

Report on an unannounced inspection of

HMP Wealstun

by HM Chief Inspector of Prisons

17–28 August 2015

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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Wealstun is a category C training and resettlement prison that, at the time of this inspection, held about 800 adult men.

The prison had to deal with a number of challenges. The availability of new psychoactive substances (NPS), particularly synthetic cannabis such as 'Spice', was very high and had very serious effects on the health of prisoners and the safety of the prison. In the few hours I spent walking round the prison one morning I saw three prisoners clearly affected by what they had taken. The prison had a younger and potentially more volatile population than most prisons of its type. There were almost double the number of fights and assaults than in similar establishments, although most of these were low level.

In other prisons this combination of factors has led to many prisoners feeling fearful and has had an impact on all aspects of the regime. In Wealstun, however, fewer prisoners told us they felt unsafe than in similar prisons and our observations of a generally calm and positive atmosphere supported prisoners' perceptions

The reasons why the prison was doing better than we might have expected were clear. The leadership of the prison by the governor and senior management was very good. There were very good relationships between staff and prisoners. Staff in different departments worked effectively together to tackle joint problems and support each other, and a 'can do' attitude characterised the approach of the staff team.

The NPS problem was very serious. It was causing so many health emergencies that this was sometimes a drain on local community resources. Drug debts and the enforcement that followed were undoubtedly behind much of the low level violence that was happening. It was not possible to test for NPS, most of which were legal in the community, and supply from outside sources carried little risk. The prison covered a large area and had a lengthy perimeter and a regular stream of prisoners, visitors and staff of all types going backwards and forwards through the gate, and this meant preventing supply was very difficult. The prison was responding vigorously to the challenge. There was a sophisticated analysis of the threat, good links with the police, and multi-disciplinary interventions, sometimes working with family members, for individual users. There was a delay in processing some intelligence that might have meant that some opportunities to intercept supplies were missed, but the difficulty the prison had in reducing supply and use was a reflection of factors largely outside its direct control.

The problems caused by NPS would have been worse had it not been for the prison's other strengths. Staff relationships with prisoners were friendly but challenging when necessary. The environment was generally satisfactory and basic services were delivered efficiently. Consultation arrangements were generally good but needed to be strengthened for prisoners with protected characteristics. Prisoners were very positive about faith provision, although the fact that chaplains did not have cell keys hindered the execution of some of their duties. Health care and substance use services were good.

There was no doubt that these good relationships underpinned prisoner's positive views about safety – despite the relatively high levels of violence. Links between safer custody and offender management staff were effective, and information was shared well between the two. There were good systems to tackle violence but support for victims was less assured. A small number of 'safer custody' prisoners – men who were under threat on the wings or who found it difficult to cope – were scattered around the prison with very limited regimes and little evidence of active support. Nevertheless, levels of self-harm were low and prisoners identified as being at risk of suicide or self-harm told us they felt well supported. More attention needed to be given to recommendations from the Prisons and Probation Ombudsman following previous self-inflicted deaths. Given the threat from NPS, security

was mostly proportionate. Not surprisingly, use of force was high but governance was very good. Good use was made of recorded NPS-related incidents so both staff and the prisoner (who could often not recall the incident) could learn from what had happened. The use of segregation was slightly lower than elsewhere, but although relationships and the environment were generally good, not enough was done to reintegrate men back on the wings. The incentives and earned privileges scheme was a weakness. Neither staff nor prisoners had much confidence in it so it was inconsistently and inflexibly applied and did little to motivate prisoners.

The management of learning and skills was good, as was the range and quality of activities which were effectively linked to local employment needs. Men who were fully employed could spend 10 hours a day out of their cells and there were enough activity places to meet the needs of the population. It was disappointing therefore that we found a quarter of prisoners locked in their cells during the working day, with 40% in total on the wings. Some of this was due to temporary staff shortages or prisoners attending other legitimate appointments and failing to return to work or education afterwards.

The prison had to balance the need for effective offender management processes for men serving longer sentences and the resettlement needs of men due to be released. The strategic management of both was good. However a backlog of risk assessments undermined planning for individual prisoners and the prison as a whole. The new community rehabilitation company was settling in well and the practical resettlement needs of most men were met. More needed to be done to strengthen work with families and children.

HMP Wealstun was dealing with significant challenges that affected outcomes for some prisoners. Nevertheless, it was dealing with these challenges better than most and much of its work compared very favourably with other similar prisons. It is a concern that even a well-run prison like HMP Wealstun was struggling to cope with the supply and use of NPS – and this indicates the need for national action to deal with it. It is a credit to the prison that despite this threat, it was able to provide a safe and decent regime for most of the men it held.

Nick Hardwick
HM Chief Inspector of Prisons

October 2015

Fact page

Task of the establishment

HMP Wealstun is a category C adult training and resettlement prison for men.

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

Public

Region/Department

Yorkshire & Humberside

Number held

803

Certified normal accommodation

810

Operational capacity

833

Date of last full inspection

August 2011

Brief history

On 1 April 1995, HM Prisons Thorp Arch and Rudgate amalgamated to form HMP Wealstun. This created a category C (closed) side and category D (open) side within one establishment. In 2008, the open prison closed and the prison underwent a conversion to an entirely category C prison, which was fully operational in May 2010. Since May 2015, it has served a resettlement function for the West Yorkshire area.

Short description of residential units

There are 10 residential units and a segregation unit.

A and B wings are the original 1960 remand centre buildings, which between them house 230 prisoners in a combination of single and double cells. A wing is the first night centre and induction area.

C wing houses 180 prisoners in single cells and includes two safer cells. This wing also accommodates the majority of prisoners on the integrated drug treatment system programme (90 spaces).

D wing is a pre-fabricated single-cell accommodation unit, holding 120 prisoners.

E, F, G, H, I and J wings were converted from open category D accommodation to closed category C accommodation. Between them, they hold 300 prisoners, with approximately 50 in each unit in single-cell accommodation. G wing is the drug recovery wing. I wing holds some of the older population, alongside some category D prisoners. H wing is mainly for prison kitchen workers.

Name of governor/director

Andrew Dickinson

Escort contractor

GeoAmey

Health service provider

Leeds Community Healthcare NHS Trust

Learning and skills providers

The Manchester College

Independent Monitoring Board chair

Vacant post

About this inspection and report

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

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

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

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

- **outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
 - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
 - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission or Healthcare Inspectorate Wales, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

- A9 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.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and IV respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix V of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

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

Summary

Safety

- S1** *Reception and first night processes were generally good. Few prisoners felt unsafe, despite a relatively high number of mostly low-level violent incidents. There were good systems to reduce violence but more needed to be done to manage those at risk. Suicide and self-harm processes were mostly good. Drugs were easily available and the use of new psychoactive substances was particularly problematic and put the safety of prisoners at risk, although the prison was responding well to the challenges. The application of the incentives and earned privileges scheme was inconsistent and inflexible. The number of adjudications was high but they were well governed. Levels of use of force were high but oversight was effective. Too many prisoners were transferred or discharged from the segregation unit without their issues being addressed. The demand for substance misuse services was high and provision was good. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S2** *At the last inspection in August 2011, we found that outcomes for prisoners in HMP Wealstun were not sufficiently good against this healthy prison test. We made 44 recommendations in the area of safety. At this follow-up inspection we found that 23 of the recommendations had been achieved, four had been partially achieved and 17 had not been achieved.*
- S3** Most prisoners travelled relatively short distances to the prison. Disembarkation was swift, except at lunchtime, when reception was closed and prisoners were left on the van.
- S4** The reception area was clean. Prisoners were made welcome and processes were thorough and efficient, with most prisoners spending less than two hours in reception. Initial safety assessments were comprehensive.
- S5** Most first night cells were clean and prepared for occupation. First night procedures were mostly good but there was no routine contact with peer supporters to provide additional advice and support. The first night landing was also used to house victims of violence and prisoners being reintegrated from segregation, which was inappropriate.
- S6** Induction started soon after arrival. Most prisoners told us that it had equipped them with sufficient knowledge but we were not confident that the brief verbal presentation would provide those new to custody with sufficient information.
- S7** The numbers of reported assaults and fights were almost double those at comparator prisons, although most were low level and few prisoners said that they felt unsafe. Systems and practices for identifying, managing and reducing violence were good and a wide range of data and intelligence was used to identify trends and hotspots. Links between safer custody, security and offender management were effective. Too many prisoners identified as potentially vulnerable 'safer custody' prisoners were located around the prison with varying access to regime activities and little evidence of active management or support.
- S8** Levels of self-harm were relatively low. The quality of assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm was mostly good, with consistent case management. Prisoners we spoke to on open ACCTS felt well supported.

- S9 Both the Listener team and the supporting Samaritans were positive about the level of support they received from the prison. There had been three self-inflicted deaths at the prison since the previous inspection and we were not confident that all actions taken following Prisons and Probation Ombudsman recommendations were being maintained.
- S10 Security measures were generally proportionate. In our survey, far more prisoners than elsewhere (over half the prison population) said that it was easy to get drugs at the prison, and that they had developed a drug problem there. The widespread use of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects), in particular, was posing a serious threat to the safety of prisoners, stretching prison staff and local emergency services. The prison was responding with a determined whole-prison approach, and a well-informed supply reduction strategy and action plan. The 'zero-tolerance' review process was impressive and encouraged prisoners known to be using NPS to change their behaviour. However, security intelligence was not well enough managed, and there was a considerable backlog of intelligence reports waiting for a full analysis, which risked missing opportunities to detect and disrupt the supply of NPS.
- S11 Prisoners were negative about the fairness of the incentives and earned privileges scheme and fewer than elsewhere said that it encouraged them to change their behaviour. There were some inconsistencies in the application of the scheme, and the centrally led approach to reviews was inflexible and was often undertaken too late to be effective.
- S12 The number of adjudications was higher than at comparator prisons but similar to that found at the previous inspection. The monitoring, analysis and quality assurance of adjudications were thorough.
- S13 Levels of use of force were higher than at comparator prisons and than at the time of the previous inspection but oversight and monitoring had improved greatly, with regular meetings and good interrogation and analysis of data. NPS-related use of force was recorded and reviewed, and learning points were shared.
- S14 The use of segregation was slightly lower than elsewhere. With the exception of the grim exercise yards, the segregation unit environment was reasonable. Staff-prisoner relationships on the unit were good and staff knew the prisoners there well. The regime was inadequate, particularly for those with longer stays, and segregated prisoners said that they spent most of their time locked in their cells. Reintegration planning was poor and too many segregated prisoners were transferred out of the prison or discharged directly into the community without their issues being addressed.
- S15 Substance misuse services had improved greatly and integration between the clinical and psychosocial service was excellent. The drug and alcohol recovery scheme (DARS) provided an appropriate range of one-to-one and group interventions at low-, medium- and high-intensity levels. Demand for opiate substitution treatment was high, with 15% of prisoners receiving treatment. The recovery unit on G wing provided a supportive, recovery-focused environment, with experienced and dedicated discipline staff and an effective 'recovery champion' scheme.

Respect

- S16** *External areas and wings were generally clean but some of the older wings required refurbishment. Access to telephones, laundry facilities and showers was good. Staff–prisoner relationships were positive. Most prisoners with protected characteristics were reasonably satisfied with their treatment but there was too little dedicated consultation and insufficient interrogation of equality data. Faith provision was satisfactory. Complaints were well managed. Health provision was good. Food was generally good but served too early. **Outcomes for prisoners were good against this healthy prison test.***
- S17** *At the last inspection in August 2011, we found that outcomes for prisoners in HMP Wealstun were reasonably good against this healthy prison test. We made 66 recommendations in the area of respect. At this follow-up inspection we found that 26 of the recommendations had been achieved, 14 had been partially achieved, 19 had not been achieved and seven were no longer relevant.*
- S18** The external environment was clean, largely well kept and generally litter free. Internal communal areas were tidy but some of the older wings were shabby and in need of refurbishment. Much of the cell furniture was poor and too many in-cell toilets lacked privacy screening. Access to telephones, laundry facilities and showers was good but some showers were stained and grubby. Some food trolleys were left dirty and food waste was left out overnight, which encouraged a rodent problem.
- S19** In our survey and during the inspection, prisoners were positive about relationships with and support from staff, and the interactions we saw were respectful and supportive. All prisoners were allocated a personal officer and many said that they were helpful but entries in electronic case notes were too irregular and not subject to management oversight. Consultation arrangements were effective, with a number of prisoner forums held, including a senior prisoner team meeting with the governor.
- S20** The strategic management of equality and diversity was mostly reasonable. However, there was insufficient consultation with prisoners in protected groups and some adverse monitoring data had not been addressed. There was good input from the equality manager and from prisoner equality representatives. Responses to discrimination incident report forms were impressive, investigations thorough, and outcomes fair and impartial.
- S21** In our survey, a large percentage of Muslim and black and minority ethnic prisoners (although fewer than in the population as a whole) and those with disabilities said that they felt respected by staff. Although there were some negative survey results for these groups, particularly for prisoners with disabilities, monitoring data provided no evidence of discrimination in any area. Support for prisoners with disabilities was good.
- S22** The prison had failed to address data suggesting unequal treatment across a range of areas for Gypsy/Romany/Traveller prisoners and 21–24 year olds. Foreign national prisoners facing complex deportation proceedings had poor access to legal representation and to Home Office immigration officers. There was insufficient use of telephone interpreting services for the few non-English-speaking prisoners held, leaving them feeling isolated.
- S23** There had been a recent support group for lesbian, gay, bisexual and transgender prisoners, and gay prisoners were positive about the support they received from most staff.
- S24** Most prisoners commented favourably on faith provision. Pastoral support and access to services was generally good, although the lack of cell keys for chaplains sometimes hindered their access to prisoners. Chaplaincy work on resettlement was underdeveloped.

- S25 The number of complaints submitted was relatively high. Prisoners were mainly satisfied with the complaints system and we found responses to be generally timely and respectful.
- S26 Health services were good, with effective partnerships. Health promotion, disease prevention and patient engagement initiatives were well developed. There was good access to an appropriate range of clinics, although there were some short delays in accessing the GP. Chronic disease management arrangements were sound and complex cases attracted a named health care professional to coordinate care. Pharmacy services were effective but in-possession medication arrangements posed some risks in relation to tradable medications. Medicine administration on some wings was not adequately supervised by prison staff. The quality of dentistry was good and an appropriate range of treatments was offered, but waiting times to see the dentist were too long. Mental health services were good and delivered timely and clinically appropriate interventions.
- S27 Prisoners were relatively satisfied with the food provided and, with the exception of meagre breakfast packs, we found the quality and quantity to be good. Lunch and dinner were served too early and not in accordance with the published core day. Prisoners waited too long for their first shop order, increasing their risk of debt.

Purposeful activity

S28 *The amount of time out of cell was good for most but too many prisoners were locked up during the working day. The management of learning and skills and work activities was good, with a suitable focus on employability. The range and breadth of provision met needs. There were sufficient activity places but they were not fully utilised. The quality of teaching, training and learning was good. Standards of work were good and prisoners achieved well. The library provided a reasonable service but was underused. PE provision was comprehensive and accessible. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S29 *At the last inspection in August 201, we found that outcomes for prisoners in HMP Wealstun were reasonably good against this healthy prison test. We made 19 recommendations in the area of purposeful activity. At this follow-up inspection we found that 10 of the recommendations had been achieved, six had been partially achieved, two had not been achieved and one was no longer relevant.*

- S30 The amount of time out of cell for fully employed prisoners was good, at around 10 hours a day, but for others could be as little as three and a half hours. We found too many prisoners, around a quarter of the population, locked in cells at our roll checks during the working day. Access to association and exercise was regular but prisoners said that there was little to do at weekends.
- S31 The management of learning and skills and work activities was good, with an effective strategic approach regionally and within the prison to improve provision and focus on resettlement. The range and breadth of provision were good and based on careful planning with local and regional partners to ensure that it met the needs of the prison population and employers. The self-assessment process was inclusive and accurate. Quality improvement initiatives were good, although attendance remained an area for improvement.
- S32 There were sufficient activity places for the current population to be occupied purposefully full time but only 72% of prisoners were engaged in activity at any one time. Allocation processes were efficient and pay rates were equitable.

- S33 The quality of teaching and learning was good. Many teachers and trainers used a wide range of methods that motivated and created enjoyable learning sessions for learners. Behaviour was good and most learners made good progress towards achieving their learning aims, although targets in individual learning plans were not specific enough. Peer mentors were well trained and qualified, and supported learners effectively. The recently introduced passport for employment, to record essential employability skills in prison workshops, was a good initiative but underdeveloped.
- S34 Outcomes overall were high. Success rates in functional skills in English were good but achievements in mathematics at level 1 were poor. Standards of work were good. The skill level achieved met and often exceeded the level of qualification, and linked well to resettlement goals in vocational training.
- S35 The library provided a good service but not enough prisoners could access it. There was a wide range of initiatives to promote literacy.
- S36 There was a wide range of PE equipment, and access to and participation rates in PE were high. There was a good focus on the physical rehabilitation of prisoners with specific needs and conditions.

Resettlement

S37 *The strategic management of resettlement was good. Offender management was undermined by a backlog of offender assessment system (OASys) assessments and the redeployment of uniformed offender supervisors. Contact with offender supervisors was limited and the quality of sentence plans was too variable. Home detention curfew and recategorisation processes were sound. Public protection arrangements were mostly good but more needed to be done before release. The demand for resettlement services was reasonably high and prisoners were supported well across most of the pathways, although more work could be done to improve family and children support. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S38 *At the last inspection in August 2011, we found that outcomes for prisoners in HMP Wealstun were reasonably good against this healthy prison test. We made 33 recommendations in the area of resettlement. At this follow-up inspection we found that 19 of the recommendations had been achieved, two had been partially achieved, 10 had not been achieved and two were no longer relevant.*

- S39 Since the previous inspection, a resettlement needs analysis had been completed and supported a comprehensive resettlement strategy and action plan. Working arrangements with the community rehabilitation company had been well planned and were developing well.
- S40 Delivery within the offender management unit was hampered by the large number of prisoners received without an offender assessment system (OASys) assessment and unplanned redeployment of uniformed offender supervisors. As a consequence, full OASys assessments had not been completed for too many prisoners, hindering sentence planning and delaying participation in programmes for some.
- S41 Contact with prisoners by offender supervisors was inconsistent, and there was little motivational work. Objectives in sentence plans were not concise, meaningful or outcome focused to support desistance. Fragmentation of recording between three systems hampered the sharing of information among staff responsible for prisoners' care.

- S42 Home detention curfew processes were good and the small number of assessments delayed beyond the prisoner's eligibility date was outside the prison's control.
- S43 The identification of prisoners who presented a risk to the public and their management in the prison were robust and proportionate but procedures to ensure that safeguards were in place for all of them before release were underdeveloped. Reviews of categorisation were timely, decisions were reasonable and prisoners were moved swiftly to open conditions.
- S44 Demand for reintegration support was reasonably high, with around 60 discharges per month. Reintegration support provided by St Giles Trust, supported by trained prisoner resettlement workers, was comprehensive, covering initial needs on arrival and preparation for release of all prisoners. St Giles case workers provided a wide range of accommodation support and addressed prisoners' immediate housing needs on arrival and before release, including specialised supported accommodation.
- S45 The National Careers Service provided a good service that helped prisoners to review their skills and set goals for resettlement. A range of employability activities such as CV writing and interview skills were available. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used to support job search.
- S46 Health discharge arrangements were good and there were effective links with local community mental health teams to support discharge planning for men with severe and enduring mental health needs. Good links with regional drug intervention programmes, and a dedicated family worker on the DARS team resulted in timely drug and alcohol release plans.
- S47 There was a range of support available for prisoners with debt problems, and a well-used facility to open bank accounts.
- S48 Visits were well managed and visitors we spoke to said that they were treated with respect. More prisoners than elsewhere said that they received help to maintain contact with their family and friends. However, support could have been improved through the provision of a family support worker, parenting courses and longer family days.
- S49 Offending behaviour programmes were appropriate for the prison population and current waiting lists were manageable, although the full extent of need was unknown because of the lack of OASys assessments.

Main concerns and recommendations

- S50 Concern: There was a serious problem in the prison with NPS abuse, which was seriously affecting the health of some users and the safety of those who were incurring debt. Although there was a good strategic approach to drug use reduction and a zero-tolerance approach to the use and supply of NPS, we found that security intelligence was not being fully analysed promptly to determine action to be taken. The backlog of analysis of security intelligence reports risked missing opportunities to detect and disrupt the supply of NPS.
- Recommendation: Security intelligence should be promptly and fully analysed and effective action taken in response to the concerns identified.**
- S51 Concern: There were enough activity places for all prisoners to be fully employed, yet only 72% of prisoners were in activities at any one time. Too many sessions were cancelled owing to staff vacancies and absences, and attendance was not robustly promoted.

Recommendation: Activity places should be fully utilised, staff absences and vacancies should be covered and prisoners' attendance should be managed robustly.

S52 Concern: A substantial number of prisoners lacked an OASys assessment and sentence plan, which limited their opportunities to progress. Prisoner contact with offender supervisors was limited and failed to motivate prisoners consistently towards progression.

