

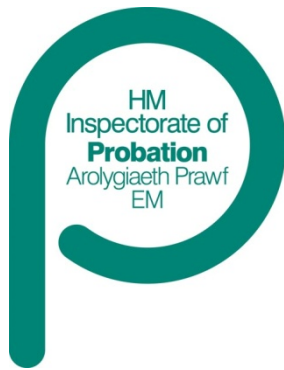
Report on an unannounced inspection of

HMP Leeds

by HM Chief Inspector of Prisons

30 November – 11 December 2015

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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 Leeds is a large Victorian inner city local prison serving the courts in Yorkshire. At the time of this inspection, it held 1,149 adult male prisoners. For many years the prison had a poor reputation but at our last visit in January 2013 we found a very different picture. While the prison, at that time, remained hugely overcrowded, outcomes for the men held here had improved and we assessed them to be reasonably good or better in all four of our healthy prison tests. At this inspection, however, we saw that in some significant areas outcomes had deteriorated markedly, particularly in safety. Despite this, we left with some confidence that the good leadership we observed at the prison, and an essentially positive staff culture was starting to get to grips with the challenges the prison faced.

Levels of violence at the prison had increased significantly since the last inspection and were now double what we typically see in local prisons. The prevalence of new psychoactive substances (NPS) was a major factor in this increase and despite some robust action being taken to address the challenges this presented, it was having a pervasive and destabilising effect across the prison. Levels of need and vulnerability in the population had also increased, and there had been several self-inflicted deaths since the last inspection. Staff were caring, but it was concerning that some issues identified following PPO investigations into recent deaths still needed to be fully addressed. These included frailties in early days processes, where we saw a poor reception environment, the failure of reception staff to pass on key information about vulnerabilities, over-spill away from the first night landing and some poor management of ACCT processes for those prisoners at risk of self-harm or suicide. Some good initiatives to address these problems were ongoing, and security arrangements were well focused on the challenges, but many of these initiatives had only very recently been introduced and it was too soon to see if they were effective. Not surprisingly given the problems faced, use of force and segregation was high and we were concerned about the poor oversight of special accommodation. For men with substance misuse problems, including issues with NPS, support was generally good although there were problems with a lack of first night prescribing.

Prisoners in our survey were negative about many aspects of life at the prison, including their ability to obtain sufficient bedding, clothing and cleaning materials. Despite this, we found that given the age of the prison, the accommodation was reasonably well maintained and the environment clean. Nevertheless, this continued to be undermined by levels of crowding which were very high and poorly equipped cells. The number of staff in daily contact with prisoners had decreased significantly since the last inspection and this was having a significant impact. We found the staff culture to be basically positive and decent, but wing-based staff were stretched and this limited their ability to interact with and supervise in a proactive way, the men in their care. The promotion of equality and diversity had seriously dipped in the previous year but was now returning to its previous good level. The management of complaints needed to improve but despite some frailties, health care support was basically sound.

Time out of cell was reasonable for a local prison with the majority of men having about seven hours out of their cells during the working week. The learning and skills leadership was strong and provision had improved somewhat since the last inspection. There were sufficient activity places for all men to work at least part-time, and the prison was having a real push to improve the previously poor attendance rates. Most teaching, learning and achievements were good.

Partnership working in resettlement was very strong and the new community rehabilitation company (CRC) resettlement arrangements had quickly bedded in and were working efficiently. Some aspects of offender management arrangements had deteriorated and there were weaknesses in important aspects of public protection work. Nevertheless, resettlement support and through the gate work was strong. It was particularly pleasing to see the impressive and broad based support provided to help men maintain contact with their families and friends.

Overall, this was a disappointing inspection of a prison which we assessed to have deteriorated in three of our four healthy prison tests. Fundamental issues around safety were having a significant destabilising impact across the prison and needed to be addressed urgently. It was also concerning that some aspects of early days support were too frail to provide reassurance, that the many vulnerable men received into the prison were provided with an appropriate level of care. The new governor and his team had made a good start in getting to grips with these challenges and it was positive to see that they had a good understanding of the issues faced, as well as plans or ongoing actions to address them.

Martin Lomas
HM Deputy Chief Inspector of Prisons

February 2016

Fact page

Task of the establishment

A local men's prison serving West Yorkshire courts

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

Public

Department

Yorkshire and Humberside

Number held

1149 (on 7 December 2015)

Certified normal accommodation

669

Operational capacity

1219

Date of last full inspection

8–18 January 2013

Brief history

The establishment was built in 1847 and originally comprised four wings. Two further wings were added in 1993.

Short description of residential units

A wing – vulnerable prisoner unit; segregation unit on A1 landing

B, C, E and F wings – adult male convicted prisoners and those on remand

D wing – recovery unit and first night centre on D1 landing

Intermediate social care unit – men with identified social care needs that cannot be met in the main prison environment.

Name of governor/director

Steve Robson

Escort contractor

GEOAmey

Health service provider

Leeds Community Healthcare NHS Trust

Learning and skills providers

Novus

Independent Monitoring Board chair

Sarah Thomas

Community rehabilitation company (CRC)

Catch 22

About this inspection and report

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

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

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

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

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

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

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

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

Summary

Safety

- S1 *Most prisoners' journeys to the prison were short. Early days processes did not support all new arrivals effectively. Levels of violence had risen significantly and were too high. Many prisoners told us they did not feel safe. A number of initiatives continued to address violence and the use of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). Several self-inflicted deaths had taken place; efforts had been made to address Prisons and Probation Ombudsman (PPO) recommendations but some concerns were still evident. Support processes needed to be stronger. There was evidence that the incentives and earned privileges (IEP) scheme was being used to help reduce poor behaviour but oversight required improvement. The number of adjudications was high and some charges were minor. Batons were drawn frequently. Use of force was very high and oversight of special accommodation was poor. Relationships in segregation were good but reintegration planning was insufficient. Substance misuse support was reasonable overall. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 *At the last inspection in 2013 we found that outcomes for prisoners in Leeds were reasonably good against this healthy prison test. We made 14 recommendations in the area of safety. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved and nine had not been achieved.*
- S3 Most men's journeys to the prison were short, but they often waited a long time in court for transport to the prison and vans sometimes remained too long at the prison gate. Immediate release arrangements were weak. The video link facility was well used.
- S4 The reception environment was poor and undermined efforts to treat prisoners with respect. Staff had to conduct confidential interviews in noisy public areas with constant interruptions. Staff routinely strip-searched all prisoners in reception, but stopped doing so during the inspection. First night staff were friendly but unable to support all new arrivals effectively. Some new arrivals, including men who were new to custody, had to be located on the main wings because there were not enough beds in the first night centre. Not all essential information was shared effectively, an issue that the PPO had raised in reports into deaths in custody at the prison. We were not confident that the induction was routinely delivered to all prisoners or that it focused sufficiently on ensuring prisoners' wellbeing. Too many prisoners told us that induction was not effective.
- S5 In our survey, perceptions of safety were poorer than in comparator prisons and compared with the previous inspection. Many prisoners told us they did not feel safe. The number of assaults had increased substantially and was very high. Some incidents resulted in serious injury and most were poorly investigated. Proactive work to address these high levels of violence had begun but it was too soon to judge its effectiveness. There were good links between the safer custody and security departments, which enabled staff to capture data on incidents, including on the over-representation of prisoners from outside West Yorkshire. A more strategic approach was being developed to address the many instances of NPS use and an officer offered support to prisoners in debt. Perpetrators were separated and sanctioned through the IEP scheme or adjudications. Efforts were being made to increase the involvement of the police and independent adjudicator in tackling violent behaviour. Body cameras worn by some staff helped provide evidence and acted as a deterrent but CCTV

- coverage on wings needed to be extended. Most vulnerable prisoners felt safe on their wing but were often taunted when they were in the exercise yard. Those held in the first night centre had an extremely poor regime.
- S6 There had been several self-inflicted deaths since the last inspection. The PPO had identified problems with early days care and emergency procedures. Efforts had been made to address recommendations but some concerns were still evident. Our survey indicated that more men than the comparator and than previously were arriving at the prison feeling depressed or suicidal. Levels of self-harm had increased significantly. Investigations following serious self-harm incidents were being completed and areas for improvement were identified. Some assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm included good assessments but overall procedures needed improvement. More complex cases were well managed. Too many prisoners on ACCT documents were held in segregation. Senior managers were now required to justify these decisions. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) criticised the prison's limited support for the scheme. The prison had links with Leeds safeguarding adults board.
- S7 In some areas staff supervision of prisoners was not sufficient. Attendance at security meetings was very good and links to relevant internal departments and outside agencies were excellent. Although the number of serious incidents over the previous six months was high, systems to identify and deal with risks were developing and intelligence was well managed. The random mandatory drug testing (MDT) positive rate was relatively low but NPS use was widespread; in our survey over half of prisoners said it was easy or very easy to get drugs, nearly twice as many as at the last inspection. Nevertheless, a comprehensive and dynamic supply reduction action plan was in place, and some good progress was being made as a result of initiatives to limit the drug supply.
- S8 There was evidence that the IEP scheme was being used strategically to help reduce violence and other poor behaviour. However, managerial oversight needed to improve and the regime for prisoners on the basic level was often poor.
- S9 The number of adjudications was high and some charges were minor. The prison had reviewed and updated tariffs, which we welcomed. Use of force had increased fourfold since the last inspection and was now very high. Governance arrangements were improving and some aspects were very good. However, paperwork was often incomplete and not all planned incidents were recorded on video. The use of batons was also high, although managers now provided rigorous scrutiny. Special accommodation was used frequently and we were not confident that its use was always justified. Governance was poor.
- S10 The segregation landing was clean but a few cells were in poor condition. Use of segregation was very high and nearly twice as high as at the last inspection. Relationships between staff and prisoners were good. Governance arrangements were reasonably good but reintegration planning for longer-stay residents was underdeveloped.
- S11 Psychosocial and clinical teams delivered a reasonably good service overall. There were too few psychosocial interventions for prisoners with alcohol dependency problems. The challenging mix of prisoners on D wing, where those in recovery were accommodated with new arrivals in the first night centre, limited the effectiveness of the recovery programme. Opiate substitutions were not always prescribed on the first night, allowing only for symptomatic relief. This was not best practice.

Respect

- S12 *Prisoners in our survey indicated negative perceptions about most measures of respect when compared to similar prisons or our previous inspection. The environment was reasonably maintained but many cells were overcrowded. Prisoners were frustrated by shortages in some basic kit. Relationships were decent, but staff were stretched. Equality and diversity work had stalled but was starting to recover and some good work was now evident. Responses to complaints were not good enough. Bail provision was good. Health care services were reasonable overall. Prisoners were negative about the food. Prisoners' first canteen order was often delayed. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S13 *At the last inspection in 2013 we found that outcomes for prisoners in Leeds were good against this healthy prison test. We made 14 recommendations in the area of respect.² At this follow-up inspection we found that four of the recommendations had been achieved, three had been partially achieved and seven had not been achieved.*
- S14 Most of the residential buildings were old and subject to damp penetration and mould, but a redecoration programme meant most cells were in reasonable condition, although the majority were cramped and often inadequately furnished. Showers were acceptable throughout. Prisoners were negative about some aspects of respectful treatment in our survey and there were problems with access to bedding, clothes and cleaning materials. Prisoner information desk (PID) workers helped their peers well but there was some evidence that they misused their position. Satisfaction with the application process had declined sharply since the last inspection. Some measures were in hand to improve the system, but we doubted their effectiveness.
- S15 We saw staff interact positively and competently with prisoners; many knew the men, who readily approached staff for help. Nevertheless, in our survey, prisoners were less positive about how staff treated them than the comparator and compared with the last inspection. This reflected a decrease in the number of staff involved in the direct supervision of prisoners. Relatively few prisoners said that they had a named personal officer; a landing officer system was in place, but most prisoners' records did not have a personal officer entry.
- S16 The strategic management of equality had declined in the last year; however, work undertaken in the previous three months had improved the provision. The tracking and analysis of equality data were good. Prisoner equality representatives were effective.
- S17 Prisoners from minority ethnic backgrounds felt less safe than others, but otherwise did not have more negative perceptions of their treatment. Where there had been any evidence that outcomes for prisoners from black and minority ethnic backgrounds were poorer compared to white prisoners, proper research had been undertaken. Work with foreign national prisoners was well developed and immigration enforcement staff visited the prison regularly. The needs of those with disabilities were partially met through support workers and some adjustments. However, some stair lifts did not work, and wheelchair users on A wing did not have good access to outside exercise. Older prisoners did not feel their needs were met adequately. The prison did not have a systematic approach to supporting young people in their transition to the adult estate. Gay and bisexual prisoners had received some good

² 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.

support. Arrangements were in place to support transgender prisoners. Faith arrangements were good and chaplains were well integrated into prison life.

- S18 Prisoners had poor perceptions of the complaints procedures. The sample responses we looked at were mixed; some included full, polite and fair answers but too many were inadequate. The prison monitored and reviewed trends. All new prisoners requiring bail information were referred to the Bail Accommodation and Support Service for assessment. Since September 30% of those who had applied for bail had been successful.
- S19 Governance arrangements and outcomes for prisoners were reasonable overall but the range of health services offered had diminished since our last inspection. Social care assessments and the delivery of agreed care packages were good. However, in our survey prisoners were less satisfied with access to services than previously. Although the application and triage process could have been improved, waiting times for most clinics were appropriate and we observed staff interacting effectively with patients. Chronic disease management arrangements were particularly impressive.
- S20 Medicine management arrangements were reasonable. Supervised medicine administration sessions were busy and protracted, but were generally safe. The dental service was good and care was appropriate. While integration between mental health teams was effective, primary mental health services were limited and focused on crisis management. Secondary mental health services were responsive and appropriate to needs. The intermediate social care unit provided good care, but did not sufficiently meet the needs of those with acute mental health problems.
- S21 Food was insufficiently varied and partly limited by the temporary kitchen, and prisoners were dissatisfied with it. Prisoners could wait 16 days before receiving their first canteen order, encouraging debt. Many items were too expensive, given the wages prisoners earned.

Purposeful activity

S22 *Time out of cell was reasonable for most. Leadership and management of learning and skills were strong, and partnership working was good, leading to some rapid improvements and effective on-going quality improvement measures. There were sufficient mainly part-time activity places that were allocated efficiently. Most teaching and learning was good; attendance had improved but still needed to be better. Achievements were good. The library and gym provided some positive opportunities.*
Outcomes for prisoners were reasonably good against this healthy prison test.

S23 *At the last inspection in 2013 we found that outcomes for prisoners in Leeds were reasonably good against this healthy prison test. We made seven recommendations in the area of purposeful activity. At this follow-up inspection we found that three of the recommendations had been achieved, two had been partially achieved, one had not been achieved and one was no longer relevant.*

- S24 Overall, time out of cell was reasonably good. Most prisoners received about seven hours unlocked during the week and four hours at weekends. During roll checks in the middle of the day between 15% and 20% of the population were locked in their cells. Access to outside exercise was insufficient.
- S25 Prison and Novus managers worked together effectively, which had led to rapid improvements since the previous inspection, but links with employers were not well established. Novus managers had successfully introduced robust performance management arrangements for weak teachers and trainers. Quality assurance arrangements had been very

effective in raising the overall standard of learning, skills and work. Self-assessment was accurate and focused on evaluation.

- S26 There were sufficient, mainly part-time activity places for the population and they were efficiently allocated. The range of learning and skills and work activities was good. Teaching and learning had improved considerably and were now good or better. Only very few lessons required improvement. Tutors showed enthusiasm and knew their subject areas well. Prisoners were well prepared for lessons and participated well. Teachers and learning support mentors provided learners who had fallen behind in their work with good quality support. Some prison work was insufficiently challenging.
- S27 Prisoners' behaviour in activities was good. They received good guidance on the range of activities available. Prisoners had access to a good range of opportunities in industries so they could gain vocational skills and qualifications in the workplace. Attendance had improved but remained below target. Prisoners' achievement of qualifications had improved and was now good, especially in English and maths. Learners made good progress in classroom and vocational training.
- S28 Library services were good but access for men working full time was limited. Library mentors were used well; they encouraged prisoners to use the service and to return books. Staffing levels were low and opening hours were limited to timetabled activity periods. Library use was not analysed sufficiently.
- S29 Prisoners had good access to a range of cardiovascular equipment, weight machines and free weights. Gym staff provided a good range of health promotion activities, as well as specific gym sessions for older prisoners and those recovering from injury. Analysis of prisoners' use of the gym was not sufficient.

Resettlement

S30 *Resettlement partnership working was very strong. The prison did not offer release on temporary licence (ROTL). Some offender management arrangements needed improvement. Reintegration planning was very good and the resettlement market was a positive initiative. Support in the resettlement pathways was good. Children and families provision was excellent. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S31 *At the last inspection in 2013 we found that outcomes for prisoners in Leeds were good against this healthy prison test. We made 10 recommendations in the area of resettlement. At this follow-up inspection we found that three of the recommendations had been achieved, one had been partially achieved, five had not been achieved and one was no longer relevant.*

- S32 Strategic partnerships between the prison, community agencies and providers were very good. The reducing reoffending strategy was out of date, and there had been no recent strategic meetings. ROTL was no longer used.
- S33 Prison offender supervisors were regularly redeployed and there were a number of vacancies. As a result little meaningful contact took place between offender supervisors and prisoners. Efforts had been made to reduce the offender assessment system backlog, which now consisted of 48 cases. Some we looked at did not have sentence plans. Offender supervisors did not use P-Nomis (the Prison Service IT system) well; entries were scarce and contained little detail. Not all decisions regarding home detention curfew were sufficiently

- timely. An integrated offender management scheme ensured that prolific or priority offenders were monitored and received assistance.
- S34 Initial public protection processes were reasonable and reviewed regularly. There were some weaknesses in the oversight and management of multi-agency public protection arrangement (MAPPA) cases; reports were not sufficiently quality assured and some MAPPA nominal cases (those potentially subject to MAPPA arrangements) close to discharge had not had their management level determined.
- S35 Most transfers were swift; but for some they were problematic and these prisoners remained at the prison for longer periods. An information booklet for indeterminate sentence prisoners was out of date.
- S36 The community rehabilitation company effectively assessed and addressed the immediate needs of new arrivals, as well as the resettlement needs of those nearing release. Resettlement provision was good, as was access to a range of services via the regular resettlement market which provided opportunities for prisoners to meet a good range of community based providers. Some discharge arrangements were weak.
- S37 Most men being discharged had accommodation to go to. National Careers Service staff provided prisoners with good careers advice and guidance and highlighted the opportunities available, making good use of peer workers.
- S38 The health team provided men with appropriate support. Palliative care pathways had been developed and were being used well. We found delays in 45% of cases transferred to secure hospital beds for treatment. The drug and alcohol recovery service had good links with community-based substance misuse services. Workers from the Bradford Drug Support Service attended the prison every week to meet prisoners prior to their release.
- S39 Prisoners received good assistance with bank accounts, benefits, and basic financial matters. Telephone appointments with organisations such as Citizens Advice were available for more complex issues.
- S40 Staff from charity Jigsaw, assisted by a prison officer seconded from the prison, continued to provide prisoners with excellent support in maintaining contact with family and friends. A variety of creative opportunities helped men maintain contact with their children, several types of family visit took place and there was a helpline for families to resolve concerns. Visits booking arrangements had improved, but some visitors still had problems. Visitors were searched thoroughly and generally respectfully, but toddlers still had a rubdown search.
- S41 Most men who would have benefited from accredited programmes were moved on promptly to other prisons. There were no accredited programmes for the small number who had been at the prison for a long time. No motivational work was undertaken with men convicted of sex offences.

Main concerns and recommendations

S42 Concern: First night substance misuse prescribing did not always take place for prisoners arriving at the prison late in the evening. A number of men were being held longer term on the first night landing to ensure their safety, which meant some new arrivals had to be located on other wings on their first night. Some key information identified on arrival was not effectively communicated to relevant staff, putting prisoners at risk; deaths in custody reports had highlighted this concern.

Recommendation: First night processes should ensure that prisoners are held safely and that their practical and well-being needs are met.

S43 Concern: Levels of violence were too high and many prisoners told us they felt unsafe. A more strategic approach to tackling the challenges faced was needed, including better analysis of data on incidents. Investigations into incidents were not good enough and very little support was provided to the victims of violence.

Recommendation: Managers should take further action to reduce the high levels of violence evident, including establish a strategy to address the underlying causes, undertake better analysis and investigation of incidents and provide specific support for victims.

