

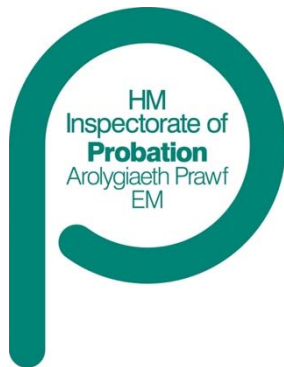
Report on an unannounced inspection of

# **HMP Leicester**

by HM Chief Inspector of Prisons

**28 September – 9 October 2015**

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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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 Leicester is a small, aging local prison, built in the Victorian era and located in the heart of the city. It held 325 adult male prisoners at the time we inspected, 50% more than the number for which it was built. Coupled with this unacceptable level of overcrowding was the high degree of prisoner need we commented on in our last report, plainly evident to anyone walking around the wings – wings which in this report we describe as chaotic. Unlike our last inspection, however, when we felt problems and difficulties were at least being addressed, this inspection found a prison that had deteriorated and seemed to have few ideas about what to do next.

In Leicester we judged safety outcomes for prisoners to be poor. Very little that was done to promote safety was done well. Reception staff were welcoming to new arrivals but the reception facility was grim and the management of risk and vulnerability were poor. Induction was adequate but there was no assurance that all new prisoners received it. Levels of violence were high, including a very high assault rate against staff. In our survey over half of prisoners indicated that they had felt unsafe in Leicester and 28% felt unsafe at the time we asked them. These findings were significantly worse than we would expect. The prison was aware of the problems because it collected good data and some reactive measures were reasonably effective, but there was no strategy and no plan to reduce violence and intimidation.

Since our last inspection there had been three deaths in custody; two of which were believed to be self-inflicted. Levels of self-harm had increased by 50% over the same period and were now five times the number in other local prisons. Many prisoners were subject to assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, but the quality of support was inconsistent and night staff in particular seemed to find it difficult to maintain the required levels of observation, which was clearly a risk. The prison had an up-to-date adult safeguarding policy, but we had no assurance that work with vulnerable prisoners was embedded or that procedures were capable of providing support consistently.

Physical security was broadly proportionate. There were significant numbers of intelligence reports submitted, but although they were processed, responses were often inadequate. There was compelling evidence that new psychoactive substances (NPS) and alcohol were readily available in the prison. Well over half of prisoners thought they were easy to obtain and yet too little was done to disrupt supply. Support for those with a drug problem (about half the population) was better. Basic procedural security was poor. Staff often could not account for prisoners and we routinely found prisoners where they were not supposed to be.

Incentives and earned privilege arrangements were ineffective but the use of formal disciplinary procedures was three times what we would expect. Use of force was very high but arrangements to ensure accountability were very weak. The fabric and conditions in the segregation unit were terrible and in our view it should be closed immediately.

The wider prison was overcrowded and shabby. Prisoners struggled to access basic necessities such as toiletries, clean clothes and bedding. Amenities such as showers and access to laundries required improvement, and prisoners had little confidence that basic applications and enquiries would be dealt with. Despite our criticisms, most prisoners – about 80% – felt respected by staff and the familiarity between staff and prisoners, often seen in small local prisons, mitigated some of the problems they faced. That said, consultation was weak, we saw poor behaviour go unchallenged and prisoners felt that the way staff dealt with them was inconsistent.

Despite Leicester's reputation as one of the most diverse cities in the country, the promotion of equality in the city's prison had deteriorated. Little was done for groups with protected characteristics; perceptions among minorities were often worse; inequalities in outcomes, which

were known, were not investigated; and discrimination incident reporting arrangements were not used. Faith provision, in contrast, was reasonable.

Complaints raised by prisoners were responded to in good time but often, particularly when the matter concerned staff, the response did not address the issue raised. Quality assurance arrangements were ineffective. Primary health services had improved but were undermined by the prison's inability to get prisoners to their appointments either in the prison or at hospital outside. Mental health provision was, despite the level of need, under-resourced and essentially reactive.

The time prisoners spent out of their cells was poor. Neither staff nor prisoners seemed to know what to expect from the daily routine and the consequence was chaos. Employed prisoners seemed to get about five and a half hours out of cell, four days a week; the unemployed just over two hours. The routine regularly slipped and prisoner movements were poorly controlled. We were unable to undertake meaningful spot checks because there was no accurate account of where prisoners were. We estimated about half were locked in cell during the working day.

Partnership working between the education providers and the prison had resulted in some improvements but progress was slow. Attendance at work or learning was inadequate, sessions were cancelled too frequently and typically fewer than a third of prisoners were engaged in activity at any one time. There was sufficient activity to engage everybody on a part-time basis but weak allocation arrangements meant that places were unfilled. The education curriculum was sufficient for a short-term population but vocational training was limited, although the quality was good. The quality of teaching in education required improvements but prisoners' achievements, for those who attended courses in both education and vocational training, were generally high. The prison had a good library but use had declined. Similarly there was a reasonable level of gym provision but fewer prisoners were now using it.

Leicester, in common with other local prisons, had been designated a resettlement prison, but the strategic management of resettlement services had deteriorated. The prison lacked a comprehensive assessment of need and although structures had recently been put in place to develop and monitor strategy, the committee to oversee reducing reoffending was not well attended and the prison had no plan of action. Offender supervisors were routinely redeployed owing to staff shortages, which meant contact with prisoners was limited, and about a third of prisoners did not have an up to date assessment of risk (OASys) or sentence plan. Prisoners felt disconnected from offender management processes and too few knew about their targets. The management of home detention curfew arrangements was satisfactory and categorisation processes were generally up to date. Public protection protocols, however, required improvement.

The introduction of the new community rehabilitation company (CRC), which provided 'through the gate' interventions and support, had gone well and more prisoners now knew where to go to for help with resettlement. Prisoners were assessed on arrival by the CRC and pre-release planning was developing. Services and outcomes across the resettlement pathways were generally effective.

Overall this is a poor report. We found pockets, such as the gym, substance misuse services and the work of the CRC, where the prison was operating more effectively, but much of what we inspected had deteriorated. Managers were aware of the problems and data was being collected, but it wasn't being used and problems were not being analysed. There were few meaningful plans to effect progress and we could discern no determination of priorities. Managers should start by making the prison safer and gaining control of basic operational routines.

**Martin Lomas**  
HM Deputy Chief Inspector of Prisons

November 2015

# Fact page

## **Task of the establishment**

Adult male local prison with a resettlement function

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

Public

## **Region/Department**

East Midlands

## **Number held**

325

## **Certified normal accommodation**

214

## **Operational capacity**

411

## **Date of last full inspection**

November 2013

## **Brief history**

Much of the prison was constructed in 1874. In 1990, a new visits and administration block was built adjoining the gatehouse.

## **Short description of residential units**

The main living accommodation is a long rectangular block split into A and B wings, with full integral sanitation and in-cell electricity. The accommodation is divided to provide a separate area for vulnerable prisoners, a first night centre and a segregation unit.

There is a separate substance misuse unit housed above the health care centre which accommodates 30 prisoners and includes the delivery of the substance misuse programme.

## **Name of governor**

Graham Batchford

## **Escort contractor**

GEOAmey

## **Health service provider**

Commissioner: NHS England Health and Justice Commissioning – North Midlands

Provider: Leicestershire Partnership NHS Trust

## **Learning and skills providers**

Milton Keynes College

## **Independent Monitoring Board chair**

Irene Peat

## **Community rehabilitation company (CRC)**

Derbyshire, Leicestershire, Nottinghamshire and Rutland (DLNR) Community Rehabilitation Company





# About this inspection and report

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

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

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

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

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

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

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, 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.<sup>1</sup>

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

# Summary

## Safety

- S1** *The reception area was grim but staff were welcoming and efficient. Too little attention was paid to safety and vulnerability issues during prisoners' early days. Too many prisoners felt unsafe. Levels of violence and intimidation were very high and not enough was done to make the prison safer. The number of prisoners at risk of self-harm was high and we were not confident that they were adequately cared for. The control and accountability of prisoners were poor and the wings frequently felt chaotic. Drugs and alcohol were easily available but supply reduction arrangements were poor. The level of use of force was high and governance was weak. Living conditions in the segregation unit were appalling but staff managed some very challenging prisoners well. Substance misuse arrangements were good. **Outcomes for prisoners were poor against this healthy prison test.***
- S2** *At the last inspection in 2013, we found that outcomes for prisoners in HMP Leicester were reasonably good against this healthy prison test. We made 17 recommendations in the area of safety. At this follow-up inspection we found that three of the recommendations had been achieved, none had been partially achieved and 14 had not been achieved.*
- S3** Most prisoners had short journeys to and from the prison and, in our survey, they were positive about treatment by escort staff. Important information about prisoners was still not being passed from escort staff to reception officers.
- S4** The reception area was grim and in a poor state of repair but staff were welcoming and respectful to prisoners. New prisoners arriving on transfer and those returning from court in the evening were unable to shower either in reception or on the accommodation units.
- S5** New prisoners were moved to the first night centre promptly where they had a meeting in private with staff, but this interview was not sufficiently focused on safety and there were no enhanced observations of new prisoners. First night accommodation was clean but cells were not fully equipped and some contained graffiti. A prisoner peer mentor helped to settle prisoners in, provided valuable advice and offered Listener<sup>2</sup> support.
- S6** A peer mentor provided an induction talk the day after arrival. The programme was adequate but attendance was not tracked and we were not confident that all prisoners requiring induction received it.
- S7** Levels of violence were very high with a level of assaults almost three times that found in other local prisons. In our survey, more than half said they had felt unsafe at some time and reported high levels of victimisation. There was no safer custody strategy specific to the prison. The monthly safer custody meeting received a good range of information about violence but trends were not well analysed and strategic action to reduce violence was not identified. Not all violent incidents had been investigated and the processes for managing violent prisoners and victims had been poorly implemented.
- S8** Since the last inspection there had been three deaths in custody, two of which were self inflicted. An action plan had been formulated but we were not satisfied that all the

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<sup>2</sup> Prisoners trained by the Samaritans to provide confidential emotion support to fellow prisoners.

recommendations were being implemented. Recorded levels of self-harm were more than five times the level found in other local prisons. With the high number of prisoners being supported on ACCT<sup>3</sup> documents we were not confident that staff were able to manage their vulnerability adequately. The quality of ACCT management was not consistently good. While there were some good initial assessments, care planning was often weak and reviews were missed. There were not enough Listeners in post but a new group had been recruited and were being trained.

- S9 Physical security was proportionate to the risk posed. The control and accountability of prisoners were very poor and the main wing was often chaotic. Staff did not always know where prisoners were. A high number of intelligence reports were submitted each month and, while the analysis of these was good, there was often an inadequate response, with very few target searches and no suspicion drug testing.
- S10 Our prisoner survey and local finds indicated that drugs were easily available. While the average mandatory drug testing rate was relatively low, non-detectable new psychoactive substances<sup>4</sup> – locally referred to as Mamba - were too readily available. Illicitly brewed alcohol was also a significant issue. The supply reduction strategy was poorly coordinated and action to detect or disrupt supply was inadequate.
- S11 Staff had a poor understanding of the incentives and earned privileges scheme and prisoners repeatedly told us that poor behaviour went unchallenged.
- S12 There was a very high number of adjudications and far too many were incomplete.
- S13 The small segregation unit was extremely cold, damp, decrepit and unfit for use. The regime remained very limited but staff-prisoner relationships were good and there was some evidence of good reintegration for some very difficult prisoners.
- S14 Use of force was high and more than double that of comparator prisons. Too many use of force documents were incomplete or missing and there was no forum to review incidents, analyse trends or ensure proper accountability.
- S15 For prisoners with substance misuse issues, clinical care was good and outcomes were enhanced by the presence of a harm reduction and a dual diagnosis nurse prescriber on the integrated drugs team. The demand for substance misuse support was high with almost half the population receiving support. An appropriate range of psychosocial interventions were delivered. The dedicated substance misuse unit offered effective peer-led and therapeutic support. Significantly more prisoners than in comparator prisons said they had received help for drug and alcohol problems.

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<sup>3</sup> Assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm.

<sup>4</sup> 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.

## Respect

**S16** *Living conditions were poor and prisoners struggled to get basic items. Prisoners told us staff treated them respectfully and we observed mostly friendly interactions, but too often poor behaviour went unchallenged. The quality of food was very good. Equality and diversity arrangements were poor and too little was done to identify and address the needs of minority groups. Faith provision was reasonably good. Health services were mostly satisfactory but mental health provision was not meeting need. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

**S17** *At the last inspection in 2013, we found that outcomes for prisoners in HMP Leicester were not sufficiently good against this healthy prison test. We made 37 recommendations in the area of respect.<sup>5</sup> At this follow-up inspection we found that six of the recommendations had been achieved, five had been partially achieved, 24 had not been achieved and two were no longer relevant.*

**S18** Living conditions were poor. Too many prisoners lived in overcrowded conditions and many cells were grubby with too little furniture and dirty, scaled toilets. Communal areas on the main wing were reasonable at ground level but poor elsewhere, with particularly dirty recesses and showers. Prisoners struggled to get basic necessities such as toiletries, clothes and bedding.

**S19** Mail processes were reasonable but some new prisoners waited too long for their phone PIN numbers to be approved and many prisoners were unable to use telephones during the evening when family and friends were available.

**S20** Most prisoners reported respectful treatment from staff and said they had a member of staff they could turn to for help. Interactions we observed were mostly helpful and respectful but prisoners told us of inconsistencies in how some staff challenged poor behaviour which led to feelings of victimisation. We observed poor behaviour go unchallenged.

**S21** Prisoners reported positively about the quality of food and, with the exception of breakfast packs, we found it to be good. There was a varied menu which was adapted in response to consultation with prisoners, but meals were served too early.

**S22** Equality work had deteriorated since the previous inspection and we found a lack of provision for most minority groups. Consultation with prisoners and promotion of equality was inadequate. Prisoners could not access the discrimination incident report form (DIRF) system; staff could not find DIRF forms and no prisoner had submitted one during the previous six months.

**S23** Foreign national prisoners received limited information and support. Translation and interpretation were underused and a few prisoners who could not speak English were isolated. In our survey, prisoners from a black and minority ethnic background, Muslim prisoners and prisoners with disabilities responded negatively across a range of safety and respect indicators. Regular equality monitoring was in place, covering all protected characteristics, but many areas had been out of range for a significant period and had not been explored.

<sup>5</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S24 Faith provision was reasonably good; chaplains were well integrated into the prison, very visible, and provided valued support to prisoners. However, recruitment problems had led to some long-term gaps in provision for Anglican and Hindu prisoners.
- S25 Complaint forms were available in all locations. Responses were timely but many we reviewed did not address the issues raised, including some serious complaints against staff. There were enough legal visits sessions to meet demand but other aspects of legal rights provision, such as bail information and legal advice, remained limited.
- S26 Prisoners were generally more positive about health services than at our last inspection and we found most services to be reasonable with the exception of mental health. The range of primary care services and facilities was acceptable, but was undermined by access issues as prisoners were not brought to the health department for their appointments.
- S27 Some aspects of chronic disease management had improved but nurse-led clinics remained underdeveloped. The dental care provided was good but some dental equipment was still not being adequately maintained. The timing of medication administration had improved and pharmacy services remained good. Inadequate dedicated mental health provision, including a complete reliance on locum psychiatrists, meant that the mental health needs of the population were not being met.

## Purposeful activity

- S28** *Prisoners had too little time unlocked. The regime was chaotic with regular slippage. There were enough activity places but they were not fully allocated and too many prisoners failed to attend. The range of education was satisfactory but there was too little vocational training. The quality of teaching and learning required improvement. Achievements were mostly high except in English. Few prisoners used the library but promotion of literacy was good. Access to PE was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S29** *At the last inspection in November 2013, we found that outcomes for prisoners in HMP Leicester were reasonably good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and eight had not been achieved.*

- S30 Time out of cell was limited to about five hours 30 minutes a day for most prisoners but for those who were not in an activity it was as little as two hours 15 minutes.
- S31 Prisoners had daily access to association with the exception of Fridays when association was unnecessarily replaced by canteen distribution. The regime was chaotic, with regular delays and interruptions. The movement of prisoners to activities was poorly managed and many prisoners failed to attend their nominated activity. More than half were locked in their cells at times during the working day.
- S32 There were enough activity places for all prisoners to be involved in activity on a part-time basis, but places were not used effectively. Not all places were allocated and attendance and punctuality were poor with only 30% of prisoners attending activities at any one time.
- S33 The range of education was satisfactory but too little vocational training was available. The self-assessment processes were accurate and quality improvement arrangements were reasonable but took too long to implement. There was insufficient analysis and use of data to inform the improvement action planning process.

- S34 Overall, the quality of teaching and learning required improvement. Most learners made the progress expected of them but there was not enough challenge for some more able learners. Skills development at work was not recorded well enough.
- S35 For those who undertook qualifications, success rates were high with the exception of English and some employability courses. Retention rates on ESOL courses (English for speakers of other languages) were low.
- S36 Vocational training learners were engaged and understood the links between training and future employability. Behaviour was good.
- S37 Library use was not recorded by the prison but our survey indicated that few prisoners used it regularly. The stock did not adequately support education and vocational training provision but the range of activities to promote literacy across the prison were good.
- S38 Access to PE was good and included evening and weekend arrangements for full-time workers. Prisoners on the vocational course achieved well. Links with health care had improved and were now good.

## Resettlement

**S39** *Staff shortages prevented effective offender management. Too many prisoners were without a sentence plan and offender supervisor engagement with prisoners was very limited. Most public protection arrangements were sound but more needed to be done to manage high-risk cases effectively. Demand for resettlement services was relatively high and community rehabilitation company (CRC) services were developing well. Prisoners' needs were appropriately identified on arrival and before release. Most pathway provision was reasonably good but visits facilities were poor and more needed to be done to help prisoners find employment or training on release. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S40 *At the last inspection in November 2013, we found that outcomes for prisoners in HMP Leicester were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of resettlement. At this follow-up inspection we found that four of the recommendations had been achieved, none had been partially achieved and 10 had not been achieved.*

- S41 Strategic management of resettlement had deteriorated since our last inspection, although some recent progress had been made in re-establishing oversight and accountability.
- S42 There was no comprehensive prisoner needs analysis or data collection to identify performance issues, set priorities or monitor progress. The introduction of the CRC resettlement and through-the-gate team was a positive development and prisoners were supported regardless of their release address or sentence status.
- S43 Redeployment of uniformed offender supervisors and the lack of probation staff led to a lack of regular contact and engagement with prisoners. Too many prisoners did not have an up-to-date OASys assessment. OASys assessments completed by offender supervisors were generally of adequate quality but sentence planning meetings were rarely undertaken and prisoners were not often actively engaged in understanding and working towards their targets.
- S44 Home detention curfew processes were managed well. Categorisations were up to date but there was too little involvement by offender supervisors and prisoners. Some, particularly

- category B prisoners, remained at Leicester too long with not enough opportunity to progress.
- S45 The initial identification and management of those presenting a risk of harm to others was robust. The interdepartmental risk management team was poorly attended and did not provide oversight of all MAPPA (multi-agency public protection arrangements) or high-risk cases before release. Too many MAPPA prisoners due for release did not have their MAPPA level confirmed, which potentially limited the prison's contribution to risk management.
- S46 The demand for resettlement services was high with about 60 prisoners released each month. The resettlement and through-the-gate services were working well and identified needs on arrival and before release. The imminent introduction of trained peer workers for resettlement was a positive development.
- S47 One in five prisoners had housing problems on arrival and the range of help and support was good, but the number of prisoners released without accommodation was not monitored well enough.
- S48 National Careers Service (NCS) staff assessed all prisoners' employment, education and training needs on arrival, but there were few links between their subsequent skills action plans, learning plans and sentence planning. Links with employers were developing but there was no specific pre-release course or regular use of the virtual campus<sup>6</sup> for job search.
- S49 Arrangements to ensure continuity of health care on transfer were appropriate, but communication with GPs and community services for prisoners being released remained inadequate.
- S50 Prisoners with substance misuse issues had access to excellent through-the-gate and post-release support organised by the substance misuse team and their local community partner agencies.
- S51 For prisoners with debt and finance issues a good range of help and support was available from a trained adviser and prisoners could open bank accounts before release.
- S52 The visitors' centre and visits hall were both poor environments. Visitors were treated well by staff. Other provision under this pathway was reasonably good with regular well planned family visits delivered in partnership with the local authority adult education service.
- S53 There were limited opportunities to tackle prisoners' offending related attitudes, thinking and behaviour, although the Man Up programme and other resettlement modules planned by the CRC looked promising.

## Main concerns and recommendations

- S54 **Concern:** Levels of violence were much higher than in comparator establishments, yet strategic management of safety was weak and there was little analysis of violent incidents or action taken to make the prison safer. Not all violent incidents were investigated, violence management processes had not been fully implemented and victim support plans were not in place. In our survey, significantly more prisoners than in other local prisons said they felt unsafe and were victimised by staff and other prisoners.

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<sup>6</sup> Internet access for prisoners to community education, training and employment opportunities.



**Recommendation: Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include: an analysis of violent incidents and a violence reduction strategy specific to the prison, with associated action plans; effective consultation with prisoners about violence in the prison; and improved violence management and victim support processes which are well known to all staff and reliably implemented.**

S55 **Concern:** Levels of self-harm and the number of prisoners supported on ACCT documents were very high. We were not confident that staff were able to manage prisoners' risks and vulnerabilities adequately or that the quality of support demonstrated in ACCT documents was good enough.

