable. Prisoners had access to personal hygiene items and cleaning materials. The provision of prison clothing and bedding was good. The new applications process worked well.*

**2.2** There were four wings in the main residential block (A to D) each accommodating up to 186 prisoners in single cells. Cell conditions were good, as were the communal areas, which were clean, bright and litter-free but cell toilets were not screened. Outside areas were well maintained. Plans to introduce a limited number of double cells on each wing worried some prisoners. This was being done to increase capacity. Managers told us that the move, which was unprecedented in a high security prison, was being phased in carefully to ensure shared cells were carefully allocated on the basis of risk assessments. There were good association areas on all wings, each contained sufficient facilities and was well used.

**2.3** All cells had small lockers, but prisoners reported in-cell thefts, and some lockers were damaged. Apart from this, the furniture was reasonable. Prisoners were provided with vacuum flasks instead of kettles, which was unpopular among prisoners. We were told that electricity capacity issues prevented the issue of kettles.

**2.4** In our survey, only 30% of respondents said cell call bells were answered within five minutes. However, in a random sample of records that we looked at, we found the vast majority were answered within five minutes.

**2.5** In our survey, many prisoners were more negative than comparator prisons when asked about residential issues, for example, the ability to shower every day, but we found little evidence to support these views. There were sufficient showers on each landing; all were adequately screened and clean. Some prisoners said the water pressure on the higher landings was poor and that they used lower landing showers instead, which reduced their availability to others.

**2.6** Laundry facilities on all wings were reasonable, although we discovered that one washing machine had been awaiting repair for almost three months and was making it difficult to meet laundry demands on the wing. Prisoners were negative about being able to obtain clean bedding and cleaning materials. However, we found that supplies of prison clothing and bedding were good and that cleaning materials were available on all wings, as were supplies of personal hygiene items. A list of items that prisoners could have in their possession had been published and was in keeping with other high security prisons.

**2.7** The application system worked well; forms were widely available and were posted into boxes on each wing. A random sample of completed applications was examined and the majority were found to be answered within seven days (many took fewer days, and none took longer than 10) and the responses were reasonable and respectful.

- 2.8** There were sufficient telephones on each wing, although several were not working at the time of the inspection. Prisoners' mail was dealt with efficiently.

## Recommendation

- 2.9** **In-cell toilets should be adequately screened.** (Repeated recommendation 2.14)

## Housekeeping point

- 2.10** Managers should meet with prisoners to explore some of their negative perceptions about residential issues.

## 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.**

**2.11** *Our observations suggested that, relationships between staff and prisoners had improved since the previous inspection and were good. A few staff, however, continued to have low expectations of prisoners. Management had taken a robust approach to this.*

- 2.12** Most prisoners said that staff treated them with respect and many we spoke to said that they were helpful and caring. In our survey, 85% of respondents said that most staff treated them with respect and 79% said that they had a member of staff they could turn to with a problem, both of which were better than the comparator. More prisoners than at the previous inspection said that staff had checked on them in the previous week and often spoke to them during association.

- 2.13** Our observations supported these perceptions and suggested that staff-prisoner relationships were generally positive and had improved since the previous inspection. We saw officers interact positively with prisoners on a day-to-day basis; they appeared to have an appropriate interest in their welfare and were aware of their needs.

- 2.14** Most staff were calm and patient when dealing with demanding behaviour and we saw residential officers handle difficult situations calmly and maturely. The supervision of prisoners had also improved and we observed that officers spent most of their time on landings mixing with prisoners.

- 2.15** However, a small number of officers had low expectations of prisoners, spoke of them dismissively and failed to challenge them or address simple requests. Managers were aware of this and had begun to take a robust approach to this.

- 2.16** The personal officer scheme was well developed and entries in prisoners' records indicated that personal officers supported prisoners through sentence planning processes.

## 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 characteristic<sup>5</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

**2.17** *Strategic management of diversity was good. Prisoners were involved in processes but external agencies were not. Diversity work was reasonably well developed but the negative perceptions of black and minority ethnic prisoners needed to be explored. Support for most groups was reasonable but the social care needs of prisoners with disabilities needed further improvement.*

### Strategic management

- 2.18** Equality and diversity was overseen by the Safer Prisons and equalities team, which met all new arrivals within 24 hours, and followed them up with an induction interview which helped identify their immediate needs or equality issues. An equality screening was completed in reception to identify anyone from a protected characteristic group.
- 2.19** Strategic management of equality and diversity was good overall. There was a regular and well attended prisoner equality action group (PEAG), which included prisoner representatives. Efforts were being made to include a representative from the segregation unit. External agencies did not provide any input into the PEAG.
- 2.20** Each of the protected characteristics was discussed at the PEAG, and a management lead staff member for each had been appointed. A single equality policy, updated in June 2014, described the prison's responsibilities. An equality action plan was reviewed every month and a programme was in place to complete equality impact assessments for a range of policy areas. A monthly equality report was produced using the new National Offender Management Service (NOMS) equality monitoring tool and the reasons for any out of range results were explored.
- 2.21** Equality representatives had regular support meetings, and were a diverse group who represented most wings. We were impressed by the support they received and the opportunities they had to scrutinise a sample of redacted discrimination incident reporting forms (DIRFs). Minutes of PEAG meetings were displayed on wing notice boards.
- 2.22** Prisoners had good access to DIRFs, which were logged and allocated to custodial managers for investigation. On average eight DIRFs were submitted each month. The nature of each investigation was summarised at the PEAG. Most related to verbal exchanges perceived as discriminatory. DIRFs were reasonably well investigated. Substantiated incidents were mainly dealt with through the incentives and earned privileges scheme or prison disciplinary proceedings. DIRF investigations were quality assured by the deputy governor – few identified shortcomings but they were not scrutinised externally.

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

- 2.23** Equality and diversity were promoted each month, generally through poster displays. These had included areas such as autism and mental health awareness, Islam awareness and religious and cultural celebrations. Staff had received no recent or refresher formal training in equality or diversity.

## Recommendation

- 2.24** **The prisoner equality action group should include external representation and scrutiny of DIRFs.**

## Protected characteristics

- 2.25** Black and minority ethnic prisoners accounted for 16% of the population. The new equalities monitoring tool showed that this group was overrepresented in some areas, such as charges under prison disciplinary proceedings and in proven adjudications. The PEAG explained this was as a result of a small number of black and minority ethnic prisoners being subject to multiple charges. Our survey indicated this group felt more victimised. Specific initiatives were required to explore these perceptions; prisoners had raised the lack of a forum for black and minority ethnic groups at a Question Time event with senior managers in June 2013 where they felt issues such as perceived victimisation could be discussed. The use of dogs when searching Muslim prisoners' cells had also been raised as a concern, although the prison was addressing this. Gypsy, Romany and Traveller prisoners had monthly meetings, which included a celebration of Traveller culture.
- 2.26** Foreign nationals represented 7.3% (53) of the population. A regular meeting led by an officer was held for them, providing them with the opportunity to raise immigration queries and associate with others from similar cultures. They could make telephone calls overseas in lieu of visits and the Home Office ran surgeries quarterly. Induction booklets were available in other languages but, we were told, few foreign nationals did not understand English. Although efforts had been made to move two detainees held under immigration powers, one had been held in high security conditions for three years.
- 2.27** Prisoners with disabilities accounted for 37% of the population; they were identified well. In our survey this group was more negative than others about a range of issues. Prisoners with disabilities had care plans developed on reception, but they were not reviewed. The formal carer scheme provided some good day-to-day care to prisoners with higher level needs, but there were some gaps in the social care provided. Access for those with poor mobility could be difficult; there had been frequent problems with broken lifts on residential units – on C wing this had been for several months in 2013. The problems were discussed at the PEAG meeting and the situation was improving. The prison had conducted a survey of 16 wheelchair users in April 2014; the majority said they had no work or education, and 38% reported that they were unable to access all areas of the prison. Three quarters said that staff helped with their mobility issues, but 44% said they had suffered disrespectful behaviour related to their disability. Four cells on B wing had been adapted and all cells in the health care unit provided wheelchair users with good access. The learning disability nurse provided good support.
- 2.28** Forty-five per cent of prisoners were over the age of 50, an increasing proportion of the population. The chaplaincy hosted a weekly over 60s group and the gym provided them with specific activities.



- 2.29** Older and infirm prisoners could apply for 'core day unlock', allowing them to be unlocked during activity hours; between January and May an average of 53 (7%) prisoners had been granted this. Prisoners and staff said these arrangements were not consistently applied and the issue had been raised over several months at the PEAG meeting. The prison did not have sufficient specific activities for them when they were unlocked. We previously recommended a day centre should be considered. Only 13% of prisoners over 50 compared to 27% of others said they regularly went outside for exercise; however, benches had now been installed in exercise yards. Staff knew who was subject to personal emergency and evacuation plans. Retired prisoners had to pay for their TV but a range of specific health care provision was available for older prisoners (see section on health care).
- 2.30** Quarterly meetings were held for gay, bisexual and transgender prisoners and minutes showed they were dealt with sensitively and discreetly.

## Recommendations

- 2.31** **Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield.** (Repeated recommendation 2.31)
- 2.32** **Provision to meet the needs of older and infirm prisoners should be developed further; a review of the carers scheme should take place to ensure that social care needs are identified and action is taken and recorded in care plans.**

## Housekeeping point

- 2.33** The rate of pay for prisoners permanently unfit to work should be reviewed, and they, and retired prisoners, should not have to pay for television access. (Repeated recommendation 2.50)

## 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** *Faith provision was good. The chaplaincy was well integrated into the life of the prison and provided good pastoral care. There were some conflicts and congestion in the regime which made it difficult for some to attend corporate worship.*

- 2.35** There was an active chaplaincy, which was well integrated into the life of the prison and had good links to security and safer custody departments. The team met bimonthly and covered the needs of almost all faith groups; however, there was no Hindu chaplain.
- 2.36** Chaplains aimed to meet all prisoners within a day of their arrival when they were given written information about services and activities. Facilities were good and well used for both secular and multi-faith activities including yoga, music activities and a group for those finding it difficult to cope. Chaplains provided good pastoral care, ran two courses per year on dealing with loss and participated in assessment, care in custody and teamwork (ACCT) case

management reviews for prisoners at risk of suicide or self-harm as well as sentence planning meetings.

- 2.37** In our survey fewer prisoners than in comparator prisons said it was easy or very easy to attend religious services. There was a conflict in the regime between medication times and weekend services and we heard accounts of disabled prisoners being unable to get to services (see section on protected characteristics).
- 2.38** On one occasion in the previous six months, a Muslim prisoner held in segregation had attended corporate worship following a risk assessment; however, this happened rarely. In our survey 30% of black and minority ethnic prisoners compared to 6% of white prisoners said they had been victimised by staff because of their religious beliefs.
- 2.39** There were links with community-based faith groups and an active prison visitors scheme providing support for 14 prisoners. Ramadan had been well organised and other religious and cultural festivals were celebrated, including the summer solstice for Pagans, Buddha Day and the Sikh festival of Baisakhi.

## 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.**

**2.40** *Complaints were reasonably well managed. Replies were prompt and generally respectful but the monitoring of complaints needed improvement.*

- 2.41** The complaints procedure was well used and an average of 310 were submitted per month. They were logged and distributed to senior managers who allocated them to staff for investigation.
- 2.42** Of the 1551 complaints submitted between January and May 2014, 172 were related to prisoners' money issue, often mistakes in pay. More however could have been done to analyse complaints, particularly the large number recorded under confidential access (168) and 'other' (146) categories. Other common complaints related to mail, telephones, activities and property.
- 2.43** Most responses to complaints were prompt. The prison recorded that 98.5% of complaints received a response within the required timescale. The tone of replies was generally respectful and, where appropriate, apologies made. On average around 14 complaints were about staff each month, mostly relating to perceived poor attitudes or decisions. In most cases they received a response from managers at an appropriate level but in some cases more comprehensive replies would have helped.
- 2.44** Complaints were discussed at monthly meetings. Quality assurance of a sample of complaints was good. Senior managers gave staff responsible for answering complaints detailed feedback to improve standards.

## 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.**

**2.45** *Most prisoners' cases had been concluded and there was little demand for legal services. Access to legal advisors through visits was good.*

**2.46** Only a few requests were made each year for access to legal services. There were no formal records of applications but they were estimated to be between three and four a year. They were referred to staff who had previously acted as legal services officers. Offender supervisors provided prisoners with information and directed them to relevant services. Most prisoners' cases had been concluded. Access to legal advisors through visits was good and a record kept of legal mail opened in error, the reasons for this and action taken.

## 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.**

**2.47** *Despite complex provider arrangements and a lack of integrated governance the standard of care was very good. Waiting times were very good except for the optician. The failure-to-attend rate for GPs was excellent. A third of in-patient beds were blocked by non-clinical admissions, which sometimes had a negative impact on health outcomes. The health care environment required improvement.*

## Governance arrangements

**2.48** The array of providers at the prison was too complex – there were several NHS trusts and other independent providers which was a situation that had developed over a period of years. No formal arrangements were in place to resolve difficulties between providers which had the potential to be problematic. Discussions were underway to rationalise the situation. The health needs assessment was out of date although a prison health commissioning plan was in place. Despite this the providers and prison worked in partnership meeting regularly and producing action-oriented minutes. Primary care services were provided by Spectrum Community Health Community Interest Company (Spectrum).

**2.49** Governance arrangements were not integrated between providers, although Spectrum had approached others to consider a joint root cause analysis and integrated complaints system. Spectrum had recorded few serious adverse incidents – only 24 in the six months to June 2014, of which 13 had occurred in the previous three months. They were due to errors related to revised regulations for the management of tramadol (an analgesic). Corrective action had been taken.

- 2.50** There was no prison-wide strategy to promote health and wellbeing, but health providers and the gymnasium publicised and delivered a range of relevant programmes.
- 2.51** In our survey, 48% of patients were satisfied with health care against the comparator of 37%, and 36% in 2012. The patient forum and health care representatives were very active. Health care staff responded to service users' comments, but replies could have been more widely disseminated on the wings; health care notice boards were not big enough for all the information.
- 2.52** The prison had sufficient clinical, prison and administrative staff to provide a service from 7.30am to 6.30pm each day. The skills mix was rich: there were several active nurse prescribers. Most staff were up to date with mandatory training and had access to clinical supervision, although take-up was variable.
- 2.53** Treatment planning was evidence-based. Good care plans, which were subject to clinical audit, were available for longer-term health conditions and mental health problems. Published policies and guidance on infection control and control of communicable diseases were in place.
- 2.54** Prisoners said that access to health services had improved since 2012, particularly to see a doctor or dentist. The appointments system was good although we observed patients waiting up to three hours in the health centre before and after being seen while waiting for an escort, which was unacceptable.
- 2.55** A busy community practice was based in the primary care centre. The environment was adequate but space was very limited and rooms were dated. Administration functions and several clinical workstations were not based in the same area as the community practice. The separate health centre housed the in-patient unit and visiting clinics such as dentistry and optometry. The whole building required refurbishment, especially the dental suite and the in-patient ward, which was drab, even though it was painted regularly. There were medical rooms on F wing and in reception. Most facilities did not comply with infection control standards and cleanliness was only monitored in some areas, but not all.
- 2.56** In emergencies, the ambulance service was said to be very responsive; we observed a prompt response when a prisoner complained of persistent chest pain. Resuscitation equipment consisted of airway support, oxygen and automated external defibrillators (AEDs). Access was good and 68% of officers had been trained to use the AEDs. Nursing staff checked kit regularly.
- 2.57** We observed very good relationships between health care staff and patients. A senior nurse took the lead on care for prisoners aged 50 and over, providing annual health checks and dementia screening. Health care staff knew their patients by name.
- 2.58** Prisoners received a colourful introductory booklet about health care on reception; it could be printed in a variety of other languages. Language line was available for those with interpreting requirements.
- 2.59** The complaints system was not independent of the prison system and did not preserve medical confidentiality. Nurses resolved most complaints on the wings, which meant written complaints were unusual – around a dozen a year. Responses we sampled were appropriate. We also saw several letters of commendation from patients.
- 2.60** Spectrum had a monthly health promotion programme; we saw evidence of this in the primary care centre but not on the wings. Vaccinations were available and seasonal influenza was offered each year. Barrier protection was available.