Recommendation: All prisoners should have an offender assessment system (OASys) assessment and sentence plan which identifies targets for progression and reducing reoffending. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- I.1** *Most journeys were short and few prisoners remained on vans for long periods, with the exception of those arriving during the lunch hour. Disembarkation processes were expedient and the use of the video-link facility reduced the necessity for some prisoners to attend court.*
- I.2** Most prisoners travelled relatively short distances from nearby prisons. Our survey results in relation to feelings of safety in transit and treatment by escort staff were positive, and the vans we inspected were clean and well prepared. Disembarkation processes were usually swift but too many vehicles arrived during the lunch period, when reception was closed, leaving prisoners unnecessarily locked on the van.
- I.3** The prison's video-link facility was used wherever possible to reduce the number of court productions for those facing further charges.

Recommendation

- I.4** **Prisoners should not have to wait in cellular vehicles if they arrive at the establishment during the lunch hour.** (Repeated recommendation I.1)

Early days in custody

Expected outcomes:

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

- I.5** *Reception processes were sound and prisoners spent a relatively short time there. First night arrangements were generally good. The induction was too brief and did not cater for prisoners who were new to custody or did not speak English.*
- I.6** Around 30 new prisoners arrived each week. The reception area was clean, initial reception processes were welcoming and staff put prisoners at ease. Our survey results in relation to the general treatment by staff there were positive. First night staff carried out a comprehensive initial safety screen in reception, in a private side room.
- I.7** A basic reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets) was available both for smokers and non-smokers and all

new arrivals were given a £2 PIN telephone credit. Most prisoners spent less than two hours in reception before moving onto the first night wing.

- I.8** The first night cells, located on A wing, were mostly clean and in good order. The quality of the environment had improved, with most of the cells having new mattresses and furniture in a reasonable condition. All newly arrived prisoners were given sufficient time to shower, use the telephone and settle in before being locked up on their first night. Initial first night procedures were generally sound and there were additional night-time checks on newly arrived prisoners. Although peer supporters were sometimes on hand, there was no planned contact to provide additional advice and support to new arrivals. In our survey, more prisoners than at comparator prisons and than at the time of the previous inspection said that they had felt safe on their first night. The first night landing was also used to house other prisoners as part of reintegration from segregation and also for some victims of bullying, which was inappropriate.
- I.9** Induction usually started on the day after arrival and most prisoners we spoke to said that it had equipped them with sufficient knowledge to access the regime and services available at the establishment. Most of the presentation was made by peer workers, mainly by a verbal recounting of the induction booklet. The presentation was based on prisoners already having a general understanding of prison life and did not cater for those who were relatively new to custody or those who did not speak English.

Recommendations

- I.10 Peer supporters should be systematically involved in the first night process.**
- I.11 The first night landing should be used only to accommodate new arrivals.**
- I.12 The induction programme should be designed to meet the needs of all prisoners, including of those new to prison and those with a poor understanding of English.**

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** *Levels of reported violence were high but few prisoners felt unsafe. The zonal nature of the prison was used well to keep prisoners safe. The monitoring and management of bullying were effective but too little was done to manage victims. There were strong links between safer custody and other key departments.*

- I.14** The numbers of reported fights and assaults were almost double those at comparator prisons, although most were low level. In our survey, fewer prisoners than at comparator prisons and than at the time of the previous inspection said that they had ever felt unsafe at the establishment, that they currently felt unsafe or that they had been victimised by other prisoners.

- I.15** A daily meeting of residential managers reviewed emerging safety issues and initiated investigations where necessary. Links to other key departments, especially security and offender management, were particularly strong and helped to create a wide and detailed picture of hotspots of violence and bullying, and emerging issues across the prison. These were considered by a well-attended monthly safety meeting, which took action to make the prison safer.
- I.16** An excellent prisoner database had been developed which helped to identify and understand current and emerging risks to the safety of others, and the prison was well sighted on the problems of debt as a result of the use of new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects) (see section on security).
- I.17** Individual acts of violence were managed well but tailored interventions were not used to address violent behaviour.
- I.18** The prison was zoned off effectively into sections; this was used well by staff to keep some prisoners in conflict apart. However, there were several vulnerable prisoners who had been identified as 'safer custody' prisoners across the prison, for a range of reasons and with differing degrees of regime access. There was no active process to manage them, or clarify how and when they could access regime activities, what their issues were and how these were being addressed.

Recommendations

- I.19** **Violent behaviour should be challenged and addressed through the use of interventions appropriate for the individual prisoner.**
- I.20** **Prisoners identified as victims should be actively supported in order to maximise their participation in the regime, and it should be ensured that all staff have a clear understanding of the needs of individuals.**

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** *Actions from Prisons and Probation Ombudsman recommendations were not effectively maintained. Levels of self-harm were relatively low and those subject to assessment, care in custody and teamwork (ACCT) procedures felt well cared for. Access to Listeners was good and they and the Samaritans said that they were well supported by the prison.*

- I.22** There had been three self-inflicted deaths since the previous inspection. Two had been reported on by the Prisons and Probation Ombudsman and the most recent case (July 2015) was still subject to investigation. A number of recommendations had been made and mainly accepted by the prison but we were not confident that sufficient attention was being given to ensuring that the actions were embedded and maintained; for example, not all night patrols

were fully aware of fire procedures or of the location and use of defibrillator equipment (see paragraph 2.60).

- I.23** Levels of self-harm were lower than at comparator prisons, and prisoners subject to monitoring told us that they felt well cared for. There was good access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and procedures for allowing access to them were effective. Both the Listener team and the supporting Samaritans told us that they were well supported by the prison.
- I.24** The quality of assessment, care in custody and teamwork (ACCT) case management documents was generally good, with qualitative written entries providing a clear picture of the concerns and ongoing issues of those being monitored. Case management was consistent and a high level of continued care was maintained. Those considered to be at particularly high risk were allocated a custodial manager as case manager.
- I.25** The safer custody team collated an innovative database of trigger points for self-harm, which identified key dates and prompted a review of prisoner care. This included potential issues relating to all prisoners, not just those on current ACCT procedures.
- I.26** Constant observation arrangements had improved with the addition of facilities on the main residential units. Enhanced assessments were carried out for prisoners subject to ACCT procedures if there was a need for them to be segregated, and we saw evidence of alternative locations being used when segregation was deemed inappropriate.

Recommendation

- I.27 Prisons and Probation Ombudsman recommendations should be reviewed regularly to ensure continued compliance.**

Good practice

- I.28** *The safer custody database collated trigger points for self-harm and helped to keep prisoners safe.*

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.²

- I.29** *There was no prison-wide policy on safeguarding adults. Although some work had been done, with contact made with Leeds County Council, this area required further development and better coordination, supported by adequate staff training.*

- I.30** There was no prison-wide safeguarding policy setting out procedures for protecting adults at risk, and staff were unclear who had overall responsibility for this work. However, contact

² 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).

had been made with Leeds Adult Social Services and a memorandum of understanding had recently been agreed for Care Act referrals.

- I.31** Although the safer custody meeting had a standard agenda item on the protection of adults at risk, this rarely generated much discussion. Wing staff told us that they had not received training on safeguarding adults and had little awareness of the Care Act. The procedure documented in the memorandum of understanding for the referral of prisoners to Leeds Adult Social Services had not yet been implemented on the wings but the health care department had already made a referral under the Care Act. Arrangements had recently been agreed between St Giles Trust, the health care team and Leeds Adult Social Services for the referral of prisoners near release who might require supported accommodation, although no such referrals had yet been made.

Recommendation

- I.32** **A safeguarding adults policy should be developed, detailing procedures and overall responsibility. Wing staff should be trained in the processes and be aware of their responsibilities under the Care Act.**

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.33** *Security measures were generally proportionate, although there was too much strip-searching. Movement to activities was well ordered and access was not restricted by security risk assessments. Too many prisoners were subject to closed visits for non-visit-related activity. A large amount of security intelligence was received each month and there was a huge backlog of reports waiting for analysis, which risked missed opportunities to detect and disrupt the supply of new psychoactive substances (NPS). NPS posed a serious threat to the safety and health of prisoners. The establishment was responding to this threat using a 'whole-prison' strategic approach, including zero-tolerance reviews. Mandatory drug testing rates were low but NPS were undetectable.*

- I.34** Physical security measures were generally proportionate. There was well-ordered free movement to activities, and it was easy for prisoners to attend appointments during the core day. Security staff contributed to prisoners' risk assessments for activities, and access to activities was not unduly restricted. There was too much routine strip-searching on the segregation unit and 20% of prisoners were strip-searched after visits, which was excessive.
- I.35** Between 400 and 500 information reports were submitted every month by staff from all departments. These were not always analysed quickly enough and at the time of the inspection there was a large backlog of around 300 waiting for a full analysis. There was therefore a risk that opportunities fully to identify and address security concerns, and in particular to detect and disrupt the supply of NPS, would be missed (see main recommendation S50).
- I.36** Key departments were represented at the monthly security meeting, including the police intelligence officer. Relevant objectives were set to reflect the current threats from NPS and

other drugs, mobile telephones and violence. Relationships between security and other departments, particularly safer custody, were effective, with a good exchange of information. The police provided good support for combating criminal activity in the prison and anti-corruption matters.

- I.37** There were 43 prisoners subject to closed visits and 16 banned visitors. Not all those on closed visits had been placed under the restrictions for visits-related illicit activity. Prisoners on closed visits were reviewed weekly and most did not remain under the restrictions for more than a month.
- I.38** Prisoners' use of detectable drugs appeared to be low as the random mandatory drug testing (MDT) positive rate was only 4.4% for the six months to July 2015. However, drug finds and the high number of intoxication-related incidents evidenced a high level of drug availability, especially Spice (an NPS which induces effects akin to cannabis), which is undetectable under the current MDT panel of tests. The use and supply of NPS posed a serious threat to the safety and health of prisoners. There had been over 30 recorded finds of NPS in the previous six months and almost 60 prisoners were recorded as being under the influence of these drugs in the same period; on one single day, 12 prisoners had had to be treated for the effects of these substances. The use of NPS by prisoners was making severe demands of staff resources and community emergency services. In our survey, far more prisoners than at comparator prisons (51% versus 36%) said that it was easy to get illegal drugs at the prison and that they had developed a drug problem while there (17% versus 8%).
- I.39** Both the drug and alcohol recovery service (DARS; see section on substance misuse) and the clinical substance misuse service played important roles in the prison's strategic response to NPS, through the delivery of awareness training to staff and prisoners, and involvement in the 'zero-tolerance' review process. Zero-tolerance reviews, chaired by the head of residence and attended by the substance misuse service and DARS managers, and any prisoner known to have used NPS, were an effective means of informing prisoners and addressing their behaviour. Separate from discipline processes, these reviews were impressive in challenging prisoners to face up to the results of their NPS use on their own health and how their behaviour had affected other people, including their families. Ongoing support was offered and each review ended with the prisoner being asked to sign an action plan. Although these interventions were not successful for all prisoners, they were an innovative way to encourage desistance.

Recommendations

- I.40** **Strip-searching should be carried out only after a risk assessment indicates that it is necessary.** (Repeated recommendation 7.1)
- I.41** **Visits restrictions should not be imposed for non-visits-related incidents.** (Repeated recommendation 7.12).

Good practice

- I.42** *The zero-tolerance reviews informed prisoners, challenged their new psychoactive substance (NPS) use and provided support to desist.*

Incentives and earned privileges³

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.43** *In our survey, far fewer prisoners than elsewhere and than at the time of the previous inspection said that the incentives and earned privileges scheme was applied fairly, and fewer than elsewhere said that they were incentivised to improve their behaviour. There were some inconsistencies in the application of the scheme, and the centrally led approach to reviews was inflexible, did not promote individualised behaviour management and was often undertaken too late to be effective.*
- I.44** In our survey, fewer prisoners than at similar prisons and than at the time of the previous inspection said that they had been treated fairly under the incentives and earned privileges (IEP) scheme (42% versus 51% and 56%, respectively). Fewer prisoners than at similar prisons said that the different levels of the scheme encouraged them to change their behaviour (40% versus 46%).
- I.45** There were some inconsistencies in the application of the IEP scheme. For example, following a serious incident, some prisoners were immediately downgraded to the basic level, whereas others were referred to a central board for a review. This centrally led approach was inflexible and as the board met only once a week, some downgrading and sanctions were delayed considerably. We also saw a wide variation in the number of warnings given before downgrading.
- I.46** The basic regime was reasonable, with enough time out of cell to enable prisoners to demonstrate an improvement in behaviour, although targets for prisoners on the basic level were not sufficiently individualised. They stayed on the basic level for a minimum of 28 days and the seven-day review was not used to provide an opportunity for upgrade.

Recommendations

- I.47 Prisoners should be consulted over their poor perceptions of the incentives and application of the incentives and earned privileges (IEP) system.** (Repeated recommendation 7.48)
- I.48 The application of the IEP scheme should be reviewed to ensure adherence to local policy, the setting of individualised improvement targets, and timely and meaningful responses to poor behaviour.**

³ 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.

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.49 *The number of adjudications was higher than at comparator prisons but similar to that found at the previous inspection. The monitoring, analysis and quality assurance of adjudications were thorough. The use and supply of new psychoactive substances (NPS) had resulted in control and restraint incidents and adjudications. Levels of use of force were higher than at comparator prisons and than at the time of the previous inspection but oversight and monitoring had improved greatly. The video-recordings of incidents that we examined showed that force had been justified and used as a last resort. NPS-related use of force was recorded and reviewed thoroughly. The use of segregation was slightly lower than at comparator prisons. Some prisoners remained on the unit for too long and the regime there was inadequate. Just under half of those segregated returned to normal location. There was no formal reintegration planning.*

I.50 The number of adjudications was higher than at comparator prisons but similar to that found at the previous inspection. Adjudications were monitored thoroughly at the quarterly adjudication standardisation meetings, and the deputy governor carried out quality assurance of individual records. The main charges were for possession of unauthorised articles and disobedience.

I.51 Adjudication punishments were proportionate and in accordance with the published tariff. The independent adjudicator attended monthly to hear some of the more serious charges. The documentation we reviewed showed that prisoners were given the opportunity to give their account of events. Records generally gave a reasonable account of the proceedings but we found some less serious charges that could have been better dealt with using IEP procedures.

The use of force

I.52 The number of incidents involving the use of force had increased considerably and was higher than at similar prisons, with 97 incidents in the previous six months. Oversight of the use of force had improved greatly and was discussed and analysed at regular meetings. Planned incidents were video-recorded and the recordings were reviewed by the deputy governor. Efforts were also made to video-record instances in which prisoners were under the influence of NPS; these recordings were reviewed and learning points had been built into local control and restraint training. Use of force training also included input from health services staff to advise on how best to manage prisoners who had allegedly used NPS. These recordings were also shown to individual prisoners during adjudications and this had encouraged some to give up using these substances.

I.53 Video recordings of other planned interventions that we viewed showed that they had been well managed and that there had been good use of de-escalation techniques. Written records of incidents were well detailed and assured us that force had been used as a last resort and been justified.

I.54 Special accommodation had been used on four occasions during the previous six months. The special cell was cleaner and in better condition than at the time of the previous inspection. We were told that prisoners held there were not given a mattress.

Documentation relating to the use of this cell did not fully record the clothing that the prisoner had been left with but was otherwise sufficiently detailed.

Recommendation

- I.55 Prisoners held in special accommodation should have a mattress, when a risk assessment permits, and documentation should clearly record the clothing that prisoners are left with.**

Good practice

- I.56** *Learning points from recordings of prisoners under the influence of NPS, and the contribution of health services staff, informed local control and restraint training. The showing of these recordings to the prisoners concerned had encouraged some to give up using these substances.*

Segregation

- I.57** Segregation was used mostly for reasons of good order or discipline. A total of 105 prisoners had been segregated during the previous six months, which was slightly lower than at comparator prisons. Of these, only 48% had returned to normal location within the prison, 35% had been transferred to other prisons and 17%, an increasing number, had been discharged into the community from the unit. Although the segregation monitoring meeting had acknowledged these figures, there was no action plan to ensure that the outcomes for prisoners were appropriate and that the needs of those discharged into the community from the unit or transferred were addressed. There was no formal reintegration policy and no care planning evident.
- I.58** The segregation unit environment was reasonable but the exercise yards were cage-like and littered with clothing. There was graffiti in some cells, and toilets were badly stained and unscreened. The showers, gated cell and special accommodation were cleaner than at the time of the previous inspection. There was no in-cell electricity.
- I.59** Staff-prisoner relationships on the unit were good and staff knew the prisoners there well. More than 20 prisoners had stayed on the unit for over 30 days in the previous six months and many of these were waiting for a transfer or being held until their release date. Reviews were timely and attended by a multidisciplinary team but the targets set did not address the reasons why the prisoner had been segregated.
- I.60** The regime on the unit was poor, particularly for those who stayed for long periods. Segregated prisoners we spoke to said that they spent most of their time in their cells. There was little access to on- or off-unit activities. Some were able to have time in the open air together and some attended corporate worship, following risk assessments. Education staff attended the unit for those who requested it.
- I.61** Prisoners on open ACCT documents were rarely located on the unit, and there was a reasonable explanation for the necessity of segregation for those who had been placed there.

Recommendations

- I.62 Care and reintegration plans should be introduced to ensure that the underlying causes behind poor or vulnerable behaviour are addressed effectively and that**

options for prisoners' safe integration back into the main prison or transfer are identified.

- I.63 Toilets on the segregation unit should be cleaned and screened, and graffiti in cells should be removed.**
- I.64 The regime on the segregation unit should be improved and (subject to risk assessment) include access to on- and off-unit activities and in-cell electricity.**

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 *Integration between the clinical and psychosocial service was excellent. The drug and alcohol recovery service provided an appropriate range of interventions. Demand for opiate substitution treatment was high but 58% of the caseload were appropriately on reducing doses. In our survey, more prisoners than at comparator establishments said that the substance misuse support they had received had been helpful. The recovery unit on G wing provided a supportive, recovery-focused environment.*

- I.66** Clinical services were delivered by Leeds Community Healthcare NHS Trust and psychosocial services by Lifeline, operating under the name 'DARS' (see paragraph I.39).
- I.67** There was an up-to-date and comprehensive drug and alcohol reduction strategy and action plan, which was supported by a drug supply reduction strategy action group and a substance misuse service strategy. These three strands were well integrated, with a whole-prison approach to reducing harm, and the demand and supply of drugs and illicitly brewed alcohol.
- I.68** DARS provided an appropriate range of one-to-one and group-based interventions at low-, medium- and high-intensity levels. In our survey, more prisoners than at comparator establishments (89% versus 77%) said that the support they had received had been helpful.
- I.69** Integration between the clinical and psychosocial service had improved greatly and was excellent. The quality of care given to these prisoners was good, and many told us that they felt supported and empowered to take responsibility for their own treatment plans.
- I.70** At the time of the inspection, 123 prisoners (15% of the population) were receiving opiate substitution treatment, which was far higher than at comparator establishments. Of these, 51 were on maintenance doses and 72 (58%), which was an appropriate number, were reducing or detoxifying.
- I.71** The recovery unit on G wing provided a supportive, recovery-focused environment, with experienced and dedicated discipline staff and an effective 'recovery champion' scheme. Of the 50 prisoners on the wing, only three were termed 'lodgers' – that is, not directly in recovery – but they all engaged in activities and were not seen as negative influences.

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 *Prisoners were generally positive about the residential environment but some of the older wings were shabby and in need of refurbishment. The external environment was clean, mainly well kept and generally litter free. Internal communal areas were tidy during the day but after lock-up, we found a large amount of food waste on floors and in serveries. Much of the cell furniture was poor, too many toilets lacked privacy screening and there were no curtains at the windows. Access to telephones, laundry facilities and showers was good but the showers were dirty.*

2.2 The prison had two discrete areas, one (A to D wings) older than the other (E to J wings). The older wings were shabby and in need of refurbishment but they were clean. Internal communal areas were tidy during the day but after lock-up we found a large amount of food waste on floors in association areas and in serveries, which encouraged a rodent problem, and some food trolleys were filthy, with large amounts of burnt-on grime (see also paragraph 2.96 and recommendation 2.100). The external environment was clean, reasonably well maintained and generally litter free.

2.3 Cell furniture was poor as much of it was damaged or broken. Many cells did not have privacy screening around the toilet, although most in-cell toilets were clean and had seats and lids. All prisoners had kettles. The quality of the furniture in communal areas had improved greatly.

2.4 In our survey, prisoners were positive about access to showers, clothing, and cleaning materials. Some showers were stained, grubby and poorly ventilated but most afforded adequate privacy. There were adequate laundry facilities on all wings and these were well used and managed by prisoners. Access to stored property was acceptable.

2.5 In our survey, more prisoners than at comparator establishments said that it was easy to make an application, although fewer on the older than the newer wings said this (80% versus 94%). More prisoners than at comparator establishments and than at the time of the previous inspection said that they were dealt with quickly (54% versus 41% and 39%, respectively) and fairly (67% versus 58% and 54%, respectively).

2.6 Access to telephones was good. Additional telephones had been installed on the newer wings since the previous inspection. Some telephones were not adequately private. Prisoners complained about the high cost of making calls to mobile telephones, and being unable to make calls at times when rates were lower (after 6pm).

Recommendations

2.7 **A, B, C and D wings should be refurbished to match the standard found on the newer wings. All cells should contain furniture of a suitable standard and toilets should be screened.**

2.8 Communal showers should be cleaned thoroughly and kept well ventilated.

2.9 All telephone areas should provide adequate privacy.

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.