**Recommendation: Care and support should be provided for prisoners at risk of suicide and self-harm. Thorough assessments should be carried out to produce well designed care plans which are managed through consistent reviews and meaningful contact with the prisoner.**

S56 **Concern:** The cells in the segregation unit were extremely cold, damp, decrepit and not fit for habitation.

**Recommendation: The segregation unit should be closed with immediate effect.**

S57 **Concern:** In our survey, prisoners who were black and minority ethnic, Muslim or had disabilities, responded far less positively than their counterparts across a range of important areas. Monitoring and consultation with minority groups were poor and the prison was unable to provide assurances that minority groups were not disadvantaged.

**Recommendation: Prisoners with protected characteristics should be supported and consulted and outcomes from consultation should inform delivery. Equality data should be analysed, and action should be taken to ensure that the needs of minority groups are met.**

S58 **Concern:** Mental health provision was not meeting the needs of the population. The team lacked sufficient dedicated nursing resources to provide comprehensive assessments and care-planned support. A complete reliance on locum psychiatrists led to inconsistent care and prescribing. The service was very reactive and primarily focused on crisis management. The range of provision was too limited.

**Recommendation: The mental health service should have enough staff and mix of skills to ensure that prisoners with primary and secondary mental health needs have timely access to a full range of care-planned mental health interventions within agreed time frames.**

S59 **Concern:** The core day was not publicised on the wings. The regime was chaotic and staff routinely did not know what was supposed to be happening or where prisoners were. Timings regularly slipped during the day. Prisoners often failed to turn up to appointments or learning and skills and work activities.

**Recommendation: The core day should be widely publicised and adhered to. Staff should ensure that prisoners attend their appointments, including learning and skills and work activities.**



## Section 1. Safety

### Courts, escorts and transfers

#### Expected outcomes:

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

**I.1** *Prisoners had short journeys to the prison and said that they were treated well by escort staff. There were good video court facilities. Escort staff did not always pass on important information about prisoners.*

**I.2** Most prisoners had short journeys to the prison and, in our survey, most said they were treated well by escort staff. Vans we inspected were reasonably clean and carried refreshments.

**I.3** There were good video link facilities for court appearances and they had been used for up to 120 prisoners a month in the last six months, thus reducing the need for court attendance and escorts.

**I.4** As at the previous inspection, we observed a case where escort staff did not convey important information about a prisoner to reception officers. They were not told that an incoming prisoner had been charged with causing the death of a child. This significant risk factor required his separation from other prisoners and was a potential trigger for self-harm.

#### Recommendation

**I.5** **Escort staff should always make reception staff aware of any important information contained in prisoners' documentation.** (Repeated recommendation I.7)

### 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.6** *The physical environment of reception was very poor but staff were welcoming and efficient. First night procedures included good information about the prison but cells were not adequately prepared and the vulnerability of new arrivals was not addressed well enough. Induction was reasonable but there was no monitoring to ensure that it was delivered to all prisoners who needed it.*

**I.7** The physical environment of reception was grim and in a poor state of repair. Holding rooms were stark with uncomfortable seating and little information on display. There was extensive graffiti in most rooms and during wet weather one room holding prisoners was flooding. The

small holding room for vulnerable prisoners was particularly bleak and contained an unscreened toilet. There were no peer support prisoners to advise new arrivals.

- I.8 The poor physical condition of reception was mitigated in part by the welcoming and respectful treatment shown by reception staff who were calm and efficient in moving prisoners promptly to the first night centre. In our survey, 70% of prisoners said they were in reception for less than two hours and 84% said they were treated well against respective comparators of 40% and 62%.
- I.9 All arrivals were subjected to a strip-search without a risk assessment, even when they had come directly from another establishment.
- I.10 Prisoners arriving in the evening could not have a shower and prisoners involved in a court case could not take a shower in the morning either.
- I.11 All new arrivals, including vulnerable prisoners, went to the first night and induction landing. A private interview was held with first night staff and prisoners were provided with a booklet with a good range of information about the prison which was available in five languages other than English. The interview did not address the safety and vulnerability of new arrivals and there were no enhanced observations during the first few days for prisoners who had not been in custody before.
- I.12 New arrivals were offered a meal, a canteen pack and a free telephone call. They met a first night peer worker, who was also a Listener<sup>7</sup>, for immediate support and advice. First night accommodation was clean but graffiti was still evident and not all new arrivals were given a pillow or a kettle.
- I.13 Induction took place the day after arrival and was reasonably comprehensive. The first night peer worker met new prisoners and checked their understanding of the written information. Induction meetings with the chaplain and resettlement staff, gym induction and education assessments were offered. However, induction was not monitored and there was no evidence that it was offered to all prisoners who needed it. In our survey, only 63% of prisoners said they had been on an induction course.

## Recommendations

- I.14 **Reception should be properly maintained, clean, comfortable and free of graffiti, with helpful information on display.**
- I.15 **Prisoners attending court and new arrivals in the evening should be able to take a shower.**
- I.16 **The vulnerability of new arrivals should be fully assessed and there should be enhanced safety checks during their stay on the first night and induction unit.**
- I.17 **First night accommodation should be free of graffiti and fully equipped.**
- I.18 **Induction of new prisoners should be monitored to ensure that it is provided for all those who need it.**

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<sup>7</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

## Housekeeping point

- I.19** Prisoners should only be subjected to a full search on arrival where it is justified by a risk assessment.

## 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.20** *The levels of violence and intimidation were high. Not enough was being done to make the prison safer. There was no violence reduction strategy specific to the prison. A good range of data on violence were collected but not well analysed. The order and control meeting was a valuable means of sharing information about violent incidents. Not all violent incidents had been investigated and the bullying management and victim support processes were not well implemented.*

- I.21** Levels of violence were very high compared to similar establishments. During the previous six months, there had been 75 assaults on staff and prisoners which was nearly three times the rate found in recent inspections of local prisons. Of these, the rate of assaults on staff was almost five times that of comparator local prisons. The number of fights was also high with 23 in the previous six months, twice the rate found in other local prisons.
- I.22** Our survey continued to show that prisoners felt more unsafe than in other local prisons: 55% against the comparator of 43% said that they had felt unsafe at some time and 28% said that they felt unsafe now against the comparator of 20%. They also reported high levels of victimisation by staff and prisoners. Forty per cent said that they had been victimised by staff against the comparator of 32% and 31% at the last inspection and 40% said they had been victimised by other prisoners against the comparator of 30%.
- I.23** There was no violence reduction strategy or associated action plan specific to the establishment. A monthly safer custody meeting considered violence reduction but it was not always well attended by residential and health care staff. A good range of information was provided on the types, location and numbers of violent incidents but this was not analysed well enough to reveal trends or identify hotspots to inform a long-term violence reduction strategy. Actions agreed at the meeting were not promptly carried out and the minutes showed that matters were carried forward for several months (see main recommendation S54).
- I.24** Not all investigations into violent incidents had been completed. During the previous six months, 206 requests had been made for investigations but 46 had not been returned.
- I.25** Identification of immediate issues and reactive measures were better managed. Information was shared effectively between departments at the weekly order and control meeting, which was well attended and identified immediate action in response to current issues.

## 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.26** *Actions following Prisons and Probation Ombudsman recommendations on deaths in custody were not maintained. Levels of self-harm were very high. Information about self-harm was not analysed adequately to inform strategic action. The number of ACCT<sup>8</sup> documents opened was very high and they were not managed well enough. Listener support was good and new Listeners had been recruited.*
- I.27** Since the last inspection there had been three deaths in custody. Two had been self inflicted, the most recent just three weeks before the inspection. In response to the Prisons and Probation Ombudsman's (PPO) report, an action plan had been developed which noted that actions had been completed. However, in practice, the plan was not regularly reviewed and we found that recommendations concerning ACCT management were not being followed.
- I.28** During the previous six months, 237 incidents of self-harm had been recorded, 50% more than at the previous inspection and more than five times the number in other local prisons.
- I.29** A good range of information on incidents of self-harm was discussed at monthly safer custody meetings, but there was no ongoing analysis of trends or a plan to reduce levels of self-harm. It was concerning that mental health staff did not attend this meeting regularly.
- I.30** The number of ACCT documents opened was very high: 163 had been opened in the last six months compared to 131 at the last inspection. We observed staff, particularly on night duty, who found it difficult to undertake observations at the specified intervals because there were so many and they told us that at times they were concerned that they were unable to offer appropriate care or record significant events.
- I.31** The quality of ACCT casework was not consistent. There were examples of good initial assessments, but care plans did not always reflect this quality. In only one of those we reviewed did we find the same care manager consistently attending reviews and too many reviews were postponed. Although the mental health team attended many reviews, too often care plans did not contain meaningful objectives for prisoners. Too many staff contacts with prisoners were superficial and only briefly recorded (see main recommendation S55).
- I.32** At the time of the inspection there were too few Listeners, with just four in post, but a further nine had been recruited and were being trained. Existing Listeners told us they were well trained and supported by the local Samaritans group. There was a comfortable and clean Listener suite which was well used.

<sup>8</sup> Assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm.

## Recommendation

- I.33** Actions arising from recommendations in PPO reports into deaths in custody should be continually reviewed and reported to the safer custody meeting to ensure that recommended changes in practice are embedded.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>9</sup>**

- I.34** *There was an up-to-date safeguarding policy and the governor represented the prison on the local safeguarding adults board. We were not confident that internal processes were robust enough to provide a secure environment that protected all prisoners from harm.*

- I.35** There was an up-to-date safeguarding policy but key members of staff identified by the policy, including the designated safeguarding representative, were unaware of their role. The governor attended the local safeguarding adults board which had provided training and guidance to the prison.
- I.36** We had significant concerns about many of the internal procedures that contributed to the safeguarding of vulnerable adults, including case management of prisoners on an ACCT, support for victims of violence and bullying and care for prisoners with mental health needs (see sections on bullying and violence reduction, self-harm and suicide prevention, and health services). This was compounded by the chaotic nature of the regime and the poor control demonstrated by staff on the main wing (see paragraphs 1.43 and 3.3).

## Recommendation

- I.37** All staff should be aware of their roles outlined in the safeguarding policy.

<sup>9</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

## Security

### Expected outcomes:

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

- I.38** *Physical security was proportionate but too little action was taken to mitigate the risks identified in the very high number of information reports (IRs). While the average mandatory drug testing (MDT) rate was low, non-detectable new psychoactive substances (NPS), including mamba<sup>10</sup>, were too readily available. Illicitly brewed alcohol was also a significant issue. The supply reduction strategy was poorly coordinated and action to detect or disrupt supply was inadequate.*
- I.39** Physical security was proportionate for a category B establishment although the fabric of some of the cells was poor in places (see paragraph I.59).
- I.40** A very high number of IRs (three times the number we usually find in local prisons) were submitted from across the prison each month which were then analysed and categorised according to risk before being referred to managers. Regular themes included illicit drug use, availability of mobile phones and violent or threatening incidents and behaviour. Responses to the IRs were inadequate: there had only been five intelligence-led searches during the previous three months and no suspicion drug testing for over a year. There was a large backlog of IRs waiting to be processed.
- I.41** The average positive random MDT rate for the six months to August 2015 was 7% against a key performance target of 10%. However new psychoactive substances (NPS)<sup>11</sup> - locally referred to as mamba - were easy to obtain. In our survey, 56% of prisoners said that drugs were easily available against the comparator of 35% and 26% at the previous inspection. Fourteen per cent of prisoners said that they had developed a drug problem while at Leicester. The number of alcohol finds was also high and in our survey 31% of prisoners said it was easy to get alcohol against the comparator of 16% and 6% at the last inspection.
- I.42** The response to the threats posed by drugs and alcohol was inadequate. There had been no drug strategy committee meetings for many months and insufficient action to detect and disrupt supply (see paragraph I.40).
- I.43** Procedural security in relation to the management of prisoners was poor. Staff were often unable to account for prisoners or determine the number of prisoners on the wings during the core day (see paragraph 3.3) and we regularly found prisoners in places they were not supposed to be. On more than one occasion we unlocked double cells to find three prisoners inside. An escort to another prison left without a prisoner who could not be found. Details on some of the landing roll boards were out of date showing prisoners in cells that were now vacant or occupied by other prisoners.

<sup>10</sup> A synthetic drug that mimics the effects of cannabis but is much stronger, with no discernible odour and cannot be detected by drug tests.

<sup>11</sup> 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.



## Recommendations

- I.44** Staff should be able to account for prisoners at all times.
- I.45** There should be a proportionate response to information reports submitted each month, including searching and drug testing.
- I.46** There should be a strategy and associated action plan to coordinate and reduce drug supply.

## Incentives and earned privileges<sup>12</sup>

### Expected outcomes:

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

**I.47** *Few prisoners felt that the incentives and earned privileges (IEP) scheme encouraged good behaviour. The process was poorly applied and had little positive impact on behaviour.*

- I.48** In our survey, significantly fewer prisoners than the comparator considered that the IEP scheme encouraged them to change their behaviour. Prisoners repeatedly complained about the lack of incentives to improve behaviour and progress through the levels.
- I.49** Despite a high level of indiscipline (see paragraph 1.53), few prisoners (15) were on the basic level of the scheme, which included loss of in-cell television and restrictions on cash allowances. However, restrictions were not always applied as intended and staff were often unaware of the levels prisoners were on.
- I.50** A comprehensive policy laid out the processes required to operate the scheme but few staff had a good understanding of it and electronic case notes showed very few references to behaviour or the IEP scheme.

## Recommendation

- I.51** **The IEP scheme should encourage good behaviour and be applied consistently in accordance with the published policy.**

<sup>12</sup> In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

## 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.52** *Levels of adjudications and the use of force were very high. Oversight of disciplinary procedures, use of force and segregation was weak. Too many adjudications were incomplete. Completion of use of force documentation was poor. The segregation unit was unfit for use.*

## Disciplinary procedures

- I.53** There was an exceptionally high number of adjudications, more than three times that at other local prisons. Adjudications that we observed were efficient and prisoners were engaged in the process. Too many adjudications were incomplete, with 181 at the time of the inspection and a further 268 relating to prisoners who had left the establishment.
- I.54** A quarterly standardisation meeting reviewed the tariff and other emerging issues. There had been no quality assurance of processes since January 2015.

## Recommendation

- I.55** **The high number of incomplete adjudications should be addressed and there should be regular quality assurance of adjudication processes.**

## The use of force

- I.56** Use of force was high at over twice that of comparator prisons. There was no use of force committee or any regular managerial oversight of the processes. Almost all the incident dossiers were incomplete with many Annex A (officer's report) and F213 (injury to prisoner) forms missing. For example, we identified one incident recorded as a serious assault on staff but with no corresponding use of force record.
- I.57** We reviewed five video recordings of planned interventions; all were well managed with evident attempts at de-escalation.

## Recommendation

- I.58** **There should be regular and effective oversight of use of force.**

## Segregation

- I.59** The fabric of the unit was appalling. Cells were exceptionally cold, damp and unfit for use. Two of the seven cells were out of use with significant damage. In the remaining cells, in-cell sanitation units and furniture were in a poor state of repair (see main recommendation S56).
- I.60** Some extremely disruptive prisoners had been held on the unit and there were four occupants at the time of the inspection, one of whom had been held there for a long time

due to the nature of his offence, his very poor behaviour and his refusal to locate anywhere else in the prison. Daily managerial oversight and staff interactions were very good. Reintegration planning was good and staff worked hard to maintain engagement with segregated prisoners throughout their time on the unit and plan for their return to normal location. The average time on the unit was about 13 days and the vast majority of prisoners returned to normal location.

- 1.61** The regime remained minimal consisting of a telephone call, a shower and exercise outside. There was no monitoring group to oversee the segregation of prisoners.

## Recommendation

- 1.62** The segregation of prisoners should be monitored and regularly reviewed.

## Substance misuse

### Expected outcomes:

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

**1.63** *Almost half the population were on the psychosocial caseload, receiving an appropriate range of interventions. Significantly more prisoners than in comparator prisons said they had received help for drug and alcohol problems. Clinical care was good. Prisoners' treatment was enhanced by the presence of a harm reduction nurse and a dual diagnosis trained nurse prescriber.*

- 1.64** Substance misuse services were provided by LiFT (part of Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company Limited), with Inclusion Healthcare providing the clinical element.
- 1.65** Almost half the population, 151 prisoners, were in active psychosocial treatment. In our survey, significantly more than the comparator said they had received help for their drug and alcohol problems.
- 1.66** The substance misuse team delivered a comprehensive range of appropriately targeted interventions of low and medium intensity.
- 1.67** The substance misuse unit (SMU) consisted of two landings. One landing housed 14 prisoners who were engaged in the Road to Recovery programme. The other landing was called a stabilisation unit but, in reality, only three of the 17 prisoners on the unit at the time of the inspection were actually stabilising. The remainder were waiting to go on to the recovery programme or could not be placed in other locations because of threats from other prisoners. There was a risk that the therapeutic atmosphere could be disrupted by these prisoners.
- 1.68** Clinical care was good. Medication administration was timely and well supervised. Prisoners' treatment was enhanced by a harm reduction nurse who dealt with blood-borne virus vaccinations. A dual diagnosis trained nurse prescriber on the integrated drugs team also provided added benefit by working with prisoners experiencing anxiety and depression, although the substance misuse and primary mental health teams were not well enough integrated (see paragraph 2.85 and recommendation 2.91).

- I.69** Sixty-seven prisoners were receiving opiate substitution treatment of whom 30 were on maintenance doses and 37 on reducing doses, which was appropriate.
- I.70** Prisoners arriving on buprenorphine were given a maximum of 28 days to detoxify or transfer to methadone. Prisoners could only be initiated on to buprenorphine on the day they were released. Overall, this policy was contrary to the latest national guidance.

### Recommendations

- I.71** The role of the substance misuse unit should be clarified to avoid disrupting the integrity of recovery focused interventions.
- I.72** Prescribing should be flexible, based on individual needs and adhere to national guidance.

## 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** *Living conditions remained shabby with unhygienic showers and recesses. The prison was still very overcrowded and cells were cramped and often poorly equipped. Prisoners struggled to get supplies of clean clothes and bedding and they still had little confidence in the applications system.*

**2.2** The living areas were worn and difficult to keep clean. Cells which were nearly all designed for single occupancy often held two prisoners and were cramped. Many cells contained poor and damaged furniture and there were few lockable lockers for personal items. All cells had a small lockable medicines cupboard and a key was given to those on prescribed medication.

**2.3** Communal areas on the main wing were reasonable at ground level but poor elsewhere. Many showers were dirty and damp, with peeling paint and strewn with discarded clothing. Communal toilets in recesses were particularly dirty and many in-cell toilets were dirty, scaled and unscreened.

**2.4** Prisoners struggled to get basic necessities such as toiletries, clean clothes and bedding. A change to the way that kit was issued had not been communicated well and staff and prisoners (including those working in the kit store) were confused about how the process worked. Some landing staff failed to inform prisoners when it was their turn for clean kit, leaving them with dirty clothing and bedding for long periods.

**2.5** Remand prisoners and those on the enhanced level of the IEP scheme could wear their own clothes. Remand prisoners could have clean clothing brought in on visits. There were no laundry facilities for personal clothes, and prisoners either washed clothes in cell sinks or paid other prisoners to launder their clothes illicitly in the kit store, reception or the kitchen.

**2.6** The previously good consultation arrangements had deteriorated since our last inspection and minutes of recent meetings reflected poor attendance. Few issues were raised and very few actions carried out as a result.

**2.7** Prisoners had little confidence in the applications system and said that they rarely received replies. There was no tracking system and one of the wing application logs had not been completed for five weeks up to the inspection.

**2.8** Mail processes, including 'email a prisoner', were reasonable and prisoners usually received their mail within 24 hours of it arriving in the prison. Access to telephones was poor for many. There were few opportunities during the busy unlock periods and records that we checked showed that during the evening when most family and friends were available calls were made available almost exclusively to cleaners and kitchen workers who normally remained unlocked until 7pm. Newly arrived prisoners could wait up to 16 days for personal numbers to be added to their telephone accounts, which was too long.

## Recommendations

- 2.9 All shower rooms should be refurbished to an acceptable standard of hygiene, and all toilets should be screened.** (Repeated recommendation 2.8)
- 2.10 Prisoners should be issued with clean bedding and clothes each week.** (Repeated recommendation 2.10)
- 2.11 Cells designed for one should not be used to hold two prisoners.**
- 2.12 Laundry facilities should be introduced for those prisoners entitled to wear their own clothes.**

## 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.**

**2.13** *Interactions from staff were helpful and supported the most vulnerable prisoners. Poor behaviour was not challenged consistently enough. Most prisoners said they had somebody to turn to for help but inconsistent treatment by staff made prisoners feel victimised.*

- 2.14** In our survey 80% of prisoners said most staff treated them with respect against 73% in similar prisons. There was no personal officer scheme but most prisoners said they had a member of staff they could turn to for help.
- 2.15** We observed a level of familiarity often seen in small local prisons with some staff having extensive knowledge of prisoners from previous periods at the prison. We observed some very helpful interactions from staff and some high levels of care for very vulnerable and difficult prisoners. However, the overtly familiar relationships were not challenging enough and potentially undermined the discipline and good order of the prison.
- 2.16** Prisoners described inconsistent treatment by staff. Some said they were intimidated by disruptive and aggressive prisoners who got what they wanted while compliant prisoners were left unassisted. This was consistent with our findings and we observed poor behaviour going unchallenged and broad inconsistencies in how staff dealt with prisoners.
- 2.17** The recording of interactions and behaviours in electronic case notes was poor. We found very few entries from staff and almost no managerial oversight recorded.