## Recommendations

- 2.61** Clinical governance needed to improve; reporting systems and analysis should be integrated, as should a strategy to promote health and wellbeing and staff should receive clinical supervision.
- 2.62** Patients should not have to wait for long periods before and after their appointments in the health centre.
- 2.63** The health care centre and in-patient unit should be refurbished.
- 2.64** The complaints system should preserve medical confidentiality.

## Housekeeping point

- 2.65** Health campaigning materials should be displayed on the wings.

## Delivery of care (physical health)

- 2.66** About 15 prisoners were transferred to Wakefield from other prisons each month. Contact with the sending prisons prior to the prisoner's arrival was good and an integrated reception screening and secondary assessment using SystemOne (the electronic clinical information system) took place.
- 2.67** Spectrum offered prisoners an excellent range of primary care and long-term care options. The service was wing-based and very accessible. A new approach to nurse triage was being considered and new guidance had been drafted. Clinical managers were available out of hours, as was the local GP on-call service, which was used infrequently.
- 2.68** The appointments system was very good; most clinics had short waiting lists, waiting times were reasonable and the GP surgery had an exceptionally low failure-to-attend rate of 0.6%. However, 72 patients were waiting up to 16 weeks to see the optician, which was too long; extra clinics had been timetabled to address the problem.
- 2.69** Humber Care NHS Foundation Trust provided 24-hour nursing care at the in-patient unit in the health centre. It had 14 beds on two floors. The beds were part of the certified normal accommodation and four or five non-clinical occupants blocked clinical admissions at any one time. Around 90% of beds were occupied, and no more than one bed was routinely used for mental health care as most patients had complex physical illnesses.
- 2.70** Humber clinicians, prison health officers and custody officers had an appropriate mix of skills. Staff offered prisoners who could not leave the ward a therapeutic day during when the chaplaincy and education and library staff visited the ward. The day had occasionally been curtailed because custody officers were redeployed elsewhere.
- 2.71** There were several visiting clinicians such as physiotherapists and a podiatrist, and telemedicine (the use of telecommunication and information technology to provide clinical health care at a distance) was available although its use was limited. Access to external hospital clinics had been audited in May 2014, this showed that too many had been cancelled for security reasons.

## Recommendation

- 2.72** The waiting time to see an optician should be equivalent to that in the community.

## Housekeeping points

- 2.73** In-patient therapeutic activities should not be curtailed.
- 2.74** Action should be taken to reduce the number of missed external health appointments.

## Pharmacy

- 2.75** Pharmacy services were very good and included pharmacy-led medication use reviews. The pharmacist contributed to the safer prescribing assessment and review (SPAR) clinics, where patients prescribed medication liable to abuse were invited to discuss alternatives and other medical needs. SPAR clinics had led to a remarkable reduction in prescribing and had adjusted patients' expectations so that complaints following a reduction in a prisoners' medication had almost been eradicated.
- 2.76** Eighty per cent of patients had medicines in possession; risk assessments were up to date and entered onto SystemOne. Patients had reasonable access to a small number of over the counter products without seeing a GP. The prison had a limited range of patient group directions (PGDs), which enable nurses to supply and administer prescription-only medicine, but nurse prescribers could prescribe medications such as antibiotics.
- 2.77** Pharmacy stock was safely managed. Medicine administrations were observed and performed safely, but patient confidentiality was not maintained, as prisoners formed two queues, side by side, at one hatch. Custody officers' supervision of the queues was variable and occasionally inadequate. Patients requiring some prescribed medications at night could receive them at the time prescribed, but most had their prescriptions changed to incorporate administration at 6pm.

## Recommendation

- 2.78** The practice of operating two medicine administration rounds simultaneously from one hatch should end and queues for the collection and administration of medicines should be adequately supervised.

## Housekeeping point

- 2.79** The administration of medications should be reviewed to ensure that patients receive medicines at optimal times.

## Good practice

- 2.80** *The work to reduce dependence on medications liable to abuse via SPAR clinics was excellent. It had prompted a cultural change so that patients' expectations had become more realistic and aligned with medical evidence-based practice.*

## Dentistry

- 2.81** In our survey 32% of prisoners, significantly more than the comparator said it was easy to see the dentist; in house surveys were also positive. Access to the dentist was very good; only six prisoners had waited over four weeks for an appointment. Urgent referrals were seen within 24 hours and the primary care team offered triage when necessary. The failure-to-attend rate was around 10%, which was high. Those who did not attend appointments were followed up.
- 2.82** The dental surgery was appropriately laid out, but dust had accumulated on high level surfaces. The suite area had some exposed brick work and plaster where an X-ray machine had been removed. Work surfaces were discoloured and floors were damaged in places; the area did not meet current best practice standards. Infection control audits had highlighted these and other issues.
- 2.83** Dental equipment was appropriately maintained, although the X-ray machine (removed for maintenance) was last safety tested in September 2012. All reusable items were securely removed for decontamination and dental waste was appropriately disposed of.

## Recommendations

- 2.84** **The dental suite should comply with contemporary standards of infection control.**
- 2.85** **X-ray emissions should be regularly checked to ensure they are safe.**

## Delivery of care (mental health)

- 2.86** Thirty-three per cent of custody staff were trained in mental health awareness, which was good. Officers said they felt supported and joint working arrangements were efficient. The prison had an open referral system.
- 2.87** Nottinghamshire NHS Trust provided an integrated mental health service and pathways of care were under review. Staff members were appropriately qualified and supervised. The team had an appropriate range of skills, and there was a lead staff member for prisoners with personality disorders and learning disabilities. The prison planned to recruit staff to support patients in the close supervision centre.
- 2.88** During our visit, six patients were receiving primary care; 18 were participating in more intensive therapy at secondary level and 20 were receiving support for a personality disorder or learning disability; two of the latter patients kept their own care plans, which was unusual.
- 2.89** Therapeutic interventions consisted mostly of one-to-one support, help to find practical solutions and cognitive techniques. Lack of therapy space meant larger group activities were limited. The prison had a pre-programme course, preparing prisoners for the interventions.
- 2.90** The care programme approach (mental health services for individuals diagnosed with a mental illness) was being used for 10 patients; its usefulness for long-term prisoners was under review. Although the chaplaincy offered bereavement support, professional counselling was not available.
- 2.91** In 2013–14 eight patients needed to be transferred under the Mental Health Act; transfers took longer than 14 days, which was unacceptable.

## Recommendations

- 2.92** There should be sufficient therapy space to offer a full range of therapeutic options, including professional counselling, for those who required it.
- 2.93** Transfers of patients under the Mental Health Act should be completed expeditiously and within the contemporary target time.

## Good practices

- 2.94** *Enabling patients to keep their own care plans ensured prisoners were fully informed and could reflect on their care and consider changes.*
- 2.95** *The pre-programme course prepared prisoners to enter formal programmes of rehabilitation.*

## 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.**

**2.96** *Prisoners were generally negative about the food. The menu was broadly appropriate and special diets were managed well. Consultation processes were not sufficient. Provision for Ramadan was good. The wing kitchens needed improvement.*

- 2.97** Food was prepared in a well equipped new kitchen, opened in October 2013. In our survey only 21% of prisoners said that the food was good or very good. Foreign national prisoners were even less positive. The prison made its own bread, and many of the dishes were prepared on site. The needs of prisoners with dietary restrictions were generally well met. Arrangements for Ramadan were good. Meals were served too early on Fridays and at weekends.
- 2.98** Monthly consultative meetings about food had restarted in March 2014, and had led to some changes. However, they involved a very small number of prisoners, all of whom were kitchen workers. None of the prisoner representatives were from black and minority ethnic or foreign national groups. Some of the issues raised, for example, the cleanliness of trolleys, were the responsibility of cleaning officers, but no residential managers attended the meetings. The lifts used to transport food trolleys to the main prison needed cleaning.
- 2.99** Wing kitchens were small and had very limited cooking and refrigeration facilities, and there were no freezers. Prisoners valued the opportunity to cater for themselves; this created a more relaxed environment within wings that otherwise had an institutional feel, but the limited facilities meant this opportunity was not fully realised. The limited facilities also caused tensions when prisoners cooked certain foods, for example, some had religious objections to pork. In comparison with other high security prisons, the provision needed improvement.



## Recommendations

- 2.100** Consultation arrangements should include residential managers and representatives from minority groups.
- 2.101** The wing kitchens should be properly equipped so that prisoners can cater for themselves effectively.

## Housekeeping point

- 2.102** The lifts used to transport food trolleys to the main prison should be cleaned regularly.

## Purchases

### Expected outcomes:

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

**2.103** *Canteen arrangements were efficient and consultation was appropriate. Prisoners could make purchases from a broad range of products and catalogues, but they were dissatisfied because they could not buy or store fresh or frozen products.*

- 2.104** Delivery arrangements were efficient and well supervised. Consultation took place regularly and allowed prisoners to resolve problems and influence the range of goods available. The list of items available to purchase was good. Our survey showed that prisoners' perceptions of the canteen had improved since our previous inspection, but only 43% of prisoners (fewer than the comparator), said that the range of goods available met their needs. Prisoners told us this was because no frozen goods or fresh meat were available, which limited their ability to cater for themselves (see section on catering). Our survey also showed that prisoners with disabilities were particularly negative about the range of goods. Prisoners could purchase items from a wide range of catalogues, but there was a 50p administration charge per order.

## Recommendations

- 2.105** The canteen list should be amended to include frozen and fresh produce.
- 2.106** The prison should investigate why prisoners with disabilities have a negative view of the range of goods.
- 2.107** There should be no administration charge for catalogue orders.



## 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.<sup>6</sup>**

**3.1** *A temporary regime restricted the amount of time that prisoners could spend at activities but time allowed out of cell for most prisoners was generally reasonable. However, too many were locked up during the working day.*

**3.2** The prison operated a temporary regime that limited the amount of time that prisoners could attend work and education and access association (see main recommendation S46). We were told that this was necessary due to staff shortages. In effect, all prisoners had access to a full activities regime in the morning from Monday to Thursday, but in the afternoon, prisoners on one of the four wings were unlocked for association instead of attending activities. This was managed on a rota basis and meant that, in practice, prisoners on each wing received association on one afternoon per week and three afternoons at scheduled activities. Exercise was offered every day but was limited to 30 minutes in the morning.

**3.3** Our observations indicated that a fully employed prisoner could achieve just over eight hours out of their cell on Monday to Friday and about six hours at the weekend. However, 92 prisoners who were either unemployed or waiting for work received about four to five hours per day (see section on learning and skills and work activities). Retired prisoners and those who were formally unable to work received about six hours out of their cell every day.

**3.4** We saw the regime being curtailed on occasions when cells were unlocked late, but overall, it usually began and ended on time. During a roll check in the morning we found about 35% of the population locked in their cells; in the afternoon, about 20% were locked up. This was partly explained by the large number of prisoners who were unlocked to attend a workshop but who were being turned away and locked up again because they were not required on that day.

### Recommendations

**3.5** **All prisoners should be offered a minimum of one hour's exercise in the open air every day.** (Repeated recommendation 3.9)

**3.6** **All prisoners should be able to access a full activity programme.**

<sup>6</sup> 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.**

**3.7** *The overall effectiveness of the provision, outcomes, teaching, learning and assessment, and leadership and management all required improvement, although there was some evidence of progress. There remained a substantial shortfall in the number of activities places, but this was being addressed. Too many of those in activities were not occupied sufficiently, or, in a few cases, occupied at all. The range of education courses was adequate but not enough higher level qualifications were available. The pass rates for prisoners in education were not high enough, although they were much better in vocational training and chaplaincy courses. The library was well used and popular.*

**3.8** *Ofsted<sup>7</sup> made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>Requires improvement</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

### Management of learning and skills and work

**3.9** The prison's strategic planning was inclusive, ambitious and well thought through. The day-to-day working relationship between the prison, education and vocational training provider and other internal prison departments was productive and professional. However, many operational aspects were increasingly stretched to accommodate ongoing changes in policy and reductions in resources. The prison was now generating a good range of data and using it well for performance management and monitoring purposes. The Manchester College's education and vocational training provision required improvement.

**3.10** The allocations process had been revised and was now fair, effective and informed well by data. However, detailed data held by the education department on prisoners' aims and preferences were not integrated seamlessly into the allocations system, which complicated the process unnecessarily.

**3.11** Self-assessment and quality improvement arrangements needed to be better. The prison and education provider each undertook their own annual self-assessment and quality improvement planning processes, which were inclusive, well planned and considered. However, there was no overarching quality improvement plan that brought all of this together in a single document. The strengths and areas for improvement identified following

<sup>7</sup> 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>.

self-assessment were not always accurately identified or backed by sufficient evidence. Action to deal with the self-assessment findings was not sufficiently prioritised. There was too little focus on improving prisoners' outcomes and achievements by improving teaching, learning and assessment.

- 3.12** The education provider's observation of teaching and learning involved a highly structured process, but the prison's approach to the observation of training did not. The education provider's observation records identified clearly the positive aspects of sessions but were insufficiently critical, did not identify what had been learnt or focus on the impact of teaching on learning or learners' progress during a session. The prison's observation records were largely just a narrative account of the session observed.

## Recommendations

- 3.13** **Managers should focus on producing evaluative self-assessments at all levels of learning, skills and work; they should provide a holistic overview of evidence-based strengths and areas for improvement, particularly in teaching, learning and outcomes for learners.**
- 3.14** **The findings of self-assessment should feed directly into prioritised, specific and time-bound action planning strongly focused on improving learners' outcomes and achievements.**
- 3.15** **The approach to, and structure of, observations of teaching and learning should be harmonised; the outcomes of observations should be used to drive improvements in teaching, learning and assessment.**

## Provision of activities

- 3.16** There were insufficient activity places with only enough for 72% of the population, although some of this was related to ongoing refurbishment of some workshops (see paragraph 3.18). A large proportion of places consisted of relatively undemanding wing work. Education courses were all accredited. Qualifications were available in textiles, industrial cleaning, the woodwork shop and Braille.
- 3.17** The range of education courses offered was adequate and reasonably broad, and the various course programmes offered were clear and structured but there were too few higher level options (see main recommendation S46). The provision of English language teaching for speakers of other languages was appropriate. The number of prisoners undertaking distance learning courses, including the Open University was small, relative to prisoners' average length of stay. Prisoners could develop employability skills, including team-working and timekeeping, in some workshops but not in all work sessions. Prisoners had good opportunities to develop musical and literacy skills, but there were too few recreational visual arts options.
- 3.18** The number of prisoners attending education, training and work sessions was low and had fallen further following the closure of a number of workshops pending refurbishment and development. The prison had received capital funding to refurbish workshops and increase the number of places and access for category A prisoners and, key elements were anticipated to be in place from September 2014. Nevertheless, at the time of the inspection too many prisoners were not sufficiently occupied, and wing workers in particular were under-occupied. Category A prisoners continued to have limited access to learning and skills provision for security reasons.

- 3.19** The prison had worked hard to mitigate the effects of closures, for example, by re-opening library information technology services and Braille workshops. Even so, most workshops were over-subscribed and in some cases more prisoners than could be accommodated arrived at the session and opted to stay, but then had nothing meaningful to do. A few took advantage of additional options during the working week, such as reading groups, chaplaincy activities, over 60s groups, gym sessions and courses. Prisoners in workshops and those who were doing nothing received the same pay. Receiving the wrong pay featured regularly in prisoners' complaints.

### Housekeeping point

- 3.20** Problems with payments to prisoners for attending work and other activities should be resolved.