S44 Concern: Equality and diversity provision had only recently started to recover after a significant dip and some outcomes were not good enough. The needs of some protected groups were not being met and the discrimination complaints process needed to be improved. A more strategic approach to this work had re-started but was not yet fully embedded.

Recommendation: The prison should have an equality and diversity strategy and action plan embedded across the prison; they should describe how the needs of all the protected characteristics will be met and outline an efficient process for dealing with complaints of discrimination.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

- | |
|--|
| <p>I.1 <i>Fewer prisoners than in comparator prisons said they felt safe on their journey to the prison. Most journeys were short, but some prisoners had long waits at court and in vans at the prison gate. Immediate release arrangements were weak.</i></p> |
|--|
- I.2** In our survey, fewer prisoners said they felt safe during their transfer to the prison than at our previous inspection or than those in comparator prisons. Most journeys were comparatively short, but prisoners often waited a long time in court for transport to the prison, and again at the prison gate.
- I.3** Immediate release arrangements were weak because administrative staff were unavailable. For example, one man, whom the court had determined should be released, was held overnight without a valid detention warrant because there was no-one on duty at 5.15pm in the prison who had the skills to check his warrant file and advise whether his release should be permitted. It was unacceptable that this took place while the courts were still in session. In a second example, a man who was unexpectedly released had to return to the prison the following day to collect his valuables because no-one on duty could access them when he was released at 4.15pm.
- I.4** During our inspection, prison staff reintroduced hot drinks in reception for prisoners going to court. Escort staff provided bottled water on request. The video-link facility, enabling a defendant to appear in court without being present, was used extensively.

Recommendation

- I.5 The prison should be able to complete release procedures for prisoners whenever courts are sitting.**

Early days in custody

Expected outcomes:

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

1.6 *The reception environment was poor, and all prisoners were strip-searched. First night arrangements were generally orderly, but not all new arrivals received enough support. Information was not always shared effectively. Prisoners were negative about the induction, which did not focus sufficiently on ensuring their well-being.*

1.7 The reception environment remained poor and undermined staff's efforts to treat prisoners with respect. Although freshly painted, it was poorly furnished and austere. Staff had to conduct sensitive interviews in public areas with constant interruptions and background noise. At the start of our inspection staff routinely strip-searched all prisoners in reception. A more proportionate approach was adopted during the inspection, but not all strip-searches were noted in records.

1.8 First night arrangements were generally orderly; however, on one evening during the inspection they were chaotic because a new process was being implemented without the staff involved having been adequately informed.

1.9 First night staff were friendly, and we saw them provide some good support when particular needs were identified. All essential first night processes were carried out before prisoners were locked up for the night, regardless of their time of arrival. However, staff were unable to support all new arrivals effectively. In our survey, fewer prisoners than at our previous inspection and than in comparator prisons reported feeling safe on their first night. Perceptions among prisoners from minority backgrounds were even poorer.

1.10 The first night centre routinely held a number of men who, because of their offence or some other reason, were deemed to require accommodation on the vulnerable prisoners' wing. A lack of spaces on this wing meant that these men often spent prolonged periods after arrival on the first night wing. This often led to there being insufficient beds on the first night wing to accommodate all new arrivals and some had to be located on the main wings. Staff tried to ensure that men who had never been in prison before were held in the first night centre, but this was not always achieved. There were no additional support processes for new arrivals, not even for those returning from court whose circumstances might have changed substantially, who were held on the main wings on their first night.

1.11 Some key safety information relating to individual prisoners was not shared effectively. For example, a man who had never been in prison before expressed concern in reception that men he had given evidence against might recognise him and want to harm him. This information was not relayed to first night staff until inspectors intervened. In addition, two prisoners thought to be at risk of self-harm were not assessed for several hours. It was particularly worrying that similar issues had been raised in Prisons and Probation Ombudsman (PPO) reports on self-inflicted deaths at the prison (see paragraph 1.25).

1.12 First night cells were dirty and poorly equipped. Given the relative vulnerability of this group of men, this was particularly unacceptable.

- I.13** We were not confident that the induction was effective. It included a series of visits from key departments early on the first morning in custody, followed by a group session with a peer worker. Some prisoners with substance misuse issues were unable to participate positively, but there was no alternative opportunity. Most men were moved to other residential wings mid-morning, without having a further interview with staff to check on their well-being and there was no additional support in the new location. Other elements of the induction (for example, education assessment) were delivered over the following days. In our survey, only 54% of prisoners (and only 44% vulnerable prisoners) said they had been on an induction course; only 36% said it told them everything they needed to know, fewer than in comparator prisons. Too many prisoners we spoke to said the induction was ineffective.

Recommendation

- I.14** **Conditions in reception should be improved.** (Repeated recommendation I.9)

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.15** *Levels of prisoner vulnerability had increased significantly; the number of assaults had risen and violent incidents were poorly investigated. A number of initiatives were in place to address violence and the use of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). The prison planned to introduce a regional strategy to reduce violence. Prisoners who were vulnerable because of their offence felt safe most of the time.*

- I.16** In our survey, prisoners' perceptions of safety were poorer than in comparator prisons and compared with our last inspection. Nearly a third (31%) of prisoners said they felt unsafe at the time of the survey compared with 10% at the last inspection. Nearly twice as many prisoners (59%) than last time (32%) said that they had felt unsafe at some time during their time at the prison. More men than the comparator and compared to the last inspection arrived at the prison feeling depressed or suicidal.
- I.17** The number of assaults had increased substantially and was very high. There was an average of 32 assaults on prisoners and staff each month. Around 10% resulted in serious injury. Most incidents were poorly investigated; residential managers did not complete investigations promptly and failed to inquire sufficiently into the underlying reasons for the violence. Prisoners often refused to disclose the identity of assailants suggesting they feared recriminations and lacked confidence in the system to protect them. Debt, drugs and residual problems from previous contacts in the community were issues. There were no formal procedures to monitor perpetrators or instigate victim support plans. The prison planned to introduce a regional strategy to reduce violence.
- I.18** Work to address violence had begun. Good links between the safer custody and security departments enabled staff to capture data on incidents, including on the over-representation of prisoners from outside West Yorkshire. A more strategic approach was being developed

to address the many instances of NPS use and an officer offered support to prisoners in debt.

- I.19** Perpetrators were separated and sanctioned through the incentives and earned privileges (IEP) scheme or adjudications. Efforts were being made to improve the process for referring prisoners to the police and the independent adjudicator and to increase the involvement of these bodies in measures to tackle violent behaviour. Body cameras worn by some staff helped provide evidence and acted as a deterrent, but CCTV coverage, particularly on residential wings, needed to be extended. Restricting the time cell doors were open during association aimed to improve safety and reduce thefts, which had, according to our survey, increased substantially since our last inspection. Processes to review cell-sharing risk assessments were in place and staff received training.
- I.20** Some prisoners with complex or problematic issues were referred to a multidisciplinary safety intervention meeting (SIM) led by the safer custody department, although the initial reasons for the referral were not always clearly recorded. The meeting improved communications between the different agencies and departments but needed to develop focused action plans.
- I.21** Most vulnerable prisoners were held on A wing. They told us they felt safe on the wing, but that prisoners in the segregation unit and on B wing often taunted them when they were in the exercise yard. Those who were held on DI (the first night centre), mainly due to the lack of space on A wing, had an extremely poor regime. (See paragraph I.10.)
- I.22** A senior management team led the safer custody department, supported by a custodial manager and three full-time officers, who were responsible for the day-to-day oversight of safer custody, debt management and violence reduction.

Recommendation

- I.23** **Vulnerable prisoners should be able to exercise without fear of being verbally abused by other prisoners.** (Repeated recommendation I.19)

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.24** *There had been several self-inflicted deaths since the last inspection and the level of self-harm had increased. The Prisons and Probation Ombudsman (PPO) had identified some recurring themes in self-inflicted deaths, and some of these were evident during this inspection. Internal investigations took place into serious incidents. Assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm needed improvement as did support for the Listener scheme (in which prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners).*

- I.25** There had been seven self-inflicted deaths since our previous inspection. The Prisons and Probation Ombudsman (PPO) had identified failings in the prison's early days assessment, care and emergency procedures. Action plans had been completed to address recommendations. Meetings with ambulance service staff had taken place and there was a greater focus on training for reception staff. However some of the concerns were still evident (see section on early days in custody, paragraph I.11 and main recommendation, paragraph S42).
- I.26** Our survey indicated that the population was significantly more vulnerable than at the last inspection: in our survey more men than the comparator and compared with the previous inspection arrived at the prison feeling depressed or suicidal. Levels of self-harm had increased substantially, with an average of 41 incidents per month, involving on average 24 prisoners. Investigations following serious self-harm incidents were completed and areas identified for improvement.
- I.27** The number of ACCTs opened had significantly increased to an average of 101 each month. Some ACCTs included good assessments but overall procedures needed improvement and reflected concerns highlighted in PPO investigations. Many reviews only involved residential officers. Some cases were closed following a decision by a single senior officer. Few cases had a consistent case manager and no key workers were identified. The safer custody department regularly issued deficiency notices in an effort to improve quality through line management. More complex cases were allocated to senior managers and were well managed. Too many prisoners on ACCT documents were held in segregation and senior managers were now required to justify decisions in these cases.
- I.28** Listeners we met criticised the prison's limited support for the scheme. There were on-going technical problems with the 24-hour confidential telephone line to the Samaritans. Staff on operational support grades working at night did not have direct access to a sealed pouch containing a cell key in order to gain access to a cell in an emergency.

Recommendations

- I.29 ACCT procedures should be improved: the prison should focus on determining risks in prisoners' early days in custody and providing a consistent and competent case manager supported by staff from other disciplines; a key worker should also be appointed.**
- I.30 All night staff should have access to cell keys so they can enter cells in an emergency.**

Safeguarding (protection of adults at risk)

Expected outcomes:

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

I.31 *Links with the Leeds safeguarding adults board were in place but the prison had no local policy or protocols. Existing services helped to identify individuals at risk and protect them from harm and neglect.*

I.32 The prison had links with the Leeds safeguarding adults board. There was however, no formal local safeguarding policy, no agreed protocols with the board, and no training for staff about adult safeguarding. Despite this some good links had been made and some collaborative work was ongoing to provide ad hoc support to adults at risk.

I.33 Existing reception assessment procedures, health care assessments, safety intervention meetings, provision under equalities procedures and the intermediate social care unit enabled staff to identify and provide care for prisoners at risk.

I.34 An intermediate social care unit was managed by safer custody staff rather than the health care department (see paragraphs 2.68 and 2.69). It involved collaborative work with Leeds City Council's adult social care services, social care nurses and assistants, safer custody staff and representatives from registered charity and social enterprise, Catch 22, who assessed and planned care for adults at risk. A new initiative, in which prisoner social equality representatives work with a small number of prisoners at risk, was being developed.

Recommendation

I.35 **A local safeguarding adults policy should be developed and include agreed protocols with Leeds safeguarding adults board so that prisoners at risk can be referred.**

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

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.36** *Intelligence was well managed and attendance at security-led meetings was very good. However, staff supervision of prisoners was not sufficient in some areas. The number of serious incidents over the previous six months was high but systems to identify and deal with risks were developing and the management of intelligence had improved and was extremely good. The random positive mandatory drug testing (MDT) rate was relatively low but use of NPS was widespread. However, the prison had introduced initiatives to limit the drug supply.*
- I.37** Although procedural security was generally well managed, a few practices such as strip-searching in reception and on admission to the segregation unit were disproportionate. Important elements of dynamic security were in place and relationships between staff and prisoners were good, but the supervision of prisoners in key areas, particularly on residential wings and during visits, was sometimes insufficient. There was no CCTV on any of the wings and the cameras in the visits room were often not used because of staff shortages.
- I.38** Security-led meetings were well attended and links with other key prison departments, particularly drug services and safer custody, were very good.
- I.39** The number of serious incidents over the previous six months was high and included 64 incidents of disorder and a large number of fights and assaults (see also section on bullying and violence reduction, paragraph I.17). Systems to identify and deal with them and associated issues, however, were developing and the management of intelligence had improved and was extremely good.
- I.40** The security department received about 600 information reports each month through a prison computer-based intelligence gathering and information reporting system (known as Mercury). They were processed by trained security analysts and intelligence was communicated promptly to appropriate areas.
- I.41** The security department, directed by the head of security, also managed complex systems to identify and deal with sophisticated issues associated with organised gangs, terrorist activities and radicalisation. Links with local and policing teams were very good. There were also good links with National Offender Management Service area search teams, and joint searching operations had been carried out to good effect.
- I.42** Local corruption prevention measures were well organised and effective. The prison had good links with the police and good information-sharing prevented and detected wrongdoing.
- I.43** We saw little evidence of the prison being risk averse when allocating activity places, although some rational restrictions were placed on higher risk prisoners; the prison had a register of these prisoners so that staff could determine which prisoners could safely attend which activities and the measures required to manage them.
- I.44** The random positive MDT rate was 10.27% and finds were mostly of cannabis. In our survey, 52% against 36% in the comparator and almost twice as many as at the last inspection said it

was easy to get drugs. Thirty-four suspicion tests were conducted in the previous six months, with a positive rate of 29%. Prevalence of NPS was causing problems across the prison despite some recent large finds. A comprehensive and dynamic supply reduction action plan was in place, and efforts to limit the drug supply were making some progress. The testing suite was in reasonable condition but the holding rooms had graffiti on the walls.

Recommendations

- I.45 Strip-searching should be proportionate and reflect the risks presented.**
- I.46 Staff supervision of prisoners, particularly on the residential wings and during visits, should be improved.**

Incentives and earned privileges⁴

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 *There was evidence that the IEP scheme was being used strategically to help reduce violence and other poor behaviour. However, reviews for prisoners on the basic level were often poor and managerial oversight was underdeveloped.*

- I.48** The published IEP policy described how the system worked, and how prisoners could progress through the levels. All prisoners had signed compacts (agreements confirming adherence to community rules).
- I.49** About 54% of prisoners were on the standard regime, 18% were on the entry level and only 17% were on the enhanced regime. Approximately 11% were on the basic regime, which was relatively high but formed part of a concerted approach to challenging poor behaviour by prisoners. Prisoners had different levels of access to private cash, visits, time out of cell and other amenities depending on their IEP level, which seemed reasonable.
- I.50** There was evidence that the scheme was being used strategically to reduce bullying and violence. Prisoners were demoted to the basic level following single acts of violence, serious disruptive behaviour or incidents involving drugs. Behaviour warnings we saw appeared fair and on the whole, the scheme seemed to be underpinned by good staff relationships.
- I.51** However, managerial oversight of the scheme was not sufficient and we were not confident that reviews for prisoners on the basic level were timely or that behaviour improvement targets were set or implemented appropriately. There was little evidence of changes over time being monitored or acted on, and the system failed to help prisoners deal with the issues that might have caused their poor behaviour. The basic regime for many was poor. Although employed prisoners could attend purposeful activity, the unemployed were allowed out of their cells for only an hour a day.

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

- I.52** Although demotion to the basic level seemed justified in most cases we examined, some were based on an alleged single incident of poor behaviour without a thorough enough investigation of the facts having taken place.
- I.53** The entry level was not managed sufficiently well and we found examples of prisoners who were not promoted to the standard regime at the end of their second week.

Recommendation

- I.54** **The IEP scheme should be applied in line with the written policy, monitoring should sufficient to ensure it is applied fairly to all and those on the basic level should receive a more structured, purposeful regime.**

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.55** *The number of adjudications was high and some charges were minor. A relatively large proportion did not proceed because time had run out. Use of force had increased fourfold since the last inspection and was very high. Monitoring arrangements were improving and some aspects were very good. However, key paperwork was often incomplete and not all planned incidents were recorded on video. Governance of the use of special accommodation was poor and there was evidence of underreporting. Use of the cell was high and we were not confident that it was always justified. Segregation was used very frequently, nearly twice as often as at the last inspection. Relationships between staff and prisoners were good. Governance arrangements were reasonably good but reintegration planning was underdeveloped.*

Disciplinary procedures

- I.56** The number of formal adjudications averaged about 325 a month, a rate of 23 per 100 of the population, which was very high and much higher than at the last inspection when we found an average of about 190 per month. We were not confident, however, that these figures accurately represented the total number that had been completed. We found many cases that were not heard or reviewed because prisoners had been discharged, and others that had not proceeded for other reasons. A large number of adjudications did not proceed because proper timescales had not been met.
- I.57** The written records of hearings we examined and those we attended indicated that proceedings were conducted fairly and we saw prisoners being given the opportunity to explain fully their version of events. Punishments we reviewed were fair and the tariff of punishments had recently been reviewed. However, some charges were petty and could have been dealt with less formally.

Recommendation

- I.58** **All disciplinary hearings should be heard and dealt with on time.**

The use of force

- I.59** Force was used frequently – there were 377 cases in the previous six months, representing a rate of 33 uses per 100 of the population, four times higher than at the last inspection (about eight per 100).
- I.60** Formal incident-monitoring arrangements were improving and good links to the security committee and the senior management team had been established. Incidents were discussed at monthly use of force committee meetings, chaired by the head of safer custody, and reviews of some planned video-recorded incidents took place during a well-attended use of force scrutiny meeting held every month.
- I.61** However, some aspects of oversight were not effective. We found some use of force forms had not been processed properly or completed and some were missing all together. The analysis of data to identify patterns or trends was underdeveloped and many planned incidents had not been recorded on video.
- I.62** Batons had been drawn on 35 occasions and used six times in the six months prior to the inspection which was high. However, the governor and the head of safety now reviewed all cases and we were assured that scrutiny was rigorous.
- I.63** Recorded use of special accommodation was high at 22 in the previous six months and it was not sufficiently monitored. Much of the authorisation paperwork was poor and did not always establish that use of special accommodation was justified or that prisoners were being removed at the soonest opportunity. Governance was poor, incidents were not discussed at segregation monitoring meetings and there was no central register to record usage. We found cases of underreporting and observed an incident where a prisoner was placed in special accommodation without proper authority.

Recommendation

- I.64** **Managers should ensure that the use of special cells is properly authorised, only employed as a last resort and until the prisoner is no longer violent or refractory.**

Segregation

- I.65** Living conditions in the segregation unit were mixed. Some cells were grubby and in-cell toilets were dirty. There was graffiti on some walls and signs of damp. Communal areas were clean, but old and worn. Conditions in the biohazard cells remained poor. Paint was peeling from the walls, there was no furniture and a single hole in the floor served as a toilet. The special cell was in a poor state. It was dirty, dark and completely unfurnished apart from a plinth for a bed. The caged exercise yard was stark and featureless, but prisoners could exercise together following a risk assessment and had access every day.
- I.66** Segregation was used extensively for prisoners seeking sanctuary from the main residential house blocks and numbers were high. Prison records indicated that there had been 319 separate cases where prisoners were segregated in the previous six months. This represented a rate of 28 per 100 of the population which was nearly double the number we found at the last inspection. At the time of the inspection, 19 prisoners were in the unit.

- I.67** The average stay was for about three weeks but a few had been segregated for much longer (nearly three months). We observed that of the current population, about 75% had refused to return to the main prison because they did not feel safe there and were waiting to be transferred to other prisons or to be discharged. Segregation staff and managers said this was typical.
- I.68** Relationships between staff and prisoners were very good. We saw officers interacting positively with prisoners; they clearly had an appropriate interest in their welfare.
- I.69** The daily basic regime programme, although austere, was relatively good; it included access to showers and telephones. Prisoners could also use a small exercise room every day and most could attend gym sessions twice a week.
- I.70** Formal reintegration planning to address the individual needs of segregated prisoners was being developed and individual management plans had been drawn up for a few men. However, behaviour targets were superficial and concentrated nearly exclusively on compliance with segregation unit rules.
- I.71** Monitoring of segregation at segregation management meetings was reasonably good, but information about the high use of segregation and prisoners' length of stay, particularly for those in special accommodation, was not scrutinised or dealt with sufficiently (see section use of force, paragraph I.63).