## Recommendation

- 2.18 Poor behaviour by prisoners should be challenged consistently by staff and there should be regular entries in case notes which describe interactions with prisoners fully.**

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>13</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

**2.19** *The management of equality and diversity work had deteriorated since our last inspection, and there was a lack of provision for most minority groups. Monitoring covered all protected characteristics but the overrepresentation of some groups was not investigated. The discrimination incident report form (DIRF) system was not being used. In our survey, prisoners from a black and minority ethnic background, Muslim prisoners and prisoners with disabilities reported negatively across a range of safety and respect indicators.*

### Strategic management

- 2.20** The range and effectiveness of equality work had deteriorated since the previous inspection and was now poor. The equality policy did not reflect current practice, the equality meeting was frequently rescheduled and had only met once in 2015. The minutes of this meeting were poor, showing little analysis of data and many actions not carried out.
- 2.21** Prisoners with protected characteristics were identified on arrival but our survey suggested an under-identification of some groups. The equality monitoring tool was used to monitor access to the regime and data showed that some groups were consistently out of range. Younger prisoners were overrepresented in disciplinary procedures, prisoners from a black and minority ethnic background were underrepresented on the higher levels of the IEP scheme and prisoners with disabilities were out of range in adjudications, complaints and the IEP scheme. The reasons for these anomalies had not been explored. Consultations groups for all protected characteristics had lapsed.
- 2.22** With the exception of faith provision, work with other protected characteristics was limited and inconsistent. There were no equality peer workers and most prisoners said they were unsure whom to speak to about an equality issue. Equality and diversity was inadequately promoted throughout the prison.
- 2.23** Use of the national discrimination incident reporting system had stopped. No discrimination incident report forms (DIRFs) had been submitted in the previous six months and the prison was unable to tell us when the last DIRF had been received. DIRF forms were not available on the wings and residential staff were unable to locate them.
- 2.24** In a sample of regular complaints that we examined, we found a number which concerned discrimination and should have been investigated as such. One of these was inappropriately sent back to the prisoner unanswered advising him to resubmit on a DIRF form (see main recommendation S57).

<sup>13</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Protected characteristics

- 2.25** A third of the population were from a black or minority ethnic background and 13% were Muslim. In our survey, these groups reported very negatively across a range of safety and respect indicators, but there had been no consultation with these groups to identify the reasons for their perceptions (see main recommendation S57).
- 2.26** In our survey, 4% of respondents identified themselves as Gypsy, Romany or Traveller, which equated to about 13 prisoners, although the prison had identified only three. There was no focus on their specific needs and those we spoke to felt unsupported.
- 2.27** There were 33 foreign national prisoners at the time of the inspection, four of whom were being held beyond the end of their sentence. Provision for this group was underdeveloped; interpretation and translation were not routinely used for speakers of other languages. We found unacceptable examples of medical assessments, basic custody screenings and assessment, care in custody and teamwork (ACCT) case management reviews carried out without appropriate interpretation. There was an over-reliance on prisoner interpretation which was sometimes used inappropriately. We came across a small number of foreign national prisoners who could not speak English, some of whom felt confused and isolated.
- 2.28** Foreign national prisoners who did not receive visits were entitled to one free five-minute telephone call every month but this entitlement was not communicated to prisoners and no prisoner was making free calls at the time of the inspection. Home Office immigration staff attended the prison weekly but had not resolved the issue of prisoners being held after their sentence had expired. In one case, a prisoner was held for a month beyond his tariff while waiting for a flight to be arranged, despite being happy to leave the UK. There was no independent immigration advice (see paragraph 2.44).
- 2.29** The prison had identified 75 prisoners with disabilities, most of whom had mental illness or learning disabilities. There were few prisoners with physical impairments. The health care team identified prisoners with disabilities on arrival but few services were delivered for this group. There was no formal scheme of peer workers assisting prisoners who needed help with everyday tasks. We found several prisoners engaged in this work informally and were concerned about the lack of oversight of these arrangements. Prisoners with disabilities told us they were unsure what support was available. In our survey, prisoners with disabilities felt less safe and reported higher levels of victimisation than other prisoners. The establishment's monitoring showed that this group was also out of range across many areas but no consultation or investigation had taken place.
- 2.30** There were 28 prisoners over the age of 50 at the time of the inspection. There was little provision for them other than a dedicated gym session.

## Recommendations

- 2.31** **Translation and interpretation services should be used when required.**
- 2.32** **A formal peer support scheme should be established to enable prisoners to help older prisoners or prisoners with disabilities.**



## 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.**

**2.33** *Faith provision was reasonably good, although there had been a lengthy gap in services for Anglican and Hindu prisoners. Chaplains were well integrated into the prison and provided valued support to prisoners.*

**2.34** Faith provision was reasonably good; the chaplaincy was visible across the prison and prisoners had good access to them. In our survey, 59% of respondents said they were able to speak to a religious leader of their own faith and 57% that they were able to see a chaplain when they first arrived against respective comparators of 50% and 46%. The chaplaincy was well integrated into prison life and attended a range of meetings including the senior management team.

**2.35** The chaplaincy saw all new arrivals. Worship facilities met the needs of the population and the main chapel was bright and well equipped with facilities for all faiths. Most groups had access to communal worship and study groups every week. However, recruitment problems had led to long-term gaps in provision for the Anglican and Hindu populations.

**2.36** Community links were developing and an inter-faith forum with representatives from local faith groups was planned. An active group of chaplaincy volunteers assisted with study groups and services but there was no volunteer visitor scheme for prisoners who did not receive visits. A trained counsellor attended the prison twice a week to offer one-to-one bereavement counselling.

### Recommendation

**2.37** **All prisoners should have weekly access to communal worship led by a chaplain of their own faith.**

## Complaints

### Expected outcomes:

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

**2.38** *Complaints were responded to swiftly but too many responses did not address the issues raised.*

**2.39** Complaints were responded to swiftly but too many prisoners, particularly those complaining about staff, received a response that did not address the issues raised. A quality assurance check was carried out on 10% of complaints but this had not addressed the problem.

- 2.40** Complaint forms were freely available across the prison but complaints were inappropriately sent back to prisoners unanswered if they were not signed or dated, or if they were made on the wrong form. We found several complaints about discrimination which had not been transferred to the DIRF system (see paragraphs 2.23 and 2.24).

## Recommendation

- 2.41 Responses to complaints should fully address the issues raised.**

## 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.**

- 2.42** *Legal visits were adequate but access to legal advice was limited.*

- 2.43** In our survey, more prisoners said it was easy to attend legal visits and communicate with their solicitor than at similar prisons. The legal visits booths afforded privacy and prisoners and solicitors confirmed that there were adequate slots to meet demand. Significant amounts of graffiti remained in the holding rooms in legal visits.

- 2.44** In theory, prisoners could access legal information and be signposted to legal advice and bail information through their offender supervisor. However, little information was provided to new arrivals and staffing issues in the offender management unit prevented most prisoners from having much contact with their offender supervisor (see paragraph 4.8). There was no independent immigration advice (see paragraph 2.28).

## Recommendation

- 2.45 Prisoners should have access to bail information and prisoners who need specialist support should be appropriately signposted.**

## 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.**

- 2.46** *Primary care services had improved and were reasonably good, but provision was severely undermined by chronic difficulties in escorting prisoners to their in-house and external health appointments. Non-attendance rates were excessive. Nurse-led services were underdeveloped and often provided on the wing which was inefficient and lacking in privacy. Pharmacy services remained good. Dental care was good, but some dental equipment was not adequately maintained. Mental health services were under-resourced and focused on crisis management exacerbated by a total reliance on locum psychiatrists.*
- 2.47** *The health care inspection was jointly undertaken by the Care Quality Commission (CQC) and Her Majesty's Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement with subsequent notices issued by the CQC (see Appendix III).*

### Governance arrangements

- 2.48** Leicestershire Partnership NHS Trust had provided all physical and mental health services since July 2013. An up-to-date health needs assessment informed service delivery. Regular clinical governance and partnership board meetings covered all essential areas. Learning from serious incidents and complaints informed service improvement. Prisoner health forum meetings supported by NHS England were planned.
- 2.49** The health team had chronic staff recruitment and retention problems at all grades. Vacancies were covered by regular agency staff but shortages had adversely affected service development, including nurse-led life-long condition clinics. Nurses were available 24 hours a day and GP clinics were provided daily, including weekends.
- 2.50** Health staff had reasonable access to training, managerial supervision and clinical supervision. Staff could access an appropriate range of policies.
- 2.51** Professional interpretation was not always used when required for prisoners who did not speak English (see paragraph 2.27).
- 2.52** Care planning was underdeveloped, particularly for prisoners with life-long conditions and mental health needs.
- 2.53** The clinical environment had improved significantly, although cleaning standards and some fixtures and fittings, such as taps and flooring, still did not comply with infection control standards. More space had been created in the health centre but the waiting area remained stark with some graffiti.
- 2.54** An appropriate range of primary care services were available, but access was severely restricted by inadequate arrangements to get prisoners to their appointments (see paragraph 2.66). In our survey, prisoners responded much more positively than at our last inspection on access to nurses, the quality of nurses and GPs and the overall quality of health services.

Most prisoners we spoke to were positive about the care received but spoke of delays in accessing some services.

- 2.55** Well checked emergency equipment, including essential drugs, oxygen and a defibrillator, was located in health rooms across the prison. However, there were no systems to ensure that first aid trained custody staff were on duty and officers had no direct access to a defibrillator. This could result in delayed interventions in an emergency, particularly at night when the one nurse on duty would need to be escorted to the incident. Ambulances were not called immediately when emergency medical assistance was requested, which could further delay appropriate assistance.
- 2.56** There was no identified clinical lead for older prisoners. Over-40 well man screening was not offered proactively and waiting times were long. Access to specialist assessment for mobility and health aids was satisfactory.
- 2.57** The advertised confidential health complaints system had clear response times. Most complaints related to medication and access to services. Responses we sampled were courteous and most were prompt, but they did not highlight appeal procedures and did not consistently address all the issues raised.
- 2.58** Appropriate health promotion literature was available in the health department in several languages. There was no health promotion action group, but further displays across the prison were planned. Prisoners had reasonable access to smoking cessation support, immunisation and blood-borne virus testing. Barrier protection was available but was still not advertised.
- 2.59** The Care Quality Commission issued 'requirement to improve' notices following the inspection (see Appendix III).

## Recommendations

- 2.60 All clinical areas should be fully compliant with current infection control standards.** (Repeated recommendation 2.59)
- 2.61 Sufficient custody staff with easy access to a defibrillator should be trained in first aid and an ambulance should be called immediately when an emergency medical code is used, to ensure a prompt response to medical emergencies.**
- 2.62 Older prisoners and those with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised nursing staff.**

## Housekeeping points

- 2.63** Responses to complaints about health care provision should adequately address all issues raised and provide the prisoner with information about options for appeal.
- 2.64** Access to barrier protection should be well advertised.

## Delivery of care (physical health)

- 2.65** New prisoners received a combined initial health, social care and secondary health assessment in reception. Follow-up referrals were completed and liaison with community health services was good. We were concerned that the lack of a separate secondary screen meant that prisoners might not engage effectively and were not systematically reviewed during the first few days of custody.
- 2.66** There was enough physical space to provide a full range of appropriate services but it was grossly underused because of a lack of custody staff to escort prisoners to their appointments. GP, optician, visiting specialists and dental services were prioritised, which meant that nurse clinics were regularly not scheduled, increasing waiting times and restricting services. Several services, including nurse assessment, ECGs and even blood taking, were completed in prisoners' cells, which lacked confidentiality and presented substantial health and safety risks.
- 2.67** Clinics had a high non-attendance rate of above 20%, often because prisoners could not be escorted. Waiting times to see the GP were reasonable, but those for the optician were excessive at eight to 10 weeks. Urgent GP appointments were available daily and out-of-hours GP arrangements were satisfactory.
- 2.68** Nurse-led diabetes clinics ran regularly and further nurse-led services were planned once staff were trained. Most life-long conditions were managed by the GPs, but formal care planning associated with nurse-led clinics was underdeveloped.
- 2.69** The monitoring of external hospital appointments had improved. Nine external hospital appointments were available weekly but too many had been rescheduled because of a lack of escort staff.

## Recommendations

- 2.70** **Prisoners should have timely access to all primary care services and the failure-to-attend rate for all clinics should be monitored and appropriate remedial action taken to reduce it to less than 10%. (Repeated recommendation 2.76)**
- 2.71** **Nurse-led and health support worker services should be provided consistently in a private clinical environment except in exceptional circumstances that have been appropriately risk assessed.**
- 2.72** **Prisoners should have prompt access to external hospital appointments within community equivalent waiting times.**

## Pharmacy

- 2.73** A neighbouring prison supplied medicines promptly and there was adequate out-of-hours provision. Two full-time on-site pharmacy technicians supported by a visiting pharmacist provided adequate governance and safe management of medicines. There were appropriate policies and procedures but many required review. Medication was stored correctly and securely. Refrigerator temperatures, alerts and medication incidents were managed effectively. All key issues were discussed at well attended medicine management meetings. Prisoners had no direct access to pharmacy staff for advice.

- 2.74** An appropriate in-possession prescribing policy and risk assessments were consistently applied. Prisoners could store medication securely in their cells. Drug administration records were complete and prisoners who missed their medication were identified and followed up.
- 2.75** Medication was administered three times daily from three wing-based pharmacy locations and the health care department. Night-time supervised medication was taken to prisoners' cells at an appropriate time. The two administration hatches in the main wing treatment room did not afford privacy. The queues were well managed.
- 2.76** The only medication that nurses could administer without a prescription was single doses of simple pain killers, although this was not monitored. This was too limited and increased the demand for GP appointments.

## Recommendations

- 2.77** **Pharmacy-led clinics and medicine use reviews should be introduced.** (Repeated recommendation 2.93)
- 2.78** **A range of more potent medicines should be available without seeing a doctor and their use should be monitored.**

## Housekeeping point

- 2.79** A full range of in-date pharmacy procedures and policies should be in place.

## Dentistry

- 2.80** Time for Teeth provided a full range of NHS equivalent services with two dentist clinics a week and two dental nurse triage sessions monthly. In our survey, 5% of prisoners said it was easy to see the dentist and 17% that the quality of the dentist was good against respective comparators of 9% and 30%. Clinical records indicated that prisoners generally received routine dental appointments within six weeks. Emergency provision was adequate. Oral health was promoted effectively. The facility had a separate decontamination room and infection control procedures were satisfactory.
- 2.81** Service records for the dental chair and x-ray equipment were still not available and there was no certainty that servicing had occurred. This presented risks to patients and staff.

## Recommendation

- 2.82** **All dental equipment should be serviced at required intervals and records of the service should be held in the dental suite.**

## Delivery of care (mental health)

- 2.83** In our survey, 47% of prisoners said they had mental health problems against the comparator of 38%. Despite the high level of need, there was no ongoing programme of mental health awareness training for officers to help them identify and support these prisoners.

- 2.84** The integrated primary and secondary mental health team was subject to chronic staff recruitment problems. All mental health nurses (RMNs) supported primary care with the administration of medication, which further restricted the time available to see patients. Leicestershire Partnership Trust had been unable to recruit a permanent psychiatrist for the two weekly sessions since they took over the service in 2013. The service relied on locums. Sometimes no psychiatrist was available and five different psychiatrists had attended in the last nine months which led to inconsistent care and prescribing (see main recommendation S58).
- 2.85** A cognitive behavioural therapist provided one session a week for three or four prisoners and had a waiting list of eight to 10 prisoners. There were no other psychology interventions, groups or general counselling, which increased the demand for the RMNs and psychiatrist. Prisoners with a learning disability received support from specialist nurses and were referred for specialist psychiatrist treatment as required. Prisoners with a dual diagnosis were supported by the substance misuse team or the mental health team, but the two teams were not well integrated which led to duplication and poorer outcomes.
- 2.86** Newly arrived prisoners received an initial mental health assessment during their reception health screen. There were no clear criteria for using mental health services which contributed to the high demand. All prisoners who were referred were triaged and prioritised by the mental health lead. During the first eight months of 2015, nearly 60% of the 354 referrals related to self-harm and ACCTs. RMNs attempted to see new referrals promptly, but most assessments were recorded as short unstructured interventions with no clear care planning. Formal risk assessments and tools, such as anxiety and depression questionnaires, were not used consistently. There was no clear policy to manage non-attendance.
- 2.87** At the time of the inspection, the team was supporting 67 prisoners with a variety of mental health needs. RMNs spent a significant proportion of their available clinic time attending ACCT reviews and responding to mental health crises which left little time to manage prisoners on their caseload effectively. Prisoners on the mental health caseload often saw several different staff despite having a specified named nurse. This resulted in inconsistent support and poor care planning which made it difficult for prisoners to develop a positive therapeutic relationship with their named nurse.
- 2.88** Referral criteria for the psychiatrist were unclear. A high number of prisoners were referred, often after minimal RMN assessment, resulting in brief reviews which focused on prescribing. Most clinical records that we examined were too brief and lacked a clear assessment and explanation of decisions.
- 2.89** The team liaised with community services in cases of moderate to severe mental illness including care programme approach reviews.
- 2.90** The three prisoners transferred to hospital under the Mental Health Act in the first nine months of 2015 had moved within three to four weeks.

## Recommendations

- 2.91** **The mental health and substance misuse teams should provide a well integrated service for prisoners with dual diagnosis issues underpinned by a clear pathway.**
- 2.92** **All discipline officers should receive regular mental health awareness training so that they can recognise when a prisoner has mental health problems and take appropriate action.**

## 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.**

**2.93** *The quality of food was good and the menu was varied but breakfast packs were meagre and food was served too early. Consultation with prisoners about food was good. Prisoners working in the kitchen could not obtain qualifications.*

**2.94** In our survey, 43% of prisoners said the food was good against the comparator of 21% and 16% at the last inspection.

**2.95** A four-week menu cycle offered a good range of dishes, meeting dietary and religious requirements. Food that we tasted or saw being served was of a high quality. However, breakfast packs were meagre and were distributed at lunchtime the day before they were to be eaten. Other meals were also served too early, especially on Friday when lunch was given out at 10.45am.

**2.96** A food survey was carried out with prisoners every six months and we found examples of changes which had been made in response to their views. Comments books were available at the servery and the comments they contained were positive.

**2.97** Standards of hygiene in the kitchen and on serveries were good. The poor physical conditions in the kitchen at the last inspection had been dealt with. Proper attention had been paid to the separation of Halal and non-Halal food in storage, preparation and serving.

**2.98** Prisoners working in the kitchen and on serveries were trained in hygiene and wore appropriate clothing. Kitchen workers could not work towards accredited qualifications beyond basic food hygiene.

### Recommendation

**2.99** **Lunch should be served after noon and the evening meal after 5pm. Breakfast packs should be improved and given out on the morning they are to be eaten.**

## Purchases

### Expected outcomes:

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

**2.100** *Some new prisoners waited too long to receive a first full canteen order. Adequate consultation arrangements were in place to review and revise the canteen list. Prisoners ordering from catalogues were charged an administration fee.*



- 2.101** New prisoners received a basic grocery pack on reception but some had to wait up to 10 days to receive their first full order, which increased the likelihood of debt.
- 2.102** In our survey, 43% of prisoners considered that the shop sold a wide enough range of goods. Prisoners' views and preferences were sought through the prisoner forum and a survey every six months and the shop list was updated regularly.
- 2.103** Prisoners could order from a reasonable range of catalogues but were required to pay a 50 pence administration fee on each order.

## Recommendations

- 2.104** **New prisoners should be able to buy items from the prison shop within 24 hours of arrival.** (Repeated recommendation 2.122)
- 2.105** **Prisoners should not be charged an administration fee for placing orders from catalogues.** (Repeated recommendation 2.123)



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>14</sup>**

**3.1** *Time out of cell was poor. The management of the regime was chaotic at times with regular slippage. There was little association equipment. Exercise yards were reasonable.*

**3.2** The daily regime was not well advertised and few prisoners knew what they could expect. Many staff we spoke to were also unsure. In practice, time unlocked was limited. Most activities were appropriately part time and a prisoner attending an activity for half a day would get up to five hours 30 minutes out of cell on four days a week. Prisoners without an activity could be unlocked for as little as two hours 15 minutes a day. Time out of cell was further curtailed by lock down of the prison for canteen distribution on Friday afternoons. Most prisoners were locked up by 6pm and evening unlock (when most prisoners could contact family and friends) was only offered to a very limited number of working prisoners.

**3.3** The unlocking and movement of prisoners to activities was poorly controlled and at times chaotic. We observed regular slippage in the core day with regular cancellation of activities and late unlocking and prisoners' movements. During our spot checks we were unable to obtain an accurate account of where prisoners were at any one time because they were not monitored properly (see paragraph I.43). The best estimate we could obtain was that more than half were locked in cells during the working part of the day (see main recommendation S59).

**3.4** In our survey, only 23% of prisoners said they went on association five times a week against the comparator of 42% and 41% at the previous inspection. There was a lack of association equipment on the wings and prisoners had very little to occupy them during association. Exercise yards were reasonably large and had some exercise equipment.