### Quality of provision

- 3.21** Accommodation and general resources in education were good. However, the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not operational and meant prisoners had fewer opportunities to extend their learning or develop independent learning skills.
- 3.22** Most education lessons provided prisoners with a good learning experience. In the best sessions, teachers managed and planned the sessions thoughtfully and linked learning well to resettlement themes and employability. Teaching, learning and assessment in work-based training were satisfactory.
- 3.23** In less successful lessons, teachers did not vary their teaching strategies or learning resources appropriately to take account of prisoners' differing abilities. Too few teachers in education took sufficient account of learners' starting points when setting skills development targets. In a small minority of lessons, older prisoners found the activities too childish and refused to participate. In short courses in English and mathematics, teachers failed to broaden prisoners' knowledge beyond the minimum requirements of the course, which meant the more able did not receive enough help to achieve their potential.
- 3.24** Most individual learning plans (ILPs) did not contain specific, incremental or measurable targets for improving prisoners' learning and social skills. In textiles and creative arts, many prisoners had been set three identical targets and learning was not tailored to the individual. In most cases, prisoners' marked work did not show how they could improve and poor spelling or grammar were not being corrected.
- 3.25** Not all teachers promoted equality and diversity or English and mathematics well enough in lessons and the good practice in entry level 1 and 2 classes was not being shared effectively. Prisoners' behaviour in lessons was mostly good and teachers managed instances of poor behaviour sensitively and effectively.
- 3.26** Prisoners waited several weeks before receiving an induction to activities and not all chose to attend. The overall content and delivery of induction were sound. The initial assessment of prisoners' English and mathematics skills was paper-based and too basic. The prison did not know prisoners' prior achievements or skills before induction began. Prisoners with additional learning needs were being assessed appropriately and supplied with specific equipment to help them achieve their qualifications.

- 3.27** There were numerous trained peer mentors in education sessions to support teaching and learning, but they were not all deployed effectively. In a minority of cases the mentors were a passive presence and in others they took too much of a lead.

## Recommendations

- 3.28** Teachers should differentiate teaching strategies and learning resources to challenge and reflect learners' differing abilities, prior experience and age.
- 3.29** English and mathematics short courses should be planned to enable learners to broaden their knowledge and develop the skills they need to be successful in examinations.
- 3.30** Equality and diversity, and English and mathematics should be promoted more effectively and consistently outside functional skills lessons.
- 3.31** Teachers should plan better how they deploy peer mentors in lessons to maximise support for prisoners with specific learning needs.

## Education and vocational achievements

- 3.32** Pass rates during 2012–13 were high for the relatively small number of vocational and chaplaincy qualifications offered. In the same period, success rates on education courses were not high enough, particularly at entry level functional skills English and mathematics. Success rates were improving in the year up to the inspection.
- 3.33** The standard of work in work-based training was satisfactory, while in education it ranged from satisfactory to good. The best work was in art, the craft workshop, recycling and cleaning. The craft workshop provided prisoners with good, varied opportunities to develop practical and creative skills. Prisoners in recycling were highly motivated and worked well as a team. Cleaners applied their practical skills very well.
- 3.34** Employability skills were recognised and accredited in some workshops at entry level to level 2, but the qualifications were not available to all prisoners in work. A lack of work in and an over-allocation to most workshops meant some prisoners became bored and disengaged.
- 3.35** Punctuality was poor. Most workshop and education sessions did not start promptly. Attendance at education was adequate, at 80% on average, and had improved in the past three months. Inaccurate unlock lists sometimes meant prisoners were being sent to the wrong education sessions.

## Recommendation

- 3.36** Employability skills qualifications should be extended to all prisoners at work.

## Library

- 3.37** The library was very popular, well run and well used. Access was good and just over 80% of prisoners attended. However, the book loss rate was high. Prisoners on each wing had four scheduled weekday and evening opportunities to use the facilities. Prisoners on all wings had access on Friday afternoons. The provision had sufficient staff, including six orderlies who were qualified or working towards a library qualification.
- 3.38** The range of stock was good and a very high loan rate had been maintained over the past two years. A wide range of books, DVDs, CDs, and talking books were available for loan, including easy reads, large print, graphic novels and foreign language texts. Prison Service Orders and legal texts were current.
- 3.39** Activities to promote literacy were good. Two reading groups – at advanced and basic levels – were run weekly. The librarian supported the Toe by Toe mentoring scheme to help prisoners learn to read, which saw 19 mentors support 14 prisoners. The Storybook Dads scheme (in which prisoners record stories for their children) was available. A writer in residence worked well with prisoners to develop their writing skills. A substantial number of entries to the 2013 Koestler awards won awards in the fiction and non-fiction categories.
- 3.40** Equality and diversity were promoted well with displays on disability awareness and the Traveller community.

## 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.**

**3.41** *The physical education (PE) facilities were extensive, well maintained and resourced. Scheduled opportunities for access during the day, evenings and weekends were good as was the provision for specific groups, including older prisoners. However, the facilities were frequently closed due to staffing constraints, which meant that only just over half of prisoners could use them and even fewer gained access three or more times a week. A broad range of PE courses was offered and a large number of prisoners had achieved qualifications*

- 3.42** The gymnasium and fitness facilities were extensive and included a well equipped cardiovascular and weights area and a large sports hall. There was also a small multi-exercise area in the health care unit. All areas were clean and the equipment maintained well.
- 3.43** Scheduled opening hours were good, but closures, particularly at weekends, substantially reduced the number who could access or use the facilities. Just under half of prisoners did not use the gym at all and our survey identified that less than a quarter used it three or more times a week. The outdoor pitch had only been used sporadically since May 2014 due to staffing constraints.
- 3.44** Older prisoners and prisoners with mental health issues or cardiovascular difficulties were offered a good variety of discrete sessions. Links with the health care department were productive. PE staff used initial health assessments of prisoners well following induction to devise individual training programmes and recorded the prisoners' progress well. A broad range of accredited PE qualifications at level 1 were offered and a large number of prisoners, around 200, had gained qualifications in the year to the inspection.



## Recommendation

- 3.45 Managers should substantially reduce the number of PE and gym sessions cancelled by ensuring that a sufficient number of staff are available to operate the facilities as scheduled.**



## 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 reducing reoffending strategy described resettlement services but did not say how it planned to meet the needs of prisoners across all protected characteristics. The approach adopted appropriately emphasised providing prisoners with support in coming to terms with long sentences, and structuring their expectations about what could be achieved. Regular reducing reoffending meetings took place. Offending behaviour programmes were appropriate for the population, and work focusing on denial in the population had started.*
- 4.2** The reducing reoffending strategy 2014–15 described resettlement services, which included an additional faith and spirituality pathway, and the work of the offender management unit (OMU). It did not identify prisoners' needs across all protected characteristics. Information from a needs analysis undertaken in 2013 was not yet reflected in the action plan.
- 4.3** Offender supervisors understood that their main aim was to help prisoners come to terms with a long sentence and what this meant for the foreseeable future. This included tailoring expectations about what could be achieved in the short- and medium-term. Managers were starting to refer to this concept as 'settlement' which seemed appropriate given the nature of the population at Wakefield.
- 4.4** The reducing reoffending team (RRT), chaired by the head of reducing reoffending met quarterly; membership was limited to resettlement pathway lead staff members and attendance was inconsistent. Prisoners were excluded, but minutes revealed that the RRT was considering how to involve prisoners formally and canvas their views. Some lead staff consulted prisoners, and, where children and families work was involved, visitors about service provision.
- 4.5** Wing officers' comments on P-Nomis (the Prison Service IT system) demonstrated a broad understanding of prisoners' needs. However, in our survey only 12% of prisoners said that their personal officer was working with them to achieve their sentence plan targets, less than in comparator prisons (24%).
- 4.6** Offending behaviour programmes, including a variety of sex offender treatment programmes (SOTPs), were appropriate for the population. Many prisoners were at some level of denial and there continued to be no broader strategy to address this; however, the prison had introduced a research project to assess the whole population to identify levels of denial (see attitudes, thinking and behaviour). This was a very positive initiative.

#### Housekeeping point

- 4.7** The reducing reoffending action plan should be updated.

## 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.**

- 4.8** *The OMU was well established. Caseloads were high but there were plans to double the number of offender supervisors (OSs). There continued to be no formal expectation of the amount of planned contact between prisoners and OSs but some action had been taken to improve levels of contact. Offender assessment system (OASys) documents were good and public protection procedures robust, but the provision of telephone calls in reception needed to be reviewed. It was difficult for some category B prisoners to make progressive moves.*
- 4.9** The well established OMU consisted of three teams of OSs, each had: one seconded probation officer OS, three Prison Service uniformed OSs and one case administrator.
- 4.10** All prisoners were allocated to an OS and caseloads were very high at around 90. In our survey, 71% of prisoners said they had an OS, less than the 92% at comparator prisons, but more than in 2012.
- 4.11** There were plans to double the number of OSs by April 2015; all OSs would fulfil both residential and OMU functions. OSs were being deployed to work on wings on a rota basis to assist with residential duties, and to engage in face-to-face offender management work with prisoners. It was too soon to assess how effective this was but it demonstrated that managers were trying to ensure OSs had more regular contact with prisoners; at the two previous inspections, there had been no formal expectation regarding the frequency of OS contact with prisoners. A prescribed minimum frequency of contact, along with the plans already being introduced could help create a more coherent approach to risk management, and also crucially, given prisoners serving very long sentences a sense of progression and hope.
- 4.12** Most OSs felt managers and peers supported them. Probation OSs received formal casework supervision from an external senior probation officer but there continued to be no formal casework supervision for uniformed OSs.
- 4.13** In the cases sampled, most OASys documents were good, and consisted of an accurate and current risk of serious harm screening and an analysis of the risk of serious harm to others. Risk management plans were current and sufficient and included action to be taken in custody, and where relevant, in the community. In the one insufficient case, the prisoner had been without an OASys document since 2012; this had been identified by the OMU and was being addressed.
- 4.14** Sentence planning boards were convened annually, chaired effectively and minuted appropriately. Plans were comprehensive, however, some objectives were imprecise and functional and not focused on outcomes.
- 4.15** OSs worked hard to encourage prisoners in denial to undertake planned work, and there were early signs of some positive developments in this area although more needed to be done to address this issue.

- 4.16** Prisoners were asked if they wished their family to contribute in writing to their sentence planning board.

## Recommendations

- 4.17** Prisoners should be seen regularly by their OS to review progress, provide a sense of whether progress was being made, and discuss future plans.
- 4.18** Sentence plan objectives should be focused on outcomes.

## Housekeeping point

- 4.19** Uniformed offender supervisors should receive formal casework supervision. (Repeated recommendation 4.28)

## Public protection

- 4.20** Public protection arrangements were robust and there was a comprehensive public protection policy. All prisoners were screened for safeguarding issues on arrival and any monitoring or restrictions agreed at weekly multidisciplinary inter-departmental risk management and safeguarding meetings. Meetings monitored prisoners subject to multi-agency public protection arrangements (MAPPAs) and those raising public and child protection concerns; they also reviewed monitoring restrictions.
- 4.21** Restrictions were explained to prisoners and all staff could see who was subject to public protection arrangements on the intranet. A total of 516 prisoners were subject to safeguarding children measures and 188 to sex offender prevention orders; 576 were on the violent sex offenders register (ViSOR) and 42 were subject to monitoring under the Interception of Communications Commissioner's Office (in the interests of national security).
- 4.22** Nearly all prisoners (98.5%) were identified as subject to MAPPAs: three at level 3 (the highest risk level), one at level 2 (where the active involvement of one or more agency is required) and four at level one (the lowest risk level). All others were MAPPAs nominals (potentially subject to MAPPAs arrangements on release).
- 4.23** MAPPAs arrangements were well understood and there was evidence of monitoring systems to identify and track prisoners through their sentence. Staff in the public protection unit attended some level 2 and 3 MAPPAs meetings in the community. When this was not possible, written reports were forwarded and telephone conferencing was used. All incoming and outgoing post was monitored and phone monitoring was in place as required.
- 4.24** As in 2012, more prisoners (42%) than in similar prisons (14%) said they received a free reception phone call. We received conflicting verbal and written information about the management of these calls and could not be assured that prisoners' risks were thoroughly identified and managed.

## Recommendation

- 4.25** Managers should review the provision of reception telephone calls to ensure that prisoners' risks are effectively identified and managed.

## Categorisation

- 4.26** OSs undertook categorisation reviews for category B prisoners at annual sentence planning boards. Prison Service headquarters decided whether or not category A prisoners could be re-categorised. From January to June 2014 eight prisoners had been downgraded from A to B and four from B to C. Due to population pressures in the category B estate, it was difficult to find progressive transfers for category B prisoners, especially sex offenders.

## Indeterminate sentence prisoners

- 4.27** Sixty-three per cent of the population were serving indeterminate sentences, including 100 prisoners with indeterminate sentences for public protection, and 367 with life sentences. This group was appropriately managed in the same way as other prisoners. They received an information booklet about the management of their sentence and wing lifer representatives attended bimonthly meetings. Occasional lifer days had been introduced to provide them with information about sentence and progression opportunities.

## 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.**

- 4.28** *Relatively few prisoners were released but pre-release support was provided for those who were, and custody plans were produced for remanded prisoners. Most prisoners released were discharged to suitable accommodation. Planning, delivery and support for prisoners' education, training and employment prior to their release required improvement but a pre-release course had been developed. The National Careers Services (NCS) provision was inadequate. Prisoners received efficient health preparation before transfer or release. Suitable arrangements were made with relevant community agencies for continuing drug treatment and support. Finance, benefit and debt assistance was adequate. There was some good support to help prisoners maintain contact with family and friends but visits did not start at the advertised time. A variety of offending behaviour programmes, including the SOTP, were available; prisoners were suitably prioritised to attend these. Some very encouraging work focusing on prisoners in denial had begun and there were good plans to develop this into appropriate interventions for this group.*

- 4.29** An aim of the prison was to reduce risks to enable prisoners to move to less secure prison conditions. However, 23 prisoners had been released from Wakefield between January and June 2014. Release planning started well in advance, including MAPPA meetings and the provision of services to meet identified needs. A pre-release course was available.
- 4.30** OSs met new prisoners to assess needs across all resettlement areas and referrals were made to Prison Service providers when necessary. OSs produced a short custody plan for remanded prisoners (three during the inspection) using the OASys basic custody screening tool to identify their risks and needs. Objectives were discussed and agreed with prisoners and a copy of the custody plan given to him.

## Accommodation

- 4.31** Only 23 prisoners had been released from Wakefield in 2014; all but two had been released to approved premises. Where possible, transfers to prisons local to their home were arranged for those approaching their release date.

## Education, training and employment

- 4.32** Planning, delivery and support for prisoners' education, training and employment prior to their release required improvement. A useful pre-release course had been developed and piloted by The Manchester College; it covered areas such as getting a job, health, hygiene, accommodation, managing money, using information and communications technology and the internet. Only two sessions had been offered.
- 4.33** The quality of the National Careers Services (NCS), provided by the Careers Yorkshire and Humberside Consortium through their agent Prospects, was inadequate. Most prisoners due for release attended an interview session with an NCS adviser. The adviser did not spend enough time with prisoners to get to know them or gain their trust. Individual action plans produced by the adviser were weak; targets were not constructive or based on the individual needs of the prisoner to help them gain paid or unpaid employment, training or education. The adviser did not return later to review prisoners' progress towards achieving their targets.

## Recommendation

- 4.34** **NCS managers should ensure that advice and guidance arrangements for prisoners prior to release are reviewed and improved and action plans are effective.**

## Health care

- 4.35** Prisoners received efficient health preparation for release or transfer, including the provision of prescribed medications and referrals to GPs. The Macmillan Gold Standard Framework (a good practice model for working with people nearing the end of their lives) was used to assist patients with palliative care needs. Visitors were allowed in the relevant in-patients area to be with loved ones at the end of their lives.

## Drugs and alcohol

- 4.36** Only one prisoner had been released on continuing clinical treatment in the previous four years. Nevertheless, suitable arrangements were in place to contact relevant community agencies for reintegration planning and ongoing community-based drug and alcohol misuse treatment and support.

## Finance, benefit and debt

- 4.37** All prisoners were asked about any financial problems during the induction period and where appropriate, received assistance and advice. The prison ran a money management course and had a trained officer who helped prisoners manage debt and set up bank accounts if they were due to be released. In the previous six months, 35 bank accounts had been opened.