Recommendations

- I.72** **Conditions in the biohazard cells and special cell should be improved.**
- I.73** **Formal individual care planning should be developed to help prisoners return to the normal location.**

Substance misuse

Expected outcomes:

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

I.74 *There were too few psychosocial interventions for prisoners with alcohol dependency problems. Prisoners on A wing had no access to drug and alcohol recovery service (DARS) group work. D wing's recovery and induction functions limited the effectiveness of the recovery programme. Controlled drugs administration on the recovery wing was not sufficiently well supervised. First night prescribing was not always available.*

- I.75** Lifeline organised the psychosocial services, while Leeds Community Healthcare NHS Trust ran clinical services. The psychosocial service was known as the DARS. An up-to-date drug strategy document was in place; it included strategic planning for supply and harm reduction. Drug strategy issues were now discussed at the security committee meeting.
- I.76** Prisoners with alcohol problems were dissatisfied with the support on offer. In our survey around half as many as last time (37% against 73%) and fewer than the comparator (55%) said they had received help. In the three months before the inspection 121 prisoners required alcohol detoxification but only 29 were involved with the DARS. Alcoholics Anonymous

meetings had been cancelled several times in the month prior to the inspection. Vulnerable prisoners on A wing had no access to any substance misuse-related group work, although they could obtain one-to-one support from DARS key workers. Staff shortages in the DARS and clinical teams restricted the delivery of more group work. Joint working between the teams included some clinical reviews but further integration was required.

- I.77** The recovery wing (D wing) housed the majority of prisoners receiving opiate substitution treatment. A well-attended six-week recovery programme was available and a recovery champion delivered induction information and peer support and co-facilitated group-work sessions. However, D wing also functioned as the induction wing, housing prisoners who had just arrived. Prisoners in recovery told us they felt particularly at risk among other newly arrived prisoners, some of whom were still using drugs. This arrangement limited the effectiveness of the programme and put at risk prisoners trying to stay away from drug use.
- I.78** First night prescribing was not always available to prisoners arriving late at the prison. However, symptomatic relief was provided, which was not best practice. (See main recommendation, S42.)
- I.79** Some 273 prisoners were on opiate substitution treatment; 194 (approximately 70%) were on maintenance doses and a large proportion – 79 (30%) – were on reducing doses. The clinical nursing team counsellor worked with long-term methadone patients, raising their motivation to reduce their doses.
- I.80** Controlled drugs administration on the recovery wing was not sufficiently well supervised. Two officers were present but the level of scrutiny of individuals taking their medication varied widely during our observations.

Recommendations

- I.81** **Substance use services should be sufficient to meet the assessed needs of the population, including those on A wing and prisoners with alcohol-related issues.**
- I.82** **Prisoners in recovery from substance use problems should be housed separately from those not in treatment.**

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *The prisons buildings and accommodation areas were in reasonable decorative order but the prison was very overcrowded. In many cells there was a lack of furniture and serious shortages of basic equipment and clothing. Informal systems for prisoner consultation were in place and peer advisers did a valuable job, although not always with appropriate oversight.*
- 2.2** Most residential areas were cramped and very old; overall, the prison was overcrowded and the majority of cells designed for one were occupied by two. The residential environment was reasonably clean, and there was a painting programme. However, the old buildings were subject to water penetration and some cells had mould; they also had graffiti on their walls. The furniture was inadequate in the majority of cells; many had lockers with no doors, very few had lockable cabinets, and some had no table. Toilets in many cells lacked proper screening and did not have seats or lids; prisoners often rigged up makeshift curtains from sheets to screen the toilet. The communal showers were adequate, although those on the ground floor offered limited privacy.
- 2.3** In our survey, prisoners were more negative about the availability of clothes, bedding and cleaning materials than the comparator and compared with the last inspection. There was a shortage of clothing and bedding: staff attributed it to a shortfall in supply from the national stores operation. Those on A wing (vulnerable prisoners) were more positive than others about access to sheets, cleaning material and some other wing amenities. There was a shortage of in-cell televisions and kettles, also attributed to supply problems; it led to instability through thefts and arguments about these items.
- 2.4** The offensive displays policy was beginning to be enforced, but there were still a number of inappropriate pictures on walls.
- 2.5** There was no system for checking how promptly officers answered cell call bells, and many prisoners said there were often long waits. In our survey, only 15% said they usually had a response within five minutes against the comparator of 27% and 23% at the last inspection.
- 2.6** The well-trained prisoner information desk (PID) workers acted as mentors, advisers and administrative workers relieving staff of some routine tasks; however, some evidence showed they were misusing their position, and we believed that a system of quality assurance was required. The prison had informal systems for consulting prisoners on wings and meetings involving PID workers through which prisoners' views could be shared with the head of residence, who in turn shared them with the senior management team.
- 2.7** Applications were administered through PID workers; the system was not efficient and the head of residence had introduced a temporary system where all applications went through him for distribution to relevant departments. Fewer prisoners in our survey than the comparator (39% against 49%) and many fewer than last time (72%) thought that applications were dealt with fairly; less than half as many as at the last inspection felt they were dealt with

quickly (21% against 48%). We doubted the effectiveness of the temporary system. (See section on health services, dentistry.)

- 2.8** In our survey, more prisoners than at the last inspection said they had problems with mail or telephones, but perceptions about mail were in line with other local prisons, while those about telephones were better. There were delays in adding lists of authorised numbers to prisoners' phone accounts, particularly for new receptions.

Recommendations

- 2.9** Cells designed for one prisoner should not accommodate two.
- 2.10** All cells should be adequately equipped and toilets should be screened.
- 2.11** A quality assurance system should be developed to oversee the work of PID workers to prevent abuses by workers, staff and prisoners.

Staff-prisoner relationships

Expected outcomes:

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

2.12 *Staff interacted well with prisoners; they were competent and very visible on the landings. Nevertheless, prisoners were negative about how staff treated them partly due to the sharp reduction in the number of operational staff. A named officer covered each cell, but there was limited evidence of individual care.*

- 2.13** Staff were competent and very visible on landings; they actively engaged with prisoners and in numerous cases staff knew and addressed many by their first names. In our survey, fewer than the comparator or compared with last time said that most staff treated them with respect, that there was a member of staff to turn to with a problem or that a member of staff had checked on them personally in the previous week. This seemed to reflect the lower number of staff available to supervise prisoners on the wings and elsewhere.
- 2.14** In our survey, half as many prisoners as at the last inspection and fewer than the comparator said they had a personal officer; those who did, were reasonably favourable about how helpful they were. Many prisoners did not know that wing staff were allocated a number of cells, fulfilling a 'landing officer' role. In a sample of 30 prisoners' case notes over the previous three months, 27% had one or more personal officer entries, while only an additional 20% had any 'history sheet' entries describing the prisoner's mood or behaviour and 17% included a management check. Several had no entries other than formal sentence information. Entries included those made by representatives from charity Catch 22, the chaplaincy, offender supervisors and education staff.

Recommendation

- 2.15** Wing staff who know the prisoners should make regular, substantive, informative entries in their records.

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 characteristic⁵ 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.

2.16 *The standard of equality work had declined, but was being re-established and some effective work was now being undertaken. Discrimination incidents were not being investigated efficiently, although a good analysis of any evidence of systematic unfairness was carried out. Foreign national prisoners received relatively good support, but there were deficiencies in the support offered to older prisoners and those with disabilities.*

Strategic management

- 2.17** The high standard of equality work, noted at the last inspection, had declined in the last year, but in the three months prior to the inspection management had become more effective. The equalities assurance board had only met twice in over a year; attendance at the most recent meeting had been weak. The prison had a current strategy and good data and analysis were now being produced again. However, most staff had insufficient awareness of equality or diversity.
- 2.18** There had been 24 discrimination incident reporting forms (DIRFs) in the previous six months, half the number at the previous inspection. Most had not been dealt with efficiently: 10 were still open at the time of inspection of which seven were at least two months old. The scrutiny panel had lapsed, but discussions had begun over arrangements with a local university to provide external scrutiny for DIRF investigations.
- 2.19** Equality prisoner representatives covered the relevant protected characteristics; some were on duty in the first night centre, interviewing all new receptions to determine whether they had any protected characteristics. This had led to better identification of those with protected characteristics through the electronic case management system, providing the establishment with better data. The Gypsy, Roma and Traveller representative was effective.

Protected characteristics

- 2.20** Prisoners from black and minority ethnic backgrounds, Muslims, and those with disabilities were less positive about feeling safe than their respective counterparts. Over the general range of issues, however, the perceptions of these groups were on a par with and sometimes more positive than, white prisoners.
- 2.21** An equality impact assessment had been undertaken on the underrepresentation of Asian prisoners in release on temporary licence (ROTL) following concerns raised in our previous report; it was not possible to estimate the impact at the time of inspection, since ROTL was

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

not in use. A thorough investigation had also taken place into the over-representation of prisoners from black and minority ethnic backgrounds in complaints made, and there was an enquiry into the over-representation of this group on the basic level of the incentives and earned privileges (IEP) scheme.

- 2.22** A forum for Vietnamese prisoners had taken place after a gap of six months and officers interviewed them through telephone interpretation. Staff had followed up the specific issues raised by eight Vietnamese prisoners. A firm programme of forums was scheduled for the coming year.
- 2.23** Seven men were held under immigration powers alone following the end of their sentence. New arrangements had been made for immigration enforcement officers to hold prisoner surgeries every Tuesday and Thursday at the prison.
- 2.24** A dedicated officer supported foreign nation prisoners well. Foreign national prisoners could have a five-minute call home each month and exchange visiting orders for phone credit. Credit could not be rolled over from month to month, however. Good information in 10 languages was available on wings. The prison had a list of prisoners who could interpret covering 15 different languages, but it was made clear that peer interpretation was not suitable for confidential conversations. There was some evidence that telephone translation was used on appropriate occasions. Double handsets were available on wings and in the first night centre. The touch-screen monitors with information in 10 languages, present at the previous inspection, had stopped working and been withdrawn.
- 2.25** Across all forms of victimisation by other prisoners, those with disabilities reported more negatively than those not identified as having a disability. Provision for prisoners with disabilities was varied; there was a good system of employed support workers, which a visually impaired man to whom we spoke found very valuable, and some people with disabilities were well cared for in the intermediate social care unit (see section on health services, intermediate social care unit) which had appropriate adjustments. However, wheelchair users on A wing did not have regular outdoor access. Three stair lifts were not in use: two because they were broken or had been vandalised, one because it was new and not yet brought into commission. Night staff were not aware of personal emergency and evacuation plans. The prison had good links with West Yorkshire Social Services, which provided equipment for prisoners with disabilities.
- 2.26** Older prisoners said there was no specific provision for them. The over-60s forum was to meet during the inspection for the first time in many months. Furnishings or equipment in the A wing association area were not suitable for older people who tended to be concentrated on the wing. There were gym sessions for over-45s, but some over-60s said they did not feel they met their needs.
- 2.27** There were no special arrangements for prisoners entering the adult estate from the young adult estate; staff and managers spoke of the increasing number of younger prisoners, regarding them as a problem rather than a challenge to adapt their support and behaviour management. One 19-year-old prisoner on E wing appreciated the care he received.
- 2.28** A transgender prisoner had died a short while before the inspection, and an independent investigation had begun. There were no transgender prisoners at the time of inspection.
- 2.29** A gay, bisexual and transgender support group had been functioning until six months before the inspection, and would shortly restart. Some PID workers wore a rainbow badge to indicate that gay or bisexual prisoners could speak to them in confidence about personal matters.

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.

2.30 *Faith arrangements were good and chaplains were well integrated into prison life.*

- 2.31** The chaplaincy was well respected across the prison. An appropriate range of services and religious classes was provided each week and the provision for minority faiths was good. The multi-faith room was reasonable, and vulnerable prisoners attended at the same time as others, although they were on a balcony separated from others during Christian services.
- 2.32** Chaplains supported assessment, care in custody and teamwork (ACCT) case management processes for prisoners at risk of suicide or self-harm, visiting prisoners regularly and attending some multidisciplinary reviews. Pastoral support for bereaved prisoners was good, and men could often visit dying relatives or attend funerals. Chaplains could authorise additional credit from private cash and arrange telephone calls.
- 2.33** In our survey, prisoners were less positive than at our previous inspection and than in comparator prisons about access to a religious leader during induction. Chaplains visited the first night centre early every morning, but some spoke to prisoners without unlocking the cell door, and new prisoners located elsewhere in the prison were not always seen.
- 2.34** The chaplain had good community links, which helped provide a community mentoring project for those under 25, a small counselling service through Leeds Beckett University, a good supply of prison visitors and the services of West Yorkshire Community Chaplaincy.

Recommendation

- 2.35** **Chaplains should offer all new arrivals the chance to have a meaningful conversation in private.**

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.

2.36 *Prisoners' views of the complaints procedures were poor. Managers recognised that overall responses to complaints were not good enough. The prison monitored trends but there was no action plan to monitor improvements.*

- 2.37** Prisoners' views about complaints procedures were poor. Fewer prisoners than in comparator prisons thought that complaints received a prompt or fair response. Over the previous five months, 85% of complaints had been answered within the required timescale.

The sample responses we looked at were mixed; some included full, polite and fair responses but too many were inadequate. We were not confident that those redirected to a third party received an answer. Some responses required a greater degree of sensitivity. A senior manager quality assured complaints and estimated that 50% were inadequate.

- 2.38** Complaints rejected under ‘confidential access’ criteria (those that are only read by the person to whom they are addressed) were returned to prisoners for resubmission, delaying responses. Only the complaints clerk emptied the locked complaints boxes.
- 2.39** An average of 353 complaints was submitted each month. Health care, property and the canteen were the main subjects of complaints. The prison considered trends, which were reviewed by the senior management team, but an action plan was needed to monitor what progress was made.

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.

2.40 *A large number of prisoners required help with legal issues. New receptions were asked if they required bail information and recalled prisoners were seen promptly. Facilities for legal visitors had not improved.*

- 2.41** Trained legal services officers were no longer used. Queries were initially dealt with through offender supervisors. Remand and recall prisoners accounted for 33% of the population. Procedures were in place to see those recalled on licence promptly.
- 2.42** In our survey only 12%, compared with 24% at the last inspection, said that it was easy to obtain bail information. All new prisoners were seen by Catch 22 as part of their initial screening. Those requiring bail information were referred to the Bail Accommodation and Support Service for assessment. Since September 2015, 30% of those who had applied had been successful.
- 2.43** Legal visits took place every day and could be booked by email 48 hours in advance. Facilities had not improved and interview booths still did not provide sufficient privacy.

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.

2.44 *Health provision had declined since our last inspection but outcomes for prisoners remained reasonable overall. Waiting times for most clinics were acceptable except for the optician. Chronic disease management arrangements were impressive. Social care arrangements were well established and the intermediate social care unit provided good care, but its ability to provide support for men with acute mental health needs was less well developed. Medicine administration periods were protracted but generally safe. Dental services were appropriate. Primary mental health services were limited and focused on crisis management but specialist secondary mental health services were generally effective.*

2.45 *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁶ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.*

Governance arrangements

2.46 The CQC found there were no breaches of the relevant regulations.

2.47 Leeds Community Healthcare NHS Trust organised health services, while the Leeds and York Partnership NHS Foundation Trust ran secondary mental health services. The prison had not carried out a recent health or social care needs assessment, but a new provider was due to begin in April 2016. A partnership board had been established but meetings did not take place regularly and input was inconsistent. Commissioners undertook quarterly performance reviews with all providers.

2.48 Clinical governance arrangements were reasonable and clear leadership and accountability arrangements had been established but there was scope to improve communication between independent clinicians and the main provider. We saw examples of staff learning lessons from serious adverse incidents, and oversight and review processes were good.

2.49 Prisoners made complaints using two well-advertised systems, only one of which was confidential; this was addressed during our inspection. Responses to complaints were courteous, timely and addressed all the issues raised. Appropriate actions were taken in response to complaints. Health peer representatives from each wing contributed to the established patient forum, which contributed to planning and problem resolution.

2.50 Vacancies in the primary care team were largely filled by regular agency staff; the new contract meant there was a vacancy freeze. However, we found motivated and capable practitioners providing decent care. Systems to check credentials and registration were thorough, induction processes were robust and training was available to all staff. Clinical supervision arrangements were, however, underdeveloped.

⁶ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.51** Policies and practices were appropriate and included areas such as the management of communicable diseases, information-sharing and consent to treatment. Treatment rooms were suitable but not always cleaned routinely.
- 2.52** Resuscitation equipment was inadequately maintained. There were discrepancies in the processes used to check equipment and we identified expired and missing equipment, which was addressed during the inspection. Few custody staff were trained in first aid and none had access to automated external defibrillators (AEDs), but this was offset by the excellent internal responses to medical emergencies from health care practitioners who were onsite around the clock. External agencies responded well to emergencies.
- 2.53** The prison did not have an identified lead staff member for older people and additional support for these men was inconsistent. The assessment of prisoners' social care needs and support were very good. Information for prisoners was adequate but display boards on wings were not well used. Access to telephone interpreting services was available in the health care centre.
- 2.54** A fair range of services was available, but smoking cessation support and some primary mental health services had been reduced. Disease prevention arrangements were generally good and patients received prompt assessment and treatment for blood-borne viruses without the need for external hospital appointments; they also had good support to manage their own treatment effectively. An agreed programme of planned health promotion activities reflected areas identified through the patient forum and as national priorities. Some national programmes, such as the Triple AAA (abdominal aortic aneurysm screening), were not available every year.

Recommendations

- 2.55** **Cleaning schedules should be introduced and monitored to ensure compliance with infection prevention standards.**
- 2.56** **A sufficient number of staff trained in first aid should be on duty and have access to resuscitation equipment that is in good working order.**
- 2.57** **Access to smoking cessation services should be equivalent to those found in the community.**

Housekeeping point

- 2.58** Clinical supervision arrangements should be embedded in the service.

Delivery of care (physical health)

- 2.59** A skilled team of medical and nursing staff usually undertook a thorough health screening in the first night centre. However, the prison did not consistently have a health care assistant on the health care reception point of the first night centre, to identify immediate risks and men were occasionally moved to wings without being seen by a health care practitioner, which was a potential risk as assessment would be delayed.
- 2.60** In our survey, prisoners were less satisfied with access to services than previously and fewer prisoners (36%) than at our last inspection (51%) or the comparator (43%) thought it was easy or very easy to see a nurse. Prisoners attended the health centre for specialist

appointments whereas triage and routine nurse-led services were undertaken in the treatment rooms adjoining wings. Prison staffing constraints meant that access to these wing-based facilities had been reduced so there were fewer appointments available. Applications were not always scrutinised by the relevant practitioner. Men were encouraged to prioritise work and education, which frustrated prisoners and contributed to relatively high non-attendance.

- 2.61** Nevertheless, access to health care professionals was acceptable except for the optician where men waited too long to be seen. Interactions with patients were effective and positive, but clinicians often waited too long for patients to arrive for appointments.
- 2.62** Five locum GPs provided medical cover, but at the time of inspection there was no lead GP in place. There was a lack of confidential space in the health centre and clinical staff routinely left doors open during consultations, compromising prisoners' privacy.
- 2.63** Prisoners had good access to external hospital appointments, which a GP prioritised, and most cancellations were as a result of patient decisions; very few were cancelled because of prison commitments.
- 2.64** The management of long-term conditions was impressive. A small team of experienced nurses provided prisoners with common medical conditions with effective assessment and treatment in line with national guidance. Complex care arrangements were good and liaison with external specialist services was effective.

Recommendations

- 2.65** **All prisoners should be screened on reception before being received in the main prison and have access to all necessary treatments and services on their arrival.**
- 2.66** **Triage facilities should be routinely available during the core day.**
- 2.67** **The use of available clinic places should be improved as should waiting times to see the optician.**

Intermediate social care unit

- 2.68** The intermediate social care unit was directly managed by the prison. Its prime purpose was to support and house men with identified social care needs that could not be met within the main prison environment. The impressive regular prison staff knew the prisoners well and two registered nurses supervised a small team of social care support staff who provided very good care, which prisoners appreciated. During our visit 16 prisoners, including nine wheelchair users, were in the unit and men routinely had access to a shared communal space, including a small fitness room and outside exercise area. A number of them could have been supported in the main prison if local physical adaptations had been undertaken.
- 2.69** Governor grade prison staff or a duty manager referred some prisoners to the unit. Other prisoners were located there based on identified physical or mental health needs. However there was no operational policy or agreed admission criteria and we found that some men with acute mental health needs who might have benefited from the environment were held elsewhere in the prison (see section on delivery of care (mental health), paragraph 2.87). The facility included two constant watch cells.

Recommendation

- 2.70** The prison should introduce a formal operational policy for the intermediate social care unit to establish agreed admission and discharge criteria.