### Recommendation

**3.5 Prisoners should have access to adequate recreational equipment and activities during association.**

<sup>14</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

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

**3.6** *Effective partnership working between college and prison managers had resulted in improvements in the achievements of learners, but some of these improvements had taken too long. Prisoners often failed to attend the activities to which they had been allocated, despite sufficient activity places. The range of education was adequate but there was too little vocational training. The quality of teaching and learning required improvement. Achievements were mostly high, except in English courses. Prisoners who attended activities developed useful employability skills and many gained self-confidence and pride in their work. Behaviour was good. Attendance and punctuality were poor. Few prisoners used the library but promotion of literacy was good. Access to PE was good.*

**3.7** *Ofsted<sup>15</sup> made the following assessments about the learning and skills and work provision:*

**Overall effectiveness of learning and skills and work:** *Requires improvement*

*Achievements of prisoners engaged in learning and skills and work:* *Requires improvement*

*Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:* *Requires improvement*

*Personal development and behaviour:* *Requires improvement*

*Leadership and management of learning and skills and work:* *Requires improvement*

### Management of learning and skills and work

**3.8** The strategic management of learning and skills and work required further improvement. The prison had built good relationships with internal and external partners resulting in good achievements for many learners. However, significant improvement was needed to ensure that prisoners attended activities. Education, work and training sessions were often cancelled or delayed and prisoners often failed to turn up to their appointed activity. We found only 30% of prisoners engaged in purposeful activity at any one time (see main recommendation S59).

**3.9** The operational management of the education and training provided by Milton Keynes College (MKC) required improvement. College managers had worked hard to maintain the quality of education in the prolonged absence of senior staff. The recently appointed education manager had implemented performance management procedures and observations of teaching, learning and assessment were used to plan staff training. These procedures had resulted in improved success rates on mathematics courses, but achievements on English

<sup>15</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

courses remained low and the quality of teaching, learning and assessment required further improvement.

- 3.10** The prison's self-assessment was self-critical and reasonably accurate. Managers had used available data on course performance and feedback from learners to judge the outcome of each education and training course.
- 3.11** Managers did not use or analyse adequately a wider range of data to monitor the participation and progress of all groups of learners. Improvement plans did not contain enough specific, measurable milestones to measure the success of each action and some intended improvements took too long to achieve.

## Recommendation

- 3.12 Data should be fully analysed to monitor the progress of all groups of prisoners and plan actions to improve the provision.**

## Provision of activities

- 3.13** About 326 activity places were provided which was enough for all prisoners to engage in part-time purposeful activities. However, the allocations process did not meet the needs of prisoners as a significant minority of activity places were unfilled. The allocations officer did not receive applications for activities from prisoners in a timely way and there were few links between skills action plans and sentence plans. Once allocated an activity, prisoners frequently failed to attend (see paragraph 3.8 and main recommendation S59).
- 3.14** The range of education courses was adequate to meet the needs of most prisoners, except those who remained at the prison for longer periods. Prisoners were able to attend courses from entry level to level 2 in subjects such as English, mathematics, English for speakers of other languages (ESOL), information technology (IT) and art. A range of short employability courses was also available. A few learners were working towards higher-level qualifications by distance learning.
- 3.15** The number and range of vocational training places was very limited, consisting of a few opportunities in waste management, customer service and catering. Managers had increased the employment and education opportunities for vulnerable prisoners and plans for the introduction of bakery qualifications were well advanced.
- 3.16** There were work opportunities for prisoners as wing cleaners, painters, library and gym orderlies, and servery workers as well as in the main kitchen.
- 3.17** The prison aimed to prepare prisoners for employment through a variety of short employability and personal and social development courses. Most prisoners had a clear understanding of how their planned education, training and work in prison supported their future employability.

## Recommendations

- 3.18 Prisoners should be allocated to activities swiftly and according to their needs, aspirations and sentence plan objectives.**

**3.19 The number and range of work places with vocational training should be increased.**

### Quality of provision

- 3.20** The quality of teaching, coaching, learning and assessment in education required improvement. Most learners made the progress expected of them. Teachers planned sessions adequately and reviewed learning objectives with learners. In the best sessions, teachers used probing questions to check and reinforce learners' understanding. Teachers made effective links with learners' personal experience to illustrate the relevance of learning to future employment.
- 3.21** Teachers did not give learning support assistants enough direction and support to ensure that lesson objectives were achieved. More able learners were given extension work and more complex tasks, but learners often became disengaged and their progress slowed. Teachers challenged inappropriate language, behaviour and personal views based on stereotypes. However, the planned promotion of equality and diversity in lessons required improvement.
- 3.22** Teachers set relevant long-term goals but these were not well linked to the learners' career aspirations in their individual skills action plan. Links between sentence planning and learning programme content were weak. The quality of short-term target setting and review required improvement. Teachers did not set challenging, employability related, personal and social development targets. Learners' written work was not always marked in a timely fashion and feedback failed to drive faster progress.
- 3.23** Learners enhanced their understanding of applying mathematics skills at work and in their personal lives, but their oral and written English skills required improvement.
- 3.24** The quality of vocational training was good. Tutors were skilled at engaging learners and helped them make good links between practical work and theory. Tutors skilfully prompted good discussions with and between learners which helped them to develop their understanding. Tutors provided prisoners with informal advice about employment on release, and about how they could use their skills to secure employment.
- 3.25** Work in the prison kitchens was well structured and provided good opportunities for prisoners to build employability skills. However, personal development targets were not set and work skills were not recorded adequately. Prisoners working in the kitchen had opportunities to develop their skills and progress to more responsible roles. Longer-stay prisoners acted as peer mentors, supervising and helping less able prisoners.
- 3.26** Vulnerable prisoners worked in waste management, but work sessions were often cancelled, which undermined the developing work ethic of some prisoners.

### Recommendations

- 3.27 Learning support assistants in education should be given more direction and support to drive learners' progress.**
- 3.28 Challenging assignments and tasks should be set for learners with appropriate long- and short-term learning targets to promote progress.**

## Housekeeping point

- 3.29** The promotion of equality and diversity in education lessons should be improved.

## Personal development and behaviour

- 3.30** A minority of prisoners had access to work and vocational training opportunities to enable them to develop employability skills and work ethic. Attendance and punctuality were poor. The development of prisoners' readiness for life on release was limited by non-attendance at planned activities (see paragraph 3.8 and main recommendation S59).
- 3.31** In vocational training, learners were engaged and motivated and had a good attitude to their learning. Learners were confident to talk about their work and responded to questions well. Standards of behaviour were good and learners worked well together; they were mindful of their peers and contributed to discussions in a controlled and meaningful way.
- 3.32** Learners had a good understanding of health and safety practices and applied this in work. Learners on the waste management course understood how mathematics applied in their work, for example applying ratios and percentages when using chemicals. Prisoners in the kitchen had a good understanding of how to link their work in prison to wider employment opportunities. Learners were respectful to staff and responded to requests by tutors.
- 3.33** Most prisoners were able to make informed choices about their next steps in seeking education, training and employment. Advisers offered a wealth of information about education, training and work opportunities in prison and on release in the Leicester area. However, this was not well linked to individual sentence plans.

## Education and vocational achievements

- 3.34** Prisoners made appropriate progress in learning and skills and work activities. Most prisoners worked well to meet the standards of work expected of them and written work was of a satisfactory standard.
- 3.35** Achievements on most education and vocational training courses were high. Achievement in functional skills in mathematics courses was still too low despite recent improvements. Achievements in most English courses and a few employability courses were low. Retention rates on ESOL courses were low.
- 3.36** In prison work settings and on most employability courses, prisoners developed a range of useful employability skills and worked to meet exacting deadlines. However, this was not often recognised and recorded. Prisoners had a good understanding of health and safety and demonstrated safe working practices.

## Recommendations

- 3.37** **The reasons for learners' poor achievement on English courses should be analysed and appropriate action taken to improve success rates.**
- 3.38** **The reasons for poor retention of learners on ESOL courses should be identified and appropriate action taken to increase participation.**

**3.39 The recognition and recording of employment-related skills development in work and vocational training areas should be improved.**

## Library

- 3.40** All library users received an appropriate induction. Our survey indicated that the use of the library was much lower than at the previous inspection, but not enough data were collected to confirm this.
- 3.41** The library, provided by Leicester City Council, was small but well maintained. The library opened mornings and afternoons from Monday to Thursday. The library was well located and accessible to the main prison population when they were not engaged in other activities. Vulnerable prisoners could attend up to four sessions a week. A range of books was available in a number of other locations, including the vulnerable prisoners' accommodation wing, segregation unit and health care.
- 3.42** The range of stock was adequate and books were available in 20 languages other than English. An inter-library loan service was available. Appropriate legal texts were offered and prisoners could receive a printed copy of Prison Service Instructions on request. However, the library did not have enough resources to support education and training courses. No computer-based resources were available.
- 3.43** Activities to promote literacy across the prison were good and included the six-book challenge, Story Book Dads<sup>16</sup>, the Shannon Trust sponsored Turning Pages programme and a book club. The Doughty Trust supported a writer in residence who ran a range of literary projects, often linked to cultural enrichment work. The library promoted equality and diversity effectively using displays to highlight events such as Black History Month.

## Recommendation

- 3.44 The prison and the education department should work together to ensure that the library has adequate resources to support education and training courses.**

## 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.**

- 3.45** *The PE department provided a good range of equipment for prisoners to maintain and improve their health. The gym was well equipped for recreational exercise. However, showers did not have modesty screens and outdoor activities were no longer provided. Communication with health care was very effective and helped to support good health promotion activities. Opportunities to access the gym were good, but use of the gym had declined recently.*

<sup>16</sup> An independent, registered charity based at Dartmoor Prison, enabling prisoners to record bedtime stories for their children.



- 3.46** Access to the gym was good for all groups of prisoners and this did not interrupt prisoners in work or attending education. The gym was open throughout the week, at evenings and weekends. However, gym use had declined since the previous inspection and the most recent data showed that only 42% of the population regularly used it.
- 3.47** The content of PE induction sessions was appropriate, but planned inductions were frequently cancelled because officers were assigned to other duties and unable to escort prisoners to the gym.
- 3.48** There was an area for use of free weights, resistance equipment and cardiovascular machines; the second floor of the gym was set up for team sports and games but was frequently unusable because of a leaking roof. The showers did not have modesty screens. Classrooms used for theory sessions were generally good.
- 3.49** The outside PE area was unsafe and no longer used for sports activities. Level 1 accredited training courses were in place which had a good focus on healthy living. Achievement of qualifications was good.
- 3.50** Recreational PE provided good opportunities for prisoners at all levels of fitness to engage in gym activities. Links with health care had improved and the gym was receiving detailed health care assessments. Provision of remedial PE was good. Individual activity programmes enabled prisoners to improve their fitness. Group endurance running and rowing challenges motivated and engaged prisoners well.

### Recommendation

- 3.51 The range of group sports and games to promote joint working and reinforce interpersonal skill development should be extended.**

### Housekeeping point

- 3.52** Showers in the gym should provide adequate privacy.



# 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** *Strategic management of resettlement had deteriorated since our last inspection and, despite some improvements over recent months, it remained weak. The lack of data collection and analysis prevented the prison from identifying some performance issues. The introduction of the new community rehabilitation company (CRC) had been successful but information exchange needed improvement.*

**4.2** Strategic management of resettlement had deteriorated considerably since our last inspection, although some progress had been made in recent months.

**4.3** A survey of prisoner needs had been completed in September 2014 but there was no wider analysis of resettlement needs using OASys<sup>17</sup> or P-Nomis (electronic case notes) to inform provision. The reducing reoffending strategy had recently been introduced which provided a good overview of the resettlement pathways but failed to place offender management at the heart of the work. A committee had been re-established to oversee reducing reoffending. It met regularly but was not well attended and there was no action plan.

**4.4** The introduction of the CRC resettlement and through-the-gate team was a positive development which supported prisoners whatever their release address or sentence status. CRC staff were located in the offender management unit (OMU) and had some contact with offender supervisors, but were not yet fully integrated. The records made by CRC staff of contact with prisoners were not entered on to P-Nomis and were not easily accessible to other staff, including offender supervisors and wing staff. This limited information exchange, joint working and good risk management.

## Recommendations

**4.5** **A comprehensive needs analysis should be completed which directly informs a local and whole prison strategy for reducing reoffending, including a detailed action plan. Progress should be closely monitored by a well attended committee which regularly analyses detailed performance data.**

**4.6** **Records of contact with prisoners by CRC staff and action taken should be accessible to all staff, including offender supervisors, to promote information exchange and good risk management.**

<sup>17</sup> Offender assessment system for prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others

## Offender management and planning

### Expected outcomes:

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

**4.7** *The main obstacle to effective offender management was the redeployment of uniformed offender supervisors and the lack of probation staff. Contact with prisoners was poor in most cases, with a lack of engagement in sentence planning which left many prisoners feeling unsupported. Too many OASys assessments were late. Home detention curfew assessment processes were robust. Public protection arrangements were generally adequate but the effectiveness of the interdepartmental risk management team (IRMT) was limited. Categorisation reviews were up to date but lacked input from offender supervisors and the prisoner. Some indeterminate sentence prisoners stayed too long with little to do.*

- 4.8** Offender management work was significantly hindered by the daily redeployment of uniformed offender supervisors and the lack of probation staff. Most uniformed offender supervisors had little time in the OMU to manage their caseload and there was only one probation officer who struggled to manage a very large caseload of indeterminate and high-risk prisoners. Consequently, there was a lack of contact between offender supervisors and prisoners and a lack of engagement in their progression planning. In some cases, there had been no contact at all throughout the prisoner's time at Leicester. Other staff in the OMU were undertaking work that should have been done by the offender supervisors, such as recategorisation reviews.
- 4.9** In our survey, 15% of prisoners said their offender supervisor was helping them achieve their targets against the comparator of 31%. Seventy-one per cent said that nobody was helping them achieve their targets against the comparator of 46% and 48% at the last inspection.
- 4.10** At least 30% of eligible prisoners did not have an up-to-date OASys assessment or sentence plan. The number of recalled prisoners without an up-to-date OASys was not monitored. OASys assessments were generally of reasonable quality but too many completed by offender supervisors were late. Risk management plans were less satisfactory and did not always include actions to reduce risk of serious harm while the offender was in custody.
- 4.11** Less than half the 12 sentence plans that we looked at addressed the key aspects of offending and risk of harm, and objectives were not always outcome focused or time limited. In the context of offender supervisor redeployment, sentence planning boards had not been a priority and had largely ceased during the previous year. They had restarted, but it was clear that not all prisoners felt engaged. In our survey, 34% of prisoners said they had been involved in the development of their plan against the comparator of 56% and 70% at our last inspection. Not many prisoners we spoke to knew about the targets in their plan or felt involved.
- 4.12** Assessments of the suitability for HDC were well managed and processes were robust. Attempts were made to ensure the prisoner was released on his earliest eligibility date although this was not always possible when a prisoner received a very short sentence or arrived at Leicester with little time left to serve. The prisoner was often interviewed as part of the HDC assessment process and was able to appeal against the decision. The assessments that we reviewed were completed well and decisions were defensible. However, there was a lack of offender supervisor involvement in the assessment.

## Recommendation

- 4.13** The effectiveness of offender management should be reviewed and improved to ensure that all eligible prisoners have an up-to-date assessment, are involved in developing their sentence plan and are fully engaged in progression and risk reduction work.

## Public protection

- 4.14** The identification on arrival of prisoners presenting a risk of harm to others was robust, with appropriate use of mail and telephone monitoring which was approved and regularly reviewed by the monthly IRMT. Applications for child contact were processed appropriately but lacked involvement and oversight by the offender supervisor.
- 4.15** Eligibility for MAPPA was not reviewed on reception of a new prisoner and many MAPPA flags were out of date on P-Nomis. The number of MAPPA prisoners held at Leicester was therefore unknown.
- 4.16** The IRMT was very poorly attended and did not provide oversight of all MAPPA or high-risk cases before release, which limited risk management.
- 4.17** Too many MAPPA prisoners due for release did not have their MAPPA level confirmed, which further limited the prison's contribution to risk management. We reviewed 10 completed MAPPA reports and most were of good quality.

## Recommendation

- 4.18** MAPPA eligibility should be reviewed on reception and updated on Nomis. The revised MAPPA level should be confirmed in preparation for release and the effectiveness of the IRMT should be reviewed to ensure it fulfils its role of promoting good risk management, including oversight of high-risk cases.

## Categorisation

- 4.19** Initial categorisation and reviews were mostly up to date with only 22 initial assessments and six reviews awaiting completion at the time of the inspection. There was too little involvement by prisoners and the offender supervisor in the review (see paragraph 4.8). Prisoners were notified in writing about the outcome of the review but were not told why they had been denied recategorisation or set objectives for changing their behaviour.
- 4.20** The OCA (observation, classification and allocation) officer worked hard to move prisoners on and managed to move about 60 a month, mainly to HMPs Ranby and Stocken. A few were moved to other, more specialist prisons. Offender supervisors did not have the time to prioritise progressive transfers adequately and many moves were not based on offending related needs or sentence plan objectives.
- 4.21** Some prisoners waited too long to be transferred, particularly category B sex offenders and those in denial. Some prisoners had been waiting over a year to move on and had too few progression opportunities at Leicester. NOMS had only allocated one category B sex offender place to the prison during the previous three months, which was poor. Transfers were not always driven by sentence plan targets. Holds on transferring some prisoners were appropriate and reviewed regularly.

## Recommendation

### 4.22 Transfers should be progressive, timely and based on meeting prisoners' sentence plan targets.

## Indeterminate sentence prisoners

- 4.23** There were 28 indeterminate sentence prisoners (ISPs) at the time of the inspection. Many had been recalled or transferred from another prison but some were in the early stage of their sentence and others were waiting for their parole hearing before moving on. There were no family days or support forums for ISPs. They were not provided with progression opportunities despite some waiting for more than a year to be transferred to a more appropriate prison (see recommendation 4.22).
- 4.24** One probation officer managed all ISPs and other high-risk prisoners. We saw some good examples of individual work and prisoners we spoke to were positive about this support. Given the high caseload of the probation officer, contact with some ISPs was reactive rather than proactively managed. Parole report preparation was up to date at the time of the inspection.
- 4.25** Prisoners facing an indeterminate sentence were contacted by the offender supervisor on arrival and could request further support during their time on remand.

## Reintegration planning

### Expected outcomes:

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

**4.26** *The transition to a resettlement prison had gone well and the resettlement and through-the-gate team provided good support. Help with accommodation, finance and substance misuse was good but there were weaknesses in other pathways. Access to visits and family support was good but the facilities had deteriorated.*

- 4.27** The demand for resettlement services was high with about 60 prisoners released each month. The transition to a resettlement prison had gone well with the introduction of the Derbyshire, Nottinghamshire, Leicestershire and Rutland (DNLR) CRC known as the resettlement and through-the-gate team.
- 4.28** In our survey, more prisoners than at our last inspection knew where to go for help with most aspects of resettlement. All prisoners needing help could obtain a good level of advice and support across many of the resettlement pathways.
- 4.29** Assessments and resettlement plans using basic custody screening tool stage 1 and 2 were completed on arrival and pre-release planning was developing well.
- 4.30** Twenty-two prisoners were not located in their local resettlement prison and were not being released into their local community. The CRC worked hard to liaise with their home area to address their resettlement needs.

- 4.31** The imminent introduction of trained peer workers for resettlement was a positive development.

### Accommodation

- 4.32** According to our survey, one in five prisoners had housing problems on arrival. The CRC team assessed need on arrival and provided good support to prisoners with accommodation problems, including help with maintaining tenancies or closing them down and finding accommodation on release. Some courses were being introduced to help prisoners resolve accommodation difficulties.
- 4.33** The number of prisoners released homeless was not being monitored at the time of the inspection.

### Recommendation

- 4.34** **The number of prisoners released without settled accommodation should be monitored.**

### Education, training and employment

- 4.35** The quality of information, advice and guidance was good. All newly arrived prisoners were interviewed to identify their skills support needs and establish a plan. The advisers' ability to provide meaningful advice was limited by the lack of access to sentence plans.
- 4.36** Most prisoners were interviewed before release to be informed of education, training and employment opportunities near their destination. An additional staff post had been created to develop relationships with potential employers and increase the number of prisoners securing employment on release, but the effectiveness of this post and the number of prisoners securing employment on release were not monitored.
- 4.37** There was no pre-release preparation course, although a few prisoners completed a budget management course in education. Use of the virtual campus<sup>18</sup> for job search and CV writing was very limited.

### Recommendations

- 4.38** **The number of prisoners released without employment, training or education on release should be monitored.**
- 4.39** **Education, training and employment advisers should have access to prisoners' sentence plans. The virtual campus should be used more frequently and purposefully in preparing for resettlement.**

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<sup>18</sup> Internet access for prisoners to community education, training and employment opportunities.

## Health care

- 4.40** Prisoners being released or transferred were identified and provision of medication for discharge and court was good. The mental health team and GPs wrote to community services about prisoners with complex health needs, but there was still no system to ensure continuity of care for most prisoners. All prisoners being released were seen in reception before they left, but they were not given any written health promotion information or information on using community services.
- 4.41** There was no local palliative care and end-of-life pathway or policy. No prisoner had required end-of-life services since our last inspection.

## Recommendations

- 4.42** **Prisoners being released should receive relevant health promotion information and assistance in using community health services. Systems should be set up to ensure that relevant clinical records are shared with their community GP.**
- 4.43** **A palliative and end-of-life pathway should be developed, including links with relevant local services.**

## Drugs and alcohol

- 4.44** Excellent through-the-gate and post-release support was organised by the substance misuse team and their community partner agencies.
- 4.45** A project called 'On the Road' worked with prisoners who were traditionally hard to engage with after release. An On the Road worker came into the prison regularly before prisoners were released to arrange pick up at the gate and support for prisoners and their families after release.

## Finance, benefit and debt

- 4.46** A trained and experienced adviser provided a wide range of proactive support to prisoners with debt and finance problems, including general debt advice and contact with creditors. Job Centre Plus managed the closure and reopening of benefit claims in preparation for release.
- 4.47** Prisoners could open bank accounts and 22 had been set up in the previous three months. Good support was given to prisoners requiring ID such as the citizen card. After release, those living locally could access further support through courses in the community provided by the CRC.