## Children, families and contact with the outside world

- 4.38** In our survey, 36% of prisoners said they had received help to maintain contact with family and friends, more than the comparator (32%) and higher compared with the previous inspection (26%). Only enhanced level prisoners could receive weekly visits. Standard regime prisoners could receive three visits per month and basic level prisoners only two.
- 4.39** Visitors said they were well received but complained about the lack of toilet facilities in the small waiting room where they waited until the visitor centre opened. Managers were aware of this and striving to find a solution.
- 4.40** The visitors' centre was bright and comfortable. Staff who managed the booking-in process, and representatives from Partners of Prisoners and Families Support (POPS) were friendly, but first-time visitors received no support (see paragraph 4.44). As at the two previous inspections, domestic visits did not start at the advertised time.
- 4.41** The visits room was bright and comfortable and offered a limited range of refreshments through a staffed snack bar. Staff knew which prisoners were subject to child safeguarding arrangements. The separate 'high risk' visits room was clean and comfortable.
- 4.42** Four extended family days ran annually, two for children and two for adults at which a variety of activities were organised, including information presentations from various prison departments. Category A prisoners were not excluded from these.
- 4.43** The POPS family services coordinator (FSC) and head of operations hosted monthly coffee mornings in the visitors' centre, enabling visitors to raise concerns and ask questions. Staff from other departments often attended them to make presentations. A prisoner forum had been held in April 2014 to enable prisoners to comment on service provision, and the FSC maintained an action plan to develop services.
- 4.44** The FSC did not currently undertake any casework with prisoners or visitors although this was planned. The prison had advertised for two operational support grade staff, who would be trained and supported by the FSC, to offer family support in the visitors' centre.
- 4.45** A prison visitor scheme was available, and prisoners could apply for accumulated visits (where prisoners are allowed several visits over a few days in another prison close to home) but records showed there were lengthy delays including one of 18 months.
- 4.46** There were no courses to help prisoners increase their skills and understanding as a parent or partner; however, a child development course had been run but take-up was poor.

## Recommendation

- 4.47 Visits should start at the advertised time.** (Repeated recommendation 4.58)

## Attitudes, thinking and behaviour

- 4.48** Trained staff continued to deliver offending behaviour programmes in the assessment and interventions centre (AIC). In our survey, 78% of prisoners said they had been involved in an offending behaviour programme at the prison.
- 4.49** A variety of quality accredited programmes ran. Thirty-four places were available annually on the SOTP, which consisted of core, extended, Healthy Sex Programme (HSP) and Becoming



a New Me' (BNM) modules. The extended, HSP and the BNM modules were available to prisoners with the highest priority across the high security estate. Prisoners could also transfer from Wakefield to undertake programmes elsewhere. Reports outlining a structured assessment of prisoners' risks and needs were up to date. Prisoners attending the core module met their personal officer every month to discuss what they had learned. A simple 'open' questionnaire had been devised by the AIC for officers' use. An enhanced support pilot SOTP had been introduced, but it was too early to assess its effectiveness.

- 4.50** An adapted HSP was available for prisoners with intellectual disabilities, and the locally devised revised treatment pathway, including attendance at the revised foundation course (see paragraph 4.54), supported prisoners with lower levels of cognitive function and other learning needs. Wakefield was involved in a learning disability and personality disorder pilot project, which involved the AIC in joint work with the interdisciplinary mental health team to devise individual treatment plans.
- 4.51** The local unaccredited foundation programme provided 60 prisoners annually with an introduction to group work; 63 places were available annually on the Thinking Skills course and the RESOLVE programme (which seeks to help offenders change their behaviour). The Healthy Identity intervention programme worked with prisoners convicted under terrorism legislation or who had offended for extremist or ideological reasons.
- 4.52** The number and mix of offending behaviour programmes delivered annually varied according to needs and prisoners were appropriately prioritised. Close friends or family of some prisoners attended post-programme reviews. The comprehensive electronic database continued to record offence and sentence details, programmes completed, parole and release dates, victim details and motivation levels. Assessment stages were also tracked.
- 4.53** Nearly 70% of the population were serving sentences for sexual offences. The 2013 prison needs analysis suggested that 43% completely or partially denied their offending behaviour. There continued to be no National Offender Management Service strategy to address this, but the prison had introduced a research project, the Goal Attainment Scale to assess all prisoners for denial; it would ultimately be used to develop interventions. A separate research project at the prison had explored factors encouraging individuals to move from denial to accepting responsibility.
- 4.54** The local strategy Our New Way had been introduced to create a rehabilitative culture across the prison. This included the Wayfinder peer support project, which saw selected prisoners who had completed interventions and received training from AIC staff offer support to their peers. It was planned that Wayfinders would be involved in aspects of the foundation programme. These were very encouraging initiatives that started to address serious offenders' denial of some or all aspects of their offending behaviour.

### Additional resettlement services

- 4.55** Other than support from the mental health team, there were no specific arrangements in place to identify or support prisoners who had experienced physical and/or sexual abuse.



## Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

### Main recommendations

To the governor

- 5.1** The regime for prisoners should be improved and include purposeful activities to help prevent psychological deterioration and formal individual care planning to focus on reintegrating prisoners back into the mainstream prison. (S44)
- 5.2** Individual risk assessments should be reviewed every day for prisoners on level three unlocking protocols. Formal reviews should be carried out by senior managers and authorisation should be recorded. (S45)
- 5.3** The amount and range of education and work provision should be increased, including for category A prisoners, and should be broadly sufficient to fully occupy the population. (S46)

### Recommendations

To the governor

#### Courts, escort and transfers

- 5.4** Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (1.4, repeated recommendation 1.6)

#### Early days in custody

- 5.5** The induction process should ensure all prisoners complete the course quickly and on time. (1.12)

#### Bullying and violence reduction

- 5.6** Data on violence, victimisation and self-harm should be more rigorously collected, analysed and discussed with prisoners so that prisoners' perceptions of safety can be better understood. Residential managers should be part of this process. (1.20)

#### Self-harm and suicide prevention

- 5.7** ACCT case managers should be consistent to ensure continuity in risk management and in the support they provide. (1.28)
- 5.8** Samaritans telephones should be available for immediate use in all residential areas. (1.29)
- 5.9** The use of safer cells, gated cells and strip-clothing should be authorised by a governor grade in writing, and closely monitored. (1.30)

## Safeguarding

- 5.10** 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. (1.33, repeated recommendation 1.64)

## Substance misuse

- 5.11** The prison and the contracted psychosocial service providers should establish a contingency that ensures continued service provision during the transition to the new staff team. (1.70)

## Residential units

- 5.12** In-cell toilets should be adequately screened. (2.9, repeated recommendation 2.14)

## Equality and diversity

- 5.13** The prisoner equality action group should include external representation and scrutiny of DIRFs. (2.24)
- 5.14** Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (2.31, repeated recommendation 2.31)
- 5.15** Provision to meet the needs of older and infirm prisoners should be developed further; a review of the carers scheme should take place to ensure that social care needs are identified and action is taken and recorded in care plans. (2.32)

## Health services

- 5.16** Clinical governance needed to improve; reporting systems and analysis should be integrated, as should a strategy to promote health and wellbeing and staff should receive clinical supervision. (2.61)
- 5.17** Patients should not have to wait for long periods before and after their appointments in the health centre. (2.62)
- 5.18** The health care centre and in-patient unit should be refurbished. (2.63)
- 5.19** The complaints system should preserve medical confidentiality. (2.64)
- 5.20** The waiting time to see an optician should be equivalent to that in the community. (2.72)
- 5.21** The practice of operating two medicine administration rounds simultaneously from one hatch should end and queues for the collection and administration of medicines should be adequately supervised. (2.78)
- 5.22** The dental suite should comply with contemporary standards of infection control. (2.84)
- 5.23** X-ray emissions should be regularly checked to ensure they are safe. (2.85)
- 5.24** There should be sufficient therapy space to offer a full range of therapeutic options, including professional counselling, for those who required it. (2.92)

- 5.25** Transfers of patients under the Mental Health Act should be completed expeditiously and within the contemporary target time. (2.93)

### Catering

- 5.26** Consultation arrangements should include residential managers and representatives from minority groups. (2.100)
- 5.27** The wing kitchens should be properly equipped so that prisoners can cater for themselves effectively. (2.101)

### Purchases

- 5.28** The canteen list should be amended to include frozen and fresh produce. (2.105)
- 5.29** The prison should investigate why prisoners with disabilities have a negative view of the range of goods. (2.106)
- 5.30** There should be no administration charge for catalogue orders. (2.107)

### Time out of cell

- 5.31** All prisoners should be offered a minimum of one hour's exercise in the open air every day. (3.5, repeated recommendation, 3.9)
- 5.32** All prisoners should be able to access a full activity programme. (3.6)

### Learning and skills and work activities

- 5.33** Managers should focus on producing evaluative self-assessments at all levels of learning, skills and work; they should provide a holistic overview of evidence-based strengths and areas for improvement, particularly in teaching, learning and outcomes for learners. (3.13)
- 5.34** The findings of self-assessment should feed directly into prioritised, specific and time-bound action planning strongly focused on improving learners' outcomes and achievements. (3.14)
- 5.35** The approach to, and structure of, observations of teaching and learning should be harmonised; the outcomes of observations should be used to drive improvements in teaching, learning and assessment. (3.15)
- 5.36** Teachers should differentiate teaching strategies and learning resources to challenge and reflect learners' differing abilities, prior experience and age. (3.28)
- 5.37** English and mathematics short courses should be planned to enable learners to broaden their knowledge and develop the skills they need to be successful in examinations. (3.29)
- 5.38** Equality and diversity, and English and mathematics should be promoted more effectively and consistently outside functional skills lessons. (3.30)
- 5.39** Teachers should plan better how they deploy peer mentors in lessons to maximise support for prisoners with specific learning needs. (3.31)
- 5.40** Employability skills qualifications should be extended to all prisoners at work. (3.36)

### Physical education and healthy living

- 5.41** Managers should substantially reduce the number of PE and gym sessions cancelled by ensuring that a sufficient number of staff are available to operate the facilities as scheduled. (3.45)

### Offender management and planning

- 5.42** Prisoners should be seen regularly by their OS to review progress, provide a sense of whether progress was being made, and discuss future plans. (4.17)
- 5.43** Sentence plan objectives should be focused on outcomes. (4.18)
- 5.44** Managers should review the provision of reception telephone calls to ensure that prisoners' risks are effectively identified and managed. (4.25)

### Reintegration planning

- 5.45** NCS managers should ensure that advice and guidance arrangements for prisoners prior to release are reviewed and improved and action plans are effective. (4.34)
- 5.46** Visits should start at the advertised time. (4.47, repeated recommendation 4.58)

## Housekeeping points

### Residential units

- 5.47** Managers should meet with prisoners to explore some of their negative perceptions about residential issues. (2.10)

### Equality and diversity

- 5.48** The rate of pay for prisoners permanently unfit to work should be reviewed, and they, and retired prisoners, should not have to pay for television access. (2.33, repeated recommendation 2.50)

### Health services

- 5.49** Health campaigning materials should be displayed on the wings. (2.65)
- 5.50** In-patient therapeutic activities should not be curtailed. (2.73)
- 5.51** Action should be taken to reduce the number of missed external health appointments. (2.74)
- 5.52** The administration of medications should be reviewed to ensure that patients receive medicines at optimal times. (2.79)

### Catering

- 5.53** The lifts used to transport food trolleys to the main prison should be cleaned regularly. (2.102)

### Learning and skills and work activities

- 5.54** Problems with payments to prisoners for attending work and other activities should be resolved. (3.20)

### Strategic management of resettlement

- 5.55** The reducing reoffending action plan should be updated. (4.7)

### Offender management and planning

- 5.56** Uniformed offender supervisors should receive formal casework supervision. (4.19, repeated recommendation 4.28)

## Examples of good practice

- 5.57** The prison-wide strategy on tradable prescription medication was proving to be very effective in reducing the drug supply and the potential for associated problems, including bullying, debt and overdoses. (1.71)
- 5.58** The work to reduce dependence on medications liable to abuse via SPAR clinics was excellent. It had prompted a cultural change so that patients' expectations had become more realistic and aligned with medical evidence-based practice. (2.80)
- 5.59** Enabling patients to keep their own care plans ensured prisoners were fully informed and could reflect on their care and consider changes. (2.94)
- 5.60** The pre-programme course prepared prisoners to enter formal programmes of rehabilitation. (2.95)





## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Gary Boughen	Inspector
Joss Crosbie	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Alissa Redmond	Research officer
Joe Simmonds	Research officer

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Paul Tarbuck	Health services inspector
Steve Eley	Health services inspector
Helen Jackson	Pharmacist
Liz Wands-Murray	Care Quality Commission
Nick Crombie	Ofsted inspector
Shahram Safavi	Ofsted inspector
Sheila Willis	Ofsted inspector
Iolo Madoc-Jones	Offender management inspector
Avtar Singh	Offender management inspector



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2012, reception, first night and induction arrangements remained in need of improvement but were adequate. Most prisoners reported feeling safe. Processes for managing bullying were poor but incidents were low. There were few incidents of self-harm and the management of those on assessment, care in custody and teamwork (ACCT) documents was good. Security was generally proportionate. The segregation unit provided a poor experience for long stay prisoners. Management of force and special accommodation needed to be further improved. Some positive changes had been made in the close supervision centre (CSC) but the regime remained poor. Support for substance misusers was good but more coordinated action was needed to address problems around diverted in-possession prescribed medications. Outcomes for prisoners were reasonably good against this healthy prison test.*

#### **Main recommendations**

The prison should ensure that drugs subject to misuse within the prison are not dispensed weekly in-possession and that their administration and consumption is directly observed in accordance with its own medicines possession policy and Prison Service Order 3550. (HP55)

**Achieved**

#### **Recommendations**

Prisoners transferring to Wakefield should be told about their destination and what to expect there in advance and always before they arrive unless there are specific, individual security concerns that prevent this. (1.5)

**Achieved**

Prisoners on escort should be offered toilet breaks at least once every 2.5 hours and this should be recorded. (1.6)

**Not achieved** (recommendation repeated, 1.4)

Reception should be refurbished to provide prisoners with an appropriately private, decent, accessible and welcoming environment. (1.15)

**Partially achieved**

First night and induction processes should be reviewed to ensure that they assure safety, minimise anxiety and are completed quickly. (1.16)

**Achieved**

Insiders should meet regularly, supported by staff, to support and coordinate their work. (1.17)

**Achieved**

Violence reduction data should be better analysed and cross referenced for accuracy. An action plan should be developed from the prison and inspectorate surveys of prisoners' perceptions of safety. (1.35)

**Partially achieved**

The violence reduction policy should specifically focus on strategies to deal with bullying-related issues at Wakefield. (1.36)

**Achieved**

Investigations of suspected bullying and violent incidents should be improved and actions arising from investigations should be more specific, measurable and time-bound. (1.37)

**Achieved**

The victim support form for victims of bullying should be used consistently to ensure victims receive effective proactive support. (1.38)

**No longer relevant**

The use of safer cells, gated cells and strip-clothing should be monitored by the safer prisons meeting. (1.54)

**Not achieved**

Support for prisoners who have experienced physical and sexual abuse should be available from trained professionals. (1.55)

**Partially achieved**

Prisoners in health care should have the same access to Listeners as elsewhere in the prison. (1.56)

**Not achieved**

Safer cells on D wing should be adequately heated and free from ligature points. (1.57)

**Achieved**

The safer custody manager should routinely meet with Listeners and where appropriate take action to tackle their concerns. (1.58)

**Achieved**

A portable phone to provide prisoners in the main prison with access to the Samaritans should be provided. (1.59)

**Not achieved**

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

**Not achieved** (recommendation repeated, 1.33)

The IEP policy should be consistent with the application of the process and make clear that denial of offences does not in itself preclude progression to enhanced status. (1.80)

**Achieved**

There should be greater differentials between standard and enhanced levels. (1.81)

**Achieved**

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

**Not achieved**

Prisoners in the segregation unit should be monitored for psychological deterioration and care plans put in place based on individual need. (I.98)

**Not achieved**

Long stayers should be given access to gym facilities and risk-assessed association and in-cell activities should be increased to mitigate the effects of segregation. (I.99)

**Not achieved**

The segregation unit exercise yard should be improved and contain seating. (I.100)

**Not achieved**

Records of segregation reviews should be specific to that individual and not include repeated generic targets. (I.101)