Pharmacy

- 2.71** Medication was supplied against prescriptions from the in-house pharmacy. Most were named patient medication and were appropriately labelled with a dispensing audit trail. There was an adequate range of emergency stock, although its use was not reconciled against prescriptions issued and stock was generally accessible to the health care team. An appropriate range of patient group directions, enabling nurses to supply and administer prescription-only medicine, was available but the number of treatments for minor ailments was too limited, potentially delaying access to treatment.
- 2.72** Pharmacy technicians administered medication twice a day from four treatment rooms on the wings and other slots, including for night time doses, were available if required. Administration times were very busy and incorporated supervised administration and supply of in-possession preparations. The sessions we observed were safe and prison staff supervised them reasonably well, but the sessions were protracted and required prolonged oversight and vigilance, which were not always easy to maintain.
- 2.73** Technicians ordered repeat prescriptions for all prisoners except those who had all their medication in possession. There was an agreed prescribing formulary and prescribing activity was recorded on SystemOne (the electronic clinical information system). There were some unexplained recording gaps on prescriptions charts, but patients who did not attend administration sessions on three occasions were referred to the initiating prescriber (the practitioner who first drew up the prescription). The treatment rooms were small but adequate, clean and equipped with CCTV. The methasoft equipment used for dispensing methadone was cleaned and calibrated daily.
- 2.74** The in-possession policy was appropriate but was not followed robustly and prisoners' in-possession status was not accurately recorded; just over half (53%) of prisoners received their medication supervised and use of daily in-possession was common.
- 2.75** A full range of policies and standard operating procedures were in place and accessible to staff. Weekly generic pharmacy-led clinics were available but there were no dedicated clinics for specific issues, such as smoking cessation.
- 2.76** All medicines were transferred during the core day in boxes secured only by plastic tags. All medication, including controlled drugs, was stored securely in the pharmacy and treatment rooms, but access was not sufficiently restricted, and key logs were not completed.
- 2.77** Date checking of medicine stock was carried out and documented. Incidents were reported in full and drug alerts dealt with appropriately. Logs of near misses were not sufficiently detailed or routinely reviewed. Some copies of the British National Formulary (BNF) (a reference book for prescribing, dispensing and administering medicines) were out of date but the BNF was available electronically via SystemOne.

Recommendations

- 2.78** In-possession risk assessments, which consider the risks of the drug as well as the patient, should be routinely and consistently completed. The policy should be robustly followed and the status and its rationale recorded accurately on SystemOne.
- 2.79** The pharmacy should receive support to develop more pharmacy-led clinics and medicine use reviews for the prison population.
- 2.80** The prison should review the transport of medicines within the prison to ensure they are secure.

Housekeeping points

- 2.81** Staff should make full and complete records of medicines administration, which should include recording all occasions where the patient refused medication or failed to attend administration sessions.
- 2.82** Near misses should be recorded in detail and logs reviewed and analysed to identify trends that could help prevent future errors.

Dentistry

- 2.83** The dentist and dental nurse provided four sessions a week. A dental hygienist provided a fortnightly session. Patients had access to a range of treatments, emergency care and oral health advice equivalent to what was available in the community. Although there was no recorded waiting list during our inspection, prisoners told us that access was poor and recent changes to the application system delayed the allocation of appointments (see section on residential units, paragraph 2.7). The dental suite and decontamination arrangements met national guidance. Good governance systems ensured the service was safe.

Delivery of care (mental health)

- 2.84** The small primary mental health care team offered a limited range of services focusing on crisis intervention, initial assessments and low intensity support. There were gaps in the provision particularly around the delivery of psychological interventions, group work and counselling services. The Harbour facility (which helped prisoners manage low-level mental health problems) highlighted as a particularly positive initiative at our last inspection was underused. Referrals were triggered through the health care department, prison staff and directly through prisoners.
- 2.85** Leeds and York Partnership NHS Foundation Trust's clinical justice liaison team (CJLT) provided 66 prisoners with secondary mental health services. Patients were assessed and treated promptly. Prisoners were referred between teams through a twice weekly meeting with the primary mental health team. The CJLT was located outside the prison; access to prisoners was challenging because of the lack of confidential space and difficulties organising appointments around work placements.
- 2.86** Those experiencing acute mental health crises were supported on the wings. The management of mental health crises was constrained by the absence of inpatient beds in the

prison; the team felt two men received inadequate support in the main prison location and would have benefited from inpatient treatment.

- 2.87** The eligibility criteria for the intermediate social care unit were ill-defined, which meant some acutely ill men, who might have benefited from the regime, were left in the segregation unit, which was inappropriate. This position was exacerbated by long delays transferring men to secure mental hospitals under the Mental Health Act. Of the 25 patients transferred since April 2015, 12 (48%) had waited longer than current national guidelines. Prison staff did not receive mental health awareness training.

Recommendations

- 2.88** The range of primary mental health services should be equivalent to community provision and meet the needs of the men held.
- 2.89** Concerns about the location of men at risk should be considered through complex case management arrangements; custodial staff should provide input and be able to escalate cases through adult safeguarding arrangements if appropriate.
- 2.90** The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales.

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.

- 2.91** *Prisoners were dissatisfied with the food; their views in comments books frequently received no response. A temporary kitchen was limiting what could be produced.*

- 2.92** Prisoners were dissatisfied with the food: in our survey, just 15% said the food was good or very good, lower than the comparator of 21%. Entries in the wing food comments books were mainly negative; on one wing there had been no responses from kitchen staff for many months; and they had not replied to any of the comments in the A wing book in the previous few months. There was no book on F wing during the inspection. The prison had received approval to increase the food budget because so many complaints had been received about the midday meal. Meals were still served before 12 noon and 5pm.
- 2.93** Menus were restricted because a temporary kitchen was being used; it had a more limited range of equipment than the main kitchen, which was being refurbished, and prisoners complained about the lack of variety. Some of the food observed and tasted was distinctly unappetising, although hygiene and food safety standards were sound and special menus were offered on specific occasions.
- 2.94** On some wings prisoners on the basic level of the IEP scheme collected their meals last at every meal: several complained that this meant their choices were regularly not available.

Recommendation

- 2.95 Prisoners should be consulted on food issues and the provision improved on the basis of sound nutrition and prisoner requests.**

Purchases

Expected outcomes:

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

2.96 *Purchasing arrangements were similar to our previous inspection, but prisoners were now less content with the range of goods available. Those without private cash were at risk of incurring debt during their first fortnight in custody.*

- 2.97** Prisoners could purchase canteen packs during their first night at the prison. Those without money could have an advance for a very small amount of tobacco, which was not enough to last until they received their first full canteen order, potentially as long as 16 days after their arrival. Those who received private money could buy extra packs to bridge this gap, but others were at risk of incurring debt.
- 2.98** In our survey, only 41% of prisoners, fewer than in comparator prisons and compared with our previous inspection, said the prison shop sold a wide enough range of goods to meet their needs; some minority groups were even less positive. Many items were too expensive given the wages prisoners earned. We saw no evidence of prisoners being consulted routinely about the canteen list. Prisoners could buy catalogue items subject to a 50p delivery charge; they could also order newspapers.

Recommendation

- 2.99 Prisoners should have their first canteen order within a few days of arriving at the prison.** (Repeated recommendation 2.93)

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.⁷

3.1 *On the whole time out of cell was reasonable but periods of outside exercise were limited. During roll checks in the middle of the day between 15% and 20% of the population were locked in their cells.*

3.2 The published activity schedule for prisoners (the core day) indicated that a fully employed prisoner could be out of their cell for just over eight hours Monday to Friday and about four hours at the weekend. We observed that in reality most prisoners received about seven out of their cell Monday to Friday. Those on the basic level received much less time out of their cells (see section on incentives and earned privileges, paragraph 1.49). At roll checks during the morning and afternoon of the core day, we found 15% to 20% of prisoners locked in their cells.

3.3 Daily opportunities for outside exercise were limited to 30 minutes. Unlocking times were usually adhered to and we found few curtailments due to late unlocking; periods of association during the day and evening and domestic periods, were rarely cancelled.

Recommendation

3.4 All prisoners should receive at least an hour of exercise outside every day.

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.

3.5 *Prison and college managers provided good strategic leadership that had led to highly effective partnership working and a considerable improvement in learning and skills and work. Performance management arrangements were good. The prison provided sufficient activities to meet the population's needs. Teaching was good, as were the range and quality of the work available. A minority of classroom and workshop activities failed to keep men purposefully occupied. Prisoners' behaviour during activities was good, although attendance needed improvement. Achievements in education and vocational training were good. The two libraries met the needs of most prisoners but staffing was inadequate and opening hours were too limited.*

⁷ 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.

3.6 *Ofsted⁸ made the following assessments about the learning and skills and work provision:*

<i>Overall effectiveness of learning and skills and work:</i>	<i>Good</i>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Good</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Good</i>
<i>Personal development and behaviour</i>	<i>Good</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Good</i>

Management of learning and skills and work

- 3.7** The management of learning and skills and work provision had improved as a result of an effective strategy and particularly good internal partnership working between prison and Novus college managers. The education and vocational training provision provided by Novus was good and had led to positive achievements for prisoners and good teaching, learning and assessment for all groups of men. Managers had made good strategic links with a wide range of resettlement agencies to help prisoners prepare for release. Links with employers were in development and plans were in place for several leading local companies to visit the prison to talk to prisoners about the opportunities they could offer.
- 3.8** The college's relatively new managers were very effective in improving the quality of the provision. The college's education manager had implemented robust performance management procedures for identifying weak teachers and trainers and for ensuring they received good professional support and development to help them improve. These procedures had led to the departure of several under-performing teaching and training staff and an overall improvement in the quality of teaching, training, and assessment.
- 3.9** Prison and college managers made good use of data on performance and course outcomes to manage the provision and support self-assessment judgements, which were accurate and realistic and focused on evaluation. The observation of teaching and learning process helped teachers and trainers to improve, although observers were not always sufficiently critical of the quality of sessions. College managers made good use of prisoner feedback forums to make improvements and respond to prisoners' requests.
- 3.10** Prison managers had carried out an appropriately detailed needs analysis, using local market intelligence well to provide a curriculum that met the population's needs and vetting new courses carefully. College managers had a particularly keen awareness of the importance of prisoners developing skills in English and maths and the college's functional skills strategy clearly articulated this commitment.
- 3.11** Innovative initiatives such as a Saturday homework club, run in conjunction with the prison visitors' centre team, contributed to prisoners' preparation for release from custody. An effective strategy to train a large number of prisoners in advice and guidance skills had been particularly successful; it had provided the prison with well-trained prisoners who acted as

⁸ 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>.

learning support mentors, information desk workers and peer workers (although see recommendation in section on residential units, paragraph 2.11).

Provision of activities

- 3.12** The prison provided around 334 part-time education places and 757 work activity places, of which 332 were full time. They were sufficient to enable prisoners to undertake some activities throughout the week. An efficiently run allocations board now took into account prisoners' interests and prior attainment and the activities team allocated most men, including vulnerable prisoners, to an activity that met their needs. The team managed waiting lists for popular activities well.
- 3.13** The range of courses was good. Prisoners could study up to levels 1 or 2 in a range of subject areas, such as English, maths, business, food preparation, employability and health and safety, as well as at undergraduate level with the Open University. The range and quality of opportunities within vocational work activities was also good and included working in the prison coffee shop. Pay rates were equitable and did not discourage prisoners from attending education or training.

Quality of provision

- 3.14** Classroom and vocational teaching and learning had improved since the previous inspection, particularly in English, maths and information, advice and guidance training.
- 3.15** Enthusiastic teachers demonstrated a good knowledge of their subject areas and used it effectively to hold prisoners' interest and foster enthusiasm and commitment. Teachers planned sessions well and built effectively on previous lessons to consolidate learning. As a result, prisoners could make considered decisions about what further learning they wanted to undertake at the prison or on release. In the small minority of weaker teaching, prisoners often sat passively with few activities to engage or inspire them.
- 3.16** Prisoners, including vulnerable men, came to classroom and vocational settings prepared for learning and participated well in individual and group work activities. Teachers and learning support mentors provided help promptly in class to those who were struggling or who had fallen behind in their work.
- 3.17** Teachers adapted their teaching to the differing needs and interests of learners in each class. They provided detailed constructive written feedback on learners' work, especially on employability courses, which helped them make good progress in demanding and challenging classroom and vocational sessions. Teachers skilfully integrated functional skills in English and maths into the main subject and carefully corrected mistakes in marked work.
- 3.18** Teachers ensured that prisoners discussed and responded to current affairs and challenged them where appropriate on equality and diversity topics. In functional skills English, for example, prisoners wrote sensitively about religious festivals and the effect of war on ordinary families. In the information, advice and guidance courses, learners presented their research and discussed topics such as discrimination against Roma and Traveller communities and the adverse effects on health of new psychoactive substances (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).
- 3.19** Most prison work and vocational training in prison workshops was good. Trainers and assessors recapped previous learning well and used experienced prison workers effectively

to help new workers and the less able to make progress. Most prison work was well-organised, enabling prisoners to move on to more complex tasks as they gained greater experience.

- 3.20** In the textile workshop for vulnerable prisoners, trainers provided the men with guidance to help them work to strict deadlines and to high quality standards. However, a minority of men working in the textile workshop for mainstream prisoners did not have sufficiently challenging tasks and many completed them well within the allotted time, leaving them bored and frustrated with nothing left to do. Similarly, work in the breakfast-packing and print workshop was insufficiently challenging and failed to keep men purposefully occupied for the whole session.
- 3.21** Teachers planned the assessment of prisoners' practical work well and feedback on their performance was timely and constructive, clearly identifying what they needed to do to improve their work and achieve the qualification.

Recommendation

- 3.22** **The prison should ensure that all learning and skills and work activities keep prisoners purposefully occupied for the full duration of sessions.**

Personal development and behaviour

- 3.23** Prisoners' behaviour during learning, skills and work activity was good. They developed self-confidence and vocational skills that prepared them well for resettlement into the community. The overall provision of advice and guidance available to prisoners through college and prison staff, as well as qualified peers, was particularly good.
- 3.24** The prison provided prisoners with good opportunities to work in industries to gain vocational skills and qualifications in the workplace. Most men developed a good work ethic and understood the relevance and value of participating in purposeful activity during their time in custody. However, some work in the prison workshops was dull and de-motivating and in these sessions, prisoners often displayed unhelpful and counter-productive attitudes.
- 3.25** Attendance in learning, skills and work had improved significantly since the previous inspection, largely because the prison's senior management team applied a much tougher regime of sanctions and rewards to ensure men attended scheduled activities. Inspectors found attendance and punctuality during the inspection to be good, although prison and college managers acknowledged that attendance still remained slightly below their ambitious target of 80%.

Education and vocational achievements

- 3.26** Prisoners' achievement of qualifications on college courses was good and much better than at the last inspection. Retention rates were high. The achievement of functional skills qualifications in English and maths had improved over the previous year and was now high. College managers had been particularly effective in eliminating differences in achievement between prisoners from different ethnic groups.
- 3.27** Prisoners made good progress in learning and skills and work activities. Most prisoners worked well to challenging standards and practical and written work was good. In prison workshops, prisoners developed strong employability skills and applied themselves well to

completing the tasks they were set. For those who followed accredited courses in prison workshops or in prison employment, achievements were high.

Library

- 3.28** The prison's two libraries were well organised and satisfactorily managed by two part-time staff, supported by a prison orderly. Prisoners had good access to an appropriate range of fiction and non-fiction books, as well as legal texts and resources. A good range of books were available for new and developing readers and an appropriate range of foreign-language dictionaries and other reading material was stocked. Prisoners made good use of the inter-library loans service.
- 3.29** About half the prison population had registered with the library service. The library support mentors encouraged prisoners to use the service and to return books left in cells. Vulnerable prisoners had access to library services on their wing. Men in the intermediate social care unit could borrow books from the library and attend the book club to discuss the books they had read with library staff. Access to library services for men working full time was limited because the libraries were only open in the day during activity periods.
- 3.30** The library service worked well with education staff to develop the language skills of prisoners taking entry-level English courses and courses in English for speakers of other languages. It also supported programmes such as the Turning Pages mentoring scheme to help prisoners learn to read.
- 3.31** Library staffing levels remained low, limiting the specialist help and support that prisoners could receive, for example, in accessing legal texts or specialist resources. The libraries' limited opening hours exacerbated the problem.
- 3.32** Library staff did not routinely analyse library use, which meant they did not know whether particular groups of prisoners were making more or less use of the services. As a result they were unable to market the libraries' services effectively.

Recommendation

- 3.33** **The prison should provide sufficient library staff to enable opening hours to be extended to better meet the population's needs.**

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.

- 3.34** *Scheduled access to the gym was good. Indoor facilities were generally good and used for a variety of sports, weights and cardiovascular training. Prisoners could gain an accredited mentoring qualification at level 1, but gym staff did not offer any other qualifications. Gym staff promoted activities well but attendance data were not analysed. Links with the health care department were good and provided prisoners with access to remedial physical education. Gym staff had made good links with local community and professional sports teams; they supported the prison's coaching and training activities.*

- 3.35** Eight suitably qualified instructors supported by two orderlies managed the physical education and healthy living provision effectively. Scheduled access to the gym was good with long opening hours that included weekends. Gym instructors had introduced early morning sessions for full-time prison workers.
- 3.36** Indoor accommodation and resources were generally good, and included a sports hall, a weights room and cardiovascular training equipment. There were no outdoor facilities, although four of the prison's six wings had exercise stations in the exercise yards. Gym staff had begun working with education colleagues to enable prisoners to take accredited mentoring qualifications at level 1, but did not offer any other courses leading to a qualification, although they planned to do so.
- 3.37** Prisoners on the basic regime could use cardiovascular training facilities once a week. All other prisoners, including vulnerable prisoners, could access the gym at least twice a week. Most could also attend additional sessions, which focused on health and well-being, with a few specifically aimed at older prisoners.
- 3.38** Prisoners could obtain clean kit at each gym session. There were 11 shower booths that were clean and had suitable screens; however, with up to 45 prisoners attending each session, they were insufficient.
- 3.39** Links with the health care department were good. One gym instructor worked closely with the physiotherapy department to plan weekly remedial sessions. Gym instructors promoted healthy living activities well during induction and distributed information on the wings.
- 3.40** Gym staff had made good community links. As part of the Prince's Trust initiative, representatives from local professional football and rugby league clubs regularly visited the prison to support coaching and gym training activities. Gym staff had organised visits from external speakers to talk to prisoners about issues such as the dangers of steroid use. A few prisoners had volunteered to help coach a local team of weight lifters with learning difficulties and disabilities who used the prison gym for training.
- 3.41** Staff analysed gym attendance by wing and invited prisoners' feedback on the range of activities available through occasional questionnaires. However, gym staff did not investigate why some prisoners did not attend to determine if any particular groups were underrepresented.

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 partnerships between the prison and community agencies and providers were very good. The reducing reoffending strategy was out of date, and there had been no recent strategic meetings. Release on temporary licence (ROTL) was no longer in use.*

4.2 Strategic partnerships between the prison and community agencies and providers were very good. The governor was on the local authority Safer Leeds executive board and the head of reducing reoffending on a sub-board of the meeting, which received and analysed a variety of information about offending in the West Yorkshire area. A large number of service providers worked well with the prison to help deliver resettlement services.

4.3 The reducing reoffending strategy was dated August 2014 and did not reflect current practice. For example, it referred to E wing as the resettlement wing, as did several staff we spoke to but senior managers told us that E wing no longer had this function. In addition, reducing reoffending meetings during 2015 had been poorly attended and had recently lapsed completely; there had been no strategic meetings since June 2015.

4.4 ROTL was no longer used for resettlement purposes, which was a missed opportunity given the prison's significant number of category C prisoners (see section on offender management and planning, categorisation). A local company had expressed an interest in providing work placements for prisoners.

4.5 In our survey, 33% of respondents said they had done something at the prison that would make them less likely to offend in future, lower than in similar prisons (45%) and compared with the last inspection (46%).

Recommendations

4.6 **The prison should have an up-to-date reducing reoffending strategy, driven by ongoing and robust reducing reoffending meetings that are attended by staff from all relevant departments.**

4.7 **ROTL should be available to suitable prisoners, subject to a risk assessment, for resettlement purposes.**

Offender management and planning

Expected outcomes:

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

4.8 *Offender supervisors and prisoners had little meaningful contact. Efforts had been made to reduce the offender assessment system (OASys) document backlog. Some cases we looked at did not have an OASys document or sufficient sentence plans. Offender supervisors did not use P-Nomis (the Prison Service IT system) well. Initial public protection processes were reasonable, but there were some weaknesses in the oversight and management of multi-agency public protection arrangement (MAPPA) cases. Transfers for some prisoners were problematic. Probation staff managed indeterminate sentence prisoners; an information booklet for this group was out of date.*

4.9 There were 16 prison offender supervisor posts; seven were not filled due to a combination of sickness and vacancies. The prison had eight designated probation offender supervisor posts, of which 5.4 were filled. A senior probation officer's role was shared with another prison. Caseloads for offender supervisors ranged from 80 to 100 each; high risk cases were allocated to probation staff. Arrangements for supervising staff and their work differed: probation staff received monthly supervision, which included case discussions, but prison staff did not.