## Children, families and contact with the outside world

- 4.48** The prison population was largely local which promoted good family ties. Visits took place every day except Friday, with an evening visit on Wednesdays. Prisoners and visitors told us this was enough to meet demand. There were no longer difficulties in booking visits which could be booked by prisoner application, online, by telephone and in person.
- 4.49** Visitors told us they were treated respectfully by prison staff and our observations reflected this. The booking-in and searching process was carried out efficiently and visitors were



admitted on time. However, visits did not always start on time because of delays moving prisoners from the wing.

- 4.50** Visits facilities remained very basic. The visitors' centre was in a poor state of repair and offered little apart from shelter from the weather. The hall was in need of refurbishment. It was cramped and the snack bar was not open for all sessions. The fixed furniture offered little privacy and the carpets were dirty and unpleasant. The small play area was not open for most visits sessions during the week and never at weekends.
- 4.51** Other services under this pathway were better. Twenty-nine prisoners had completed Storybook Dads<sup>19</sup> during the previous six months. An impressive partnership had been maintained with Leicestershire County Council adult education service which facilitated the delivery of monthly family days. Family days were linked to a short course where prisoners planned the day with staff.

### Recommendation

- 4.52 Visits facilities should be refurbished and the play area and snack bar should be open during all visits sessions.**

### Attitudes, thinking and behaviour

- 4.53** As a local prison, Leicester was not funded to provide accredited programmes but there were delays in transferring some prisoners so that they could access programmes (see paragraph 4.21). Opportunity to engage and motivate prisoners in the process of change was missed through the lack of contact with offender supervisors.
- 4.54** A needs analysis of offending related issues had not been undertaken and it was difficult to identify the services needed. At the time of the inspection, there was little provision to help prisoners change their attitudes, thinking and behaviour.
- 4.55** The Man Up programme was being introduced to help prisoners explore the pressures and expectations of society and how this affected their behaviour. Approximately 36 completions were planned for the coming year.
- 4.56** Other workshops were being planned by the CRC to provide more opportunities to explore attitudes, thinking and behaviour, including much needed motivational work.

### Recommendation

- 4.57 A needs analysis should be completed to identify the offending behaviour work required and steps taken to put it in place.**

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<sup>19</sup> Prisoners recording bedtime stories for their children.



## 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 recommendation

To NOMS

- 5.1 The segregation unit should be closed with immediate effect. (S56)

### Main recommendations

To the governor

- 5.2 Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include: an analysis of violent incidents and a violence reduction strategy specific to the prison, with associated action plans; effective consultation with prisoners about violence in the prison; improved violence management and victim support processes which are well known to all staff and reliably implemented. (S54)
- 5.3 Care and support should be provided for prisoners at risk of suicide and self-harm. Thorough assessments should be carried out to produce well designed care plans which are managed through consistent reviews and meaningful contact with the prisoner. (S55)
- 5.4 Prisoners with protected characteristics should be supported and consulted and outcomes from consultation should inform delivery. Equality data should be analysed, and action should be taken to ensure that the needs of minority groups are met. (S57)
- 5.5 The mental health service should have enough staff and mix of skills to ensure that prisoners with primary and secondary mental health needs have timely access to a full range of care planned mental health interventions within agreed time frames. (S58)
- 5.6 The core day should be widely publicised and adhered to. Staff should ensure that prisoners attend their appointments, including learning and skills and work activities. (S59)

### Recommendation

To NOMS

#### Courts, escort and transfers

- 5.7 Escort staff should always make reception staff aware of any important information contained in prisoners' documentation. (1.5)

## Recommendations

## To the Governor

### Early days in custody

- 5.8** Reception should be properly maintained, clean, comfortable and free of graffiti, with helpful information on display. (1.14)
- 5.9** Prisoners attending court and new arrivals in the evening should be able to take a shower. (1.15)
- 5.10** The vulnerability of new arrivals should be fully assessed and there should be enhanced safety checks during their stay on the first night and induction unit. (1.16)
- 5.11** First night accommodation should be free of graffiti and fully equipped. (1.17)
- 5.12** Induction of new prisoners should be monitored to ensure that it is provided for all those who need it. (1.18)

### Self-harm and suicide

- 5.13** Actions arising from recommendations in PPO reports into deaths in custody should be continually reviewed and reported to the safer custody meeting to ensure that recommended changes in practice are embedded. (1.33)

### Safeguarding

- 5.14** All staff should be aware of their roles outlined in the safeguarding policy. (1.37)

### Security

- 5.15** Staff should be able to account for prisoners at all times. (1.44)
- 5.16** There should be a proportionate response to information reports submitted each month, including searching and drug testing. (1.45)
- 5.17** There should be a strategy and associated action plan to coordinate and reduce drug supply. (1.46)

### Incentives and earned privileges

- 5.18** The IEP scheme should encourage good behaviour and be applied consistently in accordance with the published policy. (1.51)

### Discipline

- 5.19** The high number of incomplete adjudications should be addressed and there should be regular quality assurance of adjudication processes. (1.55)
- 5.20** There should be regular and effective oversight of use of force. (1.58)
- 5.21** The segregation of prisoners should be monitored and regularly reviewed. (1.62)

### Substance misuse

- 5.22** The role of the substance misuse unit should be clarified to avoid disrupting the integrity of recovery focused interventions. (1.71)
- 5.23** Prescribing should be flexible, based on individual needs and adhere to national guidance. (1.72)

### Residential units

- 5.24** All shower rooms should be refurbished to an acceptable standard of hygiene, and all toilets should be screened. (2.9)
- 5.25** Prisoners should be issued with clean bedding and clothes each week. (2.10)
- 5.26** Cells designed for one should not be used to hold two prisoners. (2.11)
- 5.27** Laundry facilities should be introduced for those prisoners entitled to wear their own clothes. (2.12)

### Staff-prisoner relationships

- 5.28** Poor behaviour by prisoners should be challenged consistently by staff and there should be regular entries in case notes which describe interactions with prisoners fully. (2.18)

### Equality and diversity

- 5.29** Translation and interpretation services should be used when required. (2.31)
- 5.30** A formal peer support scheme should be established to enable prisoners to help older prisoners or prisoners with disabilities. (2.32)

### Faith and religious activity

- 5.31** All prisoners should have weekly access to communal worship led by a chaplain of their own faith. (2.37)

### Complaints

- 5.32** Responses to complaints should fully address the issues raised. (2.41)

### Legal rights

- 5.33** Prisoners should have access to bail information and prisoners who need specialist support should be appropriately signposted. (2.45)

### Health services

- 5.34** All clinical areas should be fully compliant with current infection control standards. (2.60)
- 5.35** Sufficient custody staff with easy access to a defibrillator should be trained in first aid and an ambulance should be called immediately when an emergency medical code is used, to ensure a prompt response to medical emergencies. (2.61)

- 5.36** Older prisoners and those with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised nursing staff. (2.62)
- 5.37** Prisoners should have timely access to all primary care services and the failure-to-attend rate for all clinics should be monitored and appropriate remedial action taken to reduce it to less than 10%. (2.70)
- 5.38** Nurse-led and health support worker services should be provided consistently in a private clinical environment except in exceptional circumstances that have been appropriately risk assessed. (2.71)
- 5.39** Prisoners should have prompt access to external hospital appointments within community equivalent waiting times. (2.72)
- 5.40** Pharmacy-led clinics and medicine use reviews should be introduced. (2.77)
- 5.41** A range of more potent medicines should be available without seeing a doctor and their use should be monitored. (2.78)
- 5.42** All dental equipment should be serviced at required intervals and records of the service should be held in the dental suite. (2.82)
- 5.43** The mental health and substance misuse teams should provide a well integrated service for prisoners with dual diagnosis issues underpinned by a clear pathway. (2.91)
- 5.44** All discipline officers should receive regular mental health awareness training so that they can recognise when a prisoner has mental health problems and take appropriate action. (2.92)

#### Catering

- 5.45** Lunch should be served after noon and the evening meal after 5pm. Breakfast packs should be improved and given out on the morning they are to be eaten. (2.99)

#### Purchases

- 5.46** New prisoners should be able to buy items from the prison shop within 24 hours of arrival. (2.104)
- 5.47** Prisoners should not be charged an administration fee for placing orders from catalogues. (2.105)

#### Time out of cell

- 5.48** Prisoners should have access to adequate recreational equipment and activities during association. (3.5)

#### Learning and skills and work activities

- 5.49** Data should be fully analysed to monitor the progress of all groups of prisoners and plan actions to improve the provision. (3.12)
- 5.50** Prisoners should be allocated to activities swiftly and according to their needs, aspirations and sentence plan objectives. (3.18)

- 5.51** The number and range of work places with vocational training should be increased. (3.19)
- 5.52** Learning support assistants in education should be given more direction and support to drive learners' progress. (3.27)
- 5.53** Challenging assignments and tasks should be set for learners with appropriate long- and short-term learning targets to promote progress. (3.28)
- 5.54** The reasons for learners' poor achievement on English courses should be analysed and appropriate action taken to improve success rates. (3.37)
- 5.55** The reasons for poor retention of learners on ESOL courses should be identified and appropriate action taken to increase participation. (3.38)
- 5.56** The recognition and recording of employment-related skills development in work and vocational training areas should be improved. (3.39)
- 5.57** The prison and the education department should work together to ensure that the library has adequate resources to support education and training courses. (3.44)

#### Physical education and healthy living

- 5.58** The range of group sports and games to promote joint working and reinforce interpersonal skill development should be extended. (3.51)

#### Strategic management of resettlement

- 5.59** A comprehensive needs analysis should be completed which directly informs a local and whole prison strategy for reducing reoffending, including a detailed action plan. Progress should be closely monitored by a well attended committee which regularly analyses detailed performance data. (4.5)
- 5.60** Records of contact with prisoners by CRC staff and action taken should be accessible to all staff, including offender supervisors, to promote information exchange and good risk management. (4.6)

#### Offender management and planning

- 5.61** The effectiveness of offender management should be reviewed and improved to ensure that all eligible prisoners have an up-to-date assessment, are involved in developing their sentence plan and are fully engaged in progression and risk reduction work. (4.13)
- 5.62** MAPPA eligibility should be reviewed on reception and updated on Nomis. The revised MAPPA level should be confirmed in preparation for release and the effectiveness of the IRMT should be reviewed to ensure it fulfils its role of promoting good risk management, including oversight of high-risk cases. (4.18)
- 5.63** Transfers should be progressive, timely and based on meeting prisoners' sentence plan targets. (4.22)

#### Reintegration planning

- 5.64** The number of prisoners released without settled accommodation should be monitored. (4.34)

- 5.65** The number of prisoners released without employment, training or education on release should be monitored. (4.38)
- 5.66** Education, training and employment advisers should have access to prisoners' sentence plans. The virtual campus should be used more frequently and purposefully in preparing for resettlement. (4.39)
- 5.67** Prisoners being released should receive relevant health promotion information and assistance in using community health services. Systems should be set up to ensure that relevant clinical records are shared with their community GP. (4.42)
- 5.68** A palliative and end-of-life pathway should be developed, including links with relevant local services. (4.43)
- 5.69** Visits facilities should be refurbished and the play area and snack bar should be open during all visits sessions. (4.52)
- 5.70** A needs analysis should be completed to identify the offending behaviour work required and steps taken to put it in place. (4.57)

## Housekeeping points

### Early days in custody

- 5.71** Prisoners should only be subjected to a full search on arrival where it is justified by a risk assessment. (1.19)

### Health services

- 5.72** Responses to complaints about health care provision should adequately address all issues raised and provide the prisoner with information about options for appeal. (2.63)
- 5.73** Access to barrier protection should be well advertised. (2.64)
- 5.74** A full range of in-date pharmacy procedures and policies should be in place. (2.79)

### Learning and skills and work activities

- 5.75** The promotion of equality and diversity in education lessons should be improved. (3.29)

### Physical education and healthy living

- 5.76** Showers in the gym should provide adequate privacy. (3.52)



## Section 6. Appendices

### Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Alison Perry	Team leader
Andrew Rooke	Inspector
Paul Rowlands	Inspector
Sandra Fieldhouse	Inspector
Angus Mulready-Jones	Inspector
Sophie Skinner	Researcher
Helen Ranns	Researcher
Michelle Bellham	Researcher
Natalie Hall	Researcher

#### **Specialist inspectors**

Paul Roberts	Substance misuse inspector
Majella Pearce	Health services inspector
Noor Mohammad	Pharmacist
Kathleen Byrne	Care Quality Commission inspector
Gerard McGrath	Ofsted inspector
Steve Miller	Ofsted inspector
Nigel Bragg	Ofsted inspector
Nigel Scarff	Offender management inspector
Andy 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 2013, survey findings were poor in relation to safety. This was not consistent with what we saw and were told. Good use was made of video conferencing to mitigate the problems associated with getting prisoners to court. Prisoners were treated well in reception and staff were friendly and courteous towards them. The mixed population in the first night centre was problematic. The strategic approach towards managing violence was good and decisive action was taken where there were areas of concern. Levels of recorded violence were relatively high but recorded cases related to low-level incidents. The quality of investigations into incidents varied and there was no systematic support for victims. The level of self harm was high and good work was being carried out with the most vulnerable prisoners. The quality of ACCT documentation was inconsistent and work to embed learning from previous deaths was not sufficiently embedded. Security was effective, there were close links with the police and good use was made of intelligence. The introduction of the new IEP scheme had been handled well. Force was used in a careful and measured way. The attempt to improve the care and separation unit by moving its location had not been successful but, despite this, staff there worked well with challenging prisoners. Support for substance misusers was of a high standard with peer mentors making a significant contribution. There were weaknesses in the reduction of drug supply. **Outcomes for prisoners were reasonably good against this healthy prison test.***

### Main recommendations

There should be consistent, pro-active and visible support for victims of bullying to enable them to live safely on the main residential unit. Arrangements for prisoners who are vulnerable because of their offence should ensure they are safe and have equal access to the prison's activities and facilities. Vulnerable prisoners should not be held on the first night centre. (S59)

**Not achieved**

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

**Achieved**

### Recommendations

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

**Not achieved** (Recommendation repeated, 1.5)

Reception staff should deal as a priority with new prisoners who arrive with information indicating they may be at risk. (1.17)

**Not achieved**

Prisoners should contribute to a review of induction to ensure that it meets the needs of the population. (I.18)

**Not achieved**

A general safety survey of prisoners should be conducted and the findings should be incorporated into the violence reduction procedure. (I.30)

**Not achieved**

The violence reduction investigations should be improved and the bullying compacts should be effectively implemented. (I.31)

**Not achieved**

The interventions for perpetrators should be improved. (I.32)

**Not achieved**

Actions taken in response to PPO recommendations should be discussed and reviewed at safer custody meetings and changes in practice disseminated to staff. (I.43)

**Not achieved**

Staff should be made aware of the safer custody procedures and their role in keeping prisoners safe. (I.44)

**Not achieved**

Staff should receive safer custody refresher training. (I.45)

**Not achieved**

The quality of ACCT case management documents should be consistently good. (I.46)

**Not achieved**

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

**Achieved**

Use of segregation, force and adjudications should be monitored to identify and address any trends across the establishment. (I.60)

**Not achieved**

Drug tests on the basis of suspicious evidence should be carried out in the required timescale. (I.61)

**Not achieved**

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

**Not achieved**

Medication administration times should be consistent throughout the week. (I.87)

**Achieved**

## Respect

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

*At the last inspection in 2013, the prison was very overcrowded. The living conditions were poor and the age and design of the buildings contributed significantly to this. Relationships between staff and prisoners were good, although sometimes staff were too passive. Prisoners from different backgrounds lived harmoniously together. The religious needs of prisoners were well catered for. The complaints system was efficient. Support for legal rights was completely inadequate. Health care services were improving from a very low base. The prison kitchen was dirty and untidy. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

## Recommendations

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

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

Prisoners should not be held in multi-occupancy cells with inadequate space, equipment and privacy. (2.9)

**Achieved**

Prisoners should be issued with clean bedding and clothes each week. (2.10)

**Not achieved** (Recommendation repeated, 2.10)

The association equipment on the main wing should be replaced. (2.11)

**Not achieved**

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

**Not achieved**

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

**Not achieved**

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

**Partially achieved**

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

**Not achieved**

Prisoners should have access to trained legal services advisers. (2.45)

**Not achieved**

Prisoner concerns about legal visits should be investigated and, if necessary, addressed. (2.46)

**Achieved**

All clinical areas should be fully compliant with infection control guidelines. (2.59)

**Not achieved** (Recommendation repeated, 2.60)

There should be a robust appointment system which ensures that prisoners have adequate advance notice of appointments and makes best use of available clinic time. (2.60)

**Not achieved**

Sufficient officers should be trained to respond to medical emergencies, and emergency response equipment should be reviewed and rationalised. (2.61)

**Partially achieved**

Learning from adverse events and complaints should be shared with all staff. (2.62)

**Achieved**

The complaints system should be well advertised and should maintain medical confidentiality; responses should consistently address all the issues raised. (2.63)

**Partially achieved**

There should be regular health care service user consultation which informs service delivery. (2.64)

**Not achieved**

There should be systematic health promotion throughout the prison, overseen by a prison health promotion action group which includes prisoner representation. There should be easy access to barrier protection and smoking cessation advice. (2.65)

**Not achieved**

Prisoners should have prompt access to confidential nurse assessment clinics, provided by trained staff who can provide appropriate treatment using evidence-based triage algorithms to ensure consistency. (2.75)

**Not achieved**

Prisoners should have timely access to all primary care services and the failure-to-attend rate for all clinics should be monitored and appropriate remedial action taken to reduce it to less than 10%. (2.76)

**Not achieved** (Recommendation repeated, 2.70)

Prisoners with life-long conditions should receive regular reviews which generate an evidence-based care plan managed by staff who are appropriately trained and supervised. (2.77)

**Partially achieved**

There should be an integrated, multidisciplinary approach to the enhanced care facility which includes clear clinical criteria for admission, joint patient review and meaningful care plans which include reintegration/transfer/release. (2.78)

**No longer relevant**

The enhanced care facility should offer a regime which provides therapeutic, meaningful and constructive activities to patients in a satisfactory environment. The facility should not be used for solely operational reasons. (2.79)

**No longer relevant**

A medicine management committee should meet monthly, attended by all relevant stakeholders, to discuss key elements of medicine management, including adverse incidents and aggregated prescribing data. (2.90)

**Achieved**

Prisoners should not be allowed in the treatment room while the medicine cupboards are open. (2.91)

**Achieved**

Medicines should be administered in private at times which ensure maximum clinical efficacy. (2.92)

**Partially achieved**

Pharmacy-led clinics and medicine use reviews should be introduced. (2.93)

**Not achieved** (Recommendation repeated, 2.77)

The use of special sick medication should be monitored. (2.94)

**Not achieved**

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

**Not achieved**

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

**Not achieved**

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

**Not achieved**

Breakfast should be served in the mornings rather than issued in packs the previous evening. (2.114)

**Not achieved**

Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm. (2.115)

**Not achieved**

A rota should be established to enable vulnerable prisoners to eat first on some days. (2.116)

**Achieved**

The kitchen should be deep cleaned and broken electrical power outlets should be repaired immediately. The kitchen should be kept clean and well maintained. (2.117)

**Achieved**

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

**Not achieved** (Recommendation repeated, 2.104)

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

**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 2013, most prisoners received adequate time unlocked during the week but those on restrictions received four hours or less. Association was available for most prisoners every day. Improvements had been made to the management of education, learning and skills, which was now a strong area. Provision was reasonably good but prisoners could only participate part time. Much of the teaching was good and achievements were generally sound. The library was a good resource, although opening times were limited. Most prisoners had enough opportunity to participate in PE. **Outcomes for prisoners were reasonably good against this healthy prison test.***

## Recommendations

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

**Not achieved**

Prisoners should have opportunities to attend education and training full time when deemed appropriate, and this should be recognised and documented in their sentence plans. (3.14)

**Not achieved**

The prison should develop a wider range of education and vocational training programmes in readiness for the change to a resettlement establishment. (3.15)

**Not achieved**

The management of the regime should be improved to ensure that prisoners arrive at activities on time. (3.16)

**Not achieved**

More support should be given to prisoners wanting to set up their own businesses and the virtual campus should be extended to the vulnerable prisoners' unit. (3.22)

**Partially achieved**

Vulnerable prisoners should be given the opportunity to undertake training in industrial cleaning and to gain full qualifications. (3.23)

**Achieved**

Opportunities should be developed for prisoners to achieve qualifications at higher levels. (3.29)

**Partially achieved**

More effective use should be made of individual learning plans to identify personal, education and training needs and monitor progress and achievements systematically. (3.30)

**Not achieved**

Achievements in English at entry level and ESOL at level one should be improved. (3.33)

**Achieved**

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

**Not achieved**



The library should be open on Fridays and during the evenings. (3.37)

**Not achieved**

All prisoners should be able to use the PE facilities at least twice a week regardless of their incentives and earned privileges status. (3.45)

**Achieved**

Health care should inform PE staff about prisoners' suitability for PE following health assessments carried out at reception into the prison. (3.46)

**Achieved**

Outdoor PE facilities that can be used in wet weather conditions should be provided for team sports. (3.47)

**Not 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 2013, the strategic management of resettlement was weak. Little consideration had been given to the implications of the transition to a resettlement establishment. Offender management was poorly organised and most prisoners did not receive consistent or reliable assistance. Long-term prisoners received good support but there were frailties in the organisation of public protection. Provision under the resettlement pathways was mixed and too dependent on prisoners taking the initiative. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

## Main recommendations

The resettlement policy should be revised, based on a needs analysis, allocate resources according to need and risk and ensure services are delivered in a consistent and co-ordinated way. (S60)

**Not achieved**

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

**Not achieved**

## Recommendations

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

**Not achieved**

The offender management team should ensure that all prisoners are assessed and sentence plans developed within prescribed timescales, which include appropriate sequencing of events. (4.18)

**Not achieved**

Quality assurance processes for sentence plans should be developed. Relevant departments should be informed of targets and required interventions and prisoners should be given a copy of their sentence plan. (4.19)

**Not achieved**

Interdepartmental risk management meetings should consider all information about a prisoner's behaviour as well as convictions and ensure effective sharing of information about risks to all staff in contact with the prisoner. (4.20)

**Not achieved**

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

**Achieved**

Accommodation services should be centrally coordinated and expanded to meet prisoner need. (4.32)

**Achieved**

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

**Not achieved**

Finance and debt services should be centrally coordinated and expanded to meet prisoner need. (4.42)

**Achieved**

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

**Achieved**

Visits should start at the advertised time. (4.48)

**Not achieved**

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

**Not achieved**

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

**Not achieved**

## Appendix III: Care Quality Commission Requirement Notice



### Requirement Notices

**Provider:** Leicestershire Partnership NHS Trust

**Location:** HMP Leicester

**Location ID:** RT5Y1

**Regulated Activities:** Diagnostic and screening procedures, Treatment of disease, disorder, or injury

#### Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

#### Regulation 9: Person-centred care

We found that the registered person did not ensure that the care and treatment of service users was appropriate, met their needs or reflected their preferences. This was in breach of Regulation 9(1) (a) (b) (c) (3) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### How the regulation was not being met

##### Mental health

Patients did not receive person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences.