**Not achieved**

In-cell electricity should be installed in the segregation unit. (I.102)

**Not achieved**

Toilets in segregation unit cells should be deep cleaned. (I.103)

**Partially achieved**

The close supervision centre should be located in a less austere environment, better suited to long-term stays and separate from the segregation unit. (I.114)

**Not relevant for this inspection**

Visits in the close supervision centre should be open contact visits unless a specific risk assessment deems it unsafe. (I.115)

**Not relevant for this inspection**

There should be more meaningful activity available in the close supervision centre. (I.116)

**Not relevant for this inspection**

There should be a review of the drug strategy committee's strategic authority and ability to influence prison policy and practice. (I.126)

**Achieved**

The DAAG should be re-introduced and CBDT officers should be profiled and given sufficient additional time to operate this group as well as short ad hoc one to one sessions with prisoners who test positive for CBDT tests. (I.127)

**Partially achieved**

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection, in 2012, living conditions were generally good, but F wing remained a poor environment. Relationships had improved but not all staff engaged positively with prisoners. The personal officer scheme had also improved and there were good links with sentence planning. Diversity was reasonably well managed, but some minority groups were still reporting poorer outcomes. Faith provision was good. Complaints about staff were not always adequately investigated or dealt with appropriately. Health services were now much better. Food was adequate although prisoners continued to report that it was poor. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Main recommendations

F wing should be designated as unfit for purpose and taken out of use as soon as feasible. (HP56)

**Not achieved**

Complaints about staff behaviour should be monitored for consistency and to detect trends and should only be dealt with by senior managers; investigations should be detailed and any action needed as a result, robust. (HP57)

**Not achieved**

## Recommendations

A standard list of items that prisoners are allowed in possession should be established for the high security estate. (2.13)

**Partially achieved**

In-cell toilets should be adequately screened. (2.14)

**Not achieved** (recommendation repeated, 2.9)

All showers should provide appropriate privacy for prisoners. (2.15)

**Achieved**

Managers should investigate and address, together with black and minority ethnic prisoners, the significantly poorer perceptions of their treatment at Wakefield. (2.31)

**Not achieved** (recommendation repeated, 2.31)

An overarching diversity policy should include all minority groups. It should include an action plan to meet identified targets and be based on a needs analysis. (2.32)

**Not achieved**

The race equality action team membership should include external representation. (2.33)

**Not achieved**

Displays throughout the prison should reflect the racial diversity of the population. (2.48)

**Not achieved**

An assessment of the ability of foreign national prisoners to understand and write English should be carried out during induction, and translation services offered where appropriate. (2.49)

**Partially achieved**

The rate of pay for prisoners permanently unfit to work should be reviewed, and they, and retired prisoners, should not have to pay for television access. (2.50)

**Not achieved** (recommendation repeated as housekeeping point, 2.33)

The prison should consider introducing a day care centre for older prisoners. (2.51)

**Not achieved**

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

**Achieved**

Patient access to a GP for a routine appointment should be within an acceptable waiting time of less than three weeks. (2.88)

**Achieved**

Nurses delivering specialist clinics should be appropriately trained. (2.89)

**Achieved**

The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (2.95)

**Achieved**

Requisitions for controlled drugs should have a doctor's signature before a supply is made. (2.96)

**Achieved**

The risk assessment for in-possession medications should be available at the point of administration. (2.97)

**Achieved**

Day services should be available for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (2.103)

**No longer relevant**

Prisoners should have access to professional counselling services. (2.104)

**Not achieved**

Products on the shop list should reflect supermarket prices. (2.121)

**Not achieved**

There should be adequate products to meet the needs of black and minority ethnic prisoners. (2.122)

**Achieved**

A prison wide survey of prisoners' views of the canteen provision should be conducted periodically. (2.123)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2012, time out of cell remained reasonable for those in an activity but not for the approximately 30% of prisoners routinely locked in cells during the core day. There was a strategic approach to learning and skills, and management was strong but there were insufficient activity places for the population. There were some delays in allocating activity places after arrival but the process was fair and equitable. Delivery of education was good and places available well utilised. The quality of most provision and levels of achievement were good. Relationships were suitably challenging and respectful. The library and gym services were both good. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Sufficient activity places should be provided in workshops and education to ensure full and purposeful activity for the population with equal access for all categories of prisoners. (HP96)

**Not achieved**

## Recommendations

All prisoners should be able to spend at least 10 hours a day out of their cells. (3.8)

**Not achieved**

All prisoners should have the opportunity for at least one hour of exercise in the open air every day. (3.9)

**Not achieved** (recommendation repeated, 3.5)

Unconvicted prisoners should have the opportunity to take part in work activities off the wing. (3.10)

**Achieved**

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

**Not achieved**

The prison should ensure that cleaners on the accommodation wings are fully occupied. (3.28)

**Achieved**

There should be adequate staffing to allow use of all workshop places. (3.29)

**Partially achieved**

The prison should ensure that prisoners have wider access to personal and social development courses based on personal need. (3.30)

**Partially achieved**

The identification of and support for prisoners requiring ESOL should be improved. (3.31)

**Achieved**

## Resettlement

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

*At the last inspection, in 2012, the resettlement strategy was still not based on a needs analysis of the population. The lack of a local or high security strategic approach for managing prisoners who did not fully take responsibility for their offence remained a concern, and little specific was being done with them. Offender management and sentence planning continued to operate well but ongoing contact with prisoners was limited. Public protection arrangements remained strong but very few prisoners were being progressed. Some improvements had been made in managing indeterminate sentenced prisoners. Pathways provision was appropriate and waiting lists for programmes were reasonable. Provision for visits and children and families had improved. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

## Main recommendations

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

**Partially achieved**



## Recommendations

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

**Partially achieved**

The reducing reoffending strategy and action plan should include details of offender management along with development objectives specific to the needs of particular groups at Wakefield. (4.10)

**Partially achieved**

Services should be monitored and reviewed by prisoners. (4.11)

**Partially achieved**

There should be a system for prioritising prisoners by need to increase the frequency of contact by offender supervisors. (4.26)

**Partially achieved**

Where appropriate prisoners' families should be encouraged to attend sentence planning boards. (4.27)

**Partially achieved**

Uniformed offender supervisors should receive formal casework supervision. (4.28)

**Not achieved** (recommendation repeated as housekeeping point, 4.19)

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

**Not achieved**

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

**Achieved**

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

**Achieved**

Disabled parking should be provided for visitors close to the prison. (4.57)

**Achieved**

Visits should start at the advertised time. (4.58)

**Not achieved** (recommendation repeated, 4.47)

The prison should conduct a thorough needs assessment to inform decision making relating to services to help prisoners re-establish or maintain relationships with their children and families. (4.59)

**Not achieved**

Prisoners should be able to transfer swiftly to other establishments to complete the rolling SOTP. (4.68)

**No longer relevant**



## Appendix III: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced		722	97.6
Recall		8	1.1
Convicted unsentenced			
Remand	1	5	0.8
Other		1	0.1
Detainees		3	0.4
<b>Total</b>	<b>1</b>	<b>739</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	1	7	1.1
Less than 6 months			
6 months to less than 12 months			
12 months to less than 2 years			
2 years to less than 4 years		1	0.1
4 years to less than 10 years		14	1.9
10 years and over (not life)		251	33.9
ISPP (indeterminate sentence for public protection)		99	13.4
Life		367	63.0
<b>Total</b>	<b>1</b>	<b>739</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	1	0.1
21 years to 29 years	71	9.6
30 years to 39 years	138	18.6
40 years to 49 years	194	26.2
50 years to 59 years	185	25.0
60 years to 69 years	121	16.4
70 plus years	30	4.1
Please state maximum age here:		
<b>Total</b>	<b>740</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	1	686	92.8
Foreign nationals		53	7.2
<b>Total</b>	<b>1</b>	<b>739</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Category A	1	144	19.6
Category B		539	80.1
Category C		1	0.1
Category D			
Other		1	0.1
<b>Total</b>	<b>1</b>	<b>739</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		577	78.0
Irish		12	1.6
Gypsy/Irish Traveller		11	1.5
Other white		19	2.6
Mixed			
White and black Caribbean		6	0.8
White and black African		3	0.4
White and Asian		3	0.4
Other mixed		8	1.1
Asian or Asian British		12	1.6
Indian		6	0.8
Pakistani	1	16	2.3
Bangladeshi		9	1.2
Chinese		1	0.1
Other Asian			
Black or black British			
Caribbean		27	3.6
African		8	1.1
Other black		10	1.4
Other ethnic group			
Arab			
Other ethnic group		4	0.5
Not stated			
<b>Total</b>	<b>1</b>	<b>739</b>	<b>100</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist		1	0.1
Church of England		117	15.8
Roman Catholic		103	13.9
Other Christian denominations		169	22.8
Muslim	1	89	12.2
Sikh		4	0.5
Hindu		2	0.3
Buddhist		36	4.9
Jewish		9	1.2
Other		30	4.0
No religion		179	24.2
<b>Total</b>	<b>1</b>	<b>739</b>	<b>100</b>

<b>Other demographics</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Veteran (ex-armed services)		12	1.6
<b>Total</b>		<b>12</b>	<b>1.6</b>

**Sentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			21	2.1
1 month to 3 months			26	3.5
3 months to 6 months			32	4.3
6 months to 1 year			63	8.5
1 year to 2 years			97	13.1
2 years to 4 years			175	23.6
4 years or more			310	41.9
<b>Total</b>			<b>732</b>	<b>98.9</b>

**Sentenced prisoners only**

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry			
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		706	95.4
<b>Total</b>		<b>706</b>	<b>95.4</b>

**Unsentenced prisoners only**

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	12.5	1	12.5
1 month to 3 months			2	25.0
3 months to 6 months				
6 months to 1 year			3	37.5
1 year to 2 years				
2 years to 4 years			1	12.5
4 years or more				
<b>Total</b>	<b>1</b>	<b>12.5</b>	<b>7</b>	<b>87.5</b>

Main offence	18–20 yr olds	21 and over	%
Violence against the person	1	254	34.5
Sexual offences		449	60.9
Burglary		5	0.7
Robbery		13	1.7
Theft and handling		0	0
Fraud and forgery		0	0
Drugs offences		2	0.3
Other offences		14	1.2
Civil offences		0	0
Offence not recorded/holding warrant		0	0
<b>Total</b>		<b>737</b>	<b>100</b>



## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### 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 establishment<sup>8</sup>. 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 translation 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 20 June 2014 the prisoner population at HMP Wakefield was 732. Using the method described above, questionnaires were distributed to a sample of 200 prisoners.

We received a total of 171 completed questionnaires, a response rate of 86%. This included five questionnaires completed via interview. Eleven respondents refused to complete a questionnaire, 14 questionnaires were not returned and four were returned blank.

Wing/unit	Number of completed survey returns
A	41
B	28
C	48

<sup>8</sup> 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.

D	46
Healthcare	6
Segregation Unit	2

### Presentation of survey results and analyses

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

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 significant<sup>9</sup> 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 Wakefield in 2014 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in four high security prisons since April 2011.
- The current survey responses from HMP Wakefield in 2014 compared with the responses of prisoners surveyed at HMP Wakefield in 2012.
- A comparison within the 2014 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2014 survey between those who are British and those who are foreign nationals.
- A comparison within the 2014 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 2014 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2014 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.
- A comparison within the 2014 survey between the response of prisoner who were veterans and those who were not.

<sup>9</sup> 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.



## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>			
	Under 21 .....	0	(0%)	
	21 - 29.....	15	(9%)	
	30 - 39.....	32	(19%)	
	40 - 49.....	45	(27%)	
	50 - 59.....	36	(21%)	
	60 - 69.....	29	(17%)	
	70 and over .....	12	(7%)	
<b>Q1.3</b>	<b>Are you sentenced?</b>			
	Yes .....	163	(97%)	
	Yes - on recall.....	3	(2%)	
	No - awaiting trial.....	1	(1%)	
	No - awaiting sentence .....	1	(1%)	
	No - awaiting deportation.....	0	(0%)	
<b>Q1.4</b>	<b>How long is your sentence?</b>			
	Not sentenced .....	2	(1%)	
	Less than 6 months .....	0	(0%)	
	6 months to less than 1 year .....	0	(0%)	
	1 year to less than 2 years .....	0	(0%)	
	2 years to less than 4 years .....	3	(2%)	
	4 years to less than 10 years .....	14	(8%)	
	10 years or more .....	49	(29%)	
	IPP (indeterminate sentence for public protection) .....	21	(13%)	
	Life.....	78	(47%)	
<b>Q1.5</b>	<b>Are you a foreign national? (i.e. do not have UK citizenship.)</b>			
	Yes .....	18	(11%)	
	No.....	146	(89%)	
<b>Q1.6</b>	<b>Do you understand spoken English?</b>			
	Yes .....	166	(99%)	
	No.....	2	(1%)	
<b>Q1.7</b>	<b>Do you understand written English?</b>			
	Yes .....	162	(97%)	
	No.....	5	(3%)	
<b>Q1.8</b>	<b>What is your ethnic origin?</b>			
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	123 (74%)	Asian or Asian British - Chinese .....	0 (0%)
	White - Irish .....	9 (5%)	Asian or Asian British - other .....	0 (0%)
	White - other.....	4 (2%)	Mixed race - white and black Caribbean ..	3 (2%)
	Black or black British - Caribbean.....	10 (6%)	Mixed race - white and black African.....	1 (1%)
	Black or black British - African.....	3 (2%)	Mixed race - white and Asian.....	0 (0%)
	Black or black British - other .....	2 (1%)	Mixed race - other .....	3 (2%)
	Asian or Asian British - Indian .....	1 (1%)	Arab .....	0 (0%)
	Asian or Asian British - Pakistani.....	4 (2%)	Other ethnic group.....	2 (1%)

*Asian or Asian British - Bangladeshi*..... 2 (1%)

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

Yes ..... 5 (3%)  
No..... 156 (97%)

**Q1.10 What is your religion?**

<i>None</i> .....	27 (16%)	<i>Hindu</i> .....	0 (0%)
<i>Church of England</i> .....	61 (37%)	<i>Jewish</i> .....	3 (2%)
<i>Catholic</i> .....	25 (15%)	<i>Muslim</i> .....	15 (9%)
<i>Protestant</i> .....	4 (2%)	<i>Sikh</i> .....	1 (1%)
<i>Other Christian denomination</i> .....	12 (7%)	<i>Other</i> .....	10 (6%)
<i>Buddhist</i> .....	6 (4%)		

**Q1.11 How would you describe your sexual orientation?**

*Heterosexual/ Straight* ..... 138 (85%)  
*Homosexual/Gay*..... 7 (4%)  
*Bisexual*..... 17 (10%)

**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 ..... 59 (35%)  
No..... 108 (65%)

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

Yes ..... 19 (12%)  
No..... 143 (88%)

**Q1.14 Is this your first time in prison?**

Yes ..... 86 (51%)  
No..... 81 (49%)

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

Yes ..... 53 (32%)  
No..... 112 (68%)

## Section 2: Courts, transfers and escorts

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

*Less than 2 hours* ..... 51 (30%)  
*2 hours or longer* ..... 100 (59%)  
*Don't remember* ..... 18 (11%)

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

*My journey was less than two hours* ..... 51 (31%)  
Yes ..... 52 (32%)  
No..... 52 (32%)  
*Don't remember* ..... 8 (5%)

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

*My journey was less than two hours* ..... 51 (30%)  
Yes ..... 13 (8%)  
No..... 98 (58%)  
*Don't remember* ..... 7 (4%)

**Q2.4 On your most recent journey here, was the van clean?**

Yes ..... 111 (67%)