4.10 The unfilled positions and the regular redeployment of prison officer staff to other duties contributed to offender supervisors and prisoners having little meaningful contact. Management had no expectations of a minimum level of contact with prisoners and offender supervisors' priorities appeared to focus predominantly on specific tasks rather than ongoing contact. In addition, offender supervisors did not use P-Nomis (the Prison Service IT system) well. As a result, in most cases the only contact recorded on P-Nomis related to specific matters, such as re-categorisation or parole reports. Most of the prisoners we interviewed as part of our sample, said they had little or no contact with offender supervisors despite making applications seeking contact, and several did not know who their offender supervisor was. In our survey 26% of prisoners said they had a named offender supervisor in the prison, far lower than at the last inspection (43%).

4.11 Efforts had been made to reduce the backlog of OASys documents to 48. Of these, 36 were the responsibility of the prison, six were the responsibility of external probation, and six were still to be allocated. Three of the 12 cases we looked at had no OASys at all. Just two cases had sentence plans containing objectives relevant to offending and risk of harm and were timely and outcome-focused. The analysis of risk of serious harm to others was sufficient and timely in eight cases, but only one case had an appropriate risk management plan.

4.12 Assessments for release on home detention curfew (HDC) had only just re-commenced. Processes were multidisciplinary and had management oversight, but not all decisions were sufficiently prompt, which meant some men were released several weeks after their eligibility date.

4.13 Prolific or priority offenders were monitored and received support while in custody and on release through an integrated offender management scheme in partnership with West Yorkshire Probation Trust and West Yorkshire Police.

Recommendations

- 4.14 Offender supervisors should have regular meaningful contact with prisoners to motivate and support them throughout their sentence. This should be underpinned by robust management oversight and quality assurance to ensure all elements of offender management are timely and adequate.**
- 4.15 Prisoners approved for HDC should be released on the earliest eligible date.**

Public protection

- 4.16** The prison had 89 MAPPA level 1 cases (the lowest risk level), 39 MAPPA level 2 cases (where the involvement of one or more agency is required) and two MAPPA level 3 cases (the highest risk level). A further 199 cases were identified as MAPPA nominals (potentially subject to MAPPA on release) for whom the level had yet to be set. In addition, 128 men were subject to harassment restrictions and 17 to child protection restrictions.
- 4.17** Initial public processes were reasonable. All men involved had their mail and telephone calls monitored; weekly meetings attended by probation staff and the police liaison officer reviewed the need for continued monitoring. The inter-departmental risk management (IRMT) meeting had not been held since April, which meant the prison had no multidisciplinary forum for monitoring the completion of MAPPA F information-sharing reports or coordinating arrangements for the release of prisoners with some of the highest risks.
- 4.18** A number of MAPPA F reports examined had been completed at short notice and contained incomplete or unsubstantiated information; they also lacked contributions from the security department. There were also a number of MAPPA eligible prisoners who were within six months of their release but whose MAPPA level had not been determined. Offender supervisors had not pursued this with the relevant probation offender managers. (See recommendation, paragraph 4.14.)

Recommendation

- 4.19 The IRMT meeting should be reinstated as a priority and MAPPA levels should be set within prescribed timescales.**

Categorisation

- 4.20** Initial categorisation was undertaken promptly. There were 559 category C and six category D prisoners at the establishment. Categorisation reviews were generally prompt, and a manager appropriately signed them off. Transfers to the designated category C prison were routine and swift. However, for some groups of prisoners, such as sex offenders (particularly those with some level of denial of their offence), those on clinical drug treatment, foreign national prisoners, and others moving out of the Leeds area, transfers were more problematic. This meant a small number remained at the prison for more than 12 months.

Indeterminate sentence prisoners

- 4.21** The prison held 40 indeterminate sentence prisoners; 21 had a life sentence and 19 were serving an indeterminate sentence for public protection. Probation staff managed these cases,

and interviewed men on remand who might receive an indeterminate sentence to explain the implications and provide support and information. A booklet specifically for prisoners serving an indeterminate sentence at Leeds explained the sentence and provided details about receiving a tariff and information on parole. However, it was out of date. Over the previous six months there had been 32 oral hearings; the submission of parole dossiers was generally timely.

Reintegration planning

Expected outcomes:

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

4.22 *The community rehabilitation company (CRC) effectively assessed and addressed the immediate needs of newly arrived prisoners and the resettlement needs of those nearing release. Pathway provision was good. Most men being discharged had accommodation. National Careers Service staff provided prisoners with good advice. The health team provided appropriate support prior to discharge. The drug and alcohol recovery service (DARS) had good links with community-based substance misuse agencies. The prison provided good assistance with finance, benefit and debt issues. Work to help prisoners stay in contact with their children and families was excellent. There were no accredited programmes for the small number of men who had been at the prison for a long time or motivational work with sex offenders who were in denial of their offence.*

4.23 The CRC at the prison, a registered charity and social business Catch 22, was contracted to provide a universal service to all prisoners, including those on remand, to address accommodation, education, training and employment and finance concerns. It was also required to put victims of domestic abuse and sexual violence in touch with services.

4.24 On arrival, all prisoners had an assessment of their immediate needs through the basic custody screening tool part 1, completed by offender supervisors, and part 2 completed by Catch 22 staff. Assessments were conducted on busy wings, which compromised privacy. Twelve weeks before release CRC staff reassessed prisoners' outstanding resettlement needs, provided useful support and directed men to pathway services, using P-Nomis to record their contact with prisoners.

4.25 The prison held a weekly 'resettlement market', which a good range of community providers attended. All prisoners in the last 12 weeks of their sentence were invited. In addition, a day-long resettlement event Ready, Steady, Resettle, which over 30 providers attended, had been held two weeks before the inspection.

4.26 Some discharge arrangements were weak. Men were given bags but we saw bloodied clothing being returned to one prisoner. During the early part of the inspection not all men were given directions to the bus stop or other helpful information, although attempts were promptly made during the inspection to rectify this. Whole licences were read out verbatim to prisoners, which did not promote understanding.

Recommendation

- 4.27** Discharge arrangements should be robust; men should have clean clothes to wear, know how to get to their next destination and fully understand any licence conditions they are subject to.

Accommodation

- 4.28** Most men being discharged had accommodation to go to. In the previous six months, 1207 men had been released from the prison, all but 30 of them (2.48%) with fixed accommodation in place. Prisoners had good access to a range of housing providers through the prison's resettlement events, during which those from the local area directly assessed prisoners' housing needs. Where men were being released out of the area, staff contacted the supervising officer from either the CRC or probation service in their home area for advice on housing options and providers.

Education, training and employment

- 4.29** The quality of the National Careers Service provided by Careers Yorkshire and the Humber through their agent Prospects was good. Good links had been established with the education provider to support prisoners with their educational and employment resettlement needs from their induction up to their release. Peer workers who had completed level 2 qualifications provided information, advice and guidance during induction and promoted the work of the National Careers Service advisers to prisoners on the wings. Prisoners received advice on how to improve their chances of progressing into education or employment on release, which was recorded in skills action plans.
- 4.30** Prisoners attending the education provider's modular pre-release employability course received good support with the preparation of their curriculum vitae and help to apply for courses and jobs. A minority of prisoners approaching release did not benefit from a pre-release programme and their education and employment resettlement needs were not sufficiently met.
- 4.31** Only a limited number of employers participated regularly in prison activities to promote job opportunities for prisoners on release. Prison managers recognised this and planned to increase the number of employers participating in visits and promotional activities. Prisoners' access to and use of the virtual campus (internet access for prisoners to community education, training and employment opportunities) was poor as it was only available in one education classroom.

Recommendation

- 4.32** The prison should provide prisoners with greater access to the virtual campus.

Health care

- 4.33** The primary care team supported men by directing them to services and supplying take-home medication if appropriate. Palliative care pathways were in place and used sensitively for a small number of men. The mental health team liaised with courts and community services to ensure continuity of care.

Drugs and alcohol

- 4.34** The DARS had good links with local and regional community-based services. Workers from the Bradford Drug Support Service attended the prison every week to meet prisoners prior to their release. DARS workers also undertook family liaison work (see section on children, families and contact with the outside world, paragraph 4.37).

Finance, benefit and debt

- 4.35** The prison provided good assistance with bank accounts, benefits, and basic financial matters. Catch 22 staff dealt with issues such as mobile phone and credit card debt by writing to providers, and arranged telephone appointments with organisations such as Citizens Advice for more complex debt matters. All men were eligible to open an account with Leeds City Credit Union, and some sentenced prisoners could open an account with HSBC bank.

Children, families and contact with the outside world

- 4.36** The charity Jigsaw continued to provide prisoners with excellent support in maintaining contact with family and friends, assisted by a seconded officer from the prison. Activities included a homework club, parent and tots group, play visits (when prisoners booked exclusive use of the visits crèche area) and a variety of family visits. Prisoners and their children could participate in a variety of activities, such as Skrapbook kidz, where fathers and children collaboratively complete a scrapbook; in August 2015, staff delivered a five-day drama workshop for teenagers and their fathers. A variety of courses to promote good parenting and relationship skills were occasionally run.
- 4.37** This provision was impressive, but the prison lacked a strategic approach to children and families work across the prison. Prisoners' needs were not identified or addressed systematically, and there was no family support worker to deal with complex casework. However, the DARS had a family worker who made contact with families of DARS clients to provide them with information on drugs, and the visitors' centre and the safer custody team ran well-used telephone helplines, enabling families to raise and resolve concerns.
- 4.38** Visits could now be booked in person, by telephone, email or through the website; however, the website did not always work well. It often took several days for visitors to be registered on the visits system and the system required 48 hours' notice, which meant some prisoners waited too long for their first visit. All visitors had to book in at the welcoming visitors' centre where first time visitors, including children, received useful publications to help them understand the visits process and information on the prisoner's first few days in custody. However, many of the visitors' lockers were broken, which meant there were not enough of them.
- 4.39** Visitors were searched thoroughly and generally respectfully, but a Muslim woman was asked to remove her headscarf in public and toddlers were still routinely receiving a rubdown search. Closed visits applied to 17 men and were often imposed for non-visits related matters, but reviews took place regularly.
- 4.40** There were three domestic visits sessions a day, each an hour long, although prisoners and visitors complained they were sometimes shorter. The visits room was still too small, but there were plans to replace the fixed furniture. Prisoners and visitors appreciated the refreshment facility and supervision was relaxed.

Recommendations

- 4.41** Searching arrangements should be respectful and proportionate; Muslim women should not be asked to remove headscarves in public and babies and toddlers should only be searched when there is specific intelligence to indicate a risk.
- 4.42** Closed visits should only be imposed when there is clear security intelligence relating to the abuse of visits.

Attitudes, thinking and behaviour

- 4.43** There were no accredited offending behaviour programmes. As a local prison the primary purpose was to complete assessments and sentence plans and move prisoners on accordingly. While this was the case with the majority of prisoners, some men remained at Leeds for long periods of time (see section on categorisation) and could have completed some offending behaviour work. Two of the cases in our sample had been at Leeds post-sentence for approximately 12 months.
- 4.44** Infrequent contact between offender supervisors and prisoners meant that no one-to-one work, such as motivational work with sex offenders in denial of their offence, was being undertaken in the absence of accredited programmes. There were also no victim awareness programmes and the prison did not use the National Offender Management Service regional psychology team resource.

Recommendation

- 4.45** Appropriate interventions, either through programmes or one-to-one work, should be available for prisoners who stay at HMP Leeds for long periods. As a priority this should include motivational work for sex offenders in denial of their offence.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1** First night processes should ensure that prisoners are held safely and that their practical and well-being needs are met. (S42)
- 5.2** Managers should take further action to reduce the high levels of violence evident, including establish a strategy to address the underlying causes, undertake better analysis and investigation of incidents and provide specific support for victims. (S43)
- 5.3** The prison should have an equality and diversity strategy and action plan embedded across the prison; they should describe how the needs of all the protected characteristics will be met and outline an efficient process for dealing with complaints of discrimination. (S44)

Recommendations

To the governor

Courts, escort and transfers

- 5.4** The prison should be able to complete release procedures for prisoners whenever courts are sitting. (1.5)

Early days in custody

- 5.5** Conditions in reception should be improved. (1.14, repeated recommendation 1.9)

Bullying and violence reduction

- 5.6** Vulnerable prisoners should be able to exercise without fear of being verbally abused by other prisoners. (1.23, repeated recommendation 1.19)

Self-harm and suicide prevention

- 5.7** ACCT procedures should be improved: the prison should focus on determining risks in prisoners' early days in custody and providing a consistent and competent case manager supported by staff from other disciplines; a key worker should also be appointed. (1.29)
- 5.8** All night staff should have access to cell keys so they can enter cells in an emergency. (1.30)

Safeguarding

- 5.9** A local safeguarding adults policy should be developed and include agreed protocols with Leeds safeguarding adults board so that prisoners at risk can be referred. (1.35)

Security

- 5.10** Strip-searching should be proportionate and reflect the risks presented. (1.45)
- 5.11** Staff supervision of prisoners, particularly on the residential wings and during visits, should be improved. (1.46)

Incentives and earned privileges

- 5.12** The IEP scheme should be applied in line with the written policy, monitoring should be sufficient to ensure it is applied fairly to all and those on the basic level should receive a more structured, purposeful regime. (1.54)

Discipline

- 5.13** All disciplinary hearings should be heard and dealt with on time. (1.58)
- 5.14** Managers should ensure that the use of special cells is properly authorised, only employed as a last resort and until the prisoner is no longer violent or refractory. (1.64)
- 5.15** Conditions in the biohazard cells and special cell should be improved. (1.72)
- 5.16** Formal individual care planning should be developed to help prisoners return to the normal location. (1.73)

Substance misuse

- 5.17** Substance use services should be sufficient to meet the assessed needs of the population, including those on A wing and prisoners with alcohol-related issues. (1.81)
- 5.18** Prisoners in recovery from substance use problems should be housed separately from those not in treatment. (1.82)

Residential units

- 5.19** Cells designed for one prisoner should not accommodate two. (2.9)
- 5.20** All cells should be adequately equipped and toilets should be screened. (2.10)
- 5.21** A quality assurance system should be developed to oversee the work of PID workers to prevent abuses by workers, staff and prisoners. (2.11)

Staff-prisoner relationships

- 5.22** Wing staff who know the prisoners should make regular, substantive, informative entries in their records. (2.15)

Faith and religious activity

- 5.23** Chaplains should offer all new arrivals the chance to have a meaningful conversation in private. (2.35)

Health services

- 5.24** Cleaning schedules should be introduced and monitored to ensure compliance with infection prevention standards. (2.55)
- 5.25** A sufficient number of staff trained in first aid should be on duty and have access to resuscitation equipment that is in good working order. (2.56)
- 5.26** Access to smoking cessation services should be equivalent to those found in the community. (2.57)
- 5.27** All prisoners should be screened on reception before being received in the main prison and have access to all necessary treatments and services on their arrival. (2.65)
- 5.28** Triage facilities should be routinely available during the core day. (2.66)
- 5.29** The use of available clinic places should be improved as should waiting times to see the optician. (2.67)
- 5.30** The prison should introduce a formal operational policy for the intermediate social care unit to establish agreed admission and discharge criteria. (2.70)
- 5.31** In-possession risk assessments, which consider the risks of the drug as well as the patient, should be routinely and consistently completed. The policy should be robustly followed and the status and its rationale recorded accurately on SystemOne. (2.78)
- 5.32** The pharmacy should receive support to develop more pharmacy-led clinics and medicine use reviews for the prison population. (2.79)
- 5.33** The prison should review the transport of medicines within the prison to ensure they are secure. (2.80)
- 5.34** The range of primary mental health services should be equivalent to community provision and meet the needs of the men held. (2.88)
- 5.35** Concerns about the location of men at risk should be considered through complex case management arrangements; custodial staff should provide input and be able to escalate cases through adult safeguarding arrangements if appropriate. (2.89)
- 5.36** The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales. (2.90)

Catering

- 5.37** Prisoners should be consulted on food issues and the provision improved on the basis of sound nutrition and prisoner requests. (2.95)

Purchases

- 5.38** Prisoners should have their first canteen order within a few days of arriving at the prison. (2.99, repeated recommendation 2.93)

Time out of cell

- 5.39** All prisoners should receive at least an hour of exercise outside every day. (3.4)

Learning and skills and work activities

- 5.40** The prison should ensure that all learning and skills and work activities keep prisoners purposefully occupied for the full duration of sessions. (3.22)
- 5.41** The prison should provide sufficient library staff to enable opening hours to be extended to better meet the population's needs. (3.33)

Strategic management of resettlement

- 5.42** The prison should have an up-to-date reducing reoffending strategy, driven by ongoing and robust reducing reoffending meetings that are attended by staff from all relevant departments. (4.6)
- 5.43** ROTL should be available to suitable prisoners, subject to a risk assessment, for resettlement purposes. (4.7)

Offender management and planning

- 5.44** Offender supervisors should have regular meaningful contact with prisoners to motivate and support them throughout their sentence. This should be underpinned by robust management oversight and quality assurance to ensure all elements of offender management are timely and adequate. (4.14)
- 5.45** Prisoners approved for HDC should be released on the earliest eligible date. (4.15)
- 5.46** The IRMT meeting should be reinstated as a priority and MAPPA levels should be set within prescribed timescales. (4.19)

Reintegration planning

- 5.47** Discharge arrangements should be robust; men should have clean clothes to wear, know how to get to their next destination and fully understand any licence conditions they are subject to. (4.27)
- 5.48** The prison should provide prisoners with greater access to the virtual campus. (4.32)
- 5.49** Searching arrangements should be respectful and proportionate; Muslim women should not be asked to remove headscarves in public and babies and toddlers should only be searched when there is specific intelligence to indicate a risk. (4.41)
- 5.50** Closed visits should only be imposed when there is clear security intelligence relating to the abuse of visits. (4.42)

- 5.51** Appropriate interventions, either through programmes or one-to-one work, should be available for prisoners who stay at HMP Leeds for long periods. As a priority this should include motivational work for sex offenders in denial of their offence. (4.45)

Housekeeping points

Health services

- 5.52** Clinical supervision arrangements should be embedded in the service. (2.58)
- 5.53** Staff should make full and complete records of medicines administration, which should include recording all occasions where the patient refused medication or failed to attend administration sessions. (2.81)
- 5.54** Near misses should be recorded in detail and logs reviewed and analysed to identify trends that could help prevent future errors. (2.82)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy chief inspector
Sean Sullivan	Team leader
Bev Alden	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Martin Kettle	Inspector
Gordon Riach	Inspector
Natalie Anne Hall	Researcher
Catherine Shaw	Researcher
Joe Simmonds	Researcher
Sophie Skinner	Researcher
Paul Roberts	Substance misuse inspector
Stephen Eley	Health services inspector
Rachel O'Callaghan	Pharmacist
Jan Fooks Bale	Care Quality Commission inspector
Malcolm Fraser	Ofsted inspector
Chris Jones	Ofsted inspector
Jai Sharda	Ofsted inspector
Paddy Doyle	Offender management inspector
Martyn Griffiths	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, most prisoners' journeys to the prison were short. The reception area was poor but staff were efficient and welcoming. First night arrangements were generally very good, but vulnerable prisoners reported feeling less safe on their first night than others. Induction arrangements were adequate. Most prisoners in our survey said they felt safe generally, but some minority groups and vulnerable prisoners were less positive. Arrangements and care for those at risk of self-harm was good. Security was proportionate and the positive mandatory drug testing (MDT) rate was decreasing. Greater oversight was needed of the incentives and earned privileges (IEP) scheme. Adjudications were generally well managed. The segregation unit regime needed improving, but relationships were very good and use of force was well managed. Services for prisoners with substance misuse problems were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The analysis and investigation of violent incidents should be improved and a strategy developed to address the underlying causes and to support victims. (HP37)

Partially achieved

Recommendations

Systems should be in place to ensure that waiting times in court before prisoners are returned to the prison are not excessive. (1.3)

Not achieved

Conditions in reception should be improved. (1.9)

Not achieved (recommendation repeated, 1.14)

Tracking systems to ensure that all prisoners receive a full induction should be introduced. (1.10)

Not achieved

First night arrangements should ensure that all prisoners feel safe and get the support they require. (1.11)

Not achieved

Vulnerable prisoners should be able to exercise without fear of being verbally abused by other prisoners. (1.19)

Not achieved (recommendation repeated, 1.23)

Investigations into serious self-harm incidents should identify learning points and good practice, which should be reflected in future practices. (I.25)

Achieved

Self-harm monitoring procedures should be improved and staff from other disciplines should be more involved. (I.26)

Not achieved

MDT should be appropriately staffed to ensure all testing is carried out appropriately, within identified timescales and without gaps in provision. (I.36)

Achieved

Management oversight of the IEP scheme should be sufficient to ensure it is applied fairly to all. (I.40)

Not achieved

The local notice to prisoners (64/2012) that remand prisoners cannot have enhanced status unless they are employed should be revoked. (I.41)

Achieved

The daily regime and reintegration planning for prisoners in segregation should be improved. (I.56)

Partially achieved

Conditions in the biohazard cells should be improved. (I.57)

Not achieved

Compact-based drug testing should be made available to all prisoners on the recovery and post-recovery wings as a supportive and motivational intervention and to ensure the integrity of the programme. (I.63)

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, residential units were clean, but many cells were overcrowded. Communal areas were excellent and the PID system worked well, although some elements needed greater oversight. Staff-prisoner relationships were very good and were better than we usually see. Equality and diversity (E&D) was well managed and support provided to protected groups was reasonable; however, in our survey many black and minority ethnic and disabled prisoners were less positive than others about a range of issues. Prisoners valued the faith provision. Complaints were reasonably well managed, although some against staff were not. Legal services support was reasonable. Health services were very good. The quality of food was poor. Prisoners could experience unacceptable delays in receiving their first canteen order. Outcomes for prisoners were good against this healthy prison test.