RMNs administered medicines across the prison which was, in itself, time consuming; additionally staff were involved in daily ACCT reviews, for example, ten took place on one day of the inspection. Other duties included mental health triage clinics, attendance at psychiatrist clinics and staff responded to requests for attendance to prisoners who were a concern, a suicide risk and or had self-harmed. The observed demands on staff impacted on the amount of one to one work and planned interventions that RMNs could provide to patients. The service was overly reactive and focused on crisis management. Nursing staff spent much of their time responding to risk and this left little or no time for one to one support, care and treatment of patients.

Despite Leicester Partnership Trust operating a named nurse scheme, patients and prisoners in crisis often saw up to five different nurses. This meant that there was no

continuity of care provided, the impact of one to one work was limited, group work did not take place and risk assessments for patients/prisoners with severe mental illness were not routinely completed.

A mental health care pathway for prisoners was in place, which included access to psychological therapies however this treatment option was not being provided. There were no referral criteria for the mental health team, which meant that nurses were swamped with requests from prisoners with both mild and severe mental health problems together with requests for support for prisoners that self-harmed. Care planning was minimal and recordings on patient records lacked detail; did not always happen; and, on occasion, were completed retrospectively, and the reasons for delays were not recorded. It wasn't apparent from care records what support patients were receiving or what the purpose and goal of staff intervention was.

#### Physical care:

Care planning for patients with complex health needs and lifelong conditions was underdeveloped. Patients who had an identified health need, such as chronic obstructive pulmonary disease, did not routinely have a plan of care that detailed and guided staff on how to meet patient's health care needs.

Arrangements to support patients where English was not their first language did not ensure person centre care was delivered and achieved. This put patients at risk.

#### **Regulation 18 Staffing**

We found the registered person did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet patient's care and treatment needs. This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### **How the regulation was not being met**

The primary mental health team had experienced significant staff issues including the retention and recruitment of staff.

The mental health team had 2.5 RNM vacancies and this had a direct impact on the service provided to prisoners. The day to day service was provided by 3.5 RMNs. Regular agency staff were used to support service delivery to prisoners.

There was high demand for services provided by the mental health team. A total of 354 prisoners were referred to the team in the last eight months; this figure included 196 prisoners who had self-harmed and subsequently had contact with the team.

We observed that RMNs spent a considerable amount of their core working day administering medicines, attending ACCT reviews, mental health triage clinics, psychiatrist clinics and responding to requests for attendance to prisoners who were a concern, a suicide risk and or had self-harmed. All of this impacted on the amount of time nurses had to spend with patients.

Nurses told us they did not have enough time to complete care plans or to review patient care. Care planning was minimal and recordings on patient records lacked

detail. It wasn't clear from looking at care records what support patients were receiving or what the purpose and goal of staff intervention was.

**Psychiatric care:**

Twice weekly psychiatrist clinics were scheduled to take place but did not always happen because Leicester Partnership Trust had not provided a psychiatrist to run the clinics. The service had relied on input from locum psychiatrists for the past two years, some of whom were general psychiatrists and others forensic psychiatrists.

Five different locum psychiatrists were used between January 2015 and September 2015. Staff reported that the quality of input from psychiatrists varied; there was a lack of consistent patient treatment, there were delays in mentally unwell prisoners being seen and concerns existed around prescribing practices of some psychiatrists.

There was no visiting psychology input to the service.

**Physical care:**

The primary health care team had also experienced staff recruitment and retention issues. There were 2 nurse and 3 health care worker vacancies. Vacancies were covered by regular agency staff but shortages affected the development of nurse led clinics specifically for patients with long term conditions.



## Appendix IV: Prison population profile

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

Status	18–20 yr olds	21 and over	%
Sentenced	1	161	49.8%
Recall	0	58	17.8%
Convicted unsentenced	0	3	0.9%
Remand	0	64	19.7%
Civil prisoners	0	0	0
Detainees	0	3	0.9%
<b>Total</b>	<b>1</b>	<b>324</b>	<b>100%</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	107	32.9%
Less than 6 months	0	31	9.5%
6 months to less than 12 months	0	19	5.8%
12 months to less than 2 years	0	30	9.2%
2 years to less than 4 years	1	40	12.6%
4 years to less than 10 years	0	57	17.5%
10 years and over (not life)	0	15	4.6%
ISPP (indeterminate sentence for public protection)	0	12	3.7%
Life	0	13	3.7%
<b>Total</b>	<b>1</b>	<b>324</b>	<b>100%</b>

Age	Number of prisoners	%
Please state minimum age here: 20		
Under 21 years	1	0.3%
21 years to 29 years	134	41.2%
30 years to 39 years	103	31.7%
40 years to 49 years	59	18.2%
50 years to 59 years	21	6.5%
60 years to 69 years	4	1.2%
70 plus years	3	0.9%
Please state maximum age here: 76		
<b>Total</b>	<b>325</b>	<b>100%</b>

Nationality	18–20 yr olds	21 and over	%
British	1	290	89.5%
Foreign nationals	0	33	10.2%
Not stated	0	1	0.3%
<b>Total</b>	<b>1</b>	<b>324</b>	<b>100%</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	126	38.8%
Uncategorised sentenced	0	5	1.5%
Category A	0	0	0
Category B	0	40	12.3%
Category C	0	143	44.0%
Category D	0	10	3.1%
YOI closed	1	0	0.3%
<b>Total</b>	<b>1</b>	<b>324</b>	<b>100%</b>

Ethnicity	18–20 yr olds	21 and over	%
White			
British	1	219	67.7%
Irish	0	3	0.9%
Gypsy/Irish Traveller	0	3	0.9%
Other white	0	13	4.0%
Mixed			
White and black Caribbean	0	11	3.4%
White and black African	0	3	0.9%
White and Asian	0	0	0
Other mixed	0	1	0.3%
Asian or Asian British			
Indian	0	18	5.5%
Pakistani	0	8	2.5%
Bangladeshi	0	1	0.3%
Chinese	0	1	0.3%
Other Asian	0	5	1.5%
Black or black British			
Caribbean	0	22	6.8%
African	0	6	1.8%
Other black	0	3	0.9%
Other ethnic group			
Arab	0	1	0.3%
Other ethnic group	0	5	1.5%
Not stated	0	1	0.3%
<b>Total</b>			



Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	0	40	12.3%
Roman Catholic	0	52	16.0%
Other Christian denominations	0	36	11.1%
Muslim	0	41	12.6%
Sikh	0	4	1.2%
Hindu	0	4	1.2%
Buddhist	0	3	0.9%
Jewish	0	0	0
Other	0	8	2.5%
No religion	1	136	42.2%
<b>Total</b>	<b>1</b>	<b>324</b>	<b>100%</b>

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	Not available		
<b>Total</b>			

### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.3%	79	24.3%
1 month to 3 months	0	0	62	19.1%
3 months to 6 months	0	0	38	11.7%
6 months to 1 year	0	0	28	8.6%
1 year to 2 years	0	0	9	2.8%
2 years to 4 years	0	0	1	0.3%
4 years or more	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0.3%</b>	<b>324</b>	

### Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0
Public protection cases (this does <b>not</b> refer to public protection sentence categories but cases requiring monitoring/restrictions)	1	90	28%
<b>Total</b>	<b>1</b>	<b>90</b>	<b>28%</b>

### Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	27	25.2%
1 month to 3 months	0	0	34	31.8%
3 months to 6 months	0	0	35	32.7%
6 months to 1 year	0	0	9	8.4%
1 year to 2 years	0	0	2	1.9%
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>107</b>	<b>32.9%</b>

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person	Not available		
Sexual offences			
Burglary			
Robbery			
Theft and handling			
Fraud and forgery			
Drugs offences			
Other offences			
Civil offences			
Offence not recorded / holding warrant			
<b>Total</b>			

## Appendix V: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment<sup>20</sup>. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

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

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

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

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

### Survey response

At the time of the survey on 28 September 2015 the prisoner population at HMP Leicester was 319. Using the method described above, questionnaires were distributed to a sample of 182 prisoners.

We received a total of 144 completed questionnaires, a response rate of 79%. This included two questionnaires completed via interview. Thirteen respondents refused to complete a questionnaire, 14 questionnaires were not returned and 11 were returned blank.

Wing/unit	Number of completed survey returns
L1	5
L2	18
L3	39
L4	37

<sup>20</sup> 95% confidence interval with a sampling error of 3%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Vulnerable prisoner unit	26
B first night centre)	9
H2	5
RI	4
Segregation unit	1

## Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences<sup>21</sup> are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

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

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

The following comparative analyses are presented:

- The current survey responses from HMP Leicester in 2015 compared with responses from prisoners surveyed in all other local prisons. This comparator is based on all responses from prisoner surveys carried out in 33 local prisons since April 2012.
- The current survey responses from HMP Leicester in 2015 compared with the responses of prisoners surveyed at HMP Leicester in 2013.
- 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.
- A comparison within the 2015 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2015 survey between the vulnerable prisoners' unit and the rest of the establishment (L1, L2, L3, L4 and B).

<sup>21</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

## Survey summary

## Section I: About You

<b>Q1.1</b>	<b>What wing or houseblock are you currently living on?</b> See shortened methodology	
<b>Q1.2</b>	<b>How old are you?</b>	
	Under 21 .....	1 (1%)
	21 - 29.....	46 (32%)
	30 - 39.....	46 (32%)
	40 - 49.....	32 (23%)
	50 - 59.....	13 (9%)
	60 - 69.....	1 (1%)
	70 and over .....	3 (2%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	Yes .....	77 (55%)
	Yes - on recall.....	21 (15%)
	No - awaiting trial.....	26 (18%)
	No - awaiting sentence .....	16 (11%)
	No - awaiting deportation.....	1 (1%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	Not sentenced.....	43 (32%)
	Less than 6 months.....	15 (11%)
	6 months to less than 1 year .....	9 (7%)
	1 year to less than 2 years.....	15 (11%)
	2 years to less than 4 years .....	16 (12%)
	4 years to less than 10 years.....	18 (13%)
	10 years or more.....	7 (5%)
	IPP (indeterminate sentence for public protection).....	7 (5%)
	Life.....	6 (4%)
<b>Q1.5</b>	<b>Are you a foreign national (i.e. do not have UK citizenship)?</b>	
	Yes .....	14 (10%)
	No.....	127 (90%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>	
	Yes.....	138 (97%)
	No.....	5 (3%)
<b>Q1.7</b>	<b>Do you understand written English?</b>	
	Yes .....	135 (96%)
	No.....	6 (4%)

<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	95 (68%)	Asian or Asian British - Chinese ..... 1 (1%)
	White - Irish .....	2 (1%)	Asian or Asian British - other..... 3 (2%)
	White - other.....	9 (6%)	Mixed race - white and black Caribbean. 5 (4%)
	Black or black British - Caribbean.....	5 (4%)	Mixed race - white and black African ..... 1 (1%)
	Black or black British - African.....	3 (2%)	Mixed race - white and Asian ..... 1 (1%)
	Black or black British - other.....	1 (1%)	Mixed race - other..... 1 (1%)
	Asian or Asian British - Indian.....	6 (4%)	Arab..... 0 (0%)
	Asian or Asian British - Pakistani.....	5 (4%)	Other ethnic group..... 2 (1%)
	Asian or Asian British - Bangladeshi.....	0 (0%)	
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes.....		6 (5%)
	No.....		126 (95%)
<b>Q1.10</b>	<b>What is your religion?</b>		
	None.....	46 (33%)	Hindu..... 1 (1%)
	Church of England.....	37 (27%)	Jewish..... 0 (0%)
	Catholic.....	24 (17%)	Muslim..... 15 (11%)
	Protestant.....	1 (1%)	Sikh..... 2 (1%)
	Other Christian denomination.....	6 (4%)	Other..... 2 (1%)
	Buddhist.....	4 (3%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/ Straight.....		133 (96%)
	Homosexual/Gay.....		2 (1%)
	Bisexual.....		4 (3%)
<b>Q1.12</b>	<b>Do you consider yourself to have a disability (i.e do you need help with any long-term physical, mental or learning needs)?</b>		
	Yes.....		40 (29%)
	No.....		98 (71%)
<b>Q1.13</b>	<b>Are you a veteran (ex-armed services)?</b>		
	Yes.....		7 (5%)
	No.....		129 (95%)
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes.....		35 (25%)
	No.....		105 (75%)
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes.....		82 (59%)
	No.....		58 (41%)

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours.....		109 (78%)
	2 hours or longer.....		21 (15%)
	Don't remember.....		10 (7%)

<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>	
	<i>My journey was less than two hours.....</i>	109 (78%)
	<i>Yes .....</i>	17 (12%)
	<i>No.....</i>	12 (9%)
	<i>Don't remember.....</i>	1 (1%)
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>	
	<i>My journey was less than two hours .....</i>	109 (79%)
	<i>Yes .....</i>	3 (2%)
	<i>No.....</i>	25 (18%)
	<i>Don't remember .....</i>	1 (1%)
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>	
	<i>Yes .....</i>	78 (57%)
	<i>No.....</i>	49 (36%)
	<i>Don't remember .....</i>	10 (7%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>	
	<i>Yes .....</i>	102 (75%)
	<i>No.....</i>	31 (23%)
	<i>Don't remember.....</i>	3 (2%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	<i>Very well.....</i>	39 (28%)
	<i>Well.....</i>	64 (46%)
	<i>Neither .....</i>	21 (15%)
	<i>Badly.....</i>	5 (4%)
	<i>Very badly .....</i>	5 (4%)
	<i>Don't remember .....</i>	5 (4%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)</b>	
	<i>Yes, someone told me .....</i>	83 (60%)
	<i>Yes, I received written information.....</i>	3 (2%)
	<i>No, I was not told anything.....</i>	46 (33%)
	<i>Don't remember.....</i>	7 (5%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	<i>Yes .....</i>	99 (72%)
	<i>No.....</i>	32 (23%)
	<i>Don't remember .....</i>	6 (4%)

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

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	<i>Less than 2 hours .....</i>	97 (70%)
	<i>2 hours or longer .....</i>	35 (25%)
	<i>Don't remember .....</i>	7 (5%)
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	<i>Yes .....</i>	116 (85%)
	<i>No .....</i>	17 (12%)
	<i>Don't remember .....</i>	4 (3%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	42 (30%)
	Well.....	74 (54%)
	Neither.....	10 (7%)
	Badly.....	4 (3%)
	Very badly.....	6 (4%)
	Don't remember.....	2 (1%)
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)</b>	
	Loss of property.....	22 (16%)
	Housing problems.....	27 (20%)
	Contacting employers.....	7 (5%)
	Physical health.....	22 (16%)
	Mental health.....	44 (32%)
	Needing protection from other prisoners.....	15 (11%)
	Contacting family.....	42 (31%)
	Childcare.....	4 (3%)
	Money worries.....	22 (16%)
	Feeling depressed or suicidal.....	43 (31%)
	Getting phone numbers.....	38 (28%)
	Other.....	7 (5%)
	Did not have any problems.....	35 (26%)
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes.....	48 (36%)
	No.....	50 (38%)
	Did not have any problems.....	35 (26%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)</b>	
	Tobacco.....	119 (85%)
	A shower.....	45 (32%)
	A free telephone call.....	106 (76%)
	Something to eat.....	96 (69%)
	PIN phone credit.....	77 (55%)
	Toiletries/ basic items.....	77 (55%)
	Did not receive anything.....	5 (4%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)</b>	
	Chaplain.....	77 (57%)
	Someone from health services.....	87 (65%)
	A Listener/Samaritans.....	46 (34%)
	Prison shop/ canteen.....	37 (28%)
	Did not have access to any of these.....	22 (16%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)</b>	
	What was going to happen to you.....	52 (40%)
	What support was available for people feeling depressed or suicidal.....	47 (36%)
	How to make routine requests (applications).....	48 (37%)
	Your entitlement to visits.....	40 (31%)
	Health services.....	50 (39%)
	Chaplaincy.....	60 (47%)
	Not offered any information.....	42 (33%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes.....	96 (70%)
	No.....	37 (27%)
	Don't remember.....	5 (4%)



<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	<i>Have not been on an induction course</i> .....	51 (38%)
	<i>Within the first week</i> .....	47 (35%)
	<i>More than a week</i> .....	25 (18%)
	<i>Don't remember</i> .....	13 (10%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<i>Have not been on an induction course</i> .....	51 (41%)
	<i>Yes</i> .....	39 (31%)
	<i>No</i> .....	24 (19%)
	<i>Don't remember</i> .....	11 (9%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<i>Did not receive an assessment</i> .....	27 (21%)
	<i>Within the first week</i> .....	46 (35%)
	<i>More than a week</i> .....	48 (37%)
	<i>Don't remember</i> .....	9 (7%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to...</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	16 (12%)	49 (37%)	20 (15%)	23 (17%)	16 (12%)	9 (7%)
	<i>Attend legal visits?</i>	19 (15%)	61 (50%)	18 (15%)	5 (4%)	6 (5%)	14 (11%)
	<i>Get bail information?</i>	6 (5%)	23 (20%)	21 (18%)	14 (12%)	25 (22%)	26 (23%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters</i> .....						16 (12%)
	<i>Yes</i> .....						58 (43%)
	<i>No</i> .....						61 (45%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>						
	<i>Yes</i> .....						58 (44%)
	<i>No</i> .....						19 (14%)
	<i>Don't know</i> .....						55 (42%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	39 (29%)	95 (70%)	1 (1%)			
	<i>Are you normally able to have a shower every day?</i>	75 (55%)	59 (43%)	2 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	49 (36%)	83 (61%)	3 (2%)			
	<i>Do you normally get cell cleaning materials every week?</i>	75 (58%)	53 (41%)	1 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	15 (12%)	113 (87%)	2 (2%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	61 (46%)	72 (54%)	0 (0%)			
	<i>If you need to, can you normally get your stored property?</i>	27 (20%)	67 (51%)	38 (29%)			
<b>Q4.5</b>	<b>What is the food like here?</b>						
	<i>Very good</i> .....						10 (7%)
	<i>Good</i> .....						48 (35%)
	<i>Neither</i> .....						36 (26%)
	<i>Bad</i> .....						24 (18%)
	<i>Very bad</i> .....						18 (13%)

<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>	
	<i>Have not bought anything yet/ don't know</i> .....	8 (6%)
	Yes .....	59 (43%)
	No.....	71 (51%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>	
	Yes .....	79 (58%)
	No.....	25 (18%)
	<i>Don't know</i> .....	33 (24%)
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes .....	72 (53%)
	No.....	21 (15%)
	<i>Don't know/ N/A</i> .....	44 (32%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes .....	79 (59%)
	No.....	21 (16%)
	<i>Don't know/ N/A</i> .....	35 (26%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<i>I don't want to attend</i> .....	35 (26%)
	<i>Very easy</i> .....	33 (24%)
	<i>Easy</i> .....	32 (24%)
	<i>Neither</i> .....	6 (4%)
	<i>Difficult</i> .....	0 (0%)
	<i>Very difficult</i> .....	8 (6%)
	<i>Don't know</i> .....	21 (16%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>		
	Yes .....	83 (62%)	
	No .....	44 (33%)	
	<i>Don't know</i> .....	7 (5%)	
<b>Q5.2</b>	<b>Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)</b>		
		<i>Not made one</i>	Yes
		No	
	Are <i>applications</i> dealt with fairly?	27 (21%)	38 (30%)
	Are <i>applications</i> dealt with quickly (within seven days)?	27 (22%)	21 (17%)
		62 (49%)	74 (61%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>		
	Yes .....	70 (53%)	
	No .....	37 (28%)	
	<i>Don't know</i> .....	25 (19%)	
<b>Q5.4</b>	<b>Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)</b>		
		<i>Not made one</i>	Yes
		No	
	Are <i>complaints</i> dealt with fairly?	52 (41%)	22 (17%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	52 (42%)	15 (12%)
		54 (42%)	58 (46%)