	No.....	40 (24%)
	Don't remember .....	14 (8%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	Yes .....	115 (69%)
	No.....	43 (26%)
	Don't remember .....	9 (5%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well.....	42 (25%)
	Well.....	63 (37%)
	Neither .....	51 (30%)
	Badly.....	7 (4%)
	Very badly .....	3 (2%)
	Don't remember .....	4 (2%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply to you.)</b>	
	Yes, someone told me .....	82 (48%)
	Yes, I received written information .....	10 (6%)
	No, I was not told anything .....	76 (45%)
	Don't remember .....	5 (3%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes .....	139 (83%)
	No.....	24 (14%)
	Don't remember .....	5 (3%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours .....	84 (50%)
	2 hours or longer .....	59 (35%)
	Don't remember .....	24 (14%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes .....	131 (78%)
	No .....	22 (13%)
	Don't remember .....	15 (9%)
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	41 (24%)
	Well.....	80 (47%)
	Neither .....	30 (18%)
	Badly.....	13 (8%)
	Very badly.....	3 (2%)
	Don't remember .....	3 (2%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>	
	Loss of property .....	35 (21%)
	Housing problems.....	5 (3%)
	Contacting employers .....	2 (1%)
	Contacting family .....	42 (25%)
	Childcare .....	1 (1%)
	Money worries.....	34 (21%)
	Feeling depressed or suicidal.....	34 (21%)
	Physical health .....	16 (10%)
	Mental health.....	26 (16%)
	Needing protection from other prisoners .....	10 (6%)
	Getting phone numbers .....	32 (19%)
	Other .....	6 (4%)
	Did not have any problems .....	58 (35%)

<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes .....	37 (22%)
	No.....	71 (43%)
	Did not have any problems .....	58 (35%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	Tobacco.....	88 (53%)
	A shower .....	32 (19%)
	A free telephone call.....	69 (42%)
	Something to eat.....	59 (36%)
	PIN phone credit.....	24 (14%)
	Toiletries/ basic items .....	83 (50%)
	Did not receive anything .....	25 (15%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	
	Chaplain .....	68 (42%)
	Someone from health services.....	97 (60%)
	A Listener/Samaritans .....	46 (28%)
	Prison shop/ canteen .....	31 (19%)
	Did not have access to any of these.....	41 (25%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	
	What was going to happen to you .....	63 (38%)
	What support was available for people feeling depressed or suicidal.....	57 (35%)
	How to make routine requests (applications) .....	57 (35%)
	Your entitlement to visits.....	46 (28%)
	Health services .....	65 (40%)
	Chaplaincy .....	59 (36%)
	Not offered any information.....	60 (37%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes .....	107 (63%)
	No.....	48 (28%)
	Don't remember .....	14 (8%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	Have not been on an induction course .....	15 (9%)
	Within the first week.....	30 (18%)
	More than a week.....	106 (63%)
	Don't remember .....	17 (10%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	Have not been on an induction course .....	15 (9%)
	Yes .....	57 (34%)
	No.....	70 (42%)
	Don't remember .....	24 (14%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	Did not receive an assessment.....	33 (20%)
	Within the first week.....	10 (6%)
	More than a week.....	85 (52%)
	Don't remember .....	34 (21%)

## Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		<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>	33 (21%)	57 (36%)	18 (11%)	13 (8%)	19 (12%)	20 (13%)
	<i>Attend legal visits?</i>	29 (20%)	59 (42%)	16 (11%)	9(6%)	7 (5%)	22 (15%)
	<i>Get bail information?</i>	1 (1%)	9 (8%)	8 (7%)	6 (5%)	8 (7%)	87 (73%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters.....</i>						15 (9%)
	<i>Yes.....</i>						85 (52%)
	<i>No.....</i>						64 (39%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	<i>Yes.....</i>						109 (66%)
	<i>No.....</i>						10 (6%)
	<i>Don't know.....</i>						47 (28%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	137 (82%)	28 (17%)	3 (2%)			
	<i>Are you normally able to have a shower every day?</i>	152 (90%)	16 (10%)	0 (0%)			
	<i>Do you normally receive clean sheets every week?</i>	116 (70%)	46 (28%)	4 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	105 (63%)	61 (37%)	1 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	50 (30%)	72 (43%)	44 (27%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	108 (66%)	55 (34%)	1 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	39 (24%)	59 (36%)	65 (40%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	<i>Very good.....</i>						8 (5%)
	<i>Good.....</i>						26 (16%)
	<i>Neither.....</i>						37 (22%)
	<i>Bad.....</i>						58 (35%)
	<i>Very bad.....</i>						37 (22%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>						
	<i>Have not bought anything yet/ don't know.....</i>						3 (2%)
	<i>Yes.....</i>						71 (43%)
	<i>No.....</i>						92 (55%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>						
	<i>Yes.....</i>						96 (59%)
	<i>No.....</i>						13 (8%)
	<i>Don't know.....</i>						54 (33%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>						
	<i>Yes.....</i>						93 (57%)
	<i>No.....</i>						30 (18%)
	<i>Don't know/ N/A.....</i>						41 (25%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>						
	<i>Yes.....</i>						101 (62%)
	<i>No.....</i>						16 (10%)
	<i>Don't know/ N/A.....</i>						46 (28%)

**Q4.10 How easy or difficult is it for you to attend religious services?**

<i>I don't want to attend</i> .....	43 (26%)
<i>Very easy</i> .....	38 (23%)
<i>Easy</i> .....	38 (23%)
<i>Neither</i> .....	10 (6%)
<i>Difficult</i> .....	12 (7%)
<i>Very difficult</i> .....	9 (5%)
<i>Don't know</i> .....	15 (9%)

**Section 5: Applications and complaints****Q5.1 Is it easy to make an application?**

<i>Yes</i> .....	141 (84%)
<i>No</i> .....	23 (14%)
<i>Don't know</i> .....	3 (2%)

**Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option.)**

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are applications dealt with fairly?</i>	8 (5%)	82 (53%)	66 (42%)
<i>Are applications dealt with quickly (within seven days)?</i>	8 (6%)	52 (38%)	76 (56%)

**Q5.3 Is it easy to make a complaint?**

<i>Yes</i> .....	120 (74%)
<i>No</i> .....	20 (12%)
<i>Don't know</i> .....	23 (14%)

**Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option.)**

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
<i>Are complaints dealt with fairly?</i>	42 (27%)	35 (22%)	81 (51%)
<i>Are complaints dealt with quickly (within seven days)?</i>	42 (29%)	41 (28%)	64 (44%)

**Q5.5 Have you ever been prevented from making a complaint when you wanted to?**

<i>Yes</i> .....	37 (23%)
<i>No</i> .....	121 (77%)

**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> .....	40 (26%)
<i>Very easy</i> .....	13 (8%)
<i>Easy</i> .....	27 (17%)
<i>Neither</i> .....	36 (23%)
<i>Difficult</i> .....	23 (15%)
<i>Very difficult</i> .....	16 (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> .....	3 (2%)
<i>Yes</i> .....	75 (45%)
<i>No</i> .....	76 (46%)
<i>Don't know</i> .....	12 (7%)

<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i> .....	3 (2%)
	<i>Yes</i> .....	60 (38%)
	<i>No</i> .....	83 (52%)
	<i>Don't know</i> .....	13 (8%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	<i>Yes</i> .....	3 (2%)
	<i>No</i> .....	162 (98%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i> .....	127 (84%)
	<i>Very well</i> .....	4 (3%)
	<i>Well</i> .....	4 (3%)
	<i>Neither</i> .....	6 (4%)
	<i>Badly</i> .....	8 (5%)
	<i>Very badly</i> .....	3 (2%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	<i>Yes</i> .....	142 (85%)
	<i>No</i> .....	26 (15%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	<i>Yes</i> .....	133 (79%)
	<i>No</i> .....	35 (21%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	<i>Yes</i> .....	58 (35%)
	<i>No</i> .....	108 (65%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	6 (4%)
	<i>Never</i> .....	24 (14%)
	<i>Rarely</i> .....	52 (31%)
	<i>Some of the time</i> .....	43 (26%)
	<i>Most of the time</i> .....	27 (16%)
	<i>All of the time</i> .....	15 (9%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	32 (19%)
	<i>In the first week</i> .....	52 (32%)
	<i>More than a week</i> .....	48 (29%)
	<i>Don't remember</i> .....	33 (20%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	32 (19%)
	<i>Very helpful</i> .....	35 (21%)
	<i>Helpful</i> .....	46 (28%)
	<i>Neither</i> .....	24 (14%)
	<i>Not very helpful</i> .....	17 (10%)
	<i>Not at all helpful</i> .....	12 (7%)

## Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>		
	Yes.....	97 (57%)	
	No.....	72 (43%)	
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>		
	Yes.....	42 (25%)	
	No.....	124 (75%)	
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>		
	Never felt unsafe.....	72 (44%)	At meal times..... 23 (14%)
	Everywhere.....	24 (15%)	At health services..... 10 (6%)
	Segregation unit.....	11 (7%)	Visits area..... 8 (5%)
	Association areas.....	34 (21%)	In wing showers..... 34 (21%)
	Reception area.....	6 (4%)	In gym showers..... 4 (2%)
	At the gym.....	13 (8%)	In corridors/stairwells..... 19 (12%)
	In an exercise yard.....	29 (18%)	On your landing/wing..... 36 (22%)
	At work.....	15 (9%)	In your cell..... 21 (13%)
	During movement.....	20 (12%)	At religious services..... 5 (3%)
	At education.....	4 (2%)	
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>		
	Yes.....	86 (51%)	
	No.....	83 (49%)	
<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>		
	Insulting remarks (about you or your family or friends).....	30 (18%)	
	Physical abuse (being hit, kicked or assaulted).....	21 (12%)	
	Sexual abuse.....	15 (9%)	
	Feeling threatened or intimidated.....	47 (28%)	
	Having your canteen/property taken.....	16 (9%)	
	Medication.....	10 (6%)	
	Debt.....	7 (4%)	
	Drugs.....	4 (2%)	
	Your race or ethnic origin.....	13 (8%)	
	Your religion/religious beliefs.....	20 (12%)	
	Your nationality.....	9 (5%)	
	You are from a different part of the country than others.....	13 (8%)	
	You are from a traveller community.....	2 (1%)	
	Your sexual orientation.....	10 (6%)	
	Your age.....	14 (8%)	
	You have a disability.....	14 (8%)	
	You were new here.....	10 (6%)	
	Your offence/ crime.....	27 (16%)	
	Gang related issues.....	10 (6%)	
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>		
	Yes.....	88 (52%)	
	No.....	80 (48%)	
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>		
	Insulting remarks (about you or your family or friends).....	33 (20%)	
	Physical abuse (being hit, kicked or assaulted).....	8 (5%)	
	Sexual abuse.....	4 (2%)	
	Feeling threatened or intimidated.....	41 (24%)	
	Medication.....	8 (5%)	



Debt .....	3 (2%)
Drugs.....	3 (2%)
Your race or ethnic origin.....	7 (4%)
Your religion/religious beliefs .....	17 (10%)
Your nationality .....	6 (4%)
You are from a different part of the country than others.....	10 (6%)
You are from a traveller community .....	3 (2%)
Your sexual orientation .....	6 (4%)
Your age.....	10 (6%)
You have a disability.....	13 (8%)
You were new here.....	11 (7%)
Your offence/ crime .....	24 (14%)
Gang related issues.....	6 (4%)

**Q8.8 If you have been victimised by prisoners or staff, did you report it?**

Not been victimised.....	57 (37%)
Yes.....	53 (35%)
No.....	43 (28%)

**Section 9: Health services****Q9.1 How easy or difficult is it to see the following people?**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	6 (4%)	17 (10%)	56 (33%)	28 (17%)	43 (26%)	18 (11%)
The nurse	5 (3%)	36 (21%)	70 (42%)	26 (15%)	22 (13%)	9 (5%)
The dentist	16 (10%)	9 (6%)	42 (26%)	20 (12%)	36 (22%)	39 (24%)

**Q9.2 What do you think of the quality of the health service from the following people?**

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	7 (4%)	34 (21%)	59 (36%)	32 (19%)	19 (12%)	14 (8%)
The nurse	3 (2%)	47 (28%)	55 (33%)	29 (18%)	17 (10%)	14 (8%)
The dentist	25 (16%)	32 (20%)	48 (30%)	24 (15%)	18 (11%)	12 (8%)

**Q9.3 What do you think of the overall quality of the health services here?**

Not been .....	2 (1%)
Very good.....	24 (14%)
Good.....	54 (33%)
Neither.....	33 (20%)
Bad.....	37 (22%)
Very bad.....	16 (10%)

**Q9.4 Are you currently taking medication?**

Yes.....	117 (70%)
No.....	50 (30%)

**Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?**

Not taking medication.....	50 (30%)
Yes, all my meds.....	67 (40%)
Yes, some of my meds .....	27 (16%)
No.....	24 (14%)

**Q9.6 Do you have any emotional or mental health problems?**

Yes.....	57 (34%)
No.....	109 (66%)

<b>Q9.7</b>	<b>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.)</b>	
	<i>Do not have any emotional or mental health problems.....</i>	109 (66%)
	Yes.....	30 (18%)
	No.....	25 (15%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes.....	25 (15%)
	No.....	141 (85%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes.....	22 (13%)
	No.....	142 (87%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy.....	14 (9%)
	Easy.....	13 (8%)
	Neither.....	7 (4%)
	Difficult.....	8 (5%)
	Very difficult.....	11 (7%)
	Don't know.....	111 (68%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	2 (1%)
	Easy.....	14 (9%)
	Neither.....	9 (6%)
	Difficult.....	7 (4%)
	Very difficult.....	17 (10%)
	Don't know.....	113 (70%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	7 (4%)
	No.....	158 (96%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	10 (6%)
	No.....	152 (94%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<i>Did not / do not have a drug problem.....</i>	136 (84%)
	Yes.....	17 (10%)
	No.....	9 (6%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem.....</i>	142 (86%)
	Yes.....	14 (8%)
	No.....	9 (5%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help.....</i>	138 (86%)
	Yes.....	18 (11%)
	No.....	5 (3%)

## Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	13 (8%)	12 (7%)	31 (19%)	25 (15%)	45 (28%)	36 (22%)
	Vocational or skills training	34 (23%)	12 (8%)	23 (16%)	24 (16%)	29 (20%)	25 (17%)
	Education (including basic skills)	17 (11%)	23 (15%)	47 (30%)	22 (14%)	28 (18%)	18 (12%)
	Offending behaviour programmes	27 (18%)	10 (7%)	21 (14%)	23 (15%)	30 (20%)	42 (27%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	<i>Not involved in any of these</i> .....						42 (26%)
	Prison job .....						99 (61%)
	Vocational or skills training.....						19 (12%)
	Education (including basic skills).....						42 (26%)
	Offending behaviour programmes .....						27 (17%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	23 (15%)	54 (36%)	59 (39%)	15 (10%)		
	Vocational or skills training	27 (21%)	44 (34%)	46 (35%)	13 (10%)		
	Education (including basic skills)	18 (13%)	57 (41%)	53 (38%)	12 (9%)		
	Offending behaviour programmes	30 (22%)	51 (37%)	31 (23%)	25 (18%)		
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i> .....						18 (11%)
	<i>Never</i> .....						15 (9%)
	<i>Less than once a week</i> .....						47 (28%)
	<i>About once a week</i> .....						80 (48%)
	<i>More than once a week</i> .....						5 (3%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i> .....						20 (12%)
	<i>Yes</i> .....						85 (52%)
	<i>No</i> .....						58 (36%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>						
	<i>Don't want to go</i> .....						57 (35%)
	<i>0</i> .....						44 (27%)
	<i>1 to 2</i> .....						40 (25%)
	<i>3 to 5</i> .....						18 (11%)
	<i>More than 5</i> .....						3 (2%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>						
	<i>Don't want to go</i> .....						58 (35%)
	<i>0</i> .....						45 (27%)
	<i>1 to 2</i> .....						30 (18%)
	<i>3 to 5</i> .....						23 (14%)
	<i>More than 5</i> .....						11 (7%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>						
	<i>Don't want to go</i> .....						6 (4%)
	<i>0</i> .....						7 (4%)
	<i>1 to 2</i> .....						10 (6%)
	<i>3 to 5</i> .....						16 (10%)
	<i>More than 5</i> .....						124 (76%)

**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> .....	16 (10%)
<i>2 to less than 4 hours</i> .....	33 (20%)
<i>4 to less than 6 hours</i> .....	24 (15%)
<i>6 to less than 8 hours</i> .....	43 (26%)
<i>8 to less than 10 hours</i> .....	25 (15%)
<i>10 hours or more</i> .....	10 (6%)
<i>Don't know</i> .....	12 (7%)