2.10 *In our survey and during the inspection, prisoners were positive about relationships with and support from staff. The interactions we saw were mostly respectful and supportive. All prisoners were allocated a personal officer and many said that they were helpful. Consultation arrangements were effective.*

2.11 In our survey, more prisoners than at comparator prisons and than at the time of the previous inspection said that staff treated them respectfully (89% versus 78% and 65%, respectively) and that they had someone they could turn to for help (83% versus 73% and 70%, respectively). Most interactions we saw were positive, preferred names were used and staff showed a good knowledge of those in their care.

2.12 In our survey, more prisoners than at comparator establishments said that staff spoke to them during association (29% versus 20%). However, on some of the older wings, where sightlines were poorer, staff remained distant during association periods. In our wing comparator survey, only 25% of prisoners on these wings (compared with 36% of those on the newer wings) said that staff spoke to them during association. On the newer wings, where the layout was more open, we saw staff engaging well with prisoners.

2.13 All prisoners were allocated a personal officer and in our survey more prisoners than at comparator establishments and than at the time of the previous inspection said that they were helpful (73% versus 62% and 60%, respectively). However, this was not reflected in electronic case notes, as entries were too irregular and not subject to management oversight.

2.14 There was good consultation with prisoners, with regular wing representative groups and a bimonthly group meeting between prisoner representatives, known as the 'senior prison team', and the governor. Minutes showed that many issues raised by prisoners were addressed.

Equality and diversity

Expected outcomes:

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

2.15 *The strategic management of equality and diversity was mostly reasonable. However, there was insufficient consultation with prisoners in protected groups and some adverse monitoring data had not been addressed. Responses to discrimination incident report forms were impressive. In our survey, most black and minority ethnic and Muslim prisoners, and those with disabilities, said that they felt respected by staff. There was good support for those with disabilities. Foreign national prisoners facing complex deportation proceedings had poor access to legal representation and to Home Office immigration officers. There was insufficient use of telephone interpreting for the few non-English-speaking prisoners, leaving them feeling isolated. Gay prisoners were positive about the support they received from most staff.*

Strategic management

- 2.16** The equality and diversity policy covered all protected characteristics, and this and the accompanying action plan adequately defined the prison's approach to this work.
- 2.17** The quarterly diversity and equality action team (DEAT) meeting was chaired by the governor. It was reasonably well attended, and in two of the last three had included prisoner diversity representatives, whose input had been good. A professor from Leeds Metropolitan University attended the meeting as an external partner and also mentored the equality manager.
- 2.18** There were seven prisoner diversity representatives. They had regular meetings with the equality manager, were well trained and felt well supported.
- 2.19** The minutes of DEAT meetings showed some purposeful engagement with equality issues but there was poor use of data from the equality monitoring tool. The prison had failed to investigate data suggesting the possible unequal treatment of Gypsy/Roma/Traveller prisoners and 21–24-year-olds across a range of areas. There was no programme of equality impact assessments.
- 2.20** A total of 20 discrimination incident report forms (DIRFs) had been submitted in the previous six months. The responses to these had been impressive, investigations thorough, and outcomes fair and impartial. There was good bespoke induction training for new staff but no programme of refresher training.
- 2.21** There was insufficient consultation with prisoners in protected groups. There had been only one forum for a protected group in the previous six months.

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

- 2.22** Black History Month was well organised, with a series of weekly events, and involved external speakers. There was a programme of other cultural awareness events, for which special meals were provided by the kitchen.

Recommendations

- 2.23** **Equality impact assessments should be undertaken and adverse data from the equality monitoring tool should be examined promptly. Consequent actions should be included in the action plan and progress reported to the diversity and equality action team (DEAT) meeting.**
- 2.24** **Regular forums/support groups should be held with prisoners in all protected groups. Actions arising from them should be included in the action plan and progress reported to the DEAT meeting.**

Protected characteristics

- 2.25** Although there were some negative survey results for black and minority ethnic and Muslim prisoners, outcomes for these prisoners were good. Data from the equality monitoring tool suggested an absence of discrimination for these groups across all areas. In our survey, most black and minority ethnic and Muslim prisoners, but fewer than their white and non-Muslim counterparts, said that they felt respected by staff. A large proportion of Muslim prisoners observed Ramadan and they told us that they were satisfied with the arrangements made for this festival.
- 2.26** Although the Gypsy/Roma/Traveller prisoners we spoke to said that they were treated fairly by staff, there had been no recent forums for them and the establishment had failed to address concerning monitoring data across a range of areas (see paragraph 2.19).
- 2.27** Outcomes for prisoners with disabilities were generally good. The population had a young age profile so there were fewer prisoners with disabilities than we often see, and the identification of newly arrived prisoners with disabilities was adequate. In our survey, these prisoners were more negative than others across a range of questions. Although 75% of them said that they had emotional well-being or mental health problems and may therefore have presented challenges to staff, data from the equality monitoring tool showed that they were less likely to go through the adjudication process and spent fewer days than others in segregation. In our survey, most of these prisoners said that staff treated them respectfully, and this proportion was similar to that of prisoners without disabilities. There had been no forums for this group at which perceptions of their treatment and monitoring data could be explored (see recommendation 2.24).
- 2.28** No prisoners had an up-to-date personal emergency evacuation plan. There were some old plans but these were not sufficiently clear on the arrangements for evacuation. There was evidence of some basic care planning on the wings but plans were not multidisciplinary and were underdeveloped.
- 2.29** The prison held only 11 foreign national prisoners (FNPs). It was rare for prisoners to be held under immigration powers and none were held at the time of the inspection. The FNP coordinator saw all new FNPs who were of interest to the Home Office, but there were no forums for this group (see recommendation 2.24). Although most FNPs spoke English, a few did not and there had been some prisoners held at the establishment who had had no one else they could communicate with. Such prisoners were particularly isolated and staff were not sufficiently experienced to meet their needs. No professional telephone interpreting had

been provided for the health screening interview and induction of one such prisoner on his arrival. There was little translated material available.

- 2.30** Even though some FNPs faced complex legal proceedings, access to legal representation was poor. As there were so few FNPs, Home Office immigration staff visited the prison only twice a year. Although the FNP coordinator clearly did his best to mitigate the problems relating to the lack of information from the Home Office on the progress of such cases, these sometimes progressed slowly and some prisoners were frustrated about this.
- 2.31** Gay prisoners were positive about the support they received from most staff. Although there had been a recent support group for gay, bisexual and transgender prisoners, forums for this group were not held sufficiently regularly (see recommendation 2.24).
- 2.32** Insufficient attention was given to the needs of younger prisoners and to addressing the negative data on this group from the equality monitoring tool (see paragraph 2.19). The oldest prisoner was 67 and felt well supported. None were retired.

Recommendations

- 2.33** **Personal emergency and evacuation plans should clarify how assistance is provided to prisoners identified as requiring help in an emergency.** (Repeated recommendation 4.49)
- 2.34** **Provision for foreign national prisoners should be improved. They should have adequate access to legal advice on immigration matters and to the Home Office Immigration Service. Professional telephone interpreting services should be used for confidential or sensitive communication with those who speak little English, and always in reception and health care interviews.**

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.

2.35 *Faith provision was mostly adequate and access to services was generally good, although the lack of cell keys for chaplains sometimes hindered their access to prisoners. No chaplains had been trained as assessment, care in custody and teamwork (ACCT) reviewers and they rarely attended reviews. Chaplaincy work on resettlement was underdeveloped. Funding had been obtained to restart the Sycamore Tree victim awareness course.*

- 2.36** In our survey, more prisoners than at comparator establishments said that their religious beliefs were respected (57% versus 52%). Black and minority ethnic and Muslim prisoners were particularly positive, with 66% and 82%, respectively, answering positively to this survey question.
- 2.37** The chaplaincy team, comprising employed, sessional and volunteer chaplains, covered most prisoners' diverse religious affiliations. In our survey, more prisoners than at comparator establishments said that it was easy or very easy to access religious services and that they could speak to a religious leader of their faith in private.

- 2.38** The multi-faith room on the new site (E to J wings) was bright and pleasant and could be adapted for different faith groups. There were good ablution facilities in there, but those in the 'chapel' were basic and unused. The multi-faith room on the old site (A to D wings) was dark and less inviting.
- 2.39** There was a wide range of classes and courses for Muslim and Christian prisoners but not for others. Funding had been obtained to restart the Sycamore Tree victim awareness course.
- 2.40** Chaplains attended a wide range of meetings, including DEAT and safer custody, but no chaplains had been trained as assessment, care in custody and teamwork (ACCT) case management reviewers and they rarely attended reviews. All prisoners on an ACCT were seen daily by a member of the chaplaincy. Pastoral care was generally good, although no one in the team had cell keys, which limited the support they could provide.
- 2.41** Although the team facilitated Mosaic, a mentoring scheme for prisoners being released, they had insufficient engagement with resettlement work. They did not routinely see prisoners before release and had too few contacts with faith groups in the community.

Recommendations

- 2.42** **Chaplains should have cell keys and attend assessment, care in custody and teamwork (ACCT) reviews where relevant.**
- 2.43** **The chaplaincy should develop links with community faith groups to provide support during imprisonment and on release.**

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.

2.44 *Prisoners had confidence in the complaints system and the process was generally well administered.*

- 2.45** A total of 1,214 complaints had been submitted in the previous six months, which was relatively high. Our survey results and discussions with prisoners in our groups and individually showed that they were mainly satisfied with the complaints system.
- 2.46** All of the complaint responses that we sampled had been answered politely and respectfully, and most prisoners received replies within seven working days. There were appropriate quality control checks in place.

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.

2.47 *There was no legal services officer but prisoners were relatively satisfied with their access to legal representatives. The library stocked insufficient legal books.*

2.48 Although there was no legal services officer, in our survey the number of prisoners who said that it was easy to communicate with or meet their legal representatives was in line with the comparator.

2.49 There were sufficient legal visits sessions to meet demand and the accommodation for legal visits was appropriate.

2.50 There were too few legal books stocked in the library. This was reflected in our survey, in which fewer prisoners than at comparator establishments said that they could get legal books in the library (29% versus 42%).

Housekeeping point

2.51 The library should stock a suitable range of legal books.

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.

2.52 *Health services were good and constructive partnership arrangements had been established. Prisoners were treated respectfully and there was good access to an appropriate range of services, except for those of the optician and dentist, for which waiting times were too long. Chronic disease management arrangements were sound. Pharmacy services were good but in-possession medicine management was not sufficiently robust. Mental health services were good and delivered timely, clinically appropriate interventions.*

2.53 *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁵ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.*

⁵ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Governance arrangements

- 2.54** The Care Quality Commission (CQC) found there were no breaches of the relevant regulations.
- 2.55** Health services were provided by Leeds Community Healthcare NHS Trust, with GP services subcontracted to the Crossley Street GP practice. All mental health services were provided by Leeds and York Partnership NHS Foundation Trust. There were effective relationships between all stakeholders. There was an established partnership board and health services staff attended a range of wider prison meetings. An extensive 2012 health needs assessment informed service delivery.
- 2.56** Services were provided seven days a week up to 7pm, with out-of-hours advice and support delivered through Local Care Direct services. Clinical governance arrangements were robust, with evidence of the importance placed on reporting and learning from serious incidents.
- 2.57** The dedicated patient forum was well developed and facilitated through the prisoner health care representatives. Nursing and operational leadership arrangements were clear and effective, with a dedicated lead for older adult care identified. Staffing levels were appropriate and the skill mix reflected need. Staff training, supervision and induction arrangements were good. Staff were courteous and respectful in all the interactions we observed and most prisoners we spoke to supported this view.
- 2.58** Professional accreditation was monitored robustly. Policies and practice in support of disease prevention and the management of outbreaks were well understood. There were established protocols to gauge prisoner capacity and provide consent for appropriate information sharing. Processes to consider and respond to social care needs had been developed and, although demand was low, a dedicated lead worker had been identified to facilitate assessments.
- 2.59** The configuration of the health centre replicated that of a community health facility, although the patient television in the waiting area had not been working for some time. Access to the centre was smooth and facilitated by regular free-flow movements. Health care rooms were generally bright, clean and well maintained. Treatment rooms within health care areas were reasonable but some were undergoing refurbishment as a result of a recent infection prevention audit.
- 2.60** Emergency response protocols were available and used regularly, mainly owing to incidents apparently triggered by prisoners taking new psychoactive substances (NPS; new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects). The health services team had appropriate access to emergency equipment, including automated external defibrillators (AEDs). However, routine content checks of emergency equipment were not undertaken consistently. Prison staff had access to their own first-aid equipment, in which we found broken seals and variable contents, and AEDs primarily for use out of hours. We found some ad-hoc emergency health equipment on two wings (C and G wings) which were not accounted for, and inconsistent arrangements and insufficient capacity for front-line staff to use AEDs. Given the high number of NPS health incidents at the prison, the out-of-hours internal emergency arrangements were of serious concern.
- 2.61** Prisoners were given good health care information, covering a range of subject areas, but health care displays on the wings were sometimes hidden behind doors. The health care complaints system was effective, but the complaint forms were not standardised.

- 2.62** Health promotion was wide ranging and incorporated a programme of well-advertised initiatives which included prison staff such as gym teachers. Regular clinics were established and well promoted to ensure effective health screening and access to vaccination programmes. Barrier protection was available to prisoners on request.

Recommendation

- 2.63** **All medical equipment should be accounted for and routine checks of all emergency equipment should be audited and form part of the internal reporting matrix provided to the health care manager. Custody staff should be trained in the use of automated external defibrillators and have ready access to a device.**

Housekeeping points

- 2.64** The television in the health centre waiting area should be in working order.
- 2.65** Health care information should be displayed prominently on the wings.
- 2.66** Health care complaint forms should be standardised.

Good practice

- 2.67** *The programme of health promotion initiatives and use of prisoner health representatives in the prison was a positive approach to patient engagement.*

Delivery of care (physical health)

- 2.68** Reception health screening was undertaken by registered nursing staff, supported by pharmacy technicians to ensure timely access to prescribed medication on arrival at the prison. The process was thorough and enabled early access to a specialist nurse or GP if clinically indicated. The health care rooms in reception were clean but had no sinks or access to telephones, which could limit the scope of consultations.
- 2.69** In our survey, more prisoners than at comparator establishments said that the overall quality of health services was good or very good (57% versus 43%). We observed clinically effective and positive engagement with prisoners, and good access to an appropriate range of clinics, although waiting times to see the optician were too long. The non-attendance rate for a number of clinics was high. Generally, prisoners were triaged by a nurse before seeing the GP, which could lead to short delays in accessing treatment, but they were seen by the GP for non-urgent care within eight days. Chronic disease management arrangements were good, with complex cases being assigned to a named health services professional to coordinate care.
- 2.70** Health services staff routinely visited prisoners on the segregation unit, with a daily presence from the primary mental health team, which was particularly valued by prison staff and prisoners.
- 2.71** Prisoners generally had appropriate access to external health care appointments. Recently, access had reduced because of one prisoner's appropriately long-term treatment programme, which had affected escort availability. As a result, the senior GP liaised with

health services and prison staff to ensure that any proposed changes to escorts were clinically appropriate.

Recommendations

- 2.72** The clinical assessment rooms in reception should comply with infection control and prevention standards.
- 2.73** Waiting times to see the optician should be equivalent to those found in the community.
- 2.74** The prison should monitor failure to attend rates for all clinics and explore the reasons for non-attendance robustly.

Housekeeping point

- 2.75** The clinical assessment rooms in reception should have access to a telephone.

Pharmacy

- 2.76** Medicines were supplied by the in-house pharmacy team and were labelled appropriately with a dispensing audit trail. There was an adequate range of emergency stock available, although this was not reconciled against prescriptions issued. There was a full range of accessible policies and procedures, although not all had been signed by the relevant members of staff.
- 2.77** Most medicines were supplied in-possession, and daily in-possession provision was common. There was a current in-possession policy, although sampling showed that this was not followed or documented robustly, which posed some risks in relation to tradable medications. In-possession status was often recorded incorrectly on prescription charts and SystemOne (the electronic clinical record), and the system did not allow this, or the repeat template, to be corrected by the pharmacy, which caused confusion and could have compromised a prisoner's access to medication. There was a pharmacy-led risk assessment clinic but this had a long waiting list (up to 14 weeks). Medicine administration in some wing areas (A, B, C and D) was not supervised adequately by prison staff.
- 2.78** Pharmacy staff had good contact with prisoners and used health care representatives effectively to improve communication. Prisoners were able to speak to pharmacists about their medication, although there was no formal or documented medicine use reviews. There was pharmacy input to monthly clinical meetings, drug strategy meetings and quarterly medicines and therapeutics committee meetings.
- 2.79** There was an appropriate range of patient group directions (which enable nurses to supply and administer prescription-only medicine), and patients could be supplied with an adequate range of medication for treating minor ailments without a prescription.
- 2.80** The pharmacy and treatment rooms were clean, appropriate and equipped with closed-circuit television. Transfer of medicines to the pharmacy and the wings was secure, and medicines were stored securely, with robust auditing of controlled drug balances. The Methasoft equipment used for the administration and supply of methadone was cleaned and calibrated daily. Medication returned to the health centre from the wings for disposal was managed well. Drug alerts were dealt with appropriately.

- 2.81** SystemOne was used to record prescribing and clinical notes, and was accessible from all treatment rooms. Medicine administration took place up to three times a day, at appropriate times, by pharmacy technicians and was recorded accurately on prescription charts. Patients who regularly refused medication were referred back to the prescriber for review.

Recommendations

- 2.82** **In-possession risk assessments should consider the risks of the drug as well as the patient, and be completed routinely and consistently. The policy should be followed robustly and reasons for the determination recorded.**
- 2.83** **Medicine queues should be supervised closely by discipline staff.**
- 2.84** **Pharmacy-led clinics and medicine use reviews should be developed.**

Housekeeping points

- 2.85** The use of emergency stock should be audited, so that stock supplied can be reconciled against prescriptions issued.
- 2.86** Standard operating policies should be read and signed by all appropriate staff.

Dentistry

- 2.87** The dentist offered routine assessments and a full range of standard NHS treatments. The dental suite was spacious and clean, and care was good. Dental equipment was maintained appropriately and there were safe arrangements to dispose of waste materials.
- 2.88** Waiting times to see the dentist were too long. The average wait for routine treatment was around nine weeks, although we found examples where patients had waited much longer than this. The current waiting list contained 57 patients and clinics were booked up for about two months, with the current capacity not being sufficient to meet demand. Slots for urgent referrals were ring fenced and such cases were seen promptly at the next available clinic, with the primary health care team offering triage and pain relief as required. Extreme acute concerns could be addressed more immediately, through an escort to an external dental service if deemed appropriate.

Recommendation

- 2.89** **Waiting times to see the dentist should be reduced to ensure that they are equivalent to those found in the community.**

Delivery of care (mental health)

- 2.90** Mental health services were provided through two discrete but highly collaborative primary and secondary health care teams. An appropriate range of services was provided, including facilitating self-help, individual therapy, group work and interventions for prisoners with complex mental health problems.

- 2.91** Access to the primary mental health service could be initiated through reception screening or via application from prisoners, or prison or generic health services staff. Allocations were reviewed and assessed promptly and most prisoners referred to the service were seen within a week, with urgent referrals seen on the same day. The combined mental health team met weekly to review care, and prisoners were assigned to a nominated case worker. There was close liaison with generic primary health and substance misuse services. Waiting times for treatment were equivalent to those in the community.
- 2.92** The team's total caseload consisted of 121 prisoners, of whom around 19 had enduring and severe mental health problems and were being cared for using the care programme approach. Record keeping on SystmOne was of a good standard. Information about risk was shared appropriately with relevant stakeholders. Prison staff were provided with mental health awareness training but only on initial induction.

Recommendation

- 2.93 All prison staff should attend refresher mental health awareness training as part of mandatory training.**

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.

2.94 *Prisoners were relatively satisfied with the food provided. The menu was balanced and varied. Meals were served too early and the small breakfast packs were small and issued on the day before they were to be eaten. Some food trolleys were filthy. Consultation with prisoners about the food was good and the use of prisoner kitchen representatives was effective.*

- 2.95** In our survey, more prisoners than at comparator establishments and than at the time of the previous inspection said that the food provided was good or very good (36% versus 28% and 13%, respectively). A four-week menu cycle catered for different diets and preferences, and was varied and balanced. The food we tasted was of a high quality and served in good-sized portions.
- 2.96** Meals were served too early and not in accordance with the published core day. Lunch was served as early as 11.30am and dinner at 4.30pm. Breakfast packs were issued on the day before they were to be eaten, and were meagre. Some food trolleys were filthy, containing food spillage and burnt-on grime (see also paragraph 2.2).
- 2.97** There were few formal complaints about the food provided. Catering staff checked food comments books weekly and published the responses to all complaints and comments. Servery areas were well supervised by staff.
- 2.98** Prisoner consultation about the food was regular and resulted in changes to menus. Twice-yearly food surveys were undertaken and a member of the catering team attended the monthly prisoner consultative meeting. Prisoner kitchen representatives were appointed for each area of the main kitchen; they took responsibility for ensuring that these areas were kept clean and that work was up to the required standard.

Recommendations

- 2.99** Breakfast packs should be more substantial and served on the day they are to be eaten, and lunch should not be served before midday and dinner before 5pm.
- 2.100** Food hygiene should be maintained by keeping food trolleys, serveries and eating areas clean.