<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes .....	36 (29%)
	No.....	90 (71%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<i>Don't know who they are</i> .....	34 (25%)
	Very easy.....	12 (9%)
	Easy .....	30 (22%)
	Neither .....	26 (19%)
	Difficult.....	22 (16%)
	Very difficult.....	11 (8%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	13 (10%)
	Yes .....	62 (46%)
	No .....	43 (32%)
	<i>Don't know</i> .....	17 (13%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)</b>	
	<i>Don't know what the IEP scheme is</i> .....	13 (10%)
	Yes .....	42 (33%)
	No.....	55 (44%)
	<i>Don't know</i> .....	16 (13%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes .....	20 (15%)
	No.....	114 (85%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i> .....	105 (80%)
	Very well.....	5 (4%)
	Well.....	5 (4%)
	Neither .....	7 (5%)
	Badly.....	3 (2%)
	Very badly .....	7 (5%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes .....	109 (80%)
	No.....	27 (20%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes .....	96 (73%)
	No.....	36 (27%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes .....	48 (36%)
	No.....	87 (64%)

<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	11 (8%)
	<i>Never</i> .....	24 (18%)
	<i>Rarely</i> .....	46 (34%)
	<i>Some of the time</i> .....	26 (19%)
	<i>Most of the time</i> .....	18 (13%)
	<i>All of the time</i> .....	10 (7%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	100 (73%)
	<i>In the first week</i> .....	13 (9%)
	<i>More than a week</i> .....	13 (9%)
	<i>Don't remember</i> .....	11 (8%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/her</i> .....	100 (75%)
	<i>Very helpful</i> .....	8 (6%)
	<i>Helpful</i> .....	14 (10%)
	<i>Neither</i> .....	7 (5%)
	<i>Not very helpful</i> .....	2 (1%)
	<i>Not at all helpful</i> .....	3 (2%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	<i>Yes</i> .....	75 (55%)
	<i>No</i> .....	62 (45%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	<i>Yes</i> .....	36 (28%)
	<i>No</i> .....	93 (72%)
<b>Q8.3</b>	<b>In which areas have you felt unsafe? (Please tick all that apply to you.)</b>	
	<b>Never felt unsafe</b> .....	62 (48%)
	<i>Everywhere</i> .....	26 (20%)
	<i>Segregation unit</i> .....	7 (5%)
	<i>Association areas</i> .....	32 (25%)
	<i>Reception area</i> .....	5 (4%)
	<i>At the gym</i> .....	13 (10%)
	<i>In an exercise yard</i> .....	25 (19%)
	<i>At work</i> .....	12 (9%)
	<i>During movement</i> .....	21 (16%)
	<i>At education</i> .....	9 (7%)
	<i>At meal times</i> .....	24 (19%)
	<i>At health services</i> .....	10 (8%)
	<i>Visits area</i> .....	15 (12%)
	<i>In wing showers</i> .....	30 (23%)
	<i>In gym showers</i> .....	14 (11%)
	<i>In corridors/stairwells</i> .....	16 (12%)
	<i>On your landing/wing</i> .....	23 (18%)
	<i>In your cell</i> .....	16 (12%)
	<i>At religious services</i> .....	5 (4%)
<b>Q8.4</b>	<b>Have you been victimised by other prisoners here?</b>	
	<i>Yes</i> .....	54 (40%)
	<i>No</i> .....	81 (60%)

<b>Q8.5</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	26 (19%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	14 (10%)
	<i>Sexual abuse .....</i>	2 (1%)
	<i>Feeling threatened or intimidated .....</i>	33 (24%)
	<i>Having your canteen/property taken .....</i>	10 (7%)
	<i>Medication .....</i>	12 (9%)
	<i>Debt .....</i>	6 (4%)
	<i>Drugs .....</i>	11 (8%)
	<i>Your race or ethnic origin .....</i>	8 (6%)
	<i>Your religion/religious beliefs .....</i>	4 (3%)
	<i>Your nationality .....</i>	3 (2%)
	<i>You are from a different part of the country than others .....</i>	10 (7%)
	<i>You are from a traveller community .....</i>	1 (1%)
	<i>Your sexual orientation .....</i>	4 (3%)
	<i>Your age .....</i>	5 (4%)
	<i>You have a disability .....</i>	6 (4%)
	<i>You were new here .....</i>	6 (4%)
	<i>Your offence/ crime .....</i>	11 (8%)
	<i>Gang related issues .....</i>	13 (10%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes .....	54 (40%)
	No .....	81 (60%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>	
	<i>Insulting remarks (about you or your family or friends) .....</i>	20 (15%)
	<i>Physical abuse (being hit, kicked or assaulted) .....</i>	13 (10%)
	<i>Sexual abuse .....</i>	1 (1%)
	<i>Feeling threatened or intimidated .....</i>	24 (18%)
	<i>Medication .....</i>	9 (7%)
	<i>Debt .....</i>	6 (4%)
	<i>Drugs .....</i>	9 (7%)
	<i>Your race or ethnic origin .....</i>	11 (8%)
	<i>Your religion/religious beliefs .....</i>	8 (6%)
	<i>Your nationality .....</i>	5 (4%)
	<i>You are from a different part of the country than others .....</i>	7 (5%)
	<i>You are from a traveller community .....</i>	1 (1%)
	<i>Your sexual orientation .....</i>	6 (4%)
	<i>Your age .....</i>	4 (3%)
	<i>You have a disability .....</i>	4 (3%)
	<i>You were new here .....</i>	5 (4%)
	<i>Your offence/ crime .....</i>	7 (5%)
	<i>Gang related issues .....</i>	8 (6%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	Not been victimised .....	64 (53%)
	Yes .....	19 (16%)
	No .....	37 (31%)

## Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	17 (12%)	4 (3%)	24 (18%)	15 (11%)	46 (34%)	31 (23%)
	The nurse	15 (11%)	15 (11%)	49 (37%)	15 (11%)	22 (17%)	16 (12%)
	The dentist	26 (20%)	0 (0%)	6 (5%)	7 (5%)	29 (22%)	63 (48%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	23 (17%)	11 (8%)	39 (29%)	12 (9%)	28 (21%)	21 (16%)
	The nurse	22 (17%)	12 (9%)	50 (39%)	12 (9%)	20 (16%)	13 (10%)
	The dentist	49 (39%)	0 (0%)	13 (10%)	14 (11%)	19 (15%)	31 (25%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<i>Not been</i> .....						18 (14%)
	<i>Very good</i> .....						7 (5%)
	<i>Good</i> .....						37 (29%)
	<i>Neither</i> .....						18 (14%)
	<i>Bad</i> .....						26 (20%)
	<i>Very bad</i> .....						22 (17%)
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes .....						83 (61%)
	No .....						54 (39%)
<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/all of it in your own cell?</b>						
	<i>Not taking medication</i> .....						54 (40%)
	<i>Yes, all my meds</i> .....						16 (12%)
	<i>Yes, some of my meds</i> .....						21 (15%)
	<i>No</i> .....						45 (33%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>						
	Yes .....						64 (47%)
	No .....						72 (53%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?</b>						
	<i>Do not have any emotional or mental health problems</i> .....						72 (55%)
	Yes .....						29 (22%)
	No .....						29 (22%)

## Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes .....	53 (40%)
	No .....	81 (60%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes .....	28 (22%)
	No .....	102 (78%)

<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy.....	54 (41%)
	Easy.....	21 (16%)
	Neither.....	4 (3%)
	Difficult.....	5 (4%)
	Very difficult.....	8 (6%)
	Don't know.....	41 (31%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	22 (16%)
	Easy.....	20 (15%)
	Neither.....	7 (5%)
	Difficult.....	7 (5%)
	Very difficult.....	16 (12%)
	Don't know.....	63 (47%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	18 (14%)
	No.....	115 (86%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	14 (11%)
	No.....	118 (89%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	Did not / do not have a drug problem.....	71 (57%)
	Yes.....	41 (33%)
	No.....	13 (10%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?</b>	
	Did not / do not have an alcohol problem.....	102 (78%)
	Yes.....	21 (16%)
	No.....	8 (6%)
<b>Q10.9</b>	<b>Was the support or help you received, while in this prison, helpful?</b>	
	Did not have a problem/ did not receive help.....	78 (61%)
	Yes.....	41 (32%)
	No.....	9 (7%)

### Section 11: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	19 (15%)	7 (5%)	23 (18%)	11 (8%)	42 (32%)	29 (22%)
	Vocational or skills training	27 (22%)	9 (7%)	30 (24%)	18 (15%)	24 (20%)	15 (12%)
	Education (including basic skills)	21 (17%)	29 (23%)	49 (39%)	10 (8%)	9 (7%)	9 (7%)
	Offending behaviour programmes	46 (36%)	5 (4%)	12 (9%)	12 (9%)	23 (18%)	30 (23%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply to you.)</b>						
	Not involved in any of these.....					53 (41%)	
	Prison job.....					41 (32%)	
	Vocational or skills training.....					14 (11%)	
	Education (including basic skills).....					35 (27%)	
	Offending behaviour programmes.....					5 (4%)	

<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	44 (37%)	26 (22%)	37 (31%)	11 (9%)
	Vocational or skills training	45 (39%)	22 (19%)	35 (31%)	12 (11%)
	Education (including basic skills)	36 (30%)	33 (28%)	37 (31%)	13 (11%)
	Offending behaviour programmes	46 (42%)	20 (18%)	29 (26%)	15 (14%)
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>				
	<i>Don't want to go</i> .....				17 (13%)
	<i>Never</i> .....				39 (30%)
	<i>Less than once a week</i> .....				40 (30%)
	<i>About once a week</i> .....				17 (13%)
	<i>More than once a week</i> .....				19 (14%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>				
	<i>Don't use it</i> .....				37 (29%)
	<i>Yes</i> .....				26 (20%)
	<i>No</i> .....				64 (50%)
<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>				
	<i>Don't want to go</i> .....				30 (22%)
	<i>0</i> .....				30 (22%)
	<i>1 to 2</i> .....				12 (9%)
	<i>3 to 5</i> .....				55 (41%)
	<i>More than 5</i> .....				8 (6%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>				
	<i>Don't want to go</i> .....				19 (14%)
	<i>0</i> .....				24 (18%)
	<i>1 to 2</i> .....				42 (32%)
	<i>3 to 5</i> .....				24 (18%)
	<i>More than 5</i> .....				24 (18%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>				
	<i>Don't want to go</i> .....				10 (8%)
	<i>0</i> .....				10 (8%)
	<i>1 to 2</i> .....				24 (18%)
	<i>3 to 5</i> .....				58 (44%)
	<i>More than 5</i> .....				31 (23%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work, etc.)</b>				
	<i>Less than 2 hours</i> .....				52 (39%)
	<i>2 to less than 4 hours</i> .....				32 (24%)
	<i>4 to less than 6 hours</i> .....				15 (11%)
	<i>6 to less than 8 hours</i> .....				9 (7%)
	<i>8 to less than 10 hours</i> .....				7 (5%)
	<i>10 hours or more</i> .....				13 (10%)
	<i>Don't know</i> .....				4 (3%)



## Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes .....	44 (34%)
	No.....	87 (66%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	59 (44%)
	No.....	74 (56%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	56 (42%)
	No.....	78 (58%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	28 (21%)
	<i>Very easy</i> .....	22 (17%)
	<i>Easy</i> .....	30 (23%)
	<i>Neither</i> .....	12 (9%)
	<i>Difficult</i> .....	17 (13%)
	<i>Very difficult</i> .....	20 (15%)
	<i>Don't know</i> .....	3 (2%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i> .....	43 (32%)
	Yes .....	65 (48%)
	No.....	27 (20%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)</b>	
	<i>Not sentenced/ NA</i> .....	70 (53%)
	<i>No contact</i> .....	36 (27%)
	<i>Letter</i> .....	11 (8%)
	<i>Phone</i> .....	10 (8%)
	<i>Visit</i> .....	25 (19%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	44 (35%)
	No.....	80 (65%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i> .....	43 (33%)
	Yes .....	27 (20%)
	No.....	62 (47%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i> .....	105 (78%)
	<i>Very involved</i> .....	6 (4%)
	<i>Involved</i> .....	4 (3%)
	<i>Neither</i> .....	8 (6%)
	<i>Not very involved</i> .....	6 (4%)
	<i>Not at all involved</i> .....	5 (4%)

<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	105	(79%)	
	<i>Nobody</i> .....	20	(15%)	
	<i>Offender supervisor</i> .....	4	(3%)	
	<i>Offender manager</i> .....	5	(4%)	
	<i>Named/ personal officer</i> .....	1	(1%)	
	<i>Staff from other departments</i> .....	2	(2%)	
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	105	(81%)	
	<i>Yes</i> .....	4	(3%)	
	<i>No</i> .....	10	(8%)	
	<i>Don't know</i> .....	11	(8%)	
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	105	(80%)	
	<i>Yes</i> .....	11	(8%)	
	<i>No</i> .....	6	(5%)	
	<i>Don't know</i> .....	10	(8%)	
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>			
	<i>Do not have a sentence plan/ not sentenced</i> .....	105	(79%)	
	<i>Yes</i> .....	6	(5%)	
	<i>No</i> .....	8	(6%)	
	<i>Don't know</i> .....	14	(11%)	
<b>Q13.10</b>	<b>Do you have a needs-based custody plan?</b>			
	<i>Yes</i> .....	9	(8%)	
	<i>No</i> .....	55	(46%)	
	<i>Don't know</i> .....	55	(46%)	
<b>Q13.11</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>			
	<i>Yes</i> .....	14	(11%)	
	<i>No</i> .....	109	(89%)	
<b>Q13.12</b>	<b>Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)</b>			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	22 (18%)	23 (19%)	74 (62%)
	Accommodation	18 (15%)	36 (30%)	67 (55%)
	Benefits	16 (14%)	41 (35%)	60 (51%)
	Finances	21 (18%)	23 (20%)	70 (61%)
	Education	25 (22%)	26 (23%)	64 (56%)
	Drugs and alcohol	25 (21%)	52 (44%)	40 (34%)
<b>Q13.13</b>	<b>Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?</b>			
	<i>Not sentenced</i> .....	43	(33%)	
	<i>Yes</i> .....	27	(21%)	
	<i>No</i> .....	60	(46%)	

## Main comparator and comparator to last time



### Prisoner survey responses HMP Leicester 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

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<b>Number of completed questionnaires returned</b>		<b>144</b>	<b>6,078</b>	<b>144</b>	<b>157</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	6%	1%	1%
1.3	Are you sentenced?	70%	67%	70%	63%
1.3	Are you on recall?	15%	9%	15%	13%
1.4	Is your sentence less than 12 months?	18%	20%	18%	14%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	3%	5%	1%
1.5	Are you a foreign national?	10%	12%	10%	18%
1.6	Do you understand spoken English?	97%	97%	97%	98%
1.7	Do you understand written English?	96%	96%	96%	97%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	24%	25%	24%	31%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%	4%	6%
1.1	Are you Muslim?	11%	12%	11%	13%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	5%
1.12	Do you consider yourself to have a disability?	29%	24%	29%	25%
1.13	Are you a veteran (ex-armed services)?	5%	5%	5%	5%
1.14	Is this your first time in prison?	25%	33%	25%	31%
1.15	Do you have any children under the age of 18?	59%	53%	59%	54%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	15%	22%	15%	10%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	57%	37%	57%	15%
2.3	Were you offered a toilet break?	11%	8%	11%	12%
2.4	Was the van clean?	57%	58%	57%	62%
2.5	Did you feel safe?	75%	75%	75%	73%
2.6	Were you treated well/very well by the escort staff?	74%	67%	74%	69%
2.7	Before you arrived here were you told that you were coming here?	60%	64%	60%	66%
2.7	Before you arrived here did you receive any written information about coming here?	2%	4%	2%	1%
2.8	When you first arrived here did your property arrive at the same time as you?	72%	79%	72%	84%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	70%	40%	70%	66%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	78%	85%	80%
3.3	Were you treated well/very well in reception?	84%	62%	84%	70%
	When you first arrived:				
3.4	Did you have any problems?	74%	76%	74%	77%
3.4	Did you have any problems with loss of property?	16%	16%	16%	14%
3.4	Did you have any housing problems?	20%	22%	20%	18%
3.4	Did you have any problems contacting employers?	5%	5%	5%	8%
3.4	Did you have any problems contacting family?	31%	33%	31%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	3%	3%	3%	7%
3.4	Did you have any money worries?	16%	24%	16%	26%
3.4	Did you have any problems with feeling depressed or suicidal?	31%	22%	31%	38%
3.4	Did you have any physical health problems?	16%	18%	16%	20%
3.4	Did you have any mental health problems?	32%	22%	32%	25%
3.4	Did you have any problems with needing protection from other prisoners?	11%	7%	11%	11%
3.4	Did you have problems accessing phone numbers?	28%	31%	28%	34%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	49%	32%	49%	31%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	85%	79%	85%	81%
3.6	A shower?	32%	29%	32%	18%
3.6	A free telephone call?	76%	54%	76%	74%
3.6	Something to eat?	69%	71%	69%	62%
3.6	PIN phone credit?	55%	53%	55%	48%
3.6	Toiletries/ basic items?	55%	58%	55%	55%
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	57%	46%	57%	53%
3.7	Someone from health services?	65%	67%	65%	58%
3.7	A Listener/Samaritans?	34%	32%	34%	22%
3.7	Prison shop/ canteen?	28%	21%	28%	14%

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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?	40%	41%	40%	37%
3.8	Support was available for people feeling depressed or suicidal?	36%	37%	36%	27%
3.8	How to make routine requests?	37%	35%	37%	31%
3.8	Your entitlement to visits?	31%	34%	31%	35%
3.8	Health services?	39%	45%	39%	33%
3.8	The chaplaincy?	47%	40%	47%	42%
3.9	Did you feel safe on your first night here?	70%	72%	70%	62%
3.10	Have you been on an induction course?	63%	73%	63%	67%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	53%	50%	53%	46%
3.12	Did you receive an education (skills for life) assessment?	79%	72%	79%	84%
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	49%	37%	49%	42%
4.1	Attend legal visits?	65%	51%	65%	62%
4.1	Get bail information?	25%	18%	25%	23%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	41%	43%	42%
4.3	Can you get legal books in the library?	44%	35%	44%	48%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	29%	50%	29%	37%
4.4	Are you normally able to have a shower every day?	55%	72%	55%	77%
4.4	Do you normally receive clean sheets every week?	36%	70%	36%	58%
4.4	Do you normally get cell cleaning materials every week?	58%	53%	58%	45%
4.4	Is your cell call bell normally answered within five minutes?	12%	27%	12%	32%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	46%	58%	46%	58%
4.4	Can you normally get your stored property, if you need to?	21%	21%	21%	27%
4.5	Is the food in this prison good/very good?	43%	21%	43%	16%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	47%	43%	37%
4.7	Are you able to speak to a Listener at any time, if you want to?	58%	52%	58%	60%
4.8	Are your religious beliefs are respected?	53%	49%	53%	50%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	50%	59%	58%
4.10	Is it easy/very easy to attend religious services?	48%	44%	48%	49%

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	62%	73%	62%	76%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	38%	50%	38%	50%
5.2	Do you feel applications are dealt with quickly (within seven days)?	22%	35%	22%	36%
5.3	Is it easy to make a complaint?	53%	49%	53%	53%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	29%	29%	29%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	20%	25%	20%	29%
5.5	Have you ever been prevented from making a complaint when you wanted to?	29%	20%	29%	24%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	31%	18%	31%	19%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	46%	40%	46%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	41%	33%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	9%	15%	7%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	37%	36%	37%	43%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	80%	73%	80%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	68%	73%	68%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	36%	26%	36%	26%
7.4	Do staff normally speak to you most of the time/all of the time during association?	21%	17%	21%	12%
7.5	Do you have a personal officer?	27%	35%	27%	37%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	65%	66%	65%	68%
<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	55%	43%	55%	54%
8.2	Do you feel unsafe now?	28%	20%	28%	25%
8.4	Have you been victimised by other prisoners here?	40%	30%	40%	32%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	19%	12%	19%	17%
8.5	Hit, kicked or assaulted you?	10%	8%	10%	7%
8.5	Sexually abused you?	1%	2%	1%	2%
8.5	Threatened or intimidated you?	24%	16%	24%	19%
8.5	Taken your canteen/property?	7%	7%	7%	6%

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8.5	Victimised you because of medication?	9%	5%	9%	7%
8.5	Victimised you because of debt?	4%	4%	4%	5%
8.5	Victimised you because of drugs?	8%	4%	8%	3%
8.5	Victimised you because of your race or ethnic origin?	6%	4%	6%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	3%
8.5	Victimised you because of your nationality?	2%	3%	2%	5%
8.5	Victimised you because you were from a different part of the country?	7%	4%	7%	4%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	3%
8.5	Victimised you because of your sexual orientation?	3%	1%	3%	2%
8.5	Victimised you because of your age?	4%	2%	4%	2%
8.5	Victimised you because you have a disability?	4%	3%	4%	3%
8.5	Victimised you because you were new here?	4%	6%	4%	9%
8.5	Victimised you because of your offence/crime?	8%	5%	8%	7%
8.5	Victimised you because of gang related issues?	10%	5%	10%	7%
8.6	Have you been victimised by staff here?	40%	32%	40%	31%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	15%	12%	15%	13%
8.7	Hit, kicked or assaulted you?	10%	5%	10%	3%
8.7	Sexually abused you?	1%	1%	1%	0%
8.7	Threatened or intimidated you?	18%	12%	18%	10%
8.7	Victimised you because of medication?	7%	5%	7%	5%
8.7	Victimised you because of debt?	4%	2%	4%	2%
8.7	Victimised you because of drugs?	7%	3%	7%	2%
8.7	Victimised you because of your race or ethnic origin?	8%	4%	8%	3%
8.7	Victimised you because of your religion/religious beliefs?	6%	4%	6%	3%
8.7	Victimised you because of your nationality?	4%	3%	4%	3%
8.7	Victimised you because you were from a different part of the country?	5%	3%	5%	2%
8.7	Victimised you because you are from a Traveller community?	1%	2%	1%	1%
8.7	Victimised you because of your sexual orientation?	4%	1%	4%	1%
8.7	Victimised you because of your age?	3%	2%	3%	1%