**Section 12: Contact with family and friends****Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

<i>Yes</i> .....	58 (36%)
<i>No</i> .....	102 (64%)

**Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?**

<i>Yes</i> .....	76 (47%)
<i>No</i> .....	87 (53%)

**Q12.3 Have you had any problems getting access to the telephones?**

<i>Yes</i> .....	46 (28%)
<i>No</i> .....	116 (72%)

**Q12.4 How easy or difficult is it for your family and friends to get here?**

<i>I don't get visits</i> .....	46 (29%)
<i>Very easy</i> .....	12 (7%)
<i>Easy</i> .....	14 (9%)
<i>Neither</i> .....	11 (7%)
<i>Difficult</i> .....	23 (14%)
<i>Very difficult</i> .....	52 (32%)
<i>Don't know</i> .....	3 (2%)

**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> .....	2 (1%)
<i>Yes</i> .....	149 (91%)
<i>No</i> .....	13 (8%)

**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> .....	15 (9%)
<i>No contact</i> .....	37 (23%)
<i>Letter</i> .....	73 (46%)
<i>Phone</i> .....	34 (21%)
<i>Visit</i> .....	49 (31%)

**Q13.3 Do you have a named offender supervisor in this prison?**

<i>Yes</i> .....	112 (71%)
<i>No</i> .....	45 (29%)

**Q13.4 Do you have a sentence plan?**

<i>Not sentenced</i> .....	2 (1%)
<i>Yes</i> .....	145 (89%)
<i>No</i> .....	16 (10%)

<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	18	(11%)	
	<i>Very involved</i> .....	29	(18%)	
	<i>Involved</i> .....	39	(24%)	
	<i>Neither</i> .....	14	(9%)	
	<i>Not very involved</i> .....	29	(18%)	
	<i>Not at all involved</i> .....	33	(20%)	
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	18	(12%)	
	<i>Nobody</i> .....	69	(44%)	
	<i>Offender supervisor</i> .....	40	(26%)	
	<i>Offender manager</i> .....	25	(16%)	
	<i>Named/ personal officer</i> .....	17	(11%)	
	<i>Staff from other departments</i> .....	33	(21%)	
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	18	(11%)	
	<i>Yes</i> .....	71	(44%)	
	<i>No</i> .....	38	(24%)	
	<i>Don't know</i> .....	33	(21%)	
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	18	(11%)	
	<i>Yes</i> .....	33	(20%)	
	<i>No</i> .....	59	(37%)	
	<i>Don't know</i> .....	51	(32%)	
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	18	(11%)	
	<i>Yes</i> .....	14	(9%)	
	<i>No</i> .....	57	(36%)	
	<i>Don't know</i> .....	71	(44%)	
<b>Q13.10</b>	<b>Do you have a needs based custody plan?</b>			
	<i>Yes</i> .....	9	(6%)	
	<i>No</i> .....	66	(41%)	
	<i>Don't know</i> .....	85	(53%)	
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i> .....	14	(9%)	
	<i>No</i> .....	140	(91%)	
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release?: (please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	24 (16%)	18 (12%)	106 (72%)
	Accommodation	17 (12%)	19 (13%)	110 (75%)
	Benefits	14 (10%)	21 (14%)	111 (76%)
	Finances	13 (9%)	19 (13%)	111 (78%)
	Education	22 (16%)	17 (12%)	102 (72%)
	Drugs and alcohol	33 (24%)	19 (14%)	86 (62%)

**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?**

<i>Not sentenced</i> .....	2 (1%)
Yes .....	81 (53%)
No .....	69 (45%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Wakefield 2014

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

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<b>Number of completed questionnaires returned</b>		<b>171</b>	<b>691</b>	<b>171</b>	<b>184</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	0%	0%	0%	1%
1.3	Are you sentenced?	99%	100%	99%	98%
1.3	Are you on recall?	2%	0%	2%	0%
1.4	Is your sentence less than 12 months?	0%	0%	0%	0%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	13%	15%	13%	14%
1.5	Are you a foreign national?	11%	12%	11%	10%
1.6	Do you understand spoken English?	99%	99%	99%	100%
1.7	Do you understand written English?	97%	99%	97%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	32%	19%	18%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	3%
1.1	Are you Muslim?	9%	23%	9%	8%
1.11	Are you homosexual/gay or bisexual?	15%	7%	15%	9%
1.12	Do you consider yourself to have a disability?	35%	27%	35%	30%
1.13	Are you a veteran (ex-armed services)?	12%	9%	12%	13%
1.14	Is this your first time in prison?	52%	41%	52%	40%
1.15	Do you have any children under the age of 18?	32%	43%	32%	34%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	59%	68%	59%	60%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	47%	48%	47%	42%
2.3	Were you offered a toilet break?	11%	12%	11%	9%
2.4	Was the van clean?	67%	59%	67%	70%
2.5	Did you feel safe?	69%	75%	69%	71%
2.6	Were you treated well/very well by the escort staff?	62%	56%	62%	65%
2.7	Before you arrived here were you told that you were coming here?	48%	45%	48%	53%
2.7	Before you arrived here did you receive any written information about coming here?	6%	6%	6%	7%
2.8	When you first arrived here did your property arrive at the same time as you?	83%	73%	83%	80%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	50%	54%	50%	52%
3.2	When you were searched in reception, was this carried out in a respectful way?	78%	68%	78%	79%
3.3	Were you treated well/very well in reception?	71%	58%	71%	67%
	When you first arrived:				
3.4	Did you have any problems?	65%	69%	65%	62%
3.4	Did you have any problems with loss of property?	21%	27%	21%	17%
3.4	Did you have any housing problems?	3%	3%	3%	4%
3.4	Did you have any problems contacting employers?	1%	1%	1%	0%
3.4	Did you have any problems contacting family?	26%	26%	26%	25%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	1%
3.4	Did you have any money worries?	21%	12%	21%	10%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	13%	21%	19%
3.4	Did you have any physical health problems?	10%	15%	10%	19%
3.4	Did you have any mental health problems?	16%	15%	16%	15%
3.4	Did you have any problems with needing protection from other prisoners?	6%	10%	6%	5%
3.4	Did you have problems accessing phone numbers?	19%	24%	19%	18%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	34%	38%	34%	36%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	53%	51%	53%	57%
3.6	A shower?	19%	24%	19%	16%
3.6	A free telephone call?	42%	14%	42%	43%
3.6	Something to eat?	36%	51%	36%	41%
3.6	PIN phone credit?	15%	16%	15%	13%
3.6	Toiletries/ basic items?	50%	40%	50%	44%
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	42%	43%	42%	38%
3.7	Someone from health services?	60%	60%	60%	58%
3.7	A Listener/Samaritans?	28%	26%	28%	20%
3.7	Prison shop/ canteen?	19%	19%	19%	13%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	39%	44%	39%	35%
3.8	Support was available for people feeling depressed or suicidal?	35%	34%	35%	26%
3.8	How to make routine requests?	35%	33%	35%	32%
3.8	Your entitlement to visits?	28%	29%	28%	24%
3.8	Health services?	40%	41%	40%	34%



## Main comparator and comparator to last time

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3.8	The chaplaincy?	36%	37%	36%	30%
3.9	Did you feel safe on your first night here?	63%	68%	63%	70%
3.10	Have you been on an induction course?	91%	90%	91%	91%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	38%	53%	38%	52%
3.12	Did you receive an education (skills for life) assessment?	80%	79%	80%	77%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	56%	56%	56%	64%
4.1	Attend legal visits?	62%	50%	62%	66%
4.1	Get bail information?	8%	8%	8%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	52%	60%	52%	52%
4.3	Can you get legal books in the library?	66%	63%	66%	69%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	82%	80%	82%	85%
4.4	Are you normally able to have a shower every day?	91%	96%	91%	96%
4.4	Do you normally receive clean sheets every week?	70%	80%	70%	66%
4.4	Do you normally get cell cleaning materials every week?	63%	82%	63%	49%
4.4	Is your cell call bell normally answered within five minutes?	30%	52%	30%	39%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	65%	66%	71%
4.4	Can you normally get your stored property, if you need to?	24%	26%	24%	28%
4.5	Is the food in this prison good/very good?	21%	20%	21%	17%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	51%	43%	31%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	54%	59%	64%
4.8	Are your religious beliefs are respected?	57%	45%	57%	53%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	60%	62%	53%
4.10	Is it easy/very easy to attend religious services?	46%	53%	46%	43%
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	85%	90%	85%	84%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	56%	54%	56%	55%
5.2	Do you feel applications are dealt with quickly (within seven days)?	41%	45%	41%	44%
5.3	Is it easy to make a complaint?	74%	72%	74%	71%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	30%	27%	30%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	39%	38%	39%	41%
5.5	Have you ever been prevented from making a complaint when you wanted to?	23%	29%	23%	27%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	26%	28%	26%	23%

## Main comparator and comparator to last time

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<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	51%	45%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	39%	38%	34%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	6%	2%	3%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	32%	23%	32%	48%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	85%	74%	85%	75%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	73%	79%	76%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	35%	38%	35%	29%
7.4	Do staff normally speak to you most of the time/all of the time during association?	25%	26%	25%	17%
7.5	Do you have a personal officer?	81%	92%	81%	88%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	61%	61%	61%	57%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	57%	56%	57%	48%
8.2	Do you feel unsafe now?	25%	26%	25%	20%
8.4	Have you been victimised by other prisoners here?	51%	35%	51%	38%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	18%	15%	18%	24%
8.5	Hit, kicked or assaulted you?	12%	10%	12%	10%
8.5	Sexually abused you?	9%	2%	9%	2%
8.5	Threatened or intimidated you?	28%	22%	28%	25%
8.5	Taken your canteen/property?	9%	6%	9%	4%
8.5	Victimised you because of medication?	6%	7%	6%	7%
8.5	Victimised you because of debt?	4%	3%	4%	2%
8.5	Victimised you because of drugs?	2%	3%	2%	4%
8.5	Victimised you because of your race or ethnic origin?	8%	5%	8%	7%
8.5	Victimised you because of your religion/religious beliefs?	12%	8%	12%	8%
8.5	Victimised you because of your nationality?	5%	5%	5%	6%
8.5	Victimised you because you were from a different part of the country?	8%	5%	8%	6%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	1%
8.5	Victimised you because of your sexual orientation?	6%	4%	6%	6%
8.5	Victimised you because of your age?	8%	3%	8%	6%
8.5	Victimised you because you have a disability?	8%	5%	8%	6%
8.5	Victimised you because you were new here?	6%	3%	6%	6%
8.5	Victimised you because of your offence/crime?	16%	9%	16%	12%
8.5	Victimised you because of gang related issues?	6%	4%	6%	6%

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<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	52%	49%	52%	43%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	20%	18%	20%	17%
8.7	Hit, kicked or assaulted you?	5%	7%	5%	4%
8.7	Sexually abused you?	2%	2%	2%	2%
8.7	Threatened or intimidated you?	24%	25%	24%	27%
8.7	Victimised you because of medication?	5%	8%	5%	4%
8.7	Victimised you because of debt?	2%	1%	2%	1%
8.7	Victimised you because of drugs?	2%	2%	2%	2%
8.7	Victimised you because of your race or ethnic origin?	4%	11%	4%	8%
8.7	Victimised you because of your religion/religious beliefs?	10%	12%	10%	7%
8.7	Victimised you because of your nationality?	4%	7%	4%	1%
8.7	Victimised you because you were from a different part of the country?	6%	6%	6%	5%
8.7	Victimised you because you are from a Traveller community?	2%	2%	2%	1%
8.7	Victimised you because of your sexual orientation?	4%	2%	4%	3%
8.7	Victimised you because of your age?	6%	3%	6%	4%
8.7	Victimised you because you have a disability?	8%	4%	8%	6%
8.7	Victimised you because you were new here?	7%	5%	7%	4%
8.7	Victimised you because of your offence/crime?	14%	10%	14%	19%
8.7	Victimised you because of gang related issues?	4%	2%	4%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	55%	49%	55%	53%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	43%	39%	43%	44%
9.1	Is it easy/very easy to see the nurse?	63%	60%	63%	63%
9.1	Is it easy/very easy to see the dentist?	32%	17%	32%	15%
	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?	59%	40%	59%	50%
9.2	The nurse?	63%	56%	63%	56%
9.2	The dentist?	60%	53%	60%	50%
9.3	The overall quality of health services?	48%	37%	48%	36%
9.4	Are you currently taking medication?	70%	53%	70%	67%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	80%	78%	80%	85%
9.6	Do you have any emotional well being or mental health problems?	34%	31%	34%	28%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	55%	64%	55%	40%

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<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	15%	15%	15%	9%
10.2	Did you have a problem with alcohol when you came into this prison?	13%	15%	13%	12%
10.3	Is it easy/very easy to get illegal drugs in this prison?	17%	20%	17%	23%
10.4	Is it easy/very easy to get alcohol in this prison?	10%	16%	10%	14%
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	7%	4%	3%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	6%	6%	5%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	65%	64%	65%	41%
10.8	Have you received any support or help with your alcohol problem while in this prison?	61%	69%	61%	63%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	79%	78%	79%	87%
<b>SECTION 11: Activities</b>					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	27%	42%	27%	35%
11.1	Vocational or skills training?	24%	34%	24%	20%
11.1	Education (including basic skills)?	45%	50%	45%	36%
11.1	Offending behaviour programmes?	20%	23%	20%	26%
	Are you currently involved in any of the following activities:				
11.2	A prison job?	62%	69%	62%	69%
11.2	Vocational or skills training?	12%	15%	12%	7%
11.2	Education (including basic skills)?	26%	41%	26%	16%
11.2	Offending behaviour programmes?	17%	17%	17%	11%
11.3	Have you had a job while in this prison?	85%	86%	85%	90%
	For those who have had a prison job while in this prison:				
11.3	Do you feel the job will help you on release?	42%	40%	42%	38%
11.3	Have you been involved in vocational or skills training while in this prison?	79%	75%	79%	71%
	For those who have had vocational or skills training while in this prison:				
11.3	Do you feel the vocational or skills training will help you on release?	43%	54%	43%	44%
11.3	Have you been involved in education while in this prison?	87%	86%	87%	75%
	For those who have been involved in education while in this prison:				
11.3	Do you feel the education will help you on release?	47%	66%	47%	47%
11.3	Have you been involved in offending behaviour programmes while in this prison?	78%	77%	78%	76%
	For those who have been involved in offending behaviour programmes while in this prison:				
11.3	Do you feel the offending behaviour programme(s) will help you on release?	48%	54%	48%	48%
11.4	Do you go to the library at least once a week?	52%	51%	52%	60%
11.5	Does the library have a wide enough range of materials to meet your needs?	52%	46%	52%	60%
11.6	Do you go to the gym three or more times a week?	13%	45%	13%	20%
11.7	Do you go outside for exercise three or more times a week?	20%	36%	20%	22%
11.8	Do you go on association more than five times each week?	76%	86%	76%	82%

## Main comparator and comparator to last time

### Key to tables

		HMP Wakefield 2014	High secure prisons comparator	HMP Wakefield 2014	HMP Wakefield 2012
	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				
11.9	Do you spend ten or more hours out of your cell on a weekday?	6%	16%	6%	12%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	32%	36%	26%
12.2	Have you had any problems with sending or receiving mail?	47%	50%	47%	53%
12.3	Have you had any problems getting access to the telephones?	28%	31%	28%	15%
12.4	Is it easy/ very easy for your friends and family to get here?	16%	19%	16%	14%
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	92%	90%	92%	85%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	26%	29%	26%	27%
13.2	Contact by letter?	51%	39%	51%	53%
13.2	Contact by phone?	24%	27%	24%	18%
13.2	Contact by visit?	34%	39%	34%	39%
13.3	Do you have a named offender supervisor in this prison?	71%	92%	71%	61%
For those who are sentenced:					
13.4	Do you have a sentence plan?	90%	89%	90%	88%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	47%	51%	47%	30%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	50%	37%	50%	58%
13.6	Offender supervisor?	29%	45%	29%	15%
13.6	Offender manager?	18%	29%	18%	18%
13.6	Named/ personal officer?	12%	24%	12%	10%
13.6	Staff from other departments?	24%	21%	24%	24%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	50%	57%	50%	50%
13.8	Are there plans for you to achieve any of your targets in another prison?	23%	37%	23%	21%
13.9	Are there plans for you to achieve any of your targets in the community?	10%	13%	10%	7%
13.10	Do you have a needs based custody plan?	6%	9%	6%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	9%	11%	9%	9%
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?	15%	16%	15%	17%
13.12	Accommodation?	15%	17%	15%	17%
13.12	Benefits?	16%	15%	16%	17%
13.12	Finances?	15%	14%	15%	15%
13.12	Education?	14%	22%	14%	20%
13.12	Drugs and alcohol?	18%	24%	18%	23%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	54%	59%	54%	60%