Purchases

Expected outcomes:

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

2.101 *Prisoners were generally satisfied with the range of goods available in the prison shop and there was good consultation with them about this. They could buy goods from a limited range of catalogues but an administration fee was applied. New arrivals waited too long to receive their first order.*

- 2.102** In our survey, many more prisoners than at the time of the previous inspection said that the prison shop sold a wide enough range of goods to meet their needs (62% versus 43%). Black and minority ethnic and Muslim prisoners were just as positive as their white and non-Muslim counterparts.
- 2.103** There was good consultation with prisoners about the shop list. Owing to the increase in online shopping, prisoners were unable to access some catalogues. Prison staff had therefore identified the most popular items and printed hard copies of the relevant web pages. However, an administration charge was levied on catalogue orders.
- 2.104** New prisoners had to wait far too long (up to 10 days) for their first full shop order, which increased the risk of debt. This risk was mitigated slightly by the availability of a basic reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets; see paragraph 1.7).

Recommendations

- 2.105** Prisoners should not be charged an administrative fee for placing catalogue orders. (Repeated recommendation 8.21)
- 2.106** Prisoners should not have to wait up to 10 days to receive their first shop order.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

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

3.1 *The amount of time out of cell for some was good, at around 10 hours a day, but less so for others. Too many prisoners remained locked up during the core day. Association and exercise were regular.*

3.2 The amount of time out of cell for fully employed prisoners was good, at around 10 hours a day, but for many others it was only around three and a half hours. During our roll checks, we found almost a quarter of the population locked up during the core day and in total around 40% of prisoners were on the wings, which was far too many for a training prison (see main recommendation S51).

3.3 The regime was restricted each day. For example, the older (A to D wings) and newer (E to J wings) sides of the prison were locked up over the lunch period on alternate days and weekend restrictions were in place owing to staff shortages. We also saw further unplanned reductions in the amount of time unlocked, with the prison regularly being locked up at 5.45pm rather than the published 6pm.

3.4 Access to association and exercise was regular and supervision on all but the largest of the wings was adequate. The quality of association equipment had improved but many prisoners complained of a lack of structured activity at weekends, leading to boredom.

Recommendations

3.5 Association and exercise should be supervised effectively at all times on all wings. (Repeated recommendation 6.11)

3.6 Prisoners should be provided with sufficient activities at weekends.

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

Learning and skills and work activities

Expected outcomes:

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

3.7 *The management of learning and skills and work activities was good, with a suitable focus on employability. Senior leaders, regional managers and managers within the prison worked effectively and successfully in improving provision, which included providing a rational curriculum that linked well to local employment needs. The range and breadth of provision met need. There were sufficient activity places but they were not fully utilised. The quality of teaching, training and coaching was good. Standards of work were good and prisoners achieved well. The library was good but underused.*

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

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

Management of learning and skills and work

3.9 The regional and prison strategies to improve the quality of the learning and skills and work provision were good. A range of regional governance, quality improvement group and provider performance meetings focused on weaknesses in provision and effective action was taken to improve them. Region-wide initiatives, such as regular 'health checks' of the provision, drove the improvement agenda for the prison effectively and improved the experience of prisoners in education, training or work.

3.10 Partnership working within the prison was strong and managers and key partners worked effectively and collectively to improve provision. Good regional planning provided progression routes in specific qualifications for prisoners who transferred from the local prison, giving them continuity in their learning. Productive partnership between prison managers and The Manchester College (TMC) had resulted in good curriculum planning, providing a curriculum that had a clear focus on preparing prisoners for employment on their release.

3.11 Quality improvement initiatives were good. The self-assessment process was inclusive and accurate. The quality improvement action plan focused well on areas that needed improvement but did not have sufficient quantitative targets to measure the progress that the prison was making in meeting these actions. Good prison-wide initiatives, supported by

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

the governor, engaged and supported prisoners to improve their functional skills in English and mathematics to at least level 1.

- 3.12** Further work was needed to improve attendance at activity sessions (see paragraph 3.16). Too many learners were returned from their activity because of insufficient staffing to accommodate the numbers allocated or because the sessions were cancelled. This was mainly because of a lack of cover for annual leave and affected both prison and TMC activities. Although efforts had been made to improve the provision of cover for staff absence, it remained a serious issue (see main recommendation S51).
- 3.13** The allocation process was efficient. Good support was provided for prisoners, particularly those who were initially resistant to improving their English and mathematics skills and those who were vulnerable, to engage them into activity. Pay rates were equitable.
- 3.14** Equality of opportunity and the celebration of diversity were promoted well on many courses.

Recommendation

- 3.15** **Targets in the quality improvement action plan should be precise and measurable, to enable managers to assess the effectiveness of their actions in securing improvement.**

Provision of activities

- 3.16** There were approximately 766 activity places, which was sufficient for the current population to be occupied purposefully full time. These places were not always sufficiently utilised, however, with only 72% of prisoners engaged in activity at any one time (see main recommendation S51). Reasons for absence, other than staff shortages and cancellations (see above), were mostly accounted for, such as attending the multi-faith centre, remedial gym and health centre, but too many learners did not return to their activities after these appointments.
- 3.17** There was a wide range of education and vocational training opportunities, based on careful planning with local and regional partners to ensure that it met the needs of the prison population and employers. The vocational training offered included painting and decorating, bricklaying, tiling, interior fittings, plastering, maintenance operations and railway track maintenance. In education classes, there were courses in functional skills in English and mathematics up to level 2, peer mentoring, information technology, creative media, business enterprise and professional cookery. Education staff supported five prisoners on distance learning programmes.
- 3.18** Prison-run contract workshops provided employment for a large number of prisoners in assembly and packing work that replicated that found in the community, and prisoners were purposefully and productively employed.
- 3.19** The recently introduced passport for employment, to record essential employability skills in prison workshops, was a good initiative. However, the recording and monitoring of achievement were too focused on the completion of activities rather than changes to learners' attitudes and behaviour.

- 3.20** At the time of the inspection, there were 83 unemployed prisoners. The prison had had some success in reintroducing some vulnerable prisoners into activities but a small minority of prisoners had been unemployed for too long.

Recommendation

- 3.21** Long-term unemployed prisoners should be supported effectively back into activities.

Housekeeping point

- 3.22** The passport for employment should be further developed to ensure that it records prisoners' attitudes and behaviour.

Quality of provision

- 3.23** The quality of teaching and learning was good, reflected in a good level of attainment in most subjects. Many teachers and trainers used a wide range of teaching and learning methods that motivated learners and created enjoyable learning sessions. They planned these sessions well to meet the differing abilities of the group. The most skilled trainers in vocational workshops gave learners the confidence and time to work out their own solutions to problems and only intervened to increase their understanding and knowledge. As a result, learners became more independent and took responsibility for how they progressed towards the achievement of their qualifications.
- 3.24** Assessment was planned carefully to meet the needs of each learner, and the monitoring of achievement and progress over time were thorough. As a result, learners were clear about what they had achieved and what they had to do to complete their qualification. Trainers in most vocational workshops had devised effective visual displays to monitor learners' progress, which encouraged them to complete their activities within required timescales. However, the written targets in individual learning plans were not specific enough or explained clearly enough for learners to understand.
- 3.25** Most teachers and trainers provided prisoners with timely and helpful feedback on the quality of their written and practical work, which was supported by detailed verbal feedback in lessons.
- 3.26** Interactive learning technology (ILT) was available in education teaching rooms. Teachers, particularly in information and communication technology (ICT), Creative iMedia and mathematics, combined the use of ILT with good-quality learning resources, to vary the range of teaching and learning methods. Workshop resources and accommodation were of a high standard. Teachers and trainers were appropriately qualified and experienced, and most trainers had recent industry experience.
- 3.27** Prisoners designated as peer mentors were well trained, qualified and skilled in engaging and supporting other prisoners in learning sessions and at work. Specialist learning support for the small number of prisoners with learning difficulties or disabilities was timely and effective.
- 3.28** There was good attention to promoting health and safety across all workshops, with clear signage, effective induction into every workshop, and personal protective equipment as standard.

- 3.29** The induction to education and vocational training was comprehensive. Staff worked closely with HMP Leeds (from where many prisoners were transferred) to share the results of the initial assessment of prisoners' English and mathematics skills. They made good use of prisoners' previous educational achievements and employment history to inform the allocation process and ensure that they were placed on the right course or workshop, and at the right level. Individual skills action plans, produced by National Careers Service staff during induction, were thorough and perceptive and linked well to teachers' planning for individual learning.

Recommendation

- 3.30** **The quality of target setting should be improved, to ensure that teachers use language that learners understand, so that they know how to improve further and where they might receive additional help.**

Education and vocational achievements

- 3.31** Most learners achieved their education and vocational qualifications, and overall success rates were high. Although success rates in functional English were good, they were poor for learners studying functional skills in mathematics at level 1.
- 3.32** The standards of prisoners' work were good. In vocational training, the skill levels achieved by learners met and often exceeded the level of qualifications they were taking. Those who finished their qualifications were encouraged to develop their skills further; for example, a learner in the bricks workshop had built a large pizza oven. Speaking, listening, reading and writing skills were developed well in English, ICT and Creative iMedia. Learners were confident in articulating the skills that they had developed and how they might use them at work or when setting up their own business on release.
- 3.33** Behaviour was good, and bad language was challenged swiftly and appropriately.

Recommendation

- 3.34** **Learners' achievements in functional skills in mathematics at level 1 should be improved.**

Library

- 3.35** The library facilities, provided by Leeds City Council Libraries, were good but underused. In our survey, only 36% of prisoners said that they used it at least once a week, which was low.
- 3.36** Opening hours were reasonable. Prisoners were entitled to a visit of 90 minutes each week, although regime restrictions often resulted in two or more library visits being cancelled each month owing to insufficient officers being available to escort them there.
- 3.37** The two main libraries and the four wing-based libraries were well furnished and organised, and staffed by part-time librarians and two orderlies. They provided a wide range of fiction, non-fiction, 'quick-read', foreign national and audio books but insufficient legal books (see paragraph 2.50). Inter-library loan facilities were effective.

- 3.38** There was a wide range of initiatives to promote literacy, including Turning Pages, the Six-Book Challenge, World Night Book, the National Reading Scheme and library staff attending family visits to promote community library services to prisoners' families and children. In 2014/15, fathers and grandfathers recorded over 300 stories for their children as part of the Storybook Dads programme. Librarians worked well in partnership with drug and alcohol recovery service and offender management unit staff to promote reading as part of prisoner well-being programmes and good use was made of the library to build confidence and reintegrate vulnerable prisoners into the regime.

Recommendation

- 3.39** Prisoners should be able to visit the library at least once a week and action should be taken to increase its use.

Physical education and healthy living

Expected outcomes:

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

3.40 *Prisoners had good access to recreational PE during the evening and at weekends. Facilities were of a high quality and the refurbished showers were modern and clean. Well-qualified PE instructors provided a range of remedial activities to support prisoners with different physical and mental health conditions. The range of accredited courses was limited but achievements were high.*

- 3.41** Prisoners had access to two gyms. The staff were qualified to a high level, with some instructors able to provide nutritional advice and others qualified to design exercise regimes to meet prisoners' different physical and mental health conditions. PE instructors delivered community sports leadership awards, a level 2 gym instructor award and a level 3 course on nutrition. Achievements on these qualifications were high.
- 3.42** Access to the gym was good, with each wing timetabled to receive four sessions each week, spread over weekday evenings and weekends. In our survey, 44% of prisoners said that they used the gyms regularly, which was higher than at comparator prisons.
- 3.43** There was a wide range of equipment available, which was of a high standard. The showers and toilets in the main gym had been refurbished extensively and were modern, clean and safe.
- 3.44** There were good working relationships between gym staff and other departments in the prison. PE instructors had designed an effective daytime programme for the two gyms to meet the needs of referrals from the health centre, prisoners referred from the drug dependency and substance abuse units, and those with mental health problems.

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 *There was a good resettlement strategy, based on a needs analysis. The resettlement pathways were well managed and monitored. Arrangements for the introduction of new resettlement responsibilities had been well planned.*

4.2 There was a comprehensive resettlement strategy, which covered all the resettlement pathways. Since the previous inspection, there had been a needs analysis based on a survey of prisoners; this had informed the strategy and action plan but did not include offender assessment system (OASys) information about risk and likelihood of reoffending. A further needs analysis was scheduled for later in the year to check on the needs of the new population, following its reconfiguration as a resettlement prison.

4.3 Lead managers had been identified for each resettlement pathway and were responsible for delivering the targets identified in the resettlement action plan. There was a bimonthly resettlement committee meeting, where developments in resettlement pathways and links with offender management were planned and monitored. The group was well attended by an appropriate range of representatives.

4.4 There had recently been good preparation for changes in the delivery of some resettlement services through St Giles, working on behalf of the community rehabilitation company, Purple Futures. Preparation had been characterised by good communication and a pragmatic approach to the planning and continuing development of services.

Recommendation

4.5 **The resettlement needs analysis should include OASys information about risk and the likelihood of reoffending, so that resettlement services can be planned which meet the needs of prisoners and will reduce reoffending.**

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.

4.6 *Too many prisoners did not have a sentence plan or a full offender assessment system (OASys) assessment. Contact with prisoners by offender supervisors was inconsistent and not sufficiently focused on progression. The recording of contact was fragmented. Home detention curfew arrangements were well managed. Public protection procedures were thorough and robust for managing risk during sentence but not sufficiently comprehensive for prisoners being released. Categorisation reviews were timely and decisions were reasonable. Some good measures to support indeterminate-sentenced prisoners had been developed.*

4.7 In our survey, fewer prisoners than at comparator establishments said that they had an offender supervisor (69% versus 73%) and a sentence plan (45% versus 66%). At the time of the inspection, there were 148 prisoners without an OASys assessment. In the first six months of 2015, the prison had received 354 prisoners without a completed OASys assessment, adding to the existing backlog of assessments. In order to address this, the prison had followed a national instruction and completed 'layer 1 assessments' on 274 eligible prisoners. These were partial OASys assessments that did not explore the likelihood of reoffending and did not lead to a sentence plan. This meant that, at the time of the inspection, a total of 422 prisoners, representing 52% of the population, did not have a sentence plan and there were 148 prisoners without an OASys assessment (see main recommendation S52).

4.8 Uniformed offender supervisors could be required to undertake residential duties at short notice but this was at a fairly low level, at 10% of their time, and was mitigated by good management and cooperation in the department so that demands were shared equitably to reduce their impact.

4.9 In the cases we examined, only two-thirds had an adequate and timely assessment of the likelihood of reoffending. Some of the assessments were too descriptive, lacking analysis and integration of relevant information about the factors that had resulted in the offending behaviour. Objectives in sentence plans, when completed, were not always outcome focused, and too often comprised a list of tasks rather than clear, concise and meaningful outcomes that would lead to desistance. Offender supervisors sent invitations to community offender managers systematically to arrange sentence planning meetings but too often these meetings did not take place. This resulted in prisoners having no sentence plans, and some experienced delays in referrals to accredited programmes (see paragraph 4.47). Several prisoners told us that they had not contributed to their plan as the document had been presented to them in a way that suggested that it was already complete, with no room for manoeuvre, which limited their engagement (see main recommendation S52).

4.10 Offender supervisors did not meet prisoners promptly after arrival, although a letter was sent to new prisoners, telling them the name of their offender supervisor. In half of the cases we examined, contact was inconsistent and not meaningful. Most prisoners told us that they were treated respectfully by their offender supervisor but most saw little value in their meetings. These were primarily limited to resolving low-level concerns, such as passing on a message to a family member, rather than purposeful engagement aimed at supporting

desistance or delivering motivational work. Contact logs showed little evidence of activity leading to positive outcomes (see main recommendation S52).

- 4.11 The recording of contact with prisoners was fragmented into three different systems and not all information was easily accessible by those responsible for the care and progression of the prisoner.
- 4.12 Home detention curfew arrangements were efficient. In the previous six months, 155 cases had been considered, only 16 of which had been past the eligibility date, all for reasons outside the prison's control. Eighty-one of these cases had been approved, which was similar to the level seen in other prisons, and in the cases we examined the decisions had been reasonable and not inappropriately risk-averse.

Recommendation

- 4.13 **Recorded contact with prisoners should be accessible to all staff responsible for their care.**

Public protection

- 4.14 The management of public protection matters during sentence were robust and thorough, and measures were applied proportionately and kept under review. New arrivals of concern were identified and restrictions discussed at the twice-monthly interdepartmental risk management team (IDRMT) meeting, which was well attended and included representation from security staff and police. Prisoners of concern were told about the restrictions placed on them and how to apply for contact with children.
- 4.15 In the cases we examined, the risk of harm screening and risk management plans covering the prisoner's time in prison were mostly present and of a reasonable standard.
- 4.16 Preparation for the release of prisoners who could potentially present a risk to the public was underdeveloped. When prisoners had been identified as requiring multi-agency management under multi-agency public protection arrangements (MAPPAs), cases were processed appropriately. MAPPA reports were well written and included relevant information to support decisions, and assessments about diversity needs, vulnerability, behaviour in custody, mental health and risks were identified. However, risk management plans in the cases we examined did not cover risk in the community. In addition, there was no discussion at the IDRMT of prisoners of concern who were due for release, to ensure that the prison knew the current MAPPA management level and consider whether the imminence of their release increased the risk they presented and that all information held in the prison was contributing to community risk management arrangements.

Recommendation

- 4.17 **Public protection procedures should include clarification of the multi-agency public protection arrangements (MAPPA) level and assurance that the risks presented by prisoners due for release will be well managed.**

Categorisation

- 4.18** Categorisation reviews were timely and decisions were proportionate. At the start of the inspection there were only 13 category D prisoners at the establishment. The timeliness of transfers of category D prisoners had improved and most did not wait more than a month after review for a move to open conditions.

Indeterminate sentence prisoners

- 4.19** There were few indeterminate-sentenced prisoners (24 serving an indeterminate sentence for public protection and three life-sentenced prisoners) and they were located around the establishment.
- 4.20** Since the previous inspection, there had been some positive initiatives to identify and meet the needs of this group. An initial consultation meeting with managers and offender supervisors had been held and a prisoner representative appointed (although at the time of the inspection he had recently moved on to open conditions). Two attempts had been made to arrange family days for these prisoners but take-up had been poor.
- 4.21** Some good presentations and discussion groups had been held monthly and more were planned, covering topics of relevance to these prisoners, such as hostel accommodation, MAPPA, the experience of a prisoner in open conditions and how to behave pro-socially.

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.

- 4.22** *There was good assessment of resettlement needs on arrival and before release, and all prisoners were allocated a resettlement case worker. Arrangements for release were good. St Giles case workers met prisoners' accommodation needs and few were released without accommodation. Support for training or employment on release was good but the virtual campus was not used for job search. Help with substance misuse and health issues on release were effective. Debt problems were identified and addressed, and a wide range of support was provided, including access to bank accounts. There was no financial education provided. Visits were well managed but there was no family support worker, there were no parenting courses and family days were too short. There was an appropriate range of accredited offending behaviour programmes, with adequate availability, but the full extent of need was unclear. There was only a limited range of other interventions but a victim awareness programme was due to restart.*

- 4.23** There was a reasonably high demand for resettlement services, with an average of 60 prisoners released each month. Reintegration planning was the responsibility of St Giles staff, who worked on behalf of the community rehabilitation company, Purple Futures. New arrangements were working well.
- 4.24** A basic custody screening should have been completed by the sending prison on all prisoners received, to inform work with them. However, since the system had been initiated, three months earlier, 37 prisoners had arrived without one and, in some cases we examined, the screening was incomplete and unhelpful. Measures had therefore been introduced to assess

the resettlement needs of all prisoners on arrival and appoint a resettlement case worker. Prisoner resettlement workers met all new arrivals, noted their needs and referred their assessments to the case workers. Immediate needs were dealt with and case workers saw prisoners mid-sentence to identify ongoing resettlement issues.

- 4.25** All prisoners were seen three months before release to identify outstanding needs. In a sample of cases, we found that they all had been assessed and had resettlement case workers, and that their needs were being met.

Accommodation

- 4.26** Accommodation needs were dealt with by St Giles case workers, who had good experience of dealing with housing issues. They were well known to prisoners, and in our survey 59% said that they knew who to go to for help with accommodation, which was far better than the comparator of 37%. In the previous six months, only 23 (about 6%) of the 400 prisoners released had not had accommodation.
- 4.27** Some prisoners arrived from local prisons with immediate housing needs, such as maintaining, transferring or terminating a tenancy, and these were identified on arrival and addressed. A wide range of help was provided for those with accommodation needs before release, including liaison with voluntary providers, local authorities and specialist organisations providing supported accommodation for those with specific needs.

Education, training and employment

- 4.28** The quality of the National Careers Service provided by Prospects Services Ltd, on behalf of Careers Yorkshire and Humber, was good. Interviews were conducted well and focused on skills development that linked effectively to prisoners' long-term ambitions for resettlement.
- 4.29** A wide range of help was provided – for example, in CV writing and the development of interview skills to support resettlement – but the virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used to support job search.
- 4.30** An employability course was available. There was a growing emphasis on making direct links between vocational qualifications and specific occupations within the local economy, giving learners realistic goals to aim for on their release.

Recommendation

- 4.31** **The virtual campus should be used to support job search.**

Health care

- 4.32** Prisoners with health care needs were supported appropriately before discharge, with all being seen and reviewed by the primary health services team. They were supplied with information about registering with a GP in the community and given a supply of medicines to take out, if required.

- 4.33** There were effective links with local community mental health teams for those with severe and enduring mental health needs and we found no delays in transferring prisoners who needed treatment to hospital.

Drugs and alcohol

- 4.34** There were good links between the drug and alcohol recovery service (DARS) and regional drug intervention programmes (DIPs), resulting in timely drug and alcohol release plans. Gate pick-up services for newly released prisoners with substance use issues were available from some DIPs. DARS had a dedicated family worker on the team.