Main recommendation

The prison should explore the more negative perceptions of prisoners from black and minority ethnic and disabled groups across many areas of prison life, and have regular consultative forums with them to better understand their concerns and meet their needs. (HP38)

Partially achieved

Recommendations

Cells designed for one prisoner should not accommodate two and all cells should have privacy locks and lockable cupboards. (2.8)

Not achieved

Toilets should be screened and have seats and lids. (2.9)

Not achieved

The disparities in access to ROTL for Asian prisoners should be examined and any remedial action needed taken. (2.19)

Achieved

Telephone translation services should be used for prisoners who speak little English, particularly for sensitive or complex discussions. (2.29)

Achieved

Foreign national prisoners should receive an overseas monthly telephone call, irrespective of receiving domestic visits, and accrued credit should not be deducted from their telephone account. (2.30)

Partially achieved

Prisoners over retirement age should not have to pay for their television. (2.31)

Not achieved

All complaints against staff should be robustly investigated and answered by a governor grade. (2.41)

Not achieved

All treatment rooms should comply with infection control standards. (2.52)

Not achieved

Access to nurse triage clinics should be equitable across the wings. (2.60)

Partially achieved

The dental service contract should be within the operational oversight of the head of health care to ensure prisoners' dental needs are met and equipment is safely maintained and serviced. (2.71)

Achieved

Meals should be served after 12 noon and not before 5pm, and hot meals should be provided in the evenings at weekends. (2.85)

Not achieved

The quality of the food provided should be sufficient to meet the everyday needs of prisoners. (2.86)

Achieved

Prisoners should have their first canteen order within a few days of arriving at the prison. (2.93)

Not achieved (recommendation repeated, 2.99)

Purposeful activity

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

At the last inspection, in 2013, nearly all prisoners had a reasonable amount of good quality time out of cell. Learning and skills management was developing, although some quality improvement measures still needed to be implemented. There were insufficient activity places for the whole population, but most prisoners who wanted to work could. Partnership working was strong. The range of provision was narrow but appropriate to the population, and allocation procedures were good. The quality of provision was mixed and some outcomes needed to be better, particularly the accreditation of achievement. Vocational places were insufficiently used. In education teaching, success and retention rates needed to be better. Library services were reasonable and physical education (PE) was good. Outcomes for prisoners were reasonably good against this healthy prison test.

Main recommendation

The quality of teaching should improve and the prison should significantly raise attendance, success and retention rates in education. (HP39)

Achieved

Recommendations

The prison should fully implement all identified improvement actions. (3.10)

Partially achieved

The pay policy should have clear links between prisoners' performance and reward. (3.17)

No longer relevant

The availability of information, advice and guidance, especially for new arrivals, should be improved. (3.18)

Achieved

Better use should be made of individual learning plans and targets to improve outcomes for prisoners. (3.22)

Partially achieved

Arrangements should be introduced to recognise and record all prisoners' skills development to support employment and resettlement. (3.26)

Achieved

There should be sufficient staff to provide a full library service, which should be informed by the views of users and support learning and skills provision. (3.28)

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, strategic planning of resettlement was well developed and based on a needs analysis of the population. Work with partner organisations was particularly strong. The resettlement wing was excellent and a good range of ROTL opportunities were offered. Offender management arrangements were reasonable and assessments were up to date, although the quality varied. The 6th Hub was a very good initiative and the resettlement wing presented prisoners with much better opportunities for pre-release resettlement support than we usually see. Public protection arrangements were generally robust. Reintegration work with prisoners approaching release was good. The visits room was too small, but there was some impressive support to help prisoners maintain links with children and families. Outcomes for prisoners were good against this healthy prison test.

Main recommendation

The Leeds' resettlement approach should be evaluated and any lessons applied nationally. (40)

No longer relevant

Recommendations

The reducing reoffending strategy should describe how the prison meets the needs of all groups of prisoners. (4.8)

Not achieved

All offender supervisors should receive formal professional case management and supervision. (4.18)

Not achieved

The quality and consistency of all elements of OASys documents should be improved. (4.19)

Not achieved

There should be improved communication and recording of all contact and work undertaken with prisoners across all departments. (4.20)

Not achieved

A weekly screening of all new arrivals by a multidisciplinary team should determine whether child protection restrictions are necessary and the required level of monitoring. (4.26)

Achieved

Visits staff should have access to up-to-date information about prisoners subject to child protection arrangements, and the restrictions that apply to them. (4.27)

Achieved

All prisoners should attend a pre-release employability programme that is tailored to individual needs. (4.36)

Partially achieved

Prisoners should have access to a specialist debt management service. (4.41)

Achieved

Babies and toddlers should only be searched when there is specific intelligence to indicate a risk.
(4.46)

Not achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	1	642	56
Recall	0	110	9.6
Convicted unsentenced	0	124	10.8
Remand	0	265	23.1
Civil prisoners	0	0	0
Detainees	0	6	0.5
Other	0	1	0.1
Total	1	1,148	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced		411	35.8
Less than 6 months		137	11.9
6 months to less than 12 months		84	7.3
12 months to less than 2 years		102	8.9
2 years to less than 4 years		139	12.1
4 years to less than 10 years	1	152	13.3
10 years and over (not life)		83	7.2
ISPP (indeterminate sentence for public protection)		19	1.7
Life		21	3.5
Total	1	1,148	100

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years		
21 years to 29 years	431	37.5
30 years to 39 years	383	33.3
40 years to 49 years	226	19.7
50 years to 59 years	64	5.6
60 years to 69 years	28	2.4
70 plus years	15	1.3
Please state maximum age here:		
Total	1,149	100

Nationality	18–20 yr olds	21 and over	%
British	1	1,050	91.5
Foreign nationals	0	97	8.4
Not stated	0	1	0.1
Total	1	1,148	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	387	33.7
Uncategorised sentenced	0	75	6.1
Category A			
Category B	0	122	10.6
Category C	1	558	48.7

Category D		6	0.5
Other			
Total	1	1,148	99.6

Ethnicity	18–20 yr olds	21 and over	%
White			
British		787	68.5
Irish		2	0.2
Gypsy/Irish Traveller		15	1.3
Other white		57	5.0
Mixed			
White and black Caribbean		32	2.8
White and black African		2	0.2
White and Asian		5	0.4
Other mixed		7	0.6
Asian or Asian British			
Indian		26	2.3
Pakistani		109	9.5
Bangladeshi		8	0.7
Chinese		1	0.1
Other Asian		25	2.2
Black or black British			
Caribbean		31	2.7
African	1	12	1.1
Other black		14	1.2
Other ethnic group			
Arab		2	0.2
Other ethnic group		7	0.6
Not stated		6	0.5
Total	1	1,148	100

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	0	206	17.9
Roman Catholic	0	223	19.4
Other Christian denominations	0	69	6.0
Muslim	1	181	15.8
Sikh	0	7	0.6
Hindu	0	0	0
Buddhist	0	9	0.8
Jewish	0	0	0
Other	0	8	0.7
No religion	0	445	38.7
Total	1	1,148	100

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

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	1	0.1	168	14.6
1 month to 3 months	0	0	245	21.3
3 months to 6 months				
6 months to 1 year	0	0	110	9.6
1 year to 2 years	0	0	37	3.2
2 years to 4 years	0	0	12	1.0
4 years or more	0	0	2	0.2
Total	1	0.1	737	64.1

Sentenced prisoners only

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

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	138	33.6
1 month to 3 months	0	0	132	32.1
3 months to 6 months	0	0	103	25
6 months to 1 year	0	0	29	7.1
1 year to 2 years	0	0	8	1.9
2 years to 4 years	0	0	1	0.2
4 years or more	0	0	0	0
Total	0	0	411	35.8

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

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment⁹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a systematic sampling method.

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 30 November 2015 the prisoner population at HMP Leeds was 1149. Using the method described above, questionnaires were distributed to a sample of 230 prisoners.

We received a total of 184 completed questionnaires, a response rate of 80%. This included two questionnaires completed via interview. Eleven respondents refused to complete a questionnaire, 35 questionnaires were not returned.

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

Wing/unit	Number of completed survey returns
A	28
B	31
C	32
D	27
E	28
F	29
Health care (H)	3
First night centre (I)	2
Segregation unit	4

Presentation of survey results and analyses

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

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 differences¹⁰ 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 Leeds 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 Leeds in 2015 compared with the responses of prisoners surveyed at HMP Leeds 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 the A wing and the rest of the establishment.

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

Survey summary

Section I: About you

Q1.2	How old are you?			
	Under 21	2	(1%)	
	21 - 29.....	67	(36%)	
	30 - 39.....	57	(31%)	
	40 - 49.....	40	(22%)	
	50 - 59.....	9	(5%)	
	60 - 69.....	8	(4%)	
	70 and over	1	(1%)	
Q1.3	Are you sentenced?			
	Yes	96	(54%)	
	Yes - on recall.....	22	(12%)	
	No - awaiting trial.....	37	(21%)	
	No - awaiting sentence	22	(12%)	
	No - awaiting deportation.....	0	(0%)	
Q1.4	How long is your sentence?			
	Not sentenced	59	(34%)	
	Less than 6 months	20	(12%)	
	6 months to less than 1 year	12	(7%)	
	1 year to less than 2 years	16	(9%)	
	2 years to less than 4 years	17	(10%)	
	4 years to less than 10 years	26	(15%)	
	10 years or more.....	17	(10%)	
	IPP (indeterminate sentence for public protection)	2	(1%)	
	Life.....	3	(2%)	
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?			
	Yes	17	(9%)	
	No.....	162	(91%)	
Q1.6	Do you understand spoken English?			
	Yes	174	(96%)	
	No.....	8	(4%)	
Q1.7	Do you understand written English?			
	Yes	170	(94%)	
	No.....	11	(6%)	
Q1.8	What is your ethnic origin?			
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	109 (62%)	Asian or Asian British - Chinese	2 (1%)
	White - Irish	9 (5%)	Asian or Asian British - other.....	1 (1%)
	White - other.....	9 (5%)	Mixed race-white and black Caribbean	6 (3%)
	Black or black British - Caribbean.....	4 (2%)	Mixed race - white and black African ...	0 (0%)
	Black or black British - African	1 (1%)	Mixed race - white and Asian	0 (0%)
	Black or black British - other	2 (1%)	Mixed race - other.....	1 (1%)
	Asian or Asian British - Indian	7 (4%)	Arab.....	0 (0%)
	Asian or Asian British - Pakistani.....	20 (11%)	Other ethnic group	2 (1%)
	Asian or Asian British - Bangladeshi.....	4 (2%)		

Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes	8	(5%)
	No.....	169	(95%)
Q1.10	What is your religion?		
	None.....	53	(30%)
	Church of England	42	(24%)
	Catholic	28	(16%)
	Protestant.....	0	(0%)
	Other Christian denomination	4	(2%)
	Buddhist.....	2	(1%)
	Hindu	1	(1%)
	Jewish	0	(0%)
	Muslim	35	(20%)
	Sikh	4	(2%)
	Other.....	5	(3%)
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight	170	(97%)
	Homosexual/Gay.....	3	(2%)
	Bisexual.....	3	(2%)
Q1.12	Do you consider yourself to have a disability (i.e do you need help with any long term physical, mental or learning needs)?		
	Yes	51	(28%)
	No.....	129	(72%)
Q1.13	Are you a veteran (ex-armed services)?		
	Yes	9	(5%)
	No.....	172	(95%)
Q1.14	Is this your first time in prison?		
	Yes	52	(29%)
	No.....	129	(71%)
Q1.15	Do you have children under the age of 18?		
	Yes	109	(60%)
	No.....	74	(40%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours	132	(72%)
	2 hours or longer	37	(20%)
	Don't remember	14	(8%)
Q2.2	On your most recent journey here, were you offered anything to eat or drink?		
	My journey was less than two hours	132	(73%)
	Yes	18	(10%)
	No.....	30	(16%)
	Don't remember	2	(1%)
Q2.3	On your most recent journey here, were you offered a toilet break?		
	My journey was less than two hours	132	(73%)
	Yes	4	(2%)
	No.....	41	(23%)
	Don't remember	3	(2%)
Q2.4	On your most recent journey here, was the van clean?		
	Yes	91	(51%)
	No.....	75	(42%)

	<i>Don't remember</i>	14 (8%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	124 (68%)
	No.....	49 (27%)
	<i>Don't remember</i>	9 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	35 (19%)
	<i>Well</i>	87 (48%)
	<i>Neither</i>	44 (24%)
	<i>Badly</i>	7 (4%)
	<i>Very badly</i>	6 (3%)
	<i>Don't remember</i>	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	111 (61%)
	<i>Yes, I received written information</i>	3 (2%)
	<i>No, I was not told anything</i>	56 (31%)
	<i>Don't remember</i>	13 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	143 (79%)
	No.....	31 (17%)
	<i>Don't remember</i>	7 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	78 (43%)
	<i>2 hours or longer</i>	90 (49%)
	<i>Don't remember</i>	14 (8%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	140 (78%)
	No	32 (18%)
	<i>Don't remember</i>	8 (4%)
Q3.3	Overall, how were you treated in reception?	
	<i>Very well</i>	32 (17%)
	<i>Well</i>	77 (42%)
	<i>Neither</i>	46 (25%)
	<i>Badly</i>	13 (7%)
	<i>Very badly</i>	12 (7%)
	<i>Don't remember</i>	3 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	<i>Loss of property</i>	26 (15%)
	<i>Housing problems</i>	34 (19%)
	<i>Contacting employers</i>	13 (7%)
	<i>Contacting family</i>	81 (45%)
	<i>Childcare</i>	9 (5%)
	<i>Money worries</i>	54 (30%)
	<i>Feeling depressed or suicidal</i>	53 (30%)
	<i>Physical health</i>	31 (17%)
	<i>Mental health</i>	65 (36%)
	<i>Needing protection from other prisoners</i>	21 (12%)
	<i>Getting phone numbers</i>	66 (37%)
	<i>Other</i>	19 (11%)
	Did not have any problems	29 (16%)

Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes	41 (23%)
	No.....	110 (61%)
	Did not have any problems	29 (16%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco.....	148 (80%)
	A shower	101 (55%)
	A free telephone call.....	67 (36%)
	Something to eat.....	131 (71%)
	PIN phone credit.....	87 (47%)
	Toiletries/ basic items	113 (61%)
	Did not receive anything	12 (7%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain	62 (35%)
	Someone from health services.....	115 (64%)
	A Listener/Samaritans	25 (14%)
	Prison shop/ canteen	40 (22%)
	Did not have access to any of these	41 (23%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	59 (34%)
	What support was available for people feeling depressed or suicidal.....	44 (25%)
	How to make routine requests (applications)	46 (26%)
	Your entitlement to visits.....	41 (23%)
	Health services	59 (34%)
	Chaplaincy	50 (28%)
	Not offered any information	65 (37%)
Q3.9	Did you feel safe on your first night here?	
	Yes	117 (65%)
	No.....	51 (28%)
	Don't remember	12 (7%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	83 (46%)
	Within the first week.....	34 (19%)
	More than a week.....	49 (27%)
	Don't remember	16 (9%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	83 (47%)
	Yes	34 (19%)
	No.....	46 (26%)
	Don't remember	14 (8%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	54 (31%)
	Within the first week.....	30 (17%)
	More than a week.....	68 (39%)
	Don't remember	22 (13%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	22 (13%)	23 (13%)	31 (18%)	44 (26%)	39 (23%)	13 (8%)
	Attend legal visits?	21 (13%)	49 (31%)	26 (16%)	24 (15%)	19 (12%)	20 (13%)
	Get bail information?	7 (4%)	11 (7%)	20 (13%)	38 (24%)	38 (24%)	42 (27%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters.....						17 (10%)
	Yes.....						77 (44%)
	No.....						83 (47%)
Q4.3	Can you get legal books in the library?						
	Yes.....						51 (29%)
	No.....						23 (13%)
	Don't know.....						104 (58%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		Yes	No	Don't know			
	Do you normally have enough clean, suitable clothes for the week?	79 (44%)	93 (52%)	7 (4%)			
	Are you normally able to have a shower every day?	148 (83%)	30 (17%)	0 (0%)			
	Do you normally receive clean sheets every week?	85 (48%)	85 (48%)	6 (3%)			
	Do you normally get cell cleaning materials every week?	58 (33%)	115 (65%)	4 (2%)			
	Is your cell call bell normally answered within five minutes?	27 (15%)	142 (81%)	6 (3%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	90 (51%)	80 (46%)	5 (3%)			
	If you need to, can you normally get your stored property?	34 (19%)	98 (55%)	45 (25%)			
Q4.5	What is the food like here?						
	Very good.....						8 (4%)
	Good.....						19 (11%)
	Neither.....						22 (12%)
	Bad.....						64 (36%)
	Very bad.....						66 (37%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	Have not bought anything yet/ don't know.....						5 (3%)
	Yes.....						72 (41%)
	No.....						100 (56%)
Q4.7	Can you speak to a Listener at any time, if you want to?						
	Yes.....						88 (50%)
	No.....						44 (25%)
	Don't know.....						45 (25%)
Q4.8	Are your religious beliefs respected?						
	Yes.....						82 (47%)
	No.....						32 (18%)
	Don't know/ N/A.....						62 (35%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?						
	Yes.....						85 (48%)
	No.....						25 (14%)

Don't know/ N/A..... 66 (38%)

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

I don't want to attend 30 (17%)
 Very easy..... 33 (19%)
 Easy 37 (21%)
 Neither 11 (6%)
 Difficult..... 16 (9%)
 Very difficult..... 10 (6%)
 Don't know 38 (22%)

Section 5: Applications and complaints

Q5.1 Is it easy to make an application?

Yes 121 (70%)
 No 37 (21%)
 Don't know 16 (9%)

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

	Not made one	Yes	No
Are applications dealt with fairly?	29 (17%)	56 (33%)	86 (50%)
Are applications dealt with quickly (within seven days)?	29 (18%)	28 (17%)	105 (65%)

Q5.3 Is it easy to make a complaint?