## Diversity analysis



### Key question responses (ethnicity, foreign national) HMP Wakefield 2014

**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
	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				
<b>Number of completed questionnaires returned</b>		<b>31</b>	<b>136</b>	<b>18</b>	<b>146</b>
1.3	Are you sentenced?	97%	99%	100%	99%
1.5	Are you a foreign national?	23%	9%		
1.6	Do you understand spoken English?	100%	98%	100%	99%
1.7	Do you understand written English?	97%	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.)			34%	14%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	8%	2%	0%	4%
1.1	Are you Muslim?	36%	4%	18%	8%
1.12	Do you consider yourself to have a disability?	30%	37%	17%	37%
1.13	Are you a veteran (ex-armed services)?	0%	14%	6%	13%
1.14	Is this your first time in prison?	57%	51%	73%	50%
2.6	Were you treated well/very well by the escort staff?	55%	63%	73%	61%
2.7	Before you arrived here were you told that you were coming here?	35%	52%	44%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	68%	81%	78%	80%
3.3	Were you treated well/very well in reception?	71%	71%	78%	70%
3.4	Did you have any problems when you first arrived?	72%	63%	44%	66%
3.7	Did you have access to someone from health care when you first arrived here?	64%	59%	73%	59%
3.9	Did you feel safe on your first night here?	50%	66%	66%	63%
3.10	Have you been on an induction course?	77%	94%	95%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	52%	57%	59%	55%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British 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				
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	84%	77%	82%
4.4	Are you normally able to have a shower every day?	87%	92%	82%	91%
4.4	Is your cell call bell normally answered within five minutes?	40%	29%	36%	29%
4.5	Is the food in this prison good/very good?	16%	21%	6%	21%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	35%	44%	41%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	44%	62%	53%	60%
4.8	Do you feel your religious beliefs are respected?	48%	59%	59%	56%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	62%	71%	62%
5.1	Is it easy to make an application?	86%	84%	88%	84%
5.3	Is it easy to make a complaint?	78%	73%	77%	73%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	45%	44%	46%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	38%	40%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	1%	0%	2%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	74%	87%	78%	85%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	82%	83%	79%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	28%	24%	41%	22%
7.4	Do you have a personal officer?	72%	83%	100%	78%
8.1	Have you ever felt unsafe here?	58%	58%	44%	60%
8.2	Do you feel unsafe now?	30%	24%	22%	27%
8.3	Have you been victimised by other prisoners?	61%	48%	34%	52%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	26%	28%	12%	31%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	26%	4%	12%	6%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	26%	8%	12%	13%
8.5	Have you been victimised because of your nationality? (By prisoners)	16%	3%	17%	4%

## 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
	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)	3%	9%	0%	10%
8.6	Have you been victimised by a member of staff?	67%	50%	39%	54%
8.7	Have you ever felt threatened or intimidated by staff here?	27%	24%	27%	23%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	2%	17%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	30%	6%	12%	11%
8.7	Have you been victimised because of your nationality? (By staff)	7%	3%	12%	3%
8.7	Have you been victimised because you have a disability? (By staff)	3%	9%	0%	9%
9.1	Is it easy/very easy to see the doctor?	42%	44%	50%	43%
9.1	Is it easy/ very easy to see the nurse?	68%	62%	61%	62%
9.4	Are you currently taking medication?	68%	70%	27%	75%
9.6	Do you feel you have any emotional well being/mental health issues?	35%	34%	5%	39%
10.3	Is it easy/very easy to get illegal drugs in this prison?	10%	18%	22%	16%
11.2	Are you currently working in the prison?	56%	62%	77%	59%
11.2	Are you currently undertaking vocational or skills training?	26%	9%	23%	10%
11.2	Are you currently in education (including basic skills)?	37%	25%	36%	24%
11.2	Are you currently taking part in an offending behaviour programme?	22%	16%	12%	16%
11.4	Do you go to the library at least once a week?	58%	51%	50%	51%
11.6	Do you go to the gym three or more times a week?	14%	13%	6%	15%
11.7	Do you go outside for exercise three or more times a week?	42%	16%	50%	17%
11.8	On average, do you go on association more than five times each week?	72%	77%	59%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	7%	5%	7%
12.2	Have you had any problems sending or receiving mail?	63%	44%	34%	50%
12.3	Have you had any problems getting access to the telephones?	30%	28%	29%	29%



## Diversity Analysis



### Key question responses (disability, age over 50) HMP Wakefield 2014

**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				
<b>Number of completed questionnaires returned</b>		<b>59</b>	<b>108</b>	<b>77</b>	<b>92</b>
1.3	Are you sentenced?	98%	99%	99%	99%
1.5	Are you a foreign national?	5%	14%	12%	10%
1.6	Do you understand spoken English?	100%	98%	97%	100%
1.7	Do you understand written English?	95%	98%	95%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	20%	5%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	0%	4%	2%
1.1	Are you Muslim?	9%	9%	1%	16%
1.12	Do you consider yourself to have a disability?			35%	35%
1.13	Are you a veteran (ex-armed services)?	12%	11%	17%	8%
1.14	Is this your first time in prison?	49%	54%	57%	48%
2.6	Were you treated well/very well by the escort staff?	49%	69%	59%	64%
2.7	Before you arrived here were you told that you were coming here?	47%	49%	49%	48%
3.2	When you were searched in reception, was this carried out in a respectful way?	72%	81%	79%	78%
3.3	Were you treated well/very well in reception?	58%	78%	72%	70%
3.4	Did you have any problems when you first arrived?	70%	62%	63%	66%
3.7	Did you have access to someone from health care when you first arrived here?	63%	58%	58%	62%
3.9	Did you feel safe on your first night here?	54%	67%	68%	59%
3.10	Have you been on an induction course?	88%	93%	95%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	49%	60%	58%	54%

## 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 offered enough clean, suitable clothes for the week?	78%	84%	91%	73%
4.4	Are you normally able to have a shower every day?	83%	94%	91%	90%
4.4	Is your cell call bell normally answered within five minutes?	35%	29%	30%	28%
4.5	Is the food in this prison good/very good?	19%	20%	25%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	37%	46%	44%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	62%	66%	53%
4.8	Do you feel your religious beliefs are respected?	57%	57%	70%	45%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	62%	63%	65%	58%
5.1	Is it easy to make an application?	84%	85%	88%	81%
5.3	Is it easy to make a complaint?	75%	73%	73%	74%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	45%	46%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	38%	34%	42%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	0%	0%	3%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	90%	82%	87%	83%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	79%	84%	75%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	23%	27%	29%	20%
7.4	Do you have a personal officer?	80%	81%	86%	75%
8.1	Have you ever felt unsafe here?	62%	55%	53%	63%
8.2	Do you feel unsafe now?	32%	23%	20%	30%
8.3	Have you been victimised by other prisoners?	55%	47%	53%	49%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	27%	26%	30%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	7%	4%	11%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	14%	11%	8%	16%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	7%	4%	7%
8.5	Have you been victimised because of your age? (By prisoners)	12%	7%	16%	2%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.5	Have you been victimised because you have a disability? (By prisoners)	23%	1%	10%	7%
8.6	Have you been victimised by a member of staff?	58%	48%	42%	61%
8.7	Have you ever felt threatened or intimidated by staff here?	28%	21%	24%	24%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	4%	1%	7%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	10%	5%	15%
8.7	Have you been victimised because of your nationality? (By staff)	5%	3%	1%	6%
8.7	Have you been victimised because of your age? (By staff)	12%	3%	12%	1%
8.7	Have you been victimised because you have a disability? (By staff)	19%	2%	8%	8%
9.1	Is it easy/very easy to see the doctor?	46%	42%	51%	37%
9.1	Is it easy/ very easy to see the nurse?	72%	59%	68%	59%
9.4	Are you currently taking medication?	77%	66%	78%	63%
9.6	Do you feel you have any emotional well being/mental health issues?	64%	20%	20%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	24%	13%	16%	17%
11.2	Are you currently working in the prison?	41%	71%	65%	57%
11.2	Are you currently undertaking vocational or skills training?	17%	10%	7%	16%
11.2	Are you currently in education (including basic skills)?	32%	23%	20%	30%
11.2	Are you currently taking part in an offending behaviour programme?	19%	16%	12%	19%
11.4	Do you go to the library at least once a week?	64%	45%	51%	51%
11.6	Do you go to the gym three or more times a week?	9%	15%	8%	17%
11.7	Do you go outside for exercise three or more times a week?	14%	24%	13%	27%
11.8	On average, do you go on association more than five times each week?	79%	74%	72%	80%
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%	6%	4%	8%
12.2	Have you had any problems sending or receiving mail?	42%	48%	35%	57%
12.3	Have you had any problems getting access to the telephones?	38%	23%	25%	32%

## Diversity analysis



### Key question responses (sexual orientation) HMP Wakefield 2014

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

#### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	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		
<b>Number of completed questionnaires returned</b>		<b>24</b>	<b>138</b>
1.3	Are you sentenced?	100%	98%
1.5	Are you a foreign national?	0%	14%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	96%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	4%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	9%	2%
1.1	Are you Muslim?	0%	11%
1.12	Do you consider yourself to have a disability?	54%	31%
1.13	Are you a veteran (ex-armed services)?	4%	12%
1.14	Is this your first time in prison?	21%	56%
2.6	Were you treated well/very well by the escort staff?	58%	64%
2.7	Before you arrived here were you told that you were coming here?	46%	49%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	77%
3.3	Were you treated well/very well in reception?	75%	70%
3.4	Did you have any problems when you first arrived?	62%	66%
3.7	Did you have access to someone from health care when you first arrived here?	52%	61%
3.9	Did you feel safe on your first night here?	62%	63%
3.10	Have you been on an induction course?	87%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	69%	53%

## Key to tables

## Diversity analysis

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	91%	79%
4.4	Are you normally able to have a shower every day?	96%	89%
4.4	Is your cell call bell normally answered within five minutes?	17%	33%
4.5	Is the food in this prison good/very good?	25%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	42%
4.7	Are you able to speak to a Listener at any time, if you want to?	54%	58%
4.8	Do you feel your religious beliefs are respected?	50%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	46%	64%
5.1	Is it easy to make an application?	84%	85%
5.3	Is it easy to make a complaint?	79%	73%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	26%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	2%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	84%	85%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	79%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	17%	27%
7.4	Do you have a personal officer?	79%	81%
8.1	Have you ever felt unsafe here?	50%	59%
8.2	Do you feel unsafe now?	13%	27%
8.3	Have you been victimised by other prisoners?	54%	49%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	25%	29%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	13%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	29%	2%
8.5	Have you been victimised because of your age? (By prisoners)	13%	8%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	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)	9%	8%
8.6	Have you been victimised by a member of staff?	42%	53%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	25%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	11%
8.7	Have you been victimised because of your sexual orientation? (By staff)	13%	2%
8.7	Have you been victimised because of your age? (By staff)	4%	7%
8.7	Have you been victimised because you have a disability? (By staff)	9%	7%
9.1	Is it easy/very easy to see the doctor?	46%	42%
9.1	Is it easy/ very easy to see the nurse?	58%	64%
9.4	Are you currently taking medication?	75%	69%
9.6	Do you feel you have any emotional well being/mental health issues?	50%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	25%	15%
11.2	Are you currently working in the prison?	62%	62%
11.2	Are you currently undertaking vocational or skills training?	9%	13%
11.2	Are you currently in education (including basic skills)?	21%	26%
11.2	Are you currently taking part in an offending behaviour programme?	4%	18%
11.4	Do you go to the library at least once a week?	50%	52%
11.6	Do you go to the gym three or more times a week?	0%	16%
11.7	Do you go outside for exercise three or more times a week?	13%	23%
11.8	On average, do you go on association more than five times each week?	75%	77%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	4%	7%
12.2	Have you had any problems sending or receiving mail?	38%	48%
12.3	Have you had any problems getting access to the telephones?	31%	28%

## Diversity analysis



### Key question responses (veterans) HMP Wakefield 2014

**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	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>19</b>	<b>143</b>
1.3	Are you sentenced?	100%	99%
1.5	Are you a foreign national?	5%	12%
1.6	Do you understand spoken English?	100%	99%
1.7	Do you understand written English?	95%	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.)	0%	20%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	3%
1.1	Are you Muslim?	0%	11%
1.12	Do you consider yourself to have a disability?	39%	35%
1.14	Is this your first time in prison?	74%	49%
2.6	Were you treated well/very well by the escort staff?	42%	64%
2.7	Before you arrived here were you told that you were coming here?	37%	49%
3.2	When you were searched in reception, was this carried out in a respectful way?	84%	77%
3.3	Were you treated well/very well in reception?	63%	71%
3.4	Did you have any problems when you first arrived?	48%	66%
3.7	Did you have access to someone from health care when you first arrived here?	37%	63%
3.9	Did you feel safe on your first night here?	63%	63%
3.10	Have you been on an induction course?	95%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	47%	58%
4.4	Are you normally offered enough clean, suitable clothes for the week?	95%	80%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a veteran	Do not consider themselves to be a veteran
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally able to have a shower every day?	95%	90%
4.4	Is your cell call bell normally answered within five minutes?	26%	31%
4.5	Is the food in this prison good/very good?	26%	18%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	32%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	74%	56%
4.8	Do you feel your religious beliefs are respected?	68%	55%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	52%	62%
5.1	Is it easy to make an application?	89%	84%
5.3	Is it easy to make a complaint?	68%	75%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	26%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	22%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	2%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	84%	85%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	80%
7.3	Do staff normally speak to you at least most of the time during association time (most/all of the time)	11%	26%
7.4	Do you have a personal officer?	68%	83%
8.1	Have you ever felt unsafe here?	42%	61%
8.2	Do you feel unsafe now?	16%	26%
8.3	Have you been victimised by other prisoners?	37%	52%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	21%	28%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	9%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	14%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	7%
8.5	Have you been victimised because of your age? (By prisoners)	5%	8%



## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be a veteran</b>	<b>Do not consider themselves to be a veteran</b>
	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)	5%	9%
8.6	Have you been victimised by a member of staff?	39%	54%
8.7	Have you ever felt threatened or intimidated by staff here?	12%	27%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	12%
8.7	Have you been victimised because of your nationality? (By staff)	0%	4%
8.7	Have you been victimised because of your age? (By staff)	0%	7%
8.7	Have you been victimised because you have a disability? (By staff)	0%	9%
9.1	Is it easy/very easy to see the doctor?	39%	44%
9.1	Is it easy/ very easy to see the nurse?	56%	64%
9.4	Are you currently taking medication?	78%	69%
9.6	Do you feel you have any emotional well being/mental health issues?	27%	36%
10.3	Is it easy/very easy to get illegal drugs in this prison?	18%	17%
11.2	Are you currently working in the prison?	44%	64%
11.2	Are you currently undertaking vocational or skills training?	5%	12%
11.2	Are you currently in education (including basic skills)?	17%	27%
11.2	Are you currently taking part in an offending behaviour programme?	12%	18%
11.4	Do you go to the library at least once a week?	50%	53%
11.6	do you go to the gym three or more times a week?	6%	15%
11.7	Do you go outside for exercise three or more times a week?	12%	23%
11.8	On average, do you go on association more than five times each week?	57%	79%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	7%
12.2	Have you had any problems sending or receiving mail?	44%	48%
12.3	Have you had any problems getting access to the telephones?	31%	28%