Finance, benefit and debt

- 4.35** A comprehensive range of support for finance, benefit and debt was provided by St Giles case workers and the Jobcentre Plus representative. In our survey, far more respondents than at comparator establishments said that they knew where to get help with benefits (63% versus 39%) and finances (51% versus 27%).
- 4.36** Immediate needs, such as contact with creditors and having court fines remitted, as well as more protracted case work, were dealt with by St Giles staff.
- 4.37** The Jobcentre Plus representative provided a wide range of help with benefits entitlement and setting up claims, including conducting Jobseeker's Allowance interviews in the prison, to speed up claims. She was also responsible for referring prisoners to set up bank accounts; this was a well-used facility, with 70 applications made in the four months since it had been available.
- 4.38** At the time of the inspection, there was no financial education course.

Recommendation

- 4.39** **A financial education and money management course should be available.**

Children, families and contact with the outside world

- 4.40** In our survey, 45% of prisoners said that staff supported them to maintain contact with their family and friends, compared with the 33% comparator. However, there was no family support worker and there were no parenting courses. Although family days were far too short, at about one hour 45 minutes, there was some good work with families in these visits, with talks from staff from various departments. Prisoners on the basic level of the incentives and earned privileges scheme were not entitled to attend a family day.
- 4.41** There was good provision for visits every day. Booking and visits arrangements were well managed. Facilities in the visitors centre were adequate. Although there was no information pack for first-time visitors, staff were sensitive to their needs.
- 4.42** Visitors told us that staff treated them with respect, and the interactions we observed were pleasant and courteous. The visits hall was adequate. Volunteers from the Mothers' Union assisted in the children's play area but only for about two visits a week. There was a kiosk selling basic refreshments, including sandwiches, and there were plans to improve provision.

- 4.43** Although there was a comments book for visitors, there had been no recent consultation with them.

Recommendations

- 4.44** A family support worker and relationship counselling should be provided.
- 4.45** The length of family days should be extended, and all families should be able to attend, regardless of the IEP status of the prisoner.
- 4.46** Visitors should be consulted about their experience of visiting, to identify and plan improvements.

Attitudes, thinking and behaviour

- 4.47** The thinking skills and Resolve programmes were available, which were appropriate for the population, and there were enough places to meet demand. However, the number of prisoners without an OASys assessment (see paragraph 4.9) obscured the true picture of need. The programmes team told us that they had experienced problems with making assessments because of this.
- 4.48** The organisation of programmes encouraged participation. Sessions were timed to fit in with education and work so that prisoners' involvement in other activities was not disrupted. Families were encouraged to attend post-programme reviews, and uptake was increasing.
- 4.49** Apart from substance misuse programmes, there were few other interventions available for addressing thinking skills for prisoners not suitable for accredited programmes, although the victim awareness programme provided by the chaplaincy was due to restart (see paragraph 2.39).
- 4.50** In the cases we examined, we found two prisoners who were attending individual sessions with area psychologists. This service was not widely available but the depth and intensity of the work with the prisoners concerned were impressive.

Recommendation

- 4.51** Interventions addressing thinking skills should be available for prisoners who are not suitable for accredited programmes.

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** Security intelligence should be promptly and fully analysed and effective action taken in response to the concerns identified. (S50)
- 5.2** Activity places should be fully utilised, staff absences and vacancies should be covered and prisoners' attendance should be managed robustly. (S51)
- 5.3** All prisoners should have an offender assessment system (OASys) assessment and sentence plan which identifies targets for progression and reducing reoffending. Contact between prisoners and offender supervisors should be regular and meaningful, and should encourage and monitor progress. (S52)

Recommendations

Courts, escort and transfers

- 5.4** Prisoners should not have to wait in cellular vehicles if they arrive at the establishment during the lunch hour. (1.4, repeated recommendation 1.1)

Early days in custody

- 5.5** Peer supporters should be systematically involved in the first night process. (1.10)
- 5.6** The first night landing should be used only to accommodate new arrivals. (1.11)
- 5.7** The induction programme should be designed to meet the needs of all prisoners, including of those new to prison and those with a poor understanding of English. (1.12)

Bullying and violence reduction

- 5.8** Violent behaviour should be challenged and addressed through the use of interventions appropriate for the individual prisoner. (1.19)
- 5.9** Prisoners identified as victims should be actively supported in order to maximise their participation in the regime, and it should be ensured that all staff have a clear understanding of the needs of individuals. (1.20)

Self-harm and suicide

- 5.10** Prisons and Probation Ombudsman recommendations should be reviewed regularly to ensure continued compliance. (1.27)

Safeguarding

- 5.11** A safeguarding adults policy should be developed, detailing procedures and overall responsibility. Wing staff should be trained in the processes and be aware of their responsibilities under the Care Act. (1.32)

Security

- 5.12** Strip-searching should be carried out only after a risk assessment indicates that it is necessary. (1.40, repeated recommendation 7.1)
- 5.13** Visits restrictions should not be imposed for non-visits-related incidents. (1.41, repeated recommendation 7.12)

Incentives and earned privileges

- 5.14** Prisoners should be consulted over their poor perceptions of the incentives and application of the incentives and earned privileges (IEP) system. (1.47, repeated recommendation 7.48)
- 5.15** The application of the IEP scheme should be reviewed to ensure adherence to local policy, the setting of individualised improvement targets, and timely and meaningful responses to poor behaviour. (1.48)

Discipline

- 5.16** Prisoners held in special accommodation should have a mattress, when a risk assessment permits, and documentation should clearly record the clothing that prisoners are left with. (1.55)
- 5.17** Care and reintegration plans should be introduced to ensure that the underlying causes behind poor or vulnerable behaviour are addressed effectively and that options for prisoners' safe integration back into the main prison or transfer are identified. (1.62)
- 5.18** Toilets on the segregation unit should be cleaned and screened, and graffiti in cells should be removed. (1.63)
- 5.19** The regime on the segregation unit should be improved and (subject to risk assessment) include access to on- and off-unit activities and in-cell electricity. (1.64)

Residential units

- 5.20** A, B, C and D wings should be refurbished to match the standard found on the newer wings. All cells should contain furniture of a suitable standard and toilets should be screened. (2.7)
- 5.21** Communal showers should be cleaned thoroughly and kept well ventilated. (2.8)
- 5.22** All telephone areas should provide adequate privacy. (2.9)

Equality and diversity

- 5.23** Equality impact assessments should be undertaken and adverse data from the equality monitoring tool should be examined promptly. Consequent actions should be included in the action plan and progress reported to the diversity and equality action team (DEAT) meeting. (2.23)
- 5.24** Regular forums/support groups should be held with prisoners in all protected groups. Actions arising from them should be included in the action plan and progress reported to the DEAT meeting. (2.24)
- 5.25** Personal emergency and evacuation plans should clarify how assistance is provided to prisoners identified as requiring help in an emergency. (2.33, repeated recommendation 4.49)
- 5.26** Provision for foreign national prisoners should be improved. They should have adequate access to legal advice on immigration matters and to the Home Office Immigration Service. Professional telephone interpreting services should be used for confidential or sensitive communication with those who speak little English, and always in reception and health care interviews. (2.34)

Faith and religious activity

- 5.27** Chaplains should have cell keys and attend assessment, care in custody and teamwork (ACCT) reviews where relevant. (2.42)
- 5.28** The chaplaincy should develop links with community faith groups to provide support during imprisonment and on release. (2.43)

Health services

- 5.29** All medical equipment should be accounted for and routine checks of all emergency equipment should be audited and form part of the internal reporting matrix provided to the health care manager. Custody staff should be trained in the use of automated external defibrillators and have ready access to a device. (2.63)
- 5.30** The clinical assessment rooms in reception should comply with infection control and prevention standards. (2.72)
- 5.31** Waiting times to see the optician should be equivalent to those found in the community. (2.73)
- 5.32** The prison should monitor failure to attend rates for all clinics and explore the reasons for non-attendance robustly. (2.74)
- 5.33** In-possession risk assessments should consider the risks of the drug as well as the patient, and be completed routinely and consistently. The policy should be followed robustly and reasons for the determination recorded. (2.82)
- 5.34** Medicine queues should be supervised closely by discipline staff. (2.83)
- 5.35** Pharmacy-led clinics and medicine use reviews should be developed. (2.84)
- 5.36** Waiting times to see the dentist should be reduced to ensure that they are equivalent to those found in the community. (2.89)

- 5.37** All prison staff should attend refresher mental health awareness training as part of mandatory training. (2.93)

Catering

- 5.38** Breakfast packs should be more substantial and served on the day they are to be eaten, and lunch should not be served before midday and dinner before 5pm. (2.99)
- 5.39** Food hygiene should be maintained by keeping food trolleys, serveries and eating areas clean. (2.100)

Purchases

- 5.40** Prisoners should not be charged an administrative fee for placing catalogue orders. (2.105, repeated recommendation 8.21)
- 5.41** Prisoners should not have to wait up to 10 days to receive their first shop order. (2.106)

Time out of cell

- 5.42** Association and exercise should be supervised effectively at all times on all wings. (3.5, repeated recommendation 6.11)
- 5.43** Prisoners should be provided with sufficient activities at weekends. (3.6)

Learning and skills and work activities

- 5.44** Targets in the quality improvement action plan should be precise and measurable, to enable managers to assess the effectiveness of their actions in securing improvement. (3.15)
- 5.45** Long-term unemployed prisoners should be supported effectively back into activities. (3.21)
- 5.46** The quality of target setting should be improved, to ensure that teachers use language that learners understand, so that they know how to improve further and where they might receive additional help. (3.30)
- 5.47** Learners' achievements in functional skills in mathematics at level 1 should be improved. (3.34)
- 5.48** Prisoners should be able to visit the library at least once a week and action should be taken to increase its use. (3.39)

Strategic management of resettlement

- 5.49** The resettlement needs analysis should include OASys information about risk and the likelihood of reoffending, so that resettlement services can be planned which meet the needs of prisoners and will reduce reoffending. (4.5)

Offender management and planning

- 5.50** Recorded contact with prisoners should be accessible to all staff responsible for their care. (4.13)

- 5.51** Public protection procedures should include clarification of the multi-agency public protection arrangements (MAPPA) level and assurance that the risks presented by prisoners due for release will be well managed. (4.17)

Reintegration planning

- 5.52** The virtual campus should be used to support job search. (4.31)
- 5.53** A financial education and money management course should be available. (4.39)
- 5.54** A family support worker and relationship counselling should be provided. (4.44)
- 5.55** The length of family days should be extended, and all families should be able to attend, regardless of the IEP status of the prisoner. (4.45)
- 5.56** Visitors should be consulted about their experience of visiting, to identify and plan improvements. (4.46)
- 5.57** Interventions addressing thinking skills should be available for prisoners who are not suitable for accredited programmes. (4.51)

Housekeeping points

Legal rights

- 5.58** The library should stock a suitable range of legal books. (2.51)

Health services

- 5.59** The television in the health centre waiting area should be in working order. (2.64)
- 5.60** Health care information should be displayed prominently on the wings. (2.65)
- 5.61** Health care complaint forms should be standardised. (2.66)
- 5.62** The clinical assessment rooms in reception should have access to a telephone. (2.75)
- 5.63** The use of emergency stock should be audited, so that stock supplied can be reconciled against prescriptions issued. (2.85)
- 5.64** Standard operating policies should be read and signed by all appropriate staff. (2.86)

Learning and skills and work activities

- 5.65** The passport for employment should be further developed to ensure that it records prisoners' attitudes and behaviour. (3.22)

Examples of good practice

Self-harm and suicide

- 5.66** The safer custody database collated trigger points for self-harm and helped to keep prisoners safe. (1.28)

Security

- 5.67** The zero-tolerance reviews informed prisoners, challenged their new psychoactive substance (NPS) use and provided support to desist. (1.42)

Discipline

- 5.68** Learning points from recordings of prisoners under the influence of NPS, and the contribution of health services staff, informed local control and restraint training. The showing of these recordings to the prisoners concerned had encouraged some to give up using these substances. (1.56)

Health services

- 5.69** The programme of health promotion initiatives and use of prisoner health representatives in the prison was a positive approach to patient engagement. (2.67)

Section 6. Appendices

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Sandra Fieldhouse	Inspector
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Deri Hughes-Roberts	Inspector
Karen Dillon	Inspector
Elizabeth Walsh	Inspector
Rachel Prime	Researcher
Alissa Redmond	Researcher
Michelle Bellham	Researcher
Heidi Webb	Researcher

Specialist inspectors

Paul Roberts	Substance misuse inspector
Steve Eley	Health services inspector
Rachel O’Callaghan	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Sheila Willis	Ofsted inspector
Charles Searle	Ofsted inspector
Denise Olander	Ofsted inspector
Avtar Singh	Offender management inspector
Bob Smith	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 2011, reception procedures were generally satisfactory. First night accommodation was in a poor condition but other first night arrangements were good. Induction was brief and did not inform prisoners sufficiently well. Prisoner safety was compromised by a serious issue with drug-related bullying, which was not being adequately addressed. Suicide and self-harm arrangements were reasonably good but too many prisoners on open assessment, care in custody and teamwork (ACCT) documents had been located in the segregation unit. Use of segregation for those seeking protection was high and the segregation regime was unnecessarily punitive. Too many prisoners were transferred from the segregation unit to other establishments. The special cell was not fit for purpose and governance was poor. The abuse of illicit substances was high. The integrated drug treatment system arrangements needed improvement. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were not sufficiently good against this healthy prison test.

Main recommendations

Violence reduction, and particularly anti-bullying processes, should be strengthened and used effectively so that prisoners are and feel safer. There should be effective links between safer custody, residential and security staff to ensure bullies are identified, challenged and consistently placed on an appropriate level of the anti-bullying procedures. Victims should receive effective and consistent support. Action should be taken to ensure staff have a common understanding of what constitutes bullying and their role in tackling it. (HP58)

Partially achieved

The role and governance of the segregation unit should be urgently reviewed. Prisoners subject to ACCT procedures should only be held in the segregation unit in exceptional circumstances. The underlying causes behind problems or vulnerable behaviour should be effectively and appropriately addressed and options for prisoners' safe reintegration back into the main prison or transfer should be identified. (HP59)

Achieved

The prison should urgently review its drug supply reduction and substance abuse strategies. The mandatory drug testing program should be adequately resourced. The management, resourcing of and support for the Integrated Drug Treatment System (IDTS) should be reviewed to ensure they are adequate to meet the needs of the population. IDTS and CARAT should be integrated. (HP60)

Partially achieved

Recommendations

Prisoners should not be expected to wait in cellular vehicles if they arrive at the establishment during the lunch hour. (1.1)

Not achieved (recommendation repeated, 1.4)

The body orifice security scanner (BOSS) chair should be brought into use, to support the strategy to reduce the amount of illicit drugs at the establishment. (1.15)

Not achieved

Prisoners should be given hot food in reception when it is necessary to provide them with a meal. (1.16)

Achieved

Prisoners should be able to retain their own clothing if permitted to do so under the incentives and earned privileges scheme. (1.17)

Achieved

Prisoners should be permitted to make a free telephone call as part of the first night procedures. (1.19)

Not achieved

Arrangements should be made for prisoners who arrive after canteen sheets have been submitted to order goods. (1.21)

Not achieved

Night staff should know the locations of all new arrivals and carry out enhanced observations on those prisoners. (1.25)

Achieved

The content, length and delivery of the induction programme should be reviewed to ensure prisoners are given and understand the information they need about the prison. (1.33)

Not achieved

The recommendations from the establishment's safety survey should be implemented and progress reviewed. (3.1)

Achieved

Managers should consult Muslim and black and minority ethnic prisoners to identify issues of bullying and victimisation. (3.3)

Achieved

Staff should have an agreed and common understanding of what constitutes bullying, and recognise that this includes threats as a result of debt. (3.14)

Achieved

Safer custody meetings should be routinely attended by a security representative. (3.20)

Achieved

The use of the care suite should be recorded. (3.22)

Achieved

All staff should carry anti-ligature knives. (3.24)

Achieved

All staff should receive ACCT refresher training. (3.32)

Not achieved

The gated cell should not be located on the segregation unit. (3.33)

Not achieved

An action plan should be devised and acted on promptly as a result of an investigation into an apparent self-inflicted death. (3.34)

Achieved

Strip-searching should be carried out only after a risk assessment indicates that it is necessary. (7.1)

Not achieved (recommendation repeated, 1.40)

Security systems should be resourced to ensure an appropriate amount of provision at all times. (7.11)

Not achieved

Visits restrictions should not be imposed for non-visits-related incidents. (7.12)

Not achieved (recommendation repeated, 1.41)

The senior management team should continue to monitor and analyse the use of force and the reasons for the ongoing increase in incidents. (7.20)

Achieved

The video-recording policy should be updated to include the routine examination of recordings of planned interventions to ensure adherence to correct procedures and that any lessons are learned. (7.21)

Achieved

The supervising officer for use of force incidents should not routinely be the certifying officer. (7.24)

Not achieved

Use of force videos should be routinely reviewed. (7.25)

Achieved

The special cell should be made fit for purpose before any further use. (7.26)

Achieved

The role of the segregation unit should be clearly defined, with supporting policies and procedures developed and implemented to include: an improved regime on the unit, individual assessments for access to regimes by prisoners held there, care plans for those remaining there for more than 30 days, the setting of realistic targets to challenge poor behaviour, the format of prisoner reviews and a formal monitoring group for all aspects of segregation. (7.27)

Not achieved

Visitors to the unit, including health services staff and Independent Monitoring Board members, should record their visits in the daily log. (7.29)

Not achieved

In-cell electricity should be provided on the segregation unit. (7.30)

Not achieved

Toilets and showers on the segregation unit should be cleaned and toilets screened. (7.31)

Partially achieved

A multidisciplinary staff group should monitor performance, policies and the segregation regime. (7.37)

Achieved

The gated cell should be kept clean and prepared for occupation. (7.38)

Achieved

The establishment's IEP scheme should apply to all prisoners including those located in the segregation unit. (7.39)

Achieved

The incentives and earned privileges (IEP) scheme should be overhauled and arrangements improved for those on basic. (7.40)

Partially achieved

The 'no work, no pay, no gym' element should be removed. (7.42)

Achieved

Reviews should take place when trigger points are reached. (7.43)

Not achieved

Prisoners should be consulted over their poor perceptions of the incentives and application of the IEP system. (7.48)

Not achieved (recommendation repeated, 1.47)

Prisoners should not be automatically downgraded in the IEP system without a formal review of status. (7.49)

Achieved

There should be regular entries made in IEP files/case notes. (7.50)

Achieved

Discipline officers should receive integrated drug treatment system (IDTS) awareness training, and negative staff attitudes towards prisoners in relation to drug treatment should be challenged robustly. (3.75)

Achieved

Clinical substance misuse and the counselling, assessment, referral, advice and throughcare (CARAT) services should work jointly and offer integrated care. (3.76)

Achieved

The establishment should ensure that the mandatory drug testing programme is appropriately staffed to undertake the required level of weekend and target testing. (3.77)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2011, external areas around the prison were generally clean. The quality of accommodation, access to basic amenities and standards of cleanliness varied greatly across the prison and were generally better on the newer wings. Access to showers was good. Staff–prisoner relationships were mixed but prisoners were generally positive about their personal officer. There were some serious frailties in the application of the incentives and earned privileges scheme. Prisoners were negative about the quality of food and some meals were served far too early. Diversity issues were generally well managed. Outcomes for black and minority ethnic and Muslim prisoners were generally good. There was a lack of support for foreign national prisoners. The chaplaincy team was well engaged and integrated. The complaints process was adequate but applications needed improving. The provision of health care had improved but further development was needed. Mental health provision was good. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

Recommendations

Screening should be provided for in-cell toilets. (2.2)

Partially achieved

Kettles should be provided for all prisoners. (2.3)

Achieved

The electronic cell call bell recording system for C and D wings should be utilised by residential managers to ensure timely responses to cell bell alarms. A different management check should be instituted for A and B wings. (2.4)

No longer relevant

Prisoners should be able to shower with a reasonable degree of privacy. (2.11)

Achieved

Curtains should be provided in all cells. (2.12)

Not achieved

The offensive display policy should be enforced. (2.15)

Achieved

Communal areas on all wings should be kept clean. (2.26)

Partially achieved

Broken furniture on landings and in association areas should be replaced. (2.27)

Achieved

Prisoners should be provided with lockable cupboards. (2.28)

No longer relevant

Additional telephones should be installed on E to J wings and all telephones should have privacy hoods. (2.29)

Partially achieved

All applications should be responded to within three days, or 10 days in exceptional circumstances, with either a resolution or explanation of future action. (3.44)

Achieved

Managers should ensure that staff mix with prisoners during association and encourage participation with the activities available to them. (2.36)

Partially achieved

Regular changes of personal officers for individual prisoners should be avoided. (2.38)

Achieved

Staff should use preferred names for prisoners. (2.40)

Achieved

Management checks of history sheets should routinely include assessments of quality and include checks from managers above senior officer level. (2.41)

Not achieved

All prisoners should have ready access to effective advice from trained legal services staff. (3.51)

Not achieved

Muslim prisoners attending services in the multi-faith area should have an adequate ablutions area nearby. (3.53)

Partially achieved

All staff should receive regular, updated diversity training. (4.1)

Not achieved

The prison should develop a diversity policy and action plan which outline how the needs of the diverse range of prisoners held will be met locally. (4.7)