Yes 88 (51%)
 No 43 (25%)
 Don't know 41 (24%)

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

	Not made one	Yes	No
Are complaints dealt with fairly?	69 (41%)	22 (13%)	76 (46%)
Are complaints dealt with quickly (within seven days)?	69 (42%)	14 (8%)	83 (50%)

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

Yes 40 (25%)
 No..... 121 (75%)

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

Don't know who they are 85 (49%)
 Very easy..... 8 (5%)
 Easy 15 (9%)
 Neither 24 (14%)
 Difficult..... 27 (15%)
 Very difficult..... 16 (9%)

Section 6: Incentive and earned privileges scheme

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

Don't know what the IEP scheme is 21 (12%)
 Yes 65 (37%)
 No 69 (39%)
 Don't know 20 (11%)

Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)	
	<i>Don't know what the IEP scheme is</i>	21 (13%)
	Yes.....	67 (40%)
	No.....	56 (34%)
	<i>Don't know</i>	23 (14%)
Q6.3	In the last six months have any members of staff physically restrained you (C and R)?	
	Yes.....	16 (9%)
	No.....	154 (91%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	137 (81%)
	Very well.....	9 (5%)
	Well.....	3 (2%)
	Neither.....	3 (2%)
	Badly.....	7 (4%)
	Very badly.....	11 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes.....	120 (68%)
	No.....	56 (32%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	111 (64%)
	No.....	62 (36%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	38 (21%)
	No.....	140 (79%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	10 (6%)
	Never.....	40 (23%)
	Rarely.....	55 (31%)
	Some of the time.....	44 (25%)
	Most of the time.....	12 (7%)
	All of the time.....	15 (9%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	138 (79%)
	<i>In the first week</i>	13 (7%)
	<i>More than a week</i>	14 (8%)
	<i>Don't remember</i>	9 (5%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	138 (82%)
	Very helpful.....	15 (9%)
	Helpful.....	7 (4%)
	Neither.....	5 (3%)
	Not very helpful.....	0 (0%)
	Not at all helpful.....	3 (2%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?		
	Yes	104 (59%)	
	No.....	72 (41%)	
Q8.2	Do you feel unsafe now?		
	Yes	53 (31%)	
	No.....	118 (69%)	
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)		
	Never felt unsafe	72 (43%)	<i>At meal times</i> 21 (13%)
	<i>Everywhere</i>	36 (22%)	<i>At health services</i> 14 (8%)
	<i>Segregation unit</i>	8 (5%)	<i>Visits area</i> 15 (9%)
	<i>Association areas</i>	46 (28%)	<i>In wing showers</i>
	<i>Reception area</i>	12 (7%)	<i>In gym showers</i>
	<i>At the gym</i>	12 (7%)	<i>In corridors/stairwells</i> 19 (11%)
	<i>In an exercise yard</i>	34 (20%)	<i>On your landing/wing</i>
	<i>At work</i>	20 (12%)	<i>In your cell</i> 21 (13%)
	<i>During movement</i>	31 (19%)	<i>At religious services</i> 9 (5%)
	<i>At education</i>	15 (9%)	
Q8.4	Have you been victimised by other prisoners here?		
	Yes	74 (42%)	
	No.....	101 (58%)	
Q8.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)		
	<i>Insulting remarks (about you or your family or friends)</i>	26 (15%)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	26 (15%)	
	<i>Sexual abuse</i>	3 (2%)	
	<i>Feeling threatened or intimidated</i>	45 (26%)	
	<i>Having your canteen/property taken</i>	24 (14%)	
	<i>Medication</i>	14 (8%)	
	<i>Debt</i>	12 (7%)	
	<i>Drugs</i>	11 (6%)	
	<i>Your race or ethnic origin</i>	9 (5%)	
	<i>Your religion/religious beliefs</i>	6 (3%)	
	<i>Your nationality</i>	8 (5%)	
	<i>You are from a different part of the country than others</i>	4 (2%)	
	<i>You are from a traveller community</i>	2 (1%)	
	<i>Your sexual orientation</i>	3 (2%)	
	<i>Your age</i>	7 (4%)	
	<i>You have a disability</i>	12 (7%)	
	<i>You were new here</i>	12 (7%)	
	<i>Your offence/ crime</i>	11 (6%)	
	<i>Gang related issues</i>	15 (9%)	
Q8.6	Have you been victimised by staff here?		
	Yes	75 (43%)	
	No.....	100 (57%)	
Q8.7	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)		
	<i>Insulting remarks (about you or your family or friends)</i>	25 (14%)	
	<i>Physical abuse (being hit, kicked or assaulted)</i>	20 (11%)	
	<i>Sexual abuse</i>	4 (2%)	
	<i>Feeling threatened or intimidated</i>	29 (17%)	

Medication.....	8 (5%)
Debt	5 (3%)
Drugs.....	7 (4%)
Your race or ethnic origin.....	6 (3%)
Your religion/religious beliefs	4 (2%)
Your nationality	3 (2%)
You are from a different part of the country than others.....	3 (2%)
You are from a traveller community	2 (1%)
Your sexual orientation	2 (1%)
Your age.....	4 (2%)
You have a disability.....	8 (5%)
You were new here.....	9 (5%)
Your offence/ crime	8 (5%)
Gang related issues.....	7 (4%)

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

Not been victimised	80 (53%)
Yes.....	27 (18%)
No.....	44 (29%)

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

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	17 (10%)	9 (5%)	23 (13%)	22 (13%)	59 (35%)	41 (24%)
The nurse	15 (9%)	16 (10%)	41 (26%)	19 (12%)	41 (26%)	28 (18%)
The dentist	30 (19%)	3 (2%)	7 (4%)	13 (8%)	47 (29%)	60 (38%)

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

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	37 (22%)	14 (8%)	37 (22%)	21 (12%)	36 (21%)	24 (14%)
The nurse	25 (15%)	25 (15%)	49 (30%)	18 (11%)	32 (19%)	16 (10%)
The dentist	57 (36%)	7 (4%)	15 (9%)	20 (13%)	34 (22%)	25 (16%)

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

Not been	24 (14%)
Very good	17 (10%)
Good	33 (20%)
Neither	23 (14%)
Bad	35 (21%)
Very bad	36 (21%)

Q9.4 Are you currently taking medication?

Yes	98 (57%)
No.....	74 (43%)

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

Not taking medication	74 (43%)
Yes, all my meds	30 (18%)
Yes, some of my meds	24 (14%)
No.....	43 (25%)

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

Yes	93 (55%)
No.....	77 (45%)

Q9.7	Are you being helped/ supported by anyone in this prison?	(e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)
	Do not have any emotional or mental health problems	77 (46%)
	Yes	44 (27%)
	No	45 (27%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	57 (34%)
	No	112 (66%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	41 (24%)
	No	128 (76%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	67 (40%)
	Easy	19 (11%)
	Neither	12 (7%)
	Difficult.....	6 (4%)
	Very difficult.....	3 (2%)
	Don't know	60 (36%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	20 (12%)
	Easy	16 (10%)
	Neither	20 (12%)
	Difficult.....	13 (8%)
	Very difficult.....	16 (10%)
	Don't know	83 (49%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	23 (14%)
	No	146 (86%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	22 (13%)
	No	146 (87%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem	99 (61%)
	Yes	33 (20%)
	No	31 (19%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem	128 (77%)
	Yes	14 (8%)
	No	24 (14%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help	121 (78%)
	Yes	23 (15%)
	No	12 (8%)

Section II: Activities

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

	Don't know	Very Easy	Easy	Neither	Difficult	Very difficult
Prison job	27 (16%)	12 (7%)	48 (29%)	18 (11%)	36 (22%)	26 (16%)
Vocational or skills training	46 (29%)	11 (7%)	28 (18%)	30 (19%)	30 (19%)	11 (7%)
Education (including basic skills)	37 (24%)	21 (13%)	43 (27%)	26 (17%)	20 (13%)	10 (6%)
Offending behaviour programmes	66 (42%)	4 (3%)	15 (9%)	23 (15%)	26 (16%)	24 (15%)

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

Not involved in any of these	43 (27%)
Prison job	79 (50%)
Vocational or skills training.....	10 (6%)
Education (including basic skills).....	39 (25%)
Offending behaviour programmes	8 (5%)

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

	Not been involved	Yes	No	Don't know
Prison job	31 (22%)	42 (29%)	52 (36%)	19 (13%)
Vocational or skills training	47 (38%)	28 (23%)	31 (25%)	17 (14%)
Education (including basic skills)	37 (28%)	47 (35%)	29 (22%)	20 (15%)
Offending behaviour programmes	50 (43%)	20 (17%)	27 (23%)	19 (16%)

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

Don't want to go	29 (17%)
Never.....	44 (27%)
Less than once a week.....	42 (25%)
About once a week.....	46 (28%)
More than once a week.....	5 (3%)

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

Don't use it	54 (33%)
Yes	52 (32%)
No.....	59 (36%)

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

Don't want to go	25 (15%)
0.....	53 (32%)
1 to 2	58 (35%)
3 to 5	23 (14%)
More than 5	8 (5%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	21 (13%)
0	34 (20%)
1 to 2	54 (32%)
3 to 5	30 (18%)
More than 5.....	29 (17%)

Q11.8 How many times do you usually have association each week?

Don't want to go	7 (4%)
0	11 (7%)
1 to 2	27 (16%)

3 to 5	47 (28%)
More than 5	73 (44%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

Less than 2 hours	55 (33%)
2 to less than 4 hours	38 (23%)
4 to less than 6 hours	28 (17%)
6 to less than 8 hours	15 (9%)
8 to less than 10 hours.....	6 (4%)
10 hours or more	13 (8%)
Don't know	13 (8%)

Section 12: Contact with family and friends

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

Yes	49 (30%)
No.....	114 (70%)

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

Yes	76 (46%)
No.....	89 (54%)

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

Yes	52 (31%)
No.....	115 (69%)

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

I don't get visits	34 (20%)
Very easy.....	20 (12%)
Easy	41 (24%)
Neither	22 (13%)
Difficult.....	26 (15%)
Very difficult.....	21 (13%)
Don't know	4 (2%)

Section 13: Preparation for release

Q13.1 Do you have a named offender manager (home probation officer) in the probation service?

Not sentenced	59 (36%)
Yes	73 (44%)
No.....	33 (20%)

Q13.2 What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)

Not sentenced/ NA	92 (55%)
No contact.....	36 (22%)
Letter	24 (14%)
Phone	8 (5%)
Visit.....	20 (12%)

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

Yes	43 (26%)
No.....	120 (74%)

Q13.4	Do you have a sentence plan?			
	<i>Not sentenced</i>	59	(36%)	
	Yes.....	18	(11%)	
	No.....	89	(54%)	
Q13.5	How involved were you in the development of your sentence plan?			
	<i>Do not have a sentence plan/ not sentenced</i>	148	(88%)	
	<i>Very involved</i>	5	(3%)	
	<i>Involved</i>	4	(2%)	
	<i>Neither</i>	4	(2%)	
	<i>Not very involved</i>	3	(2%)	
	<i>Not at all involved</i>	5	(3%)	
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>	148	(88%)	
	<i>Nobody</i>	10	(6%)	
	<i>Offender supervisor</i>	8	(5%)	
	<i>Offender manager</i>	3	(2%)	
	<i>Named/ personal officer</i>	0	(0%)	
	<i>Staff from other departments</i>	0	(0%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	148	(87%)	
	Yes.....	7	(4%)	
	No.....	7	(4%)	
	<i>Don't know</i>	8	(5%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	148	(88%)	
	Yes.....	4	(2%)	
	No.....	10	(6%)	
	<i>Don't know</i>	7	(4%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	148	(87%)	
	Yes.....	7	(4%)	
	No.....	5	(3%)	
	<i>Don't know</i>	11	(6%)	
Q13.10	Do you have a needs based custody plan?			
	Yes	8	(5%)	
	No.....	88	(54%)	
	<i>Don't know</i>	66	(41%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	Yes.....	16	(10%)	
	No.....	150	(90%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release?: (Please tick all that apply to you.)			
		<i>Do not need help</i>	Yes	No
	Employment	41 (26%)	40 (25%)	76 (48%)
	Accommodation	39 (26%)	46 (31%)	65 (43%)
	Benefits	37 (24%)	44 (28%)	74 (48%)
	Finances	40 (27%)	29 (20%)	78 (53%)
	Education	43 (29%)	32 (22%)	73 (49%)

Drugs and alcohol	46 (31%)	41 (27%)	63 (42%)
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Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	59 (37%)
Yes	33 (21%)
No.....	68 (43%)

Main comparator and comparator to last time



Prisoner survey responses HMP Leeds 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

	HMP Leeds 2015	Local prisons comparator	HMP Leeds 2015	HMP Leeds 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				
Number of completed questionnaires returned	184	6,034	184	190
SECTION 1: General information				
1.2 Are you under 21 years of age?	1%	6%	1%	0%
1.3 Are you sentenced?	67%	67%	67%	74%
1.3 Are you on recall?	12%	9%	12%	9%
1.4 Is your sentence less than 12 months?	19%	20%	19%	21%
1.4 Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	1%
1.5 Are you a foreign national?	10%	13%	10%	10%
1.6 Do you understand spoken English?	96%	98%	96%	98%
1.7 Do you understand written English?	94%	96%	94%	98%
1.8 Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	28%	25%	28%	26%
1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	5%	5%	5%
1.1 Are you Muslim?	20%	12%	20%	19%
1.11 Are you homosexual/gay or bisexual?	3%	3%	3%	2%
1.12 Do you consider yourself to have a disability?	28%	24%	28%	23%
1.13 Are you a veteran (ex-armed services)?	5%	5%	5%	5%
1.14 Is this your first time in prison?	29%	33%	29%	35%
1.15 Do you have any children under the age of 18?	60%	54%	60%	55%
SECTION 2: Transfers and escorts				
On your most recent journey here:				
2.1 Did you spend more than 2 hours in the van?	20%	23%	20%	12%
For those who spent two or more hours in the escort van:				
2.2 Were you offered anything to eat or drink?	36%	37%	36%	33%
2.3 Were you offered a toilet break?	8%	8%	8%	11%
2.4 Was the van clean?	51%	58%	51%	65%
2.5 Did you feel safe?	68%	75%	68%	79%
2.6 Were you treated well/very well by the escort staff?	67%	66%	67%	65%
2.7 Before you arrived here were you told that you were coming here?	61%	64%	61%	67%
2.7 Before you arrived here did you receive any written information about coming here?	2%	4%	2%	3%
2.8 When you first arrived here did your property arrive at the same time as you?	79%	79%	79%	80%
SECTION 3: Reception, first night and induction				
3.1 Were you in reception for less than 2 hours?	43%	40%	43%	59%
3.2 When you were searched in reception, was this carried out in a respectful way?	78%	78%	78%	82%
3.3 Were you treated well/very well in reception?	60%	62%	60%	70%
When you first arrived:				
3.4 Did you have any problems?	84%	76%	84%	67%
3.4 Did you have any problems with loss of property?	15%	16%	15%	15%
3.4 Did you have any housing problems?	19%	22%	19%	16%
3.4 Did you have any problems contacting employers?	7%	5%	7%	7%
3.4 Did you have any problems contacting family?	45%	33%	45%	27%
3.4 Did you have any problems ensuring dependants were being looked after?	5%	3%	5%	3%
3.4 Did you have any money worries?	30%	24%	30%	21%
3.4 Did you have any problems with feeling depressed or suicidal?	30%	23%	30%	22%
3.4 Did you have any physical health problems?	17%	18%	17%	17%
3.4 Did you have any mental health problems?	36%	23%	36%	18%
3.4 Did you have any problems with needing protection from other prisoners?	12%	8%	12%	7%
3.4 Did you have problems accessing phone numbers?	37%	31%	37%	28%

Main comparator and comparator to last time

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For those with problems:				
3.5 Did you receive any help/ support from staff in dealing with these problems?	27%	31%	27%	46%
When you first arrived here, were you offered any of the following:				
3.6 Tobacco?	80%	79%	80%	84%
3.6 A shower?	55%	28%	55%	67%
3.6 A free telephone call?	36%	55%	36%	49%
3.6 Something to eat?	71%	71%	71%	80%
3.6 PIN phone credit?	47%	52%	47%	76%
3.6 Toiletries/ basic items?	61%	57%	61%	79%
SECTION 3: Reception, first night and induction continued				
When you first arrived here did you have access to the following people:				
3.7 The chaplain or a religious leader?	35%	46%	35%	53%
3.7 Someone from health services?	64%	67%	64%	72%
3.7 A Listener/Samaritans?	14%	32%	14%	41%
3.7 Prison shop/ canteen?	22%	21%	22%	29%
When you first arrived here were you offered information about any of the following:				
3.8 What was going to happen to you?	34%	41%	34%	52%
3.8 Support was available for people feeling depressed or suicidal?	25%	37%	25%	41%
3.8 How to make routine requests?	26%	35%	26%	45%
3.8 Your entitlement to visits?	23%	34%	23%	41%
3.8 Health services?	34%	44%	34%	48%
3.8 The chaplaincy?	28%	40%	28%	45%
3.9 Did you feel safe on your first night here?	65%	71%	65%	78%
3.10 Have you been on an induction course?	54%	74%	54%	72%
For those who have been on an induction course:				
3.11 Did the course cover everything you needed to know about the prison?	36%	50%	36%	59%
3.12 Did you receive an education (skills for life) assessment?	69%	73%	69%	79%
SECTION 4: Legal rights and respectful custody				
In terms of your legal rights, is it easy/very easy to:				
4.1 Communicate with your solicitor or legal representative?	26%	37%	26%	40%
4.1 Attend legal visits?	44%	51%	44%	58%
4.1 Get bail information?	12%	18%	12%	24%
4.2 Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	42%	44%	36%
4.3 Can you get legal books in the library?	29%	35%	29%	33%
For the wing/unit you are currently on:				
4.4 Are you normally offered enough clean, suitable clothes for the week?	44%	50%	44%	64%
4.4 Are you normally able to have a shower every day?	83%	73%	83%	96%
4.4 Do you normally receive clean sheets every week?	48%	69%	48%	89%
4.4 Do you normally get cell cleaning materials every week?	33%	53%	33%	50%
4.4 Is your cell call bell normally answered within five minutes?	15%	27%	15%	23%
4.4 Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	52%	57%	52%	63%
4.4 Can you normally get your stored property, if you need to?	19%	20%	19%	23%
4.5 Is the food in this prison good/very good?	15%	21%	15%	15%
4.6 Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	47%	41%	47%
4.7 Are you able to speak to a Listener at any time, if you want to?	50%	52%	50%	67%
4.8 Are your religious beliefs are respected?	47%	49%	47%	59%
4.9 Are you able to speak to a religious leader of your faith in private if you want to?	48%	50%	48%	52%
4.10 Is it easy/very easy to attend religious services?	40%	44%	40%	46%

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	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	70%	72%	70%	84%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	39%	49%	39%	72%
5.2	Do you feel applications are dealt with quickly (within seven days)?	21%	34%	21%	48%
5.3	Is it easy to make a complaint?	51%	49%	51%	48%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	22%	29%	22%	37%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	14%	25%	14%	37%
5.5	Have you ever been prevented from making a complaint when you wanted to?	25%	21%	25%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	13%	18%	13%	18%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	41%	37%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	40%	40%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	9%	9%	9%	6%
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?	36%	36%	36%	34%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	68%	73%	68%	73%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	64%	67%	64%	75%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	21%	27%	21%	29%
7.4	Do staff normally speak to you most of the time/all of the time during association?	15%	17%	15%	19%
7.5	Do you have a personal officer?	21%	35%	21%	43%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	73%	67%	73%	68%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	59%	44%	59%	32%
8.2	Do you feel unsafe now?	31%	20%	31%	10%
8.4	Have you been victimised by other prisoners here?	42%	31%	42%	21%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	15%	13%	15%	11%
8.5	Hit, kicked or assaulted you?	15%	9%	15%	6%
8.5	Sexually abused you?	2%	2%	2%	2%
8.5	Threatened or intimidated you?	26%	17%	26%	12%
8.5	Taken your canteen/property?	14%	8%	14%	5%
8.5	Victimised you because of medication?	8%	6%	8%	4%
8.5	Victimised you because of debt?	7%	4%	7%	2%
8.5	Victimised you because of drugs?	6%	4%	6%	5%
8.5	Victimised you because of your race or ethnic origin?	5%	4%	5%	1%
8.5	Victimised you because of your religion/religious beliefs?	3%	3%	3%	1%
8.5	Victimised you because of your nationality?	5%	3%	5%	1%
8.5	Victimised you because you were from a different part of the country?	2%	4%	2%	2%
8.5	Victimised you because you are from a Traveller community?	1%	2%	1%	0%
8.5	Victimised you because of your sexual orientation?	2%	1%	2%	0%
8.5	Victimised you because of your age?	4%	3%	4%	1%
8.5	Victimised you because you have a disability?	7%	4%	7%	3%
8.5	Victimised you because you were new here?	7%	7%	7%	5%
8.5	Victimised you because of your offence/crime?	6%	6%	6%	6%
8.5	Victimised you because of gang related issues?	9%	5%	9%	6%