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8.7	Victimised you because you have a disability?	3%	3%	3%	3%
8.7	Victimised you because you were new here?	4%	5%	4%	3%
8.7	Victimised you because of your offence/crime?	5%	4%	5%	8%
8.7	Victimised you because of gang related issues?	6%	3%	6%	2%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	34%	33%	34%	20%
<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	20%	21%	20%	15%
9.1	Is it easy/very easy to see the nurse?	49%	44%	49%	32%
9.1	Is it easy/very easy to see the dentist?	5%	9%	5%	2%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	45%	40%	45%	25%
9.2	The nurse?	58%	52%	58%	34%
9.2	The dentist?	17%	30%	17%	12%
9.3	The overall quality of health services?	40%	36%	40%	18%
9.4	Are you currently taking medication?	61%	50%	61%	58%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	45%	59%	45%	48%
9.6	Do you have any emotional well being or mental health problems?	47%	38%	47%	46%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	50%	42%	50%	42%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	40%	32%	40%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	21%	22%	22%
10.3	Is it easy/very easy to get illegal drugs in this prison?	56%	35%	56%	26%
10.4	Is it easy/very easy to get alcohol in this prison?	31%	16%	31%	6%
10.5	Have you developed a problem with drugs since you have been in this prison?	14%	8%	14%	8%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	11%	8%	11%	14%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	76%	58%	76%	81%
10.8	Have you received any support or help with your alcohol problem while in this prison?	72%	56%	72%	78%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	82%	77%	82%	83%



## Main comparator and comparator to last time

### Key to tables

		HMP Leicester 2015	Local prisons comparator	HMP Leicester 2015	HMP Leicester 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 11: Activities</b>					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	23%	31%	23%	24%
11.1	Vocational or skills training?	32%	29%	32%	33%
11.1	Education (including basic skills)?	61%	44%	61%	68%
11.1	Offending behaviour programmes?	13%	17%	13%	10%
Are you currently involved in any of the following activities:					
11.2	A prison job?	32%	42%	32%	38%
11.2	Vocational or skills training?	11%	9%	11%	11%
11.2	Education (including basic skills)?	28%	24%	28%	43%
11.2	Offending behaviour programmes?	4%	6%	4%	7%
11.3	Have you had a job while in this prison?	63%	67%	63%	74%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	35%	39%	35%	28%
11.3	Have you been involved in vocational or skills training while in this prison?	61%	55%	61%	65%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	32%	45%	32%	40%
11.3	Have you been involved in education while in this prison?	70%	65%	70%	88%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	40%	51%	40%	51%
11.3	Have you been involved in offending behaviour programmes while in this prison?	58%	51%	58%	60%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	31%	40%	31%	31%
11.4	Do you go to the library at least once a week?	27%	28%	27%	45%
11.5	Does the library have a wide enough range of materials to meet your needs?	21%	31%	21%	30%
11.6	Do you go to the gym three or more times a week?	47%	25%	47%	42%
11.7	Do you go outside for exercise three or more times a week?	36%	39%	36%	37%
11.8	Do you go on association more than five times each week?	23%	42%	23%	41%
11.9	Do you spend ten or more hours out of your cell on a weekday?	10%	9%	10%	10%
<b>SECTION 12: Friends and family</b>					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	34%	31%	34%	32%
12.2	Have you had any problems with sending or receiving mail?	44%	49%	44%	46%
12.3	Have you had any problems getting access to the telephones?	42%	35%	42%	43%
12.4	Is it easy/ very easy for your friends and family to get here?	39%	36%	39%	43%

## Main comparator and comparator to last time

### Key to tables

		HMP Leicester 2015	Local prisons comparator	HMP Leicester 2015	HMP Leicester 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	71%	60%	71%	69%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	57%	42%	57%	41%
13.2	Contact by letter?	17%	29%	17%	30%
13.2	Contact by phone?	16%	13%	16%	12%
13.2	Contact by visit?	40%	37%	40%	42%
13.3	Do you have a named offender supervisor in this prison?	36%	30%	36%	46%
For those who are sentenced:					
13.4	Do you have a sentence plan?	30%	34%	30%	35%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	34%	56%	34%	70%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	71%	46%	71%	48%
13.6	Offender supervisor?	15%	31%	15%	23%
13.6	Offender manager?	18%	26%	18%	35%
13.6	Named/ personal officer?	3%	11%	3%	7%
13.6	Staff from other departments?	7%	18%	7%	20%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	16%	54%	16%	36%
13.8	Are there plans for you to achieve any of your targets in another prison?	40%	27%	40%	28%
13.9	Are there plans for you to achieve any of your targets in the community?	21%	32%	21%	21%
13.10	Do you have a needs based custody plan?	8%	7%	8%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	11%	11%	11%	8%
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?	24%	26%	24%	23%
13.12	Accommodation?	35%	33%	35%	21%
13.12	Benefits?	41%	36%	41%	25%
13.12	Finances?	25%	21%	25%	14%
13.12	Education?	29%	27%	29%	22%
13.12	Drugs and alcohol?	56%	41%	56%	37%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	31%	46%	31%	42%

## Diversity analysis



### Key question responses (ethnicity and religion) HMP Leicester 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				
<b>Number of completed questionnaires returned</b>		<b>34</b>	<b>106</b>	<b>15</b>	<b>123</b>
1.3	Are you sentenced?	53%	75%	61%	70%
1.5	Are you a foreign national?	18%	8%	6%	11%
1.6	Do you understand spoken English?	91%	98%	100%	96%
1.7	Do you understand written English?	91%	97%	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			94%	15%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	7%	4%
1.1	Are you Muslim?	43%	1%		
1.12	Do you consider yourself to have a disability?	21%	31%	21%	30%
1.13	Are you a veteran (ex-armed services)?	6%	5%	12%	4%
1.14	Is this your first time in prison?	41%	20%	27%	25%
2.6	Were you treated well/very well by the escort staff?	64%	77%	53%	76%
2.7	Before you arrived here were you told that you were coming here?	58%	60%	39%	61%
3.2	When you were searched in reception, was this carried out in a respectful way?	69%	89%	53%	88%
3.3	Were you treated well/very well in reception?	73%	87%	47%	88%
3.4	Did you have any problems when you first arrived?	81%	73%	71%	74%
3.7	Did you have access to someone from health care when you first arrived here?	65%	65%	65%	66%
3.9	Did you feel safe on your first night here?	55%	73%	39%	72%
3.10	Have you been on an induction course?	68%	60%	67%	62%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	42%	51%	27%	52%

## 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?	15%	33%	6%	32%
4.4	Are you normally able to have a shower every day?	60%	53%	53%	54%
4.4	Is your cell call bell normally answered within five minutes?	10%	13%	0%	13%
4.5	Is the food in this prison good/very good?	23%	49%	12%	48%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	24%	49%	6%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	56%	58%	61%	57%
4.8	Do you feel your religious beliefs are respected?	55%	52%	67%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	63%	39%	60%
5.1	Is it easy to make an application?	55%	64%	33%	65%
5.3	Is it easy to make a complaint?	42%	56%	23%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	32%	50%	27%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	33%	33%	29%	35%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	17%	6%	16%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	71%	82%	53%	83%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	73%	53%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	3%	26%	0%	24%
7.4	Do you have a personal officer?	22%	28%	6%	30%
8.1	Have you ever felt unsafe here?	58%	53%	67%	53%
8.2	Do you feel unsafe now?	38%	24%	50%	24%
8.3	Have you been victimised by other prisoners?	48%	37%	53%	38%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	29%	22%	39%	22%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	19%	1%	12%	4%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	1%	12%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	1%	12%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	3%	4%	6%	4%

## Diversity analysis

### 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				
8.6	Have you been victimised by a member of staff?	52%	36%	79%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	32%	13%	61%	12%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	32%	1%	47%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	23%	1%	47%	1%
8.7	Have you been victimised because of your nationality? (By staff)	13%	1%	27%	1%
8.7	Have you been victimised because you have a disability? (By staff)	3%	2%	6%	2%
9.1	Is it easy/very easy to see the doctor?	3%	26%	0%	23%
9.1	Is it easy/ very easy to see the nurse?	32%	53%	27%	51%
9.4	Are you currently taking medication?	51%	63%	33%	64%
9.6	Do you feel you have any emotional well being/mental health issues?	32%	52%	33%	50%
10.3	Is it easy/very easy to get illegal drugs in this prison?	48%	60%	53%	59%
11.2	Are you currently working in the prison?	28%	33%	33%	31%
11.2	Are you currently undertaking vocational or skills training?	13%	11%	6%	11%
11.2	Are you currently in education (including basic skills)?	41%	23%	33%	26%
11.2	Are you currently taking part in an offending behaviour programme?	6%	3%	6%	4%
11.4	Do you go to the library at least once a week?	32%	26%	33%	26%
11.6	Do you go to the gym three or more times a week?	68%	41%	67%	44%
11.7	Do you go outside for exercise three or more times a week?	26%	40%	27%	36%
11.8	On average, do you go on association more than five times each week?	23%	24%	21%	24%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	16%	8%	21%	9%
12.2	Have you had any problems sending or receiving mail?	48%	43%	53%	44%
12.3	Have you had any problems getting access to the telephones?	44%	41%	61%	39%

## Diversity Analysis



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

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>40</b>	<b>98</b>	<b>17</b>	<b>125</b>
1.3	Are you sentenced?	70%	70%	76%	69%
1.5	Are you a foreign national?	10%	10%	11%	10%
1.6	Do you understand spoken English?	96%	98%	95%	97%
1.7	Do you understand written English?	92%	98%	95%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	18%	28%	25%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	4%	6%	4%
1.1	Are you Muslim?	8%	13%	0%	12%
1.12	Do you consider yourself to have a disability?			37%	28%
1.13	Are you a veteran (ex-armed services)?	5%	5%	12%	4%
1.14	Is this your first time in prison?	27%	24%	56%	21%
2.6	Were you treated well/very well by the escort staff?	76%	73%	94%	73%
2.7	Before you arrived here were you told that you were coming here?	56%	61%	56%	60%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	82%	95%	83%
3.3	Were you treated well/very well in reception?	87%	82%	95%	82%
3.4	Did you have any problems when you first arrived?	92%	67%	69%	76%
3.7	Did you have access to someone from health care when you first arrived here?	71%	63%	67%	65%
3.9	Did you feel safe on your first night here?	49%	77%	58%	72%
3.10	Have you been on an induction course?	71%	58%	61%	63%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	59%	45%	67%	47%

## Diversity Analysis

### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	21%	32%	27%	30%
4.4	Are you normally able to have a shower every day?	44%	60%	33%	59%
4.4	Is your cell call bell normally answered within five minutes?	11%	12%	0%	13%
4.5	Is the food in this prison good/very good?	52%	40%	53%	41%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	57%	36%	63%	40%
4.7	Are you able to speak to a Listener at any time, if you want to?	55%	57%	73%	57%
4.8	Do you feel your religious beliefs are respected?	66%	48%	69%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	74%	52%	75%	57%
5.1	Is it easy to make an application?	59%	62%	67%	61%
5.3	Is it easy to make a complaint?	57%	51%	77%	50%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	42%	47%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	38%	33%	41%	33%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	13%	6%	16%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	81%	79%	100%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	71%	71%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	39%	14%	12%	22%
7.4	Do you have a personal officer?	21%	28%	37%	26%
8.1	Have you ever felt unsafe here?	74%	47%	69%	52%
8.2	Do you feel unsafe now?	41%	23%	12%	30%
8.3	Have you been victimised by other prisoners?	56%	33%	47%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	36%	19%	33%	23%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	5%	0%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	2%	0%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	2%	2%	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	8%	2%	6%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	15%	0%	0%	5%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	46%	38%	31%	42%
8.7	Have you ever felt threatened or intimidated by staff here?	23%	16%	11%	19%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	10%	0%	9%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	6%	0%	7%
8.7	Have you been victimised because of your nationality? (By staff)	2%	4%	0%	4%
8.7	Have you been victimised because of your age? (By staff)	5%	2%	6%	3%
8.7	Have you been victimised because you have a disability? (By staff)	10%	0%	0%	3%
9.1	Is it easy/very easy to see the doctor?	23%	19%	19%	21%
9.1	Is it easy/ very easy to see the nurse?	61%	44%	61%	48%
9.4	Are you currently taking medication?	90%	49%	76%	59%
9.6	Do you feel you have any emotional well being/mental health issues?	89%	32%	33%	49%
10.3	Is it easy/very easy to get illegal drugs in this prison?	76%	48%	73%	54%
11.2	Are you currently working in the prison?	34%	32%	39%	31%
11.2	Are you currently undertaking vocational or skills training?	5%	14%	21%	10%
11.2	Are you currently in education (including basic skills)?	36%	24%	39%	26%
11.2	Are you currently taking part in an offending behaviour programme?	5%	4%	6%	4%
11.4	Do you go to the library at least once a week?	14%	33%	0%	31%
11.6	Do you go to the gym three or more times a week?	29%	55%	21%	50%
11.7	Do you go outside for exercise three or more times a week?	27%	41%	33%	37%
11.8	On average, do you go on association more than five times each week?	16%	26%	12%	25%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	11%	10%	0%	11%
12.2	Have you had any problems sending or receiving mail?	49%	43%	13%	47%
12.3	Have you had any problems getting access to the telephones?	38%	44%	33%	43%





## Prisoner survey responses HMP Leicester 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

		Vulnerable Prisoner Unit	All other wings (L-1, L2, L3, L4 and B)
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>26</b>	<b>108</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	4%	0%
1.3	Are you sentenced?	76%	68%
1.3	Are you on recall?	16%	14%
1.4	Is your sentence less than 12 months?	14%	18%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	5%
1.5	Are you a foreign national?	4%	12%
1.6	Do you understand spoken English?	100%	95%
1.7	Do you understand written English?	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	19%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	5%
1.1	Are you Muslim?	3%	14%
1.11	Are you homosexual/gay or bisexual?	12%	3%
1.12	Do you consider yourself to have a disability?	35%	30%
1.13	Are you a veteran (ex-armed services)?	12%	4%
1.14	Is this your first time in prison?	31%	26%
1.15	Do you have any children under the age of 18?	38%	62%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	7%	17%
2.5	Did you feel safe?	81%	72%
2.6	Were you treated well/very well by the escort staff?	81%	71%
2.7	Before you arrived here were you told that you were coming here?	69%	57%
2.8	When you first arrived here did your property arrive at the same time as you?	80%	71%

### Key to tables

	Any percentage highlighted in green is significantly better	Vulnerable Prisoner Unit	All other wings (L1, L2, L3, L4 and B)
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	72%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	93%	81%
3.3	Were you treated well/very well in reception?	88%	82%
	When you first arrived:		
3.4	Did you have any problems?	69%	75%
3.4	Did you have any problems with loss of property?	16%	17%
3.4	Did you have any housing problems?	16%	20%
3.4	Did you have any problems contacting employers?	0%	7%
3.4	Did you have any problems contacting family?	19%	35%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	4%
3.4	Did you have any money worries?	16%	18%
3.4	Did you have any problems with feeling depressed or suicidal?	50%	27%
3.4	Did you have any physical health problems?	7%	20%
3.4	Did you have any mental health problems?	50%	28%
3.4	Did you have any problems with needing protection from other prisoners?	28%	7%
3.4	Did you have problems accessing phone numbers?	19%	31%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	77%	86%
3.6	A shower?	31%	31%
3.6	A free telephone call?	77%	74%
3.6	Something to eat?	69%	70%
3.6	PIN phone credit?	47%	57%
3.6	Toiletries/ basic items?	62%	52%
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	66%	53%
3.7	Someone from health services?	77%	63%
3.7	A Listener/Samaritans?	50%	28%
3.7	Prison shop/ canteen?	47%	19%

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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?	42%	39%
3.8	Support was available for people feeling depressed or suicidal?	55%	31%
3.8	How to make routine requests?	30%	38%
3.8	Your entitlement to visits?	25%	31%
3.8	Health services?	38%	39%
3.8	The chaplaincy?	55%	43%
3.9	Did you feel safe on your first night here?	58%	71%
3.10	Have you been on an induction course?	53%	65%
3.12	Did you receive an education (skills for life) assessment?	81%	81%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	69%	41%
4.1	Attend legal visits?	74%	62%
4.1	Get bail information?	25%	24%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	47%	44%
4.3	Can you get legal books in the library?	38%	44%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	28%	26%
4.4	Are you normally able to have a shower every day?	36%	58%
4.4	Do you normally receive clean sheets every week?	38%	32%
4.4	Do you normally get cell cleaning materials every week?	76%	50%
4.4	Is your cell call bell normally answered within five minutes?	13%	7%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	35%	46%
4.4	Can you normally get your stored property, if you need to?	13%	20%
4.5	Is the food in this prison good/very good?	44%	44%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	58%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	76%	53%
4.8	Are your religious beliefs are respected?	70%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	72%	54%
4.10	Is it easy/very easy to attend religious services?	40%	50%

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<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	77%	56%
5.3	Is it easy to make a complaint?	67%	50%
5.5	Have you ever been prevented from making a complaint when you wanted to?	36%	28%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	53%	25%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	29%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	18%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	85%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	72%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	28%	35%
7.4	Do staff normally speak to you most of the time/all of the time during association?	24%	20%
7.5	Do you have a personal officer?	28%	27%
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	69%	53%
8.2	Do you feel unsafe now?	32%	28%
8.4	Have you been victimised by other prisoners here?	69%	35%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	47%	14%
8.5	Hit, kicked or assaulted you?	16%	9%
8.5	Sexually abused you?	3%	1%
8.5	Threatened or intimidated you?	47%	20%
8.5	Taken your canteen/property?	7%	8%
8.5	Victimised you because of medication?	12%	9%
8.5	Victimised you because of debt?	7%	4%
8.5	Victimised you because of drugs?	19%	6%

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8.5	Victimised you because of your race or ethnic origin?	12%	5%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%
8.5	Victimised you because of your nationality?	7%	1%
8.5	Victimised you because you were from a different part of the country?	7%	8%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	7%	2%
8.5	Victimised you because of your age?	3%	4%
8.5	Victimised you because you have a disability?	3%	5%
8.5	Victimised you because you were new here?	7%	4%
8.5	Victimised you because of your offence/crime?	28%	4%
8.5	Victimised you because of gang related issues?	12%	10%
8.6	Have you been victimised by staff here?	47%	37%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	23%	13%
8.7	Hit, kicked or assaulted you?	7%	9%
8.7	Sexually abused you?	0%	1%
8.7	Threatened or intimidated you?	35%	14%
8.7	Victimised you because of medication?	7%	7%
8.7	Victimised you because of debt?	7%	4%
8.7	Victimised you because of drugs?	16%	5%
8.7	Victimised you because of your race or ethnic origin?	7%	9%
8.7	Victimised you because of your religion/religious beliefs?	3%	7%
8.7	Victimised you because of your nationality?	3%	4%
8.7	Victimised you because you were from a different part of the country?	3%	6%
8.7	Victimised you because you are from a traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	7%	3%
8.7	Victimised you because of your age?	3%	3%
8.7	Victimised you because you have a disability?	0%	4%
8.7	Victimised you because you were new here?	7%	3%
8.7	Victimised you because of your offence/crime?	16%	3%
8.7	Victimised you because of gang related issues?	0%	8%

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<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	16%	23%
9.1	Is it easy/very easy to see the nurse?	52%	47%
9.1	Is it easy/very easy to see the dentist?	0%	6%
9.4	Are you currently taking medication?	72%	55%
9.6	Do you have any emotional well being or mental health problems?	53%	44%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	38%	39%
10.2	Did you have a problem with alcohol when you came into this prison?	20%	21%
10.3	Is it easy/very easy to get illegal drugs in this prison?	72%	53%
10.4	Is it easy/very easy to get alcohol in this prison?	38%	31%
10.5	Have you developed a problem with drugs since you have been in this prison?	12%	13%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	11%
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	13%	26%
11.1	Vocational or skills training?	17%	35%
11.1	Education (including basic skills)?	48%	65%
11.1	Offending Behaviour Programmes?	4%	16%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	28%	34%
11.2	Vocational or skills training?	3%	14%
11.2	Education (including basic skills)?	35%	28%
11.2	Offending Behaviour Programmes?	0%	5%
11.4	Do you go to the library at least once a week?	4%	36%
11.5	Does the library have a wide enough range of materials to meet your needs?	18%	22%
11.6	Do you go to the gym three or more times a week?	38%	49%
11.7	Do you go outside for exercise three or more times a week?	40%	33%
11.8	Do you go on association more than five times each week?	17%	24%
11.9	Do you spend ten or more hours out of your cell on a weekday?	4%	11%

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<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	34%
12.2	Have you had any problems with sending or receiving mail?	47%	46%
12.3	Have you had any problems getting access to the telephones?	28%	46%
12.4	Is it easy/ very easy for your friends and family to get here?	35%	41%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	62%	28%
13.10	Do you have a needs based custody plan?	8%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	12%