Partially achieved

The work of prisoner representatives should be managed, to ensure that prisoners on all wings have good access to them. (4.8)

Not achieved

A programme of impact assessments of regime policies, covering all strands of diversity, should be implemented. (4.9)

Not achieved

The representation in the regime of prisoners from all diversity strands should be monitored and remedial action taken to address inequalities. (4.10)

Not achieved

Assistant race equality officers on wings should have adequate facility time to undertake this work. (4.11)

No longer relevant

Engagement with other agencies able to contribute to race equality at the establishment should be progressed, and the race equality action plan updated accordingly. (4.12)

Partially achieved

The prison should hold regular peer support meetings for foreign national prisoners. (4.26)

Not achieved

The prison should liaise with the UK Border Agency (UKBA) to ensure timely and understandable notification relevant to deportation and detention. (4.29)

Achieved

The prison should liaise with UKBA to ensure prompt and understandable contributions to risk assessment for recategorisation. (4.30)

Not achieved

The support needs of all foreign national prisoners should be identified on arrival and adequate arrangements put in place to make sure their needs are met, including independent specialist legal advice. (4.33)

Not achieved

Interpreting services should be developed locally with the help of staff and prisoners, and formal interpreting services should be used as required when dealing with confidential matters. (4.34)

Not achieved

The establishment should conduct an impact assessment to improve facilities and policies affecting people with disabilities. (4.35)

Partially achieved

Work on care mapping should be further built on and integrated into the personal officer scheme. (4.36)

Not achieved

Staff should be appointed to assist prisoners with a personal evacuation plan in the event of an emergency. (4.38)

Not achieved

A reliable process for identifying prisoners who consider themselves to have a disability should be developed. (4.48)

Achieved

Personal emergency and evacuation plans should clarify how assistance is provided to prisoners identified as requiring help in an emergency. (4.49)

Not achieved (recommendation repeated, 2.33)

The health care unit should work closely with other departments, such as the gym and resettlement, to organise health fairs involving community health workers. (5.4)

Achieved

The health care manager and staff should undertake dedicated consultation with prisoners to identify the cause of prisoners' dissatisfaction with health services in general and to work together to rectify their concerns. (5.13)

Achieved

The gate in the health care corridor should be moved, to ensure that the GP office is in a secure area. (5.14)

Achieved

The physical condition of wing treatment rooms should be reviewed, with particular emphasis on infection control matters. A programme of repainting some of the areas should be implemented. (5.15)

Achieved

The plastic sheeting on wing medicine hatches should be removed, to improve confidentiality for prisoners speaking with health services staff. (5.16)

Achieved

A review of emergency equipment and its location, involving specialist advice, should be undertaken, to ensure that there are sufficient staff trained in defibrillation and that emergency equipment is located strategically across the prison, so that health services staff are able to respond to medical emergencies as swiftly as possible. (5.17)

Partially achieved

The healthcare manager should introduce a system whereby nurses work in designated areas for a period of time, thus allowing prisoners and staff to develop a working relationship. (5.20)

No longer relevant

Selected nurses should be trained to undertake simple eye tests to determine the urgency of requests to see the optician. (5.21)

No longer relevant

Staffing levels should be reviewed in light of the population increase. Emphasis should be placed on nursing and administrative staff. (5.29)

Achieved

Prisoners should be given more than 24 hours' notice of clinic appointments. (5.31)

Achieved

A new controlled drug register should be ordered which complies with the new regulations introduced in February 2008. (5.40)

Achieved

Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (5.43)

No longer relevant

Contemporaneous standard operating policies for controlled drugs should be in place, to cover all aspects of the handling of controlled drugs. Staff should read and sign the adopted procedures. (5.51)

Partially achieved

The timing of medication administration should be reviewed, to reduce the requirement for single in-possession doses. (5.52)

Partially achieved

Controlled drugs should be checked by two members of health services staff, one of whom should be qualified to do so. (5.53)

Achieved

A policy to allow the administration of out-of-hours medicines should be developed. (5.54)

Achieved

The management of medication queues should be reviewed to ensure that only one prisoner is at the hatch at any one time. A demarcation line should be installed, to prevent prisoners from gathering around the hatch. Waiting prisoners should be closely observed by discipline staff. (5.55)

Partially achieved

A review of prescribing regimes, such as in-possession mirtazepine, should be considered. (5.56)

Achieved

The controlled drug registers should comply with new regulations introduced in February 2008.

(5.57)

Partially achieved

The dental service should reduce the waiting time for appointments to no more than four weeks.

(5.59)

Not achieved

The number of external NHS escorts available should meet the needs of the population. (5.68)

Achieved

The primary mental health registered nurse (RMN)'s time should be ring fenced for mental health duties. Additional RMN time should be ring fenced to provide a comprehensive primary mental health service. (5.69)

Achieved

The need for counselling services should be assessed to ensure that prisoners receive appropriate support. (5.70)

Achieved

Day care services should be introduced to support those prisoners who find it difficult to cope with life on the wings. (5.71)

No longer relevant

Officers should receive mental health awareness training. (5.81)

Partially achieved

Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm. (8.1)

Not achieved

Prisoners routinely washing up receptacles and utensils in their cells should be provided with a suitable detergent. (8.3)

Achieved

Breakfast should be served on the morning it is eaten. (8.4)

Not achieved

Prisoners' poor perceptions of the quality of the food should be explored. (8.15)

Achieved

Food trolleys should be cleaned and inspected daily. (8.16)

Not achieved

Staff supervision of serveries should be constant and poor behaviour should be challenged. (8.17)

Achieved

Prisoners should not be charged an administrative fee for placing catalogue orders. (8.21)

Not achieved (recommendation repeated, 2.105)

Purposeful activity

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

At the last inspection, in 2011, most prisoners had adequate time out of cell each day at just over eight and a half hours. There was reasonable access to association and exercise, and there were sufficient activity places for the size of the population. However, non-attendance was not sufficiently monitored or challenged and we found a significant minority of prisoners not engaged in any activity and locked in their cells during the working part of the day. The supervision of exercise and engagement with prisoners during association was often poor. Nevertheless, the quality of learning and skills provision was good. Achievements in education were high. The range and level of vocational training were good and achievements high. The range of accredited training at work was generally satisfactory. The excellent library resource was underused. Access to recreational PE was good but needed to be rescheduled so it did not disrupt learning and skills sessions. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

Main recommendations

All prisoners should have the opportunity and be expected to be purposefully occupied in a full day of education training or work unless unable to do so because of age or ill health. Attendance at activity should be monitored and non attendance challenged. More time should be available for activity – particularly on Fridays. (HP62)

Partially achieved

Recommendations

Alternative activities should be provided for those whose regular activities are cancelled. (6.2)

Not achieved

Equipment for association areas should be equitable and in good condition. The existing broken items should be mended or replaced. (6.3)

Achieved

Prisoners should be provided with appropriate clothing for inclement weather. (6.4)

Achieved

The exercise areas should be large enough for the prisoners using them. (6.10)

Achieved

Association and exercise should be supervised effectively at all times on all wings. (6.11)

Partially achieved (recommendation repeated, 3.5)

The quality of target setting and planning of learning across the provision should be improved. (6.14)

Partially achieved

The use of data to promote improvements should be improved. (6.15)

Achieved

The number and range of links with external employers should be increased. (6.21)

Achieved

Attendance at recreational gym sessions should be reorganised so that prisoners attend at times that do not clash with learning and skills sessions. (6.22)

Achieved

More prisoners should undertake the wider key skill in improving their own performance. (6.26)

No longer relevant

The prison should introduce accredited qualifications in the kitchen, horticulture, all contract workshops and waste management in a reasonable time. (6.27)

Achieved

Tiling workshop tutors should plan sessions to meet all learners' needs and provide appropriate practical tuition. (6.31)

Achieved

Alternative sessions for prisoners should be provided when staff are absent. (6.32)

Not achieved

The use of information and communications technology to support learning should be improved. (6.33)

Achieved

Use of the main library should be improved. (6.38)

Partially achieved

An effective library management system should be introduced. (6.44)

Partially achieved

The frequency with which accredited PE programmes are offered should be increased. (6.45)

Partially achieved

The shower and toilet area in the main gym should be refurbished. (6.50)

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 2011, resettlement had an insufficiently high profile across the prison. A resettlement strategy was in place but there was no active plan for the pathways. The work of the offender management unit was reasonable but there was insufficient contact between prisoners and their offender supervisor. Most prisoners had a sentence plan and had been involved in its development. Categorisation and home detention curfew reviews were appropriately managed but category D prisoners waited too long for transfer. Public protection arrangements were appropriate. Too many prisoners said that they did not know where to go for resettlement services. Good work was being undertaken on some pathways but others were at risk of closure. The use of release on temporary licence for maintaining family ties was good. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

Main recommendations

Following a needs analysis which considers the needs of prisoners across all diversity strands, the prison should develop its resettlement service and provide action plans for the delivery of each of the resettlement pathways. Resettlement services should be signposted effectively to prisoners. (HP61)

Achieved

Recommendations

A process for addressing any immediate resettlement issues should be introduced for all prisoners. (9.6)

Achieved

A resettlement needs assessment should be introduced for all prisoners serving sentences of less than 12 months. (9.7)

Achieved

All prisoners should be seen monthly by their offender supervisor or personal officer to discuss progress in meeting their sentence planning targets, or review relevant behaviours and attitudes. (9.8)

Not achieved

Offender assessment system (OASys) assessments should be completed before prisoners are transferred to HMP Wealstun. (9.10)

Not achieved

Prisoners presenting a high risk of harm to others should be managed by appropriately trained offender supervisors. (9.17)

Achieved

Personal officers and other specialist resettlement staff should be more actively involved in the sentence planning processes. (9.18)

Not achieved

Communication between offender management unit staff, other establishment-wide staff and prisoners should be improved to address the negative views. (9.19)

Not achieved

The delays in transferring category D prisoners to an open prison should be addressed. (9.25)

Achieved

E wing regime for category D prisoners should provide additional benefits. (9.26)

No longer relevant

A needs analysis should be carried out to ensure that the resettlement needs of indeterminate prisoners are appropriately met. (9.28)

Achieved

A regular forum for indeterminate prisoners to meet with staff and discuss relevant issues should be facilitated. (9.29)

Achieved

More prisoners serving indeterminate sentences for public protection should be able to progress through attendance on the necessary programmes or completion of offending behaviour work. (9.32)

Achieved

Sufficient specialist accommodation support should be available to see all prisoners individually on arrival at the prison and pre-discharge. (9.33)

Achieved

The effectiveness of the housing advisory service should be monitored more closely, including the number being released without suitable accommodation. Appropriate action should be taken to address any issues identified on arrival. (9.35)

Partially achieved

Prisoners should know whom to contact to get help with accommodation. (9.36)

Achieved

Arrangements to replace the Foundation Training Company pre-release course should fully duplicate all the benefits currently available. (9.39)

No longer relevant

Appropriate support should be provided to assist prisoners in dealing with outstanding finance, benefit and debt issues on reception. (9.44)

Achieved

Prisoners should know whom to contact to get help with finance, benefits and debt, including the opening of bank accounts. (9.48)

Achieved

The establishment should address the currently insufficient level of services for prisoners with alcohol problems.(9.49)

Achieved

The substance misuse strategy document should be updated and contain detailed action plans and performance measures. (9.60)

Achieved

The counselling, assessment, referral, advice and throughcare (CARAT) team should develop a mechanism for service user feedback, to inform future service provision. (9.61)

Achieved

The establishment should provide an appropriate structure for peer supporters for prisoners with drug/alcohol problems which includes training for the role and regular supervision. (9.62)

Achieved

A comprehensive action plan should be developed for the children and families of offenders pathway. (9.65)

Not achieved

Visits should start at the published times. (9.66)

Achieved

There should be a system for visitors to provide feedback about visits. (9.71)

Not achieved

Refreshments and healthy snacks should always be available during visiting times. (9.80)

Achieved

Prisoners should be able to wear their own clothes during domestic visits. (9.81)

Not achieved

The length of family days should be reviewed, to maximise contact time. (9.82)

Not achieved

Families should be invited to attend events during the prisoner's sentence, such as sentence planning boards. (9.83)

Partially achieved

Relationship counselling should be provided. (9.84)

Not achieved

An appropriate range of accredited offending behaviour courses, with sufficient places, should be provided to meet the needs of the population. The Controlling Anger and Learning to Manage it (CALM) programme should be implemented. (9.87)

Achieved

The role of the offender supervisor in preparing and motivating the prisoner for attendance on offending behaviour programmes should be further developed. (9.91)

Not achieved

Appendix III: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		709	87.9
Recall		52	6.4
Other		46	5.7
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Total		807	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced			
Less than six months			
six months to less than 12 months		3	0.4
12 months to less than 2 years		92	11.8
2 years to less than 4 years		379	48.6
4 years to less than 10 years		292	37.4
10 years and over (not life)		14	1.8
ISPP (indeterminate sentence for public protection)		24	0.4
Life		3	11.8
Total		807	100

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years		
21 years to 29 years	361	44.7
30 years to 39 years	290	35.9
40 years to 49 years	123	15.2
50 years to 59 years	26	3.2
60 years to 69 years	7	0.9
70 plus years		
Please state maximum age here:		
Total	807	100

Nationality	18–20-year-olds	21 and over	%
British		796	98.6
Foreign nationals		11	1.4
Total		807	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced		1	0.1
Category A			0.0
Category B			0.0
Category C		791	98.1
Category D		14	1.7

Other		1	0.1
Total		807	100

Ethnicity	18–20-year-olds	21 and over	%
White			
British		593	73.48
Irish		2	0.25
Gypsy/Irish Traveller		9	1.12
Other white		10	1.24
			0.00
Mixed			0.00
White and black Caribbean		32	4.0
White and black African		2	0.2
White and Asian		9	1.1
Other mixed		5	0.6
			0.0
Asian or Asian British			0.0
Indian		7	0.9
Pakistani		102	12.6
Bangladeshi		2	0.2
Chinese		0	0.0
Other Asian		1	0.1
			0.0
Black or black British			0.0
Caribbean		25	3.1
African		3	0.4
Other black		5	0.6
Other ethnic group			
Arab			
Other ethnic group			
Not stated			
Total		807	100

Religion	18–20-year-olds	21 and over	%
Baptist			
Church of England		133	16.48
Roman Catholic		149	18.46
Other Christian denominations		37	4.58
Muslim		137	16.98
Sikh		3	0.37
Hindu		1	0.12
Buddhist		7	0.9
Jewish		1	0.1
Other		8	1.0
No religion		331	41.0
Total		807	100

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			102	12.6
1 month to 3 months			196	24.3
3 months to six months			192	23.8
six months to 1 year			189	23.4
1 year to 2 years			105	13.0
2 years to 4 years			23	2.9
4 years or more				
Total			807	100

Sentenced prisoners only

	18–20-year-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).		372	46.1
Total			

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	0	0
1 month to 3 months	0	0	0	0
3 months to six months	0	0	0	0
six months to 1 year	0	0	0	0
1 year to 2 years	0	0	0	0
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total				

Main offence	18–20-year-olds	21 and over	%
Violence against the person	0	Not currently available	
Sexual offences	0	Not currently available	
Burglary	0	Not currently available	
Robbery	0	Not currently available	
Theft and handling	0	Not currently available	
Fraud and forgery	0	Not currently available	
Drugs offences	0	Not currently available	
Other offences	0	Not currently available	
Civil offences	0	Not currently available	

		available	
Offence not recorded/holding warrant	0	Not currently available	
Total	0		

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.⁸ 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 17 August 2015 the prisoner population at HMP Wealstun was 807. Using the method described above, questionnaires were distributed to a sample of 220 prisoners.

We received a total of 191 completed questionnaires, a response rate of 87%. No questionnaires were completed via interview. Eighteen respondents refused to complete a questionnaire, six questionnaires were not returned and five were returned blank.

⁸ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	15
B	36
C	38
D	25
E	12
F	12
G	14
H	11
I	12
J	13
Segregation unit	3

Presentation of survey results and analyses

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

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 significant⁹ 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 Wealstun in 2015 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 35 category C training prisons since April 2011.
- The current survey responses from HMP Wealstun in 2015 compared with the responses of prisoners surveyed at HMP Wealstun in 2011.
- A comparison within the 2015 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2015 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2015 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

- A comparison within the 2015 survey between responses of prisoners on wings A, B, C and D and those on wings E, F, G, H, I and J.

Survey summary

Section I: About you

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	<i>Under 21</i>	2 (1%)
	<i>21 - 29</i>	83 (44%)
	<i>30 - 39</i>	63 (33%)
	<i>40 - 49</i>	34 (18%)
	<i>50 - 59</i>	5 (3%)
	<i>60 - 69</i>	3 (2%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	173 (92%)
	<i>Yes - on recall</i>	16 (8%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	<i>Less than 6 months</i>	3 (2%)
	<i>6 months to less than 1 year</i>	5 (3%)
	<i>1 year to less than 2 years</i>	37 (20%)
	<i>2 years to less than 4 years</i>	74 (40%)
	<i>4 years to less than 10 years</i>	55 (30%)
	<i>10 years or more</i>	4 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>	7 (4%)
	<i>Life</i>	0 (0%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)	
	<i>Yes</i>	12 (6%)
	<i>No</i>	173 (94%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	185 (99%)
	<i>No</i>	1 (1%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	184 (99%)
	<i>No</i>	1 (1%)

Q1.8	What is your ethnic origin?			
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	121 (66%)	<i>Asian or Asian British - Chinese</i>	0 (0%)
	<i>White - Irish</i>	4 (2%)	<i>Asian or Asian British - other</i>	0 (0%)
	<i>White - other</i>	8 (4%)	<i>Mixed race - white and black Caribbean</i>	12 (7%)
	<i>Black or black British - Caribbean</i>	6 (3%)	<i>Mixed race - white and black African</i>	0 (0%)
	<i>Black or black British - African</i>	2 (1%)	<i>Mixed race - white and Asian</i>	2 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed race - other</i>	2 (1%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i>	0 (0%)
	<i>Asian or Asian British - Pakistani</i>	21 (11%)	<i>Other ethnic group</i>	2 (1%)
	<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?			
	<i>Yes</i>			7 (4%)
	<i>No</i>			169 (96%)
Q1.10	What is your religion?			
	<i>None</i>	56 (30%)	<i>Hindu</i>	1 (1%)
	<i>Church of England</i>	40 (22%)	<i>Jewish</i>	0 (0%)
	<i>Catholic</i>	39 (21%)	<i>Muslim</i>	34 (18%)
	<i>Protestant</i>	0 (0%)	<i>Sikh</i>	0 (0%)
	<i>Other Christian denomination</i>	6 (3%)	<i>Other</i>	4 (2%)
	<i>Buddhist</i>	5 (3%)		
Q1.11	How would you describe your sexual orientation?			
	<i>Heterosexual/ Straight</i>			182 (98%)
	<i>Homosexual/Gay</i>			3 (2%)
	<i>Bisexual</i>			1 (1%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?			
	<i>Yes</i>			27 (14%)
	<i>No</i>			160 (86%)
Q1.13	Are you a veteran (ex-armed services)?			
	<i>Yes</i>			5 (3%)
	<i>No</i>			179 (97%)
Q1.14	Is this your first time in prison?			
	<i>Yes</i>			59 (32%)
	<i>No</i>			127 (68%)
Q1.15	Do you have children under the age of 18?			
	<i>Yes</i>			99 (53%)
	<i>No</i>			88 (47%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	<i>Less than 2 hours</i>	142 (76%)
	<i>2 hours or longer</i>	35 (19%)
	<i>Don't remember</i>	9 (5%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	142 (76%)
	<i>Yes</i>	31 (16%)
	<i>No</i>	12 (6%)
	<i>Don't remember</i>	3 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	142 (76%)
	<i>Yes</i>	5 (3%)
	<i>No</i>	38 (20%)
	<i>Don't remember</i>	1 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	121 (65%)
	<i>No</i>	55 (30%)
	<i>Don't remember</i>	9 (5%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	162 (86%)
	<i>No</i>	24 (13%)
	<i>Don't remember</i>	2 (1%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	57 (31%)
	<i>Well</i>	90 (48%)
	<i>Neither</i>	29 (16%)
	<i>Badly</i>	4 (2%)
	<i>Very badly</i>	2 (1%)
	<i>Don't remember</i>	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	119 (64%)
	<i>Yes, I received written information</i>	12 (6%)
	<i>No, I was not told anything</i>	55 (29%)
	<i>Don't remember</i>	3 (2%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	169 (91%)
	<i>No</i>	17 (9%)
	<i>Don't remember</i>	0 (0%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	136 (72%)
	<i>2 hours or longer</i>	44 (23%)
	<i>Don't remember</i>	9 (5%)

Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		161 (86%)	
	No		19 (10%)	
	Don't remember		8 (4%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		66 (35%)	
	Well		84 (45%)	
	Neither		28 (15%)	
	Badly		3 (2%)	
	Very badly		3 (2%)	
	Don't remember		3 (2%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	23 (13%)	Physical health	15 (8%)
	Housing problems	21 (11%)	Mental health	29 (16%)
	Contacting employers	0 (0%)	Needing protection from other prisoners	2 (1%)
	Contacting family	14 (8%)	Getting phone numbers	18 (10%)
	Childcare	2 (1%)	Other	10 (5%)
	Money worries	16 (9%)	Did not have any problems	87 (48%)
	Feeling depressed or suicidal	17 (9%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes		47 (26%)	
	No		48 (26%)	
	Did not have any problems		87 (48%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco		161 (86%)	
	A shower		93 (50%)	
	A free telephone call		73 (39%)	
	Something to eat		114 (61%)	
	PIN phone credit		144 (77%)	
	Toiletries/ basic items		104 (56%)	
	Did not receive anything		3 (2%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)			
	Chaplain		120 (67%)	
	Someone from health services		133 (75%)	
	A Listener/Samaritans		67 (38%)	
	Prison shop/ canteen		56 (31%)	
	Did not have access to any of these		16 (9%)	

Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	<i>What was going to happen to you</i>	107 (60%)
	<i>What support was available for people feeling depressed or suicidal</i>	88 (49%)
	<i>How to make routine requests (applications)</i>	97 (54%)
	<i>Your entitlement to visits</i>	91 (51%)
	<i>Health services</i>	104 (58%)
	<i>Chaplaincy</i>	100 (56%)
	<i>Not offered any information</i>	32 (18%)
Q3.9	Did you feel safe on your first night here?	
	Yes	166 (89%)
	No	17 (9%)
	Don't remember	3 (2%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	17 (9%)
	<i>Within the first week</i>	137 (73%)
	<i>More than a week</i>	28 (15%)
	<i>Don't remember</i>	5 (3%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	17 (9%)
	Yes	122 (67%)
	No	34 (19%)
	Don't remember	9 (5%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	33 (19%)
	<i>Within the first week</i>	57 (32%)
	<i>More than a week</i>	49 (28%)
	<i>Don't remember</i>	39 (22%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	<i>Communicate with your solicitor or legal representative?</i>	27 (15%)	57 (32%)	28 (16%)	20 (11%)	15 (8%) 30 (17%)
	<i>Attend legal visits?</i>	25 (16%)	57 (35%)	19 (12%)	11 (7%)	6 (4%) 43 (27%)
	<i>Get bail information?</i>	14 (9%)	19 (13%)	24 (16%)	16 (11%)	14 (9%) 62 (42%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					47 (26%)
	Yes					46 (25%)
	No					88 (49%)
Q4.3	Can you get legal books in the library?					
	Yes					53 (29%)
	No					18 (10%)
	Don't know					112 (61%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:		
		Yes	No
			Don't know
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	138 (76%)	37 (20%) 6 (3%)
	<i>Are you normally able to have a shower every day?</i>	178 (96%)	5 (3%) 2 (1%)
	<i>Do you normally receive clean sheets every week?</i>	127 (71%)	40 (22%) 13 (7%)
	<i>Do you normally get cell cleaning materials every week?</i>	142 (78%)	34 (19%) 6 (3%)
	<i>Is your cell call bell normally answered within five minutes?</i>	73 (40%)	80 (44%) 29 (16%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	137 (75%)	42 (23%) 4 (2%)
	<i>If you need to, can you normally get your stored property?</i>	41 (23%)	67 (37%) 71 (40%)
Q4.5	What is the food like here?		
	<i>Very good</i>		9 (5%)
	<i>Good</i>		56 (31%)
	<i>Neither</i>		62 (34%)
	<i>Bad</i>		38 (21%)
	<i>Very bad</i>		16 (9%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	<i>Have not bought anything yet/ don't know</i>		6 (3%)
	<i>Yes</i>		112 (62%)
	<i>No</i>		63 (35%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	<i>Yes</i>		112 (60%)
	<i>No</i>		9 (5%)
	<i>Don't know</i>		65 (35%)
Q4.8	Are your religious beliefs respected?		
	<i>Yes</i>		103 (57%)
	<i>No</i>		19 (10%)
	<i>Don't know/ N/A</i>		60 (33%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	<i>Yes</i>		120 (65%)
	<i>No</i>		5 (3%)
	<i>Don't know/ N/A</i>		60 (32%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	<i>I don't want to attend</i>		32 (17%)
	<i>Very easy</i>		65 (35%)
	<i>Easy</i>		38 (21%)
	<i>Neither</i>		16 (9%)
	<i>Difficult</i>		6 (3%)
	<i>Very difficult</i>		0 (0%)
	<i>Don't know</i>		27 (15%)

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

Yes	152 (86%)
No	16 (9%)
Don't know	9 (5%)

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

	Not made one	Yes	No
Are applications dealt with fairly?	36 (21%)	89 (53%)	43 (26%)
Are applications dealt with quickly (within seven days)?	36 (23%)	64 (41%)	55 (35%)

Q5.3 Is it easy to make a complaint?

Yes	100 (61%)
No	21 (13%)
Don't know	44 (27%)

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

	Not made one	Yes	No
Are complaints dealt with fairly?	88 (50%)	38 (22%)	49 (28%)
Are complaints dealt with quickly (within seven days)?	88 (53%)	34 (20%)	44 (27%)

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

Yes	22 (13%)
No	142 (87%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	75 (43%)
Very easy	14 (8%)
Easy	24 (14%)
Neither	31 (18%)
Difficult	19 (11%)
Very difficult	11 (6%)

Section 6: Incentive and earned privileges scheme**Q6.1 Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)**

Don't know what the IEP scheme is	15 (8%)
Yes	75 (42%)
No	55 (31%)
Don't know	34 (19%)

Q6.2 Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)

Don't know what the IEP scheme is	15 (9%)
Yes	69 (40%)
No	72 (41%)
Don't know	18 (10%)

Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	16 (9%)
	No	161 (91%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	135 (79%)
	Very well	5 (3%)
	Well	9 (5%)
	Neither	13 (8%)
	Badly	3 (2%)
	Very badly	6 (4%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	158 (89%)
	No	20 (11%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	144 (83%)
	No	29 (17%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	71 (40%)
	No	106 (60%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	3 (2%)
	Never	18 (10%)
	Rarely	35 (19%)
	Some of the time	72 (40%)
	Most of the time	35 (19%)
	All of the time	17 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	53 (30%)
	<i>In the first week</i>	77 (43%)
	<i>More than a week</i>	34 (19%)
	<i>Don't remember</i>	14 (8%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	53 (31%)
	Very helpful	48 (28%)
	Helpful	37 (22%)
	Neither	14 (8%)
	Not very helpful	9 (5%)
	Not at all helpful	9 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes		46 (26%)
	No		133 (74%)
Q8.2	Do you feel unsafe now?		
	Yes		17 (10%)
	No		159 (90%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	133 (78%)	At meal times 6 (4%)
	Everywhere	15 (9%)	At health services 8 (5%)
	Segregation unit	2 (1%)	Visits area 8 (5%)
	Association areas	11 (6%)	In wing showers 10 (6%)
	Reception area	4 (2%)	In gym showers 7 (4%)
	At the gym	7 (4%)	In corridors/stairwells 10 (6%)
	In an exercise yard	12 (7%)	On your landing/wing 11 (6%)
	At work	10 (6%)	In your cell 8 (5%)
	During movement	18 (11%)	At religious services 4 (2%)
	At education	8 (5%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes		30 (17%)
	No		147 (83%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)		
	Insulting remarks (about you or your family or friends)		9 (5%)
	Physical abuse (being hit, kicked or assaulted)		8 (5%)
	Sexual abuse		2 (1%)
	Feeling threatened or intimidated		12 (7%)
	Having your canteen/property taken		4 (2%)
	Medication		5 (3%)
	Debt		6 (3%)
	Drugs		8 (5%)
	Your race or ethnic origin		6 (3%)
	Your religion/religious beliefs		2 (1%)
	Your nationality		3 (2%)
	You are from a different part of the country than others		3 (2%)
	You are from a traveller community		1 (1%)
	Your sexual orientation		4 (2%)
	Your age		5 (3%)
	You have a disability		5 (3%)
	You were new here		3 (2%)
	Your offence/ crime		3 (2%)
	Gang related issues		7 (4%)
Q8.6	Have you been victimised by staff here?		
	Yes		34 (19%)
	No		144 (81%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	9 (5%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (3%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	10 (6%)
<i>Medication</i>	5 (3%)
<i>Debt</i>	3 (2%)
<i>Drugs</i>	7 (4%)
<i>Your race or ethnic origin</i>	5 (3%)
<i>Your religion/religious beliefs</i>	1 (1%)
<i>Your nationality</i>	3 (2%)
<i>You are from a different part of the country than others</i>	3 (2%)
<i>You are from a traveller community</i>	1 (1%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	2 (1%)
<i>You have a disability</i>	3 (2%)
<i>You were new here</i>	2 (1%)
<i>Your offence/ crime</i>	1 (1%)
<i>Gang related issues</i>	5 (3%)

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

<i>Not been victimised</i>	129 (81%)
<i>Yes</i>	10 (6%)
<i>No</i>	21 (13%)

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	21 (12%)	13 (8%)	56 (33%)	22 (13%)	47 (27%)	13 (8%)
The nurse	17 (10%)	23 (14%)	74 (45%)	22 (13%)	23 (14%)	7 (4%)
The dentist	27 (16%)	6 (4%)	16 (10%)	4 (2%)	41 (25%)	70 (43%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	32 (19%)	22 (13%)	59 (35%)	23 (13%)	23 (13%)	12 (7%)
The nurse	23 (14%)	32 (19%)	73 (43%)	21 (13%)	10 (6%)	9 (5%)
The dentist	68 (41%)	14 (8%)	36 (22%)	13 (8%)	15 (9%)	19 (12%)

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

<i>Not been</i>	21 (12%)
<i>Very good</i>	18 (10%)
<i>Good</i>	71 (40%)
<i>Neither</i>	28 (16%)
<i>Bad</i>	22 (13%)
<i>Very bad</i>	16 (9%)

Q9.4 Are you currently taking medication?

<i>Yes</i>	76 (44%)
<i>No</i>	98 (56%)

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

<i>Not taking medication</i>	98 (57%)
<i>Yes, all my meds</i>	33 (19%)
<i>Yes, some of my meds</i>	26 (15%)
<i>No</i>	16 (9%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes	54 (32%)
	No	116 (68%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?	
	<i>Do not have any emotional or mental health problems</i>	116 (69%)
	Yes	34 (20%)
	No	19 (11%)
Section 10: Drugs and alcohol		
Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	59 (34%)
	No	115 (66%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	29 (17%)
	No	142 (83%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	68 (38%)
	Easy	23 (13%)
	Neither	9 (5%)
	Difficult	1 (1%)
	Very difficult	4 (2%)
	Don't know	72 (41%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	27 (15%)
	Easy	31 (18%)
	Neither	17 (10%)
	Difficult	8 (5%)
	Very difficult	5 (3%)
	Don't know	88 (50%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	29 (17%)
	No	146 (83%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	13 (7%)
	No	161 (93%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	100 (60%)
	Yes	37 (22%)
	No	29 (17%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	142 (83%)
	Yes	20 (12%)
	No	9 (5%)

Q10.9 Was the support or help you received, while in this prison, helpful?

<i>Did not have a problem/ did not receive help</i>	120 (72%)
Yes	41 (25%)
No	5 (3%)

Section II: Activities**Q11.1 How easy or difficult is it to get into the following activities, in this prison?**

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	13 (8%)	34 (20%)	86 (51%)	20 (12%)	13 (8%)	4 (2%)
Vocational or skills training	24 (15%)	25 (15%)	78 (47%)	22 (13%)	11 (7%)	5 (3%)
Education (including basic skills)	18 (11%)	36 (21%)	85 (50%)	21 (12%)	5 (3%)	4 (2%)
Offending behaviour programmes	58 (36%)	10 (6%)	28 (17%)	25 (15%)	27 (17%)	15 (9%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	24 (14%)
Prison job	121 (70%)
Vocational or skills training	30 (17%)
Education (including basic skills)	38 (22%)
Offending behaviour programmes	9 (5%)

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

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	10 (7%)	74 (49%)	45 (30%)	22 (15%)
Vocational or skills training	21 (17%)	61 (49%)	24 (19%)	19 (15%)
Education (including basic skills)	20 (15%)	74 (54%)	23 (17%)	19 (14%)
Offending behaviour programmes	32 (26%)	44 (36%)	27 (22%)	19 (16%)

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

<i>Don't want to go</i>	37 (21%)
<i>Never</i>	33 (19%)
<i>Less than once a week</i>	40 (23%)
<i>About once a week</i>	58 (34%)
<i>More than once a week</i>	5 (3%)

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

<i>Don't use it</i>	61 (36%)
Yes	63 (37%)
No	46 (27%)

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

<i>Don't want to go</i>	20 (12%)
<i>0</i>	47 (28%)
<i>1 to 2</i>	26 (16%)
<i>3 to 5</i>	70 (42%)
<i>More than 5</i>	3 (2%)

Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	17 (10%)
	<i>0</i>	20 (12%)
	<i>1 to 2</i>	50 (29%)
	<i>3 to 5</i>	45 (26%)
	<i>More than 5</i>	41 (24%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	2 (1%)
	<i>0</i>	4 (2%)
	<i>1 to 2</i>	8 (5%)
	<i>3 to 5</i>	28 (16%)
	<i>More than 5</i>	131 (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>	12 (7%)
	<i>2 to less than 4 hours</i>	21 (12%)
	<i>4 to less than 6 hours</i>	12 (7%)
	<i>6 to less than 8 hours</i>	51 (30%)
	<i>8 to less than 10 hours</i>	41 (24%)
	<i>10 hours or more</i>	19 (11%)
	<i>Don't know</i>	14 (8%)

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>	74 (45%)
	<i>No</i>	92 (55%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	55 (31%)
	<i>No</i>	120 (69%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	20 (12%)
	<i>No</i>	148 (88%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	20 (12%)
	<i>Very easy</i>	33 (19%)
	<i>Easy</i>	47 (27%)
	<i>Neither</i>	25 (15%)
	<i>Difficult</i>	26 (15%)
	<i>Very difficult</i>	13 (8%)
	<i>Don't know</i>	8 (5%)

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>	0 (0%)
	<i>Yes</i>	140 (81%)
	<i>No</i>	33 (19%)

Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	33 (19%)
	<i>No contact</i>	53 (31%)
	<i>Letter</i>	51 (30%)
	<i>Phone</i>	24 (14%)
	<i>Visit</i>	42 (25%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	112 (69%)
	<i>No</i>	50 (31%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	75 (45%)
	<i>No</i>	90 (55%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	90 (54%)
	<i>Very involved</i>	21 (13%)
	<i>Involved</i>	19 (11%)
	<i>Neither</i>	14 (8%)
	<i>Not very involved</i>	10 (6%)
	<i>Not at all involved</i>	14 (8%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	90 (56%)
	<i>Nobody</i>	32 (20%)
	<i>Offender supervisor</i>	25 (16%)
	<i>Offender manager</i>	16 (10%)
	<i>Named/ personal officer</i>	9 (6%)
	<i>Staff from other departments</i>	10 (6%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	90 (55%)
	<i>Yes</i>	51 (31%)
	<i>No</i>	9 (6%)
	<i>Don't know</i>	13 (8%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	90 (55%)
	<i>Yes</i>	8 (5%)
	<i>No</i>	48 (29%)
	<i>Don't know</i>	19 (12%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	<i>Do not have a sentence plan/ not sentenced</i>	90 (55%)
	<i>Yes</i>	23 (14%)
	<i>No</i>	24 (15%)
	<i>Don't know</i>	26 (16%)
Q13.10	Do you have a needs-based custody plan?	
	<i>Yes</i>	9 (5%)
	<i>No</i>	72 (43%)
	<i>Don't know</i>	85 (51%)

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

Yes	26 (16%)
No	138 (84%)

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

	<i>Do not need help</i>	Yes	No
Employment	44 (28%)	59 (38%)	54 (34%)
Accommodation	46 (31%)	61 (41%)	43 (29%)
Benefits	41 (27%)	69 (46%)	41 (27%)
Finances	43 (30%)	52 (36%)	50 (34%)
Education	48 (32%)	55 (37%)	46 (31%)
Drugs and alcohol	53 (36%)	58 (39%)	38 (26%)

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>	0 (0%)
Yes	90 (56%)
No	72 (44%)

Main comparator and comparator to last time



Prisoner survey responses HMP Wealstun 2015

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

Key to tables		HMP Wealstun 2015	Category C Training prisons comparator	HMP Wealstun 2015	HMP Wealstun 2011
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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		191	6,139	191	186
SECTION 1: General information					
1.2	Are you under 21 years of age?	1%	3%	1%	1%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	9%	9%	9%	9%
1.4	Is your sentence less than 12 months?	4%	6%	4%	7%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	9%	4%	6%
1.5	Are you a foreign national?	7%	10%	7%	4%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	100%	98%	100%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	28%	26%	28%	23%
1.9	Do you consider yourself to be Gypsy/ Romany/Traveller?	4%	4%	4%	4%
1.1	Are you Muslim?	18%	13%	18%	13%
1.11	Are you homosexual/gay or bisexual?	2%	4%	2%	2%
1.12	Do you consider yourself to have a disability?	14%	20%	14%	14%
1.13	Are you a veteran (ex-armed services)?	3%	7%	3%	
1.14	Is this your first time in prison?	32%	38%	32%	23%
1.15	Do you have any children under the age of 18?	53%	51%	53%	60%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	19%	46%	19%	22%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	68%	72%	68%	
2.3	Were you offered a toilet break?	11%	8%	11%	
2.4	Was the van clean?	65%	63%	65%	
2.5	Did you feel safe?	86%	80%	86%	
2.6	Were you treated well/very well by the escort staff?	79%	72%	79%	60%
2.7	Before you arrived here were you told that you were coming here?	64%	61%	64%	
2.7	Before you arrived here did you receive any written information about coming here?	6%	15%	6%	
2.8	When you first arrived here did your property arrive at the same time as you?	91%	86%	91%	90%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction				
3.1 Were you in reception for less than 2 hours?	72%	53%	72%	
3.2 When you were searched in reception, was this carried out in a respectful way?	86%	85%	86%	79%
3.3 Were you treated well/very well in reception?	80%	75%	80%	64%
When you first arrived:				
3.4 Did you have any problems?	53%	61%	53%	64%
3.4 Did you have any problems with loss of property?	13%	18%	13%	12%
3.4 Did you have any housing problems?	12%	13%	12%	22%
3.4 Did you have any problems contacting employers?	0%	2%	0%	5%
3.4 Did you have any problems contacting family?	8%	18%	8%	21%
3.4 Did you have any problems ensuring dependants were being looked after?	1%	1%	1%	4%
3.4 Did you have any money worries?	9%	14%	9%	22%
3.4 Did you have any problems with feeling depressed or suicidal?	9%	14%	9%	16%
3.4 Did you have any physical health problems?	8%	12%	8%	
3.4 Did you have any mental health problems?	16%	15%	16%	
3.4 Did you have any problems with needing protection from other prisoners?	1%	5%	1%	6%
3.4 Did you have problems accessing phone numbers?	10%	17%	10%	24%
For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	50%	36%	50%	
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	86%	75%	86%	94%
3.6 A shower?	50%	26%	50%	43%
3.6 A free telephone call?	39%	42%	39%	30%
3.6 Something to eat?	61%	56%	61%	60%
3.6 PIN phone credit?	77%	52%	77%	
3.6 Toiletries/ basic items?	56%	45%	56%	
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	68%	52%	68%	
3.7 Someone from health services?	75%	69%	75%	
3.7 A Listener/Samaritans?	38%	33%	38%	
3.7 Prison shop/ canteen?	32%	23%	32%	9%

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	60%	50%	60%	52%
3.8	Support was available for people feeling depressed or suicidal?	49%	40%	49%	50%
3.8	How to make routine requests?	54%	44%	54%	47%
3.8	Your entitlement to visits?	51%	41%	51%	54%
3.8	Health services?	58%	53%	58%	64%
3.8	The chaplaincy?	56%	48%	56%	55%
3.9	Did you feel safe on your first night here?	89%	82%	89%	82%
3.10	Have you been on an induction course?	91%	90%	91%	92%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	74%	59%	74%	59%
3.12	Did you receive an education (skills for life) assessment?	81%	83%	81%	
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	48%	46%	48%	45%
4.1	Attend legal visits?	51%	49%	51%	58%
4.1	Get bail information?	22%	14%	22%	16%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	26%	41%	26%	46%
4.3	Can you get legal books in the library?	29%	42%	29%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	76%	67%	76%	57%
4.4	Are you normally able to have a shower every day?	96%	92%	96%	95%
4.4	Do you normally receive clean sheets every week?	71%	75%	71%	81%
4.4	Do you normally get cell cleaning materials every week?	78%	65%	78%	64%
4.4	Is your cell call bell normally answered within five minutes?	40%	36%	40%	42%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	68%	75%	59%
4.4	Can you normally get your stored property, if you need to?	23%	23%	23%	27%
4.5	Is the food in this prison good/very good?	36%	28%	36%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	62%	47%	62%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	56%	60%	53%
4.8	Are your religious beliefs are respected?	57%	52%	57%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	58%	65%	59%
4.10	Is it easy/very easy to attend religious services?	56%	50%	56%	

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	86%	82%	86%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	67%	58%	67%	54%
5.2	Do you feel applications are dealt with quickly (within seven days)?	54%	41%	54%	39%
5.3	Is it easy to make a complaint?	61%	59%	61%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	44%	32%	44%	32%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	44%	28%	44%	29%
5.5	Have you ever been prevented from making a complaint when you wanted to?	13%	20%	13%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	22%	29%	22%	26%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	51%	42%	56%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	46%	40%	40%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	6%	9%	5%
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?	39%	38%	39%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	89%	78%	89%	65%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	83%	73%	83%	70%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	40%	30%	40%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	29%	20%	29%	26%
7.5	Do you have a personal officer?	70%	67%	70%	74%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	73%	62%	73%	60%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	26%	35%	26%	36%
8.2	Do you feel unsafe now?	10%	15%	10%	19%
8.4	Have you been victimised by other prisoners here?	17%	27%	17%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	5%	12%	5%	12%
8.5	Hit, kicked or assaulted you?	5%	7%	5%	7%
8.5	Sexually abused you?	1%	1%	1%	1%
8.5	Threatened or intimidated you?	7%	16%	7%	
8.5	Taken your canteen/property?	2%	6%	2%	7%

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8.5	Victimised you because of medication?	3%	4%	3%	
8.5	Victimised you because of debt?	3%	4%	3%	
8.5	Victimised you because of drugs?	5%	4%	5%	4%
8.5	Victimised you because of your race or ethnic origin?	3%	4%	3%	2%
8.5	Victimised you because of your religion/religious beliefs?	1%	3%	1%	2%
8.5	Victimised you because of your nationality?	2%	3%	2%	
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	3%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.5	Victimised you because of your sexual orientation?	2%	2%	2%	1%
8.5	Victimised you because of your age?	3%	3%	3%	1%
8.5	Victimised you because you have a disability?	3%	3%	3%	2%
8.5	Victimised you because you were new here?	2%	5%	2%	5%
8.5	Victimised you because of your offence/crime?	2%	5%	2%	1%
8.5	Victimised you because of gang related issues?	4%	4%	4%	4%
8.6	Have you been victimised by staff here?	19%	30%	19%	22%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	5%	11%	5%	9%
8.7	Hit, kicked or assaulted you?	3%	4%	3%	2%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	6%	13%	6%	
8.7	Victimised you because of medication?	3%	4%	3%	
8.7	Victimised you because of debt?	2%	2%	2%	
8.7	Victimised you because of drugs?	4%	2%	4%	5%
8.7	Victimised you because of your race or ethnic origin?	3%	4%	3%	3%
8.7	Victimised you because of your religion/religious beliefs?	1%	3%	1%	1%
8.7	Victimised you because of your nationality?	2%	3%	2%	
8.7	Victimised you because you were from a different part of the country?	2%	3%	2%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7	Victimised you because of your age?	1%	2%	1%	1%
8.7	Victimised you because you have a disability?	2%	3%	2%	1%
8.7	Victimised you because you were new here?	1%	4%	1%	3%
8.7	Victimised you because of your offence/crime?	1%	4%	1%	3%
8.7	Victimised you because of gang related issues?	3%	3%	3%	1%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	32%	40%	32%	36%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	40%	30%	40%	32%
9.1	Is it easy/very easy to see the nurse?	58%	52%	58%	55%
9.1	Is it easy/very easy to see the dentist?	13%	13%	13%	6%
	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?	58%	47%	58%	52%
9.2	The nurse?	72%	57%	72%	68%
9.2	The dentist?	52%	43%	52%	39%
9.3	The overall quality of health services?	57%	43%	57%	40%
9.4	Are you currently taking medication?	44%	49%	44%	49%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	79%	83%	79%	
9.6	Do you have any emotional well being or mental health problems?	32%	30%	32%	22%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	64%	51%	64%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	34%	24%	34%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	16%	17%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	51%	36%	51%	45%
10.4	Is it easy/very easy to get alcohol in this prison?	33%	23%	33%	
10.5	Have you developed a problem with drugs since you have been in this prison?	17%	8%	17%	17%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	8%	7%	8%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	56%	63%	56%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	69%	64%	69%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	89%	77%	89%	79%
SECTION 11: Activities					
	Is it very easy/ easy to get into the following activities:				
11.1	A prison job?	71%	44%	71%	
11.1	Vocational or skills training?	63%	40%	63%	
11.1	Education (including basic skills)?	72%	55%	72%	
11.1	Offending behaviour programmes?	23%	23%	23%	

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Are you currently involved in any of the following activities:					
11.2	A prison job?	70%	57%	70%	66%
11.2	Vocational or skills training?	17%	15%	17%	16%
11.2	Education (including basic skills)?	22%	24%	22%	26%
11.2	Offending behaviour programmes?	5%	12%	5%	17%
11.3	Have you had a job while in this prison?	93%	81%	93%	86%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	53%	42%	53%	47%
11.3	Have you been involved in vocational or skills training while in this prison?	83%	73%	83%	74%
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?	59%	55%	59%	73%
11.3	Have you been involved in education while in this prison?	85%	78%	85%	80%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	64%	58%	64%	71%
11.3	Have you been involved in offending behaviour programmes while in this prison?	74%	70%	74%	80%
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?	49%	50%	49%	64%
11.4	Do you go to the library at least once a week?	36%	44%	36%	38%
11.5	Does the library have a wide enough range of materials to meet your needs?	37%	47%	37%	
11.6	Do you go to the gym three or more times a week?	44%	33%	44%	51%
11.7	Do you go outside for exercise three or more times a week?	50%	50%	50%	48%
11.8	Do you go on association more than five times each week?	76%	67%	76%	84%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	17%	11%	8%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	45%	33%	45%	36%
12.2	Have you had any problems with sending or receiving mail?	31%	44%	31%	51%
12.3	Have you had any problems getting access to the telephones?	12%	24%	12%	29%
12.4	Is it easy/ very easy for your friends and family to get here?	47%	28%	47%	
SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	81%	82%	81%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	39%	36%	39%	
13.2	Contact by letter?	37%	35%	37%	
13.2	Contact by phone?	18%	25%	18%	
13.2	Contact by visit?	31%	33%	31%	

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Wealstun 2015	Category C Training prisons comparator	HMP Wealstun 2015	HMP Wealstun 2011
	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				
13.3	Do you have a named offender supervisor in this prison?	69%	73%	69%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	45%	66%	45%	73%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	51%	52%	51%	62%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	45%	48%	45%	
13.6	Offender supervisor?	35%	36%	35%	
13.6	Offender manager?	23%	27%	23%	
13.6	Named/ personal officer?	13%	12%	13%	
13.6	Staff from other departments?	14%	15%	14%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	70%	62%	70%	85%
13.8	Are there plans for you to achieve any of your targets in another prison?	11%	20%	11%	
13.9	Are there plans for you to achieve any of your targets in the community?	31%	29%	31%	
13.10	Do you have a needs based custody plan?	5%	7%	5%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	16%	15%	16%	18%
	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?	52%	34%	52%	
13.12	Accommodation?	59%	37%	59%	
13.12	Benefits?	63%	39%	63%	
13.12	Finances?	51%	27%	51%	
13.12	Education?	54%	34%	54%	
13.12	Drugs and alcohol?	60%	43%	60%	
	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?	56%	54%	56%	57%

Diversity analysis



Key question responses (ethnicity and religion) HMP Wealstun 2015

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	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		51	133	34	151
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	6%	6%	6%	7%
1.6	Do you understand spoken English?	100%	100%	100%	99%
1.7	Do you understand written English?	100%	100%	100%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			97%	13%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	5%	0%	5%
1.1	Are you Muslim?	63%	1%		
1.12	Do you consider yourself to have a disability?	8%	17%	3%	17%
1.13	Are you a veteran (ex-armed services)?	2%	2%	0%	3%
1.14	Is this your first time in prison?	45%	27%	53%	28%
2.6	Were you treated well/very well by the escort staff?	78%	79%	79%	79%
2.7	Before you arrived here were you told that you were coming here?	74%	61%	66%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	76%	89%	82%	86%
3.3	Were you treated well/very well in reception?	77%	81%	84%	79%
3.4	Did you have any problems when you first arrived?	55%	51%	53%	52%
3.7	Did you have access to someone from health care when you first arrived here?	74%	75%	75%	75%
3.9	Did you feel safe on your first night here?	90%	90%	85%	91%
3.10	Have you been on an induction course?	92%	91%	91%	91%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	50%	47%	47%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	79%	76%	72%	78%
4.4	Are you normally able to have a shower every day?	94%	98%	94%	97%
4.4	Is your cell call bell normally answered within five minutes?	34%	43%	38%	41%
4.5	Is the food in this prison good/very good?	37%	37%	39%	36%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	61%	64%	63%	62%
4.7	Are you able to speak to a Listener at any time, if you want to?	57%	61%	59%	60%
4.8	Do you feel your religious beliefs are respected?	66%	52%	82%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	72%	61%	84%	59%
5.1	Is it easy to make an application?	82%	87%	83%	86%
5.3	Is it easy to make a complaint?	68%	58%	71%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	31%	46%	42%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	41%	48%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	10%	0%	11%
7.1	Do most staff, in this prison, treat you with respect?	81%	92%	81%	90%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	87%	82%	84%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	33%	27%	27%	28%
7.4	Do you have a personal officer?	68%	71%	72%	70%
8.1	Have you ever felt unsafe here?	24%	24%	27%	25%
8.2	Do you feel unsafe now?	20%	5%	24%	6%
8.3	Have you been victimised by other prisoners?	13%	17%	13%	18%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	7%	6%	6%	7%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	1%	6%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	0%	0%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	1%	3%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	3%	0%	4%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	21%	17%	16%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	2%	6%	3%	6%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	2%	6%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	0%	3%	0%
8.7	Have you been victimised because of your nationality? (By staff)	2%	1%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	43%	40%	47%	40%
9.1	Is it easy/ very easy to see the nurse?	62%	56%	61%	57%
9.4	Are you currently taking medication?	39%	46%	30%	47%
9.6	Do you feel you have any emotional well being/mental health issues?	32%	32%	28%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	54%	38%	55%
11.2	Are you currently working in the prison?	56%	76%	59%	73%
11.2	Are you currently undertaking vocational or skills training?	21%	15%	11%	19%
11.2	Are you currently in education (including basic skills)?	28%	20%	31%	19%
11.2	Are you currently taking part in an offending behaviour programme?	4%	5%	7%	5%
11.4	Do you go to the library at least once a week?	32%	37%	32%	36%
11.6	Do you go to the gym three or more times a week?	50%	42%	47%	43%
11.7	Do you go outside for exercise three or more times a week?	53%	49%	54%	49%
11.8	On average, do you go on association more than five times each week?	79%	76%	72%	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)	12%	11%	14%	10%
12.2	Have you had any problems sending or receiving mail?	25%	33%	20%	33%
12.3	Have you had any problems getting access to the telephones?	21%	8%	14%	12%

Diversity Analysis



Key question responses (disability) HMP Wealstun 2015

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 have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		27	160
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	7%	6%
1.6	Do you understand spoken English?	97%	100%
1.7	Do you understand written English?	96%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	16%	29%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	3%
1.1	Are you Muslim?	4%	21%
1.13	Are you a veteran (ex-armed services)?	7%	1%
1.14	Is this your first time in prison?	11%	36%
2.6	Were you treated well/very well by the escort staff?	78%	79%
2.7	Before you arrived here were you told that you were coming here?	46%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	77%	87%
3.3	Were you treated well/very well in reception?	81%	80%
3.4	Did you have any problems when you first arrived?	93%	46%
3.7	Did you have access to someone from health care when you first arrived here?	81%	73%
3.9	Did you feel safe on your first night here?	84%	91%
3.10	Have you been on an induction course?	88%	92%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	47%
4.4	Are you normally offered enough clean, suitable clothes for the week?	80%	76%
4.4	Are you normally able to have a shower every day?	96%	96%
4.4	Is your cell call bell normally answered within five minutes?	32%	42%

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
	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		
4.5	Is the food in this prison good/very good?	29%	38%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	60%	63%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	60%
4.8	Do you feel your religious beliefs are respected?	38%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	69%	64%
5.1	Is it easy to make an application?	83%	86%
5.3	Is it easy to make a complaint?	50%	62%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	28%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	8%
7.1	Do most staff, in this prison, treat you with respect?	84%	89%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	84%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	24%	29%
7.4	Do you have a personal officer?	74%	69%
8.1	Have you ever felt unsafe here?	56%	19%
8.2	Do you feel unsafe now?	18%	7%
8.3	Have you been victimised by other prisoners?	33%	13%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	17%	5%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	1%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	2%
8.5	Have you been victimised because of your age? (By prisoners)	8%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	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
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	42%	15%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	3%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%
8.7	Have you been victimised because of your nationality? (By staff)	4%	1%
8.7	Have you been victimised because of your age? (By staff)	4%	0%
8.7	Have you been victimised because you have a disability? (By staff)	8%	1%
9.1	Is it easy/very easy to see the doctor?	44%	40%
9.1	Is it easy/ very easy to see the nurse?	57%	58%
9.4	Are you currently taking medication?	83%	38%
9.6	Do you feel you have any emotional well being/mental health issues?	75%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	76%	48%
11.2	Are you currently working in the prison?	80%	69%
11.2	Are you currently undertaking vocational or skills training?	20%	17%
11.2	Are you currently in education (including basic skills)?	16%	23%
11.2	Are you currently taking part in an offending behaviour programme?	8%	5%
11.4	Do you go to the library at least once a week?	33%	36%
11.6	Do you go to the gym three or more times a week?	25%	47%
11.7	Do you go outside for exercise three or more times a week?	44%	50%
11.8	On average, do you go on association more than five times each week?	80%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	11%
12.2	Have you had any problems sending or receiving mail?	28%	31%
12.3	Have you had any problems getting access to the telephones?	8%	12%



Prisoner survey responses HMP Wealstun 2015

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	Wings A, B, C & D	Wings E, F, G, H, I & J
Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned	114	74
SECTION 1: General information		
1.2 Are you under 21 years of age?	1%	1%
1.3 Are you sentenced?	100%	100%
1.3 Are you on recall?	9%	8%
1.4 Is your sentence less than 12 months?	5%	3%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	8%
1.5 Are you a foreign national?	5%	8%
1.6 Do you understand spoken English?	99%	100%
1.7 Do you understand written English?	99%	100%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	30%	25%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	6%
1.1 Are you Muslim?	18%	19%
1.11 Are you homosexual/gay or bisexual?	2%	3%
1.12 Do you consider yourself to have a disability?	13%	17%
1.13 Are you a veteran (ex-armed services)?	3%	3%
1.14 Is this your first time in prison?	33%	31%
1.15 Do you have any children under the age of 18?	56%	49%
SECTION 2: Transfers and escorts		
On your most recent journey here:		
2.1 Did you spend more than 2 hours in the van?	15%	25%
2.5 Did you feel safe?	84%	90%
2.6 Were you treated well/very well by the escort staff?	79%	81%
2.7 Before you arrived here were you told that you were coming here?	68%	58%
2.8 When you first arrived here did your property arrive at the same time as you?	91%	90%
SECTION 3: Reception, first night and induction		
3.1 Were you in reception for less than 2 hours?	74%	69%
3.2 When you were searched in reception, was this carried out in a respectful way?	85%	88%
3.3 Were you treated well/very well in reception?	79%	84%

Key to tables

	Any percentage highlighted in green is significantly better	Wings A, B, C & D	Wings E, F, G, H, I & J
	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		
	When you first arrived:		
3.4	Did you have any problems?	51%	54%
3.4	Did you have any problems with loss of property?	13%	12%
3.4	Did you have any housing problems?	9%	16%
3.4	Did you have any problems contacting employers?	0%	0%
3.4	Did you have any problems contacting family?	8%	6%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	1%
3.4	Did you have any money worries?	7%	10%
3.4	Did you have any problems with feeling depressed or suicidal?	9%	9%
3.4	Did you have any physical health problems?	8%	9%
3.4	Did you have any mental health problems?	15%	18%
3.4	Did you have any problems with needing protection from other prisoners?	1%	1%
3.4	Did you have problems accessing phone numbers?	8%	12%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	87%	85%
3.6	A shower?	50%	49%
3.6	A free telephone call?	39%	38%
3.6	Something to eat?	64%	56%
3.6	PIN phone credit?	76%	78%
3.6	Toiletries/ basic items?	53%	59%
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	67%	66%
3.7	Someone from health services?	75%	73%
3.7	A Listener/Samaritans?	37%	39%
3.7	Prison shop/ canteen?	33%	30%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	60%	60%
3.8	Support was available for people feeling depressed or suicidal?	48%	53%
3.8	How to make routine requests?	58%	50%
3.8	Your entitlement to visits?	53%	49%
3.8	Health services?	61%	56%
3.8	The chaplaincy?	62%	47%
3.9	Did you feel safe on your first night here?	92%	87%
3.10	Have you been on an induction course?	93%	89%
3.12	Did you receive an education (skills for life) assessment?	83%	81%

Key to tables

	Any percentage highlighted in green is significantly better	Wings A, B, C & D	Wings E, F, G, H, I & J
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	47%	51%
4.1	Attend legal visits?	53%	48%
4.1	Get bail information?	29%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	20%	33%
4.3	Can you get legal books in the library?	26%	35%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	75%	80%
4.4	Are you normally able to have a shower every day?	95%	97%
4.4	Do you normally receive clean sheets every week?	68%	73%
4.4	Do you normally get cell cleaning materials every week?	71%	89%
4.4	Is your cell call bell normally answered within five minutes?	33%	52%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	74%	78%
4.4	Can you normally get your stored property, if you need to?	23%	23%
4.5	Is the food in this prison good/very good?	36%	37%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	59%	67%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	64%
4.8	Are your religious beliefs are respected?	50%	67%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	70%
4.10	Is it easy/very easy to attend religious services?	52%	63%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	80%	94%
5.3	Is it easy to make a complaint?	51%	74%
5.5	Have you ever been prevented from making a complaint when you wanted to?	14%	8%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	24%	18%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	44%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	9%

Key to tables

	Any percentage highlighted in green is significantly better	Wings A, B, C & D	Wings E, F, G, H, I & J
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	89%	90%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	84%	84%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	40%	41%
7.4	Do staff normally speak to you most of the time/all of the time during association?	25%	36%
7.5	Do you have a personal officer?	65%	81%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	23%	29%
8.2	Do you feel unsafe now?	11%	9%
8.4	Have you been victimised by other prisoners here?	16%	19%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	6%	4%
8.5	Hit, kicked or assaulted you?	6%	3%
8.5	Sexually abused you?	2%	0%
8.5	Threatened or intimidated you?	7%	7%
8.5	Taken your canteen/property?	2%	3%
8.5	Victimised you because of medication?	5%	0%
8.5	Victimised you because of debt?	4%	3%
8.5	Victimised you because of drugs?	5%	4%
8.5	Victimised you because of your race or ethnic origin?	5%	1%
8.5	Victimised you because of your religion/religious beliefs?	2%	0%
8.5	Victimised you because of your nationality?	2%	1%
8.5	Victimised you because you were from a different part of the country?	3%	0%
8.5	Victimised you because you are from a traveller community?	1%	0%
8.5	Victimised you because of your sexual orientation?	3%	1%
8.5	Victimised you because of your age?	4%	1%
8.5	Victimised you because you have a disability?	4%	1%
8.5	Victimised you because you were new here?	2%	1%
8.5	Victimised you because of your offence/crime?	3%	0%
8.5	Victimised you because of gang related issues?	6%	1%

Key to tables

	Any percentage highlighted in green is significantly better	Wings A, B, C & D	Wings E, F, G, H, I & J
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	16%	21%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	4%	6%
8.7	Hit, kicked or assaulted you?	3%	4%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	5%	7%
8.7	Victimised you because of medication?	4%	1%
8.7	Victimised you because of debt?	2%	1%
8.7	Victimised you because of drugs?	3%	6%
8.7	Victimised you because of your race or ethnic origin?	5%	0%
8.7	Victimised you because of your religion/religious beliefs?	1%	0%
8.7	Victimised you because of your nationality?	3%	0%
8.7	Victimised you because you were from a different part of the country?	2%	1%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%
8.7	Victimised you because of your age?	2%	0%
8.7	Victimised you because you have a disability?	2%	0%
8.7	Victimised you because you were new here?	1%	1%
8.7	Victimised you because of your offence/crime?	1%	0%
8.7	Victimised you because of gang related issues?	4%	1%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	40%	41%
9.1	Is it easy/very easy to see the nurse?	54%	64%
9.1	Is it easy/very easy to see the dentist?	11%	17%
9.4	Are you currently taking medication?	41%	49%
9.6	Do you have any emotional well being or mental health problems?	33%	30%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	30%	40%
10.2	Did you have a problem with alcohol when you came into this prison?	15%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	42%	66%
10.4	Is it easy/very easy to get alcohol in this prison?	28%	40%
10.5	Have you developed a problem with drugs since you have been in this prison?	20%	12%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	6%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	66%	79%
11.1	Vocational or skills training?	59%	70%
11.1	Education (including basic skills)?	67%	81%
11.1	Offending Behaviour Programmes?	27%	19%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	66%	79%
11.2	Vocational or skills training?	14%	23%
11.2	Education (including basic skills)?	17%	30%
11.2	Offending Behaviour Programmes?	2%	10%
11.4	Do you go to the library at least once a week?	40%	32%
11.5	Does the library have a wide enough range of materials to meet your needs?	37%	38%
11.6	Do you go to the gym three or more times a week?	37%	54%
11.7	Do you go outside for exercise three or more times a week?	45%	56%
11.8	Do you go on association more than five times each week?	69%	87%
11.9	Do you spend ten or more hours out of your cell on a weekday?	9%	14%
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	39%	54%
12.2	Have you had any problems with sending or receiving mail?	35%	26%
12.3	Have you had any problems getting access to the telephones?	13%	9%
12.4	Is it easy/ very easy for your friends and family to get here?	43%	54%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	65%	76%
13.10	Do you have a needs based custody plan?	7%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	15%	17%