Main comparator and comparator to last time

Key to tables

	HMP Leeds 2015	Local prisons comparator	HMP Leeds 2015	HMP Leeds 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				
SECTION 8: Safety continued				
8.6 Have you been victimised by staff here?	43%	32%	43%	27%
Since you have been here, have staff:				
8.7 Made insulting remarks about you, your family or friends?	14%	12%	14%	10%
8.7 Hit, kicked or assaulted you?	11%	6%	11%	5%
8.7 Sexually abused you?	2%	1%	2%	0%
8.7 Threatened or intimidated you?	17%	13%	17%	10%
8.7 Victimised you because of medication?	5%	5%	5%	3%
8.7 Victimised you because of debt?	3%	2%	3%	1%
8.7 Victimised you because of drugs?	4%	3%	4%	3%
8.7 Victimised you because of your race or ethnic origin?	3%	4%	3%	3%
8.7 Victimised you because of your religion/religious beliefs?	2%	4%	2%	3%
8.7 Victimised you because of your nationality?	2%	3%	2%	2%
8.7 Victimised you because you were from a different part of the country?	2%	3%	2%	3%
8.7 Victimised you because you are from a Traveller community?	1%	2%	1%	0%
8.7 Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.7 Victimised you because of your age?	2%	3%	2%	1%
8.7 Victimised you because you have a disability?	5%	3%	5%	3%
8.7 Victimised you because you were new here?	5%	5%	5%	5%
8.7 Victimised you because of your offence/crime?	5%	4%	5%	4%
8.7 Victimised you because of gang related issues?	4%	3%	4%	3%
For those who have been victimised by staff or other prisoners:				
8.8 Did you report any victimisation that you have experienced?	38%	34%	38%	30%
SECTION 9: Health services				
9.1 Is it easy/very easy to see the doctor?	19%	21%	19%	23%
9.1 Is it easy/very easy to see the nurse?	36%	43%	36%	51%
9.1 Is it easy/very easy to see the dentist?	6%	9%	6%	9%
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?	39%	41%	39%	46%
9.2 The nurse?	53%	51%	53%	63%
9.2 The dentist?	22%	30%	22%	32%
9.3 The overall quality of health services?	35%	36%	35%	41%
9.4 Are you currently taking medication?	57%	51%	57%	49%
For those currently taking medication:				
9.5 Are you allowed to keep possession of some or all of your medication in your own cell?	56%	58%	56%	64%
9.6 Do you have any emotional well being or mental health problems?	55%	39%	55%	29%
For those who have problems:				
9.7 Are you being helped or supported by anyone in this prison?	50%	43%	50%	41%
SECTION 10: Drugs and alcohol				
10.1 Did you have a problem with drugs when you came into this prison?	34%	32%	34%	27%
10.2 Did you have a problem with alcohol when you came into this prison?	24%	21%	24%	18%
10.3 Is it easy/very easy to get illegal drugs in this prison?	52%	36%	52%	27%
10.4 Is it easy/very easy to get alcohol in this prison?	21%	17%	21%	7%
10.5 Have you developed a problem with drugs since you have been in this prison?	14%	9%	14%	7%
10.6 Have you developed a problem with diverted medication since you have been in this prison?	13%	8%	13%	6%
For those with drug or alcohol problems:				
10.7 Have you received any support or help with your drug problem while in this prison?	52%	57%	52%	67%
10.8 Have you received any support or help with your alcohol problem while in this prison?	37%	55%	37%	73%
For those who have received help or support with their drug or alcohol problem:				
10.9 Was the support helpful?	66%	78%	66%	84%

Main comparator and comparator to last time

Key to tables

	HMP Leeds 2015	Local prisons comparator	HMP Leeds 2015	HMP Leeds 2013
Any percentage highlighted in green is significantly better				
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Percentages which are not highlighted show there is no significant difference				
SECTION 11: Activities				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	36%	30%	36%	43%
11.1 Vocational or skills training?	25%	28%	25%	39%
11.1 Education (including basic skills)?	41%	43%	41%	51%
11.1 Offending behaviour programmes?	12%	17%	12%	16%
Are you currently involved in any of the following activities:				
11.2 A prison job?	50%	42%	50%	49%
11.2 Vocational or skills training?	6%	9%	6%	11%
11.2 Education (including basic skills)?	25%	23%	25%	22%
11.2 Offending behaviour programmes?	5%	7%	5%	4%
11.3 Have you had a job while in this prison?	79%	67%	79%	67%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	37%	39%	37%	33%
11.3 Have you been involved in vocational or skills training while in this prison?	62%	55%	62%	52%
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?	37%	44%	37%	53%
11.3 Have you been involved in education while in this prison?	72%	65%	72%	58%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	49%	50%	49%	53%
11.3 Have you been involved in offending behaviour programmes while in this prison?	57%	52%	57%	36%
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?	30%	40%	30%	35%
11.4 Do you go to the library at least once a week?	31%	28%	31%	35%
11.5 Does the library have a wide enough range of materials to meet your needs?	32%	31%	32%	32%
11.6 Do you go to the gym three or more times a week?	19%	25%	19%	23%
11.7 Do you go outside for exercise three or more times a week?	35%	40%	35%	29%
11.8 Do you go on association more than five times each week?	44%	42%	44%	67%
11.9 Do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	10%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	30%	31%	30%	30%
12.2 Have you had any problems with sending or receiving mail?	46%	49%	46%	39%
12.3 Have you had any problems getting access to the telephones?	31%	34%	31%	22%
12.4 Is it easy/ very easy for your friends and family to get here?	36%	36%	36%	44%
SECTION 13: Preparation for release				
For those who are sentenced:				
13.1 Do you have a named offender manager (home probation officer) in the probation service?	69%	60%	69%	64%
For those who are sentenced what type of contact have you had with your offender manager:				
13.2 No contact?	49%	42%	49%	46%
13.2 Contact by letter?	33%	29%	33%	31%
13.2 Contact by phone?	11%	13%	11%	5%
13.2 Contact by visit?	27%	36%	27%	31%
13.3 Do you have a named offender supervisor in this prison?	26%	29%	26%	43%
For those who are sentenced:				
13.4 Do you have a sentence plan?	17%	34%	17%	33%
For those with a sentence plan:				
13.5 Were you involved/very involved in the development of your plan?	43%	57%	43%	45%
Who is working with you to achieve your sentence plan targets:				
13.6 Nobody?	50%	45%	50%	50%
13.6 Offender supervisor?	40%	32%	40%	35%
13.6 Offender manager?	15%	27%	15%	23%

Main comparator and comparator to last time

Key to tables

		HMP Leeds 2015	Local prisons comparator	HMP Leeds 2015	HMP Leeds 2013
	Any percentage highlighted in green is significantly better				
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	Percentages which are not highlighted show there is no significant difference				
13.6	Named/ personal officer?	0%	11%	0%	3%
13.6	Staff from other departments?	0%	18%	0%	10%
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	32%	54%	32%	37%
13.8	Are there plans for you to achieve any of your targets in another prison?	19%	27%	19%	32%
13.9	Are there plans for you to achieve any of your targets in the community?	31%	32%	31%	37%
13.10	Do you have a needs based custody plan?	5%	7%	5%	3%
13.11	Do you feel that any member of staff has helped you to prepare for release?	10%	11%	10%	11%
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	35%	26%	35%	33%
13.12	Accommodation?	41%	32%	41%	48%
13.12	Benefits?	37%	35%	37%	48%
13.12	Finances?	27%	21%	27%	25%
13.12	Education?	31%	27%	31%	29%
13.12	Drugs and alcohol?	39%	40%	39%	49%
	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?	33%	45%	33%	46%

Diversity analysis



Key question responses (ethnicity and religion) HMP Leeds 2015

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		50	127	35	139
1.3	Are you sentenced?	66%	69%	67%	67%
1.5	Are you a foreign national?	20%	6%	15%	7%
1.6	Do you understand spoken English?	84%	100%	88%	98%
1.7	Do you understand written English?	83%	98%	85%	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.)			89%	13%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	6%	3%	4%
1.1	Are you Muslim?	63%	3%		
1.12	Do you consider yourself to have a disability?	16%	31%	20%	29%
1.13	Are you a veteran (ex-armed services)?	4%	5%	3%	5%
1.14	Is this your first time in prison?	43%	24%	34%	25%
2.6	Were you treated well/very well by the escort staff?	76%	63%	74%	65%
2.7	Before you arrived here were you told that you were coming here?	54%	65%	63%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	82%	79%	79%
3.3	Were you treated well/very well in reception?	64%	59%	63%	60%
3.4	Did you have any problems when you first arrived?	90%	80%	89%	83%
3.7	Did you have access to someone from health care when you first arrived here?	52%	67%	57%	67%
3.9	Did you feel safe on your first night here?	57%	70%	49%	71%
3.10	Have you been on an induction course?	58%	53%	51%	54%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	24%	28%	16%	30%
4.4	Are you normally offered enough clean, suitable clothes for the week?	44%	46%	50%	43%
4.4	Are you normally able to have a shower every day?	86%	81%	94%	81%
4.4	Is your cell call bell normally answered within five minutes?	18%	15%	18%	14%

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				
4.5	Is the food in this prison good/very good?	20%	13%	15%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	33%	46%	34%	43%
4.7	Are you able to speak to a Listener at any time, if you want to?	40%	53%	42%	50%
4.8	Do you feel your religious beliefs are respected?	67%	40%	70%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	51%	48%	61%	45%
5.1	Is it easy to make an application?	52%	76%	52%	74%
5.3	Is it easy to make a complaint?	34%	56%	41%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	33%	39%	44%	37%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	37%	59%	36%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	10%	6%	11%
7.1	Do most staff, in this prison, treat you with respect?	69%	69%	67%	67%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	64%	62%	64%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	15%	15%	14%
7.4	Do you have a personal officer?	24%	19%	21%	19%
8.1	Have you ever felt unsafe here?	64%	56%	74%	54%
8.2	Do you feel unsafe now?	38%	26%	41%	26%
8.3	Have you been victimised by other prisoners?	44%	39%	53%	37%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	21%	27%	24%	24%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	3%	6%	5%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	2%	3%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	1%	3%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	6%	7%	9%	5%
8.6	Have you been victimised by a member of staff?	49%	38%	49%	42%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	14%	21%	16%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	1%	6%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	1%	3%	1%
8.7	Have you been victimised because of your nationality? (By staff)	4%	0%	0%	1%
8.7	Have you been victimised because you have a disability? (By staff)	9%	3%	12%	2%
9.1	Is it easy/very easy to see the doctor?	19%	19%	27%	18%
9.1	Is it easy/ very easy to see the nurse?	35%	37%	37%	36%
9.4	Are you currently taking medication?	52%	60%	58%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	48%	56%	47%	57%
10.3	Is it easy/very easy to get illegal drugs in this prison?	42%	56%	44%	56%
11.2	Are you currently working in the prison?	41%	53%	41%	50%
11.2	Are you currently undertaking vocational or skills training?	11%	3%	6%	5%
11.2	Are you currently in education (including basic skills)?	39%	18%	35%	21%
11.2	Are you currently taking part in an offending behaviour programme?	4%	4%	0%	6%
11.4	Do you go to the library at least once a week?	30%	30%	27%	30%
11.6	Do you go to the gym three or more times a week?	17%	19%	25%	16%
11.7	Do you go outside for exercise three or more times a week?	38%	34%	39%	36%
11.8	On average, do you go on association more than five times each week?	47%	43%	44%	44%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	8%	7%	9%	8%
12.2	Have you had any problems sending or receiving mail?	34%	50%	35%	50%
12.3	Have you had any problems getting access to the telephones?	22%	34%	25%	33%

Diversity Analysis



Key question responses (disability) HMP Leeds 2015

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		51	129
1.3	Are you sentenced?	70%	66%
1.5	Are you a foreign national?	8%	10%
1.6	Do you understand spoken English?	100%	94%
1.7	Do you understand written English?	94%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	17%	33%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	6%	3%
1.1	Are you Muslim?	15%	22%
1.13	Are you a veteran (ex-armed services)?	10%	3%
1.14	Is this your first time in prison?	24%	32%
2.6	Were you treated well/very well by the escort staff?	67%	68%
2.7	Before you arrived here were you told that you were coming here?	49%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	80%	78%
3.3	Were you treated well/very well in reception?	61%	59%
3.4	Did you have any problems when you first arrived?	92%	80%
3.7	Did you have access to someone from health care when you first arrived here?	65%	63%
3.9	Did you feel safe on your first night here?	61%	68%
3.10	Have you been on an induction course?	49%	56%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	34%	24%
4.4	Are you normally offered enough clean, suitable clothes for the week?	45%	45%
4.4	Are you normally able to have a shower every day?	82%	83%
4.4	Is your cell call bell normally answered within five minutes?	25%	12%
4.5	Is the food in this prison good/very good?	16%	15%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	49%	39%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	46%
4.8	Do you feel your religious beliefs are respected?	56%	43%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	47%
5.1	Is it easy to make an application?	71%	68%
5.3	Is it easy to make a complaint?	58%	48%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	36%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	45%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	9%
7.1	Do most staff, in this prison, treat you with respect?	69%	68%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	63%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	27%	11%
7.4	Do you have a personal officer?	26%	19%
8.1	Have you ever felt unsafe here?	67%	55%
8.2	Do you feel unsafe now?	35%	27%
8.3	Have you been victimised by other prisoners?	61%	35%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	42%	20%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	2%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	9%	3%
8.5	Have you been victimised because of your age? (By prisoners)	13%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	24%	1%
8.6	Have you been victimised by a member of staff?	41%	44%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	18%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%
8.7	Have you been victimised because of your nationality? (By staff)	2%	2%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.7	Have you been victimised because of your age? (By staff)	7%	1%
8.7	Have you been victimised because you have a disability? (By staff)	11%	3%
9.1	Is it easy/very easy to see the doctor?	17%	19%
9.1	Is it easy/ very easy to see the nurse?	36%	36%
9.4	Are you currently taking medication?	77%	49%
9.6	Do you feel you have any emotional well being/mental health issues?	85%	41%
10.3	Is it easy/very easy to get illegal drugs in this prison?	54%	51%
11.2	Are you currently working in the prison?	51%	50%
11.2	Are you currently undertaking vocational or skills training?	12%	4%
11.2	Are you currently in education (including basic skills)?	29%	23%
11.2	Are you currently taking part in an offending behaviour programme?	5%	5%
11.4	Do you go to the library at least once a week?	30%	29%
11.6	Do you go to the gym three or more times a week?	12%	21%
11.7	Do you go outside for exercise three or more times a week?	32%	38%
11.8	On average, do you go on association more than five times each week?	42%	44%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	2%	9%
12.2	Have you had any problems sending or receiving mail?	35%	49%
12.3	Have you had any problems getting access to the telephones?	34%	30%



Prisoner survey responses HMP Leeds 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

		A Wing	All other wings
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		28	149
SECTION 1: General information			
1.2	Are you under 21 years of age?	3%	1%
1.3	Are you sentenced?	81%	63%
1.3	Are you on recall?	15%	13%
1.4	Is your sentence less than 12 months?	4%	22%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	1%
1.5	Are you a foreign national?	19%	8%
1.6	Do you understand spoken English?	82%	98%
1.7	Do you understand written English?	82%	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.)	37%	27%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	4%	5%
1.1	Are you Muslim?	36%	18%
1.11	Are you homosexual/gay or bisexual?	12%	2%
1.12	Do you consider yourself to have a disability?	26%	28%
1.13	Are you a veteran (ex-armed services)?	7%	5%
1.14	Is this your first time in prison?	70%	22%
1.15	Do you have any children under the age of 18?	52%	60%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	7%	24%
2.5	Did you feel safe?	65%	69%
2.6	Were you treated well/very well by the escort staff?	70%	67%
2.7	Before you arrived here were you told that you were coming here?	44%	63%
2.8	When you first arrived here did your property arrive at the same time as you?	77%	79%
SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	33%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	70%	78%
3.3	Were you treated well/very well in reception?	54%	60%
When you first arrived:			
3.4	Did you have any problems?	82%	84%
3.4	Did you have any problems with loss of property?	7%	16%
3.4	Did you have any housing problems?	19%	19%
3.4	Did you have any problems contacting employers?	0%	9%

Key to tables

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3.4	Did you have any problems contacting family?	52%	44%
3.4	Did you have any problems ensuring dependants were being looked after?	11%	4%
3.4	Did you have any money worries?	26%	32%
3.4	Did you have any problems with feeling depressed or suicidal?	37%	28%
3.4	Did you have any physical health problems?	22%	17%
3.4	Did you have any mental health problems?	15%	40%
3.4	Did you have any problems with needing protection from other prisoners?	22%	8%
3.4	Did you have problems accessing phone numbers?	37%	37%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	57%	86%
3.6	A shower?	29%	60%
3.6	A free telephone call?	14%	42%
3.6	Something to eat?	46%	75%
3.6	PIN phone credit?	7%	55%
3.6	Toiletries/ basic items?	29%	67%
	SECTION 3: Reception, first night and induction continued		
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	11%	39%
3.7	Someone from health services?	48%	68%
3.7	A Listener/Samaritans?	7%	16%
3.7	Prison shop/ canteen?	22%	23%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	31%	34%
3.8	Support was available for people feeling depressed or suicidal?	7%	29%
3.8	How to make routine requests?	7%	29%
3.8	Your entitlement to visits?	12%	25%
3.8	Health services?	19%	36%
3.8	The chaplaincy?	12%	30%
3.9	Did you feel safe on your first night here?	48%	69%
3.10	Have you been on an induction course?	44%	57%
3.12	Did you receive an education (skills for life) assessment?	78%	66%
	SECTION 4: Legal rights and respectful custody		
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	20%	26%
4.1	Attend legal visits?	35%	45%
4.1	Get bail information?	9%	10%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	43%
4.3	Can you get legal books in the library?	29%	27%

Key to tables

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	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	46%	42%
4.4	Are you normally able to have a shower every day?	85%	83%
4.4	Do you normally receive clean sheets every week?	74%	42%
4.4	Do you normally get cell cleaning materials every week?	48%	28%
4.4	Is your cell call bell normally answered within five minutes?	15%	15%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	48%
4.4	Can you normally get your stored property, if you need to?	27%	18%
4.5	Is the food in this prison good/very good?	14%	16%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	41%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	48%
4.8	Are your religious beliefs are respected?	54%	46%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	49%
4.10	Is it easy/very easy to attend religious services?	44%	39%
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	68%	70%
5.3	Is it easy to make a complaint?	46%	51%
5.5	Have you ever been prevented from making a complaint when you wanted to?	17%	27%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	19%	11%
SECTION 6: Incentive and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	33%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	38%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	11%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	79%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	61%	65%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	25%	20%
7.4	Do staff normally speak to you most of the time/all of the time during association?	19%	13%
7.5	Do you have a personal officer?	26%	18%
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	68%	58%
8.2	Do you feel unsafe now?	41%	30%
8.4	Have you been victimised by other prisoners here?	59%	39%

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	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	26%	12%
8.5	Hit, kicked or assaulted you?	19%	13%
8.5	Sexually abused you?	4%	1%
8.5	Threatened or intimidated you?	30%	25%
8.5	Taken your canteen/property?	11%	13%
8.5	Victimised you because of medication?	4%	9%
8.5	Victimised you because of debt?	4%	7%
8.5	Victimised you because of drugs?	4%	6%
8.5	Victimised you because of your race or ethnic origin?	4%	4%
8.5	Victimised you because of your religion/religious beliefs?	0%	3%
8.5	Victimised you because of your nationality?	4%	5%
8.5	Victimised you because you were from a different part of the country?	0%	3%
8.5	Victimised you because you are from a traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	7%	1%
8.5	Victimised you because of your age?	11%	3%
8.5	Victimised you because you have a disability?	7%	7%
8.5	Victimised you because you were new here?	7%	7%
8.5	Victimised you because of your offence/crime?	26%	3%
8.5	Victimised you because of gang related issues?	11%	9%
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	41%	44%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	11%	15%
8.7	Hit, kicked or assaulted you?	7%	12%
8.7	Sexually abused you?	4%	2%
8.7	Threatened or intimidated you?	11%	17%
8.7	Victimised you because of medication?	0%	5%
8.7	Victimised you because of debt?	4%	2%
8.7	Victimised you because of drugs?	0%	4%
8.7	Victimised you because of your race or ethnic origin?	0%	4%
8.7	Victimised you because of your religion/religious beliefs?	0%	2%
8.7	Victimised you because of your nationality?	0%	2%
8.7	Victimised you because you were from a different part of the country?	0%	2%

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	Percentages which are not highlighted show there is no significant difference		
8.7	Victimised you because you are from a traveller community?	4%	1%
8.7	Victimised you because of your sexual orientation?	0%	1%
8.7	Victimised you because of your age?	4%	2%
8.7	Victimised you because you have a disability?	4%	5%
8.7	Victimised you because you were new here?	4%	6%
8.7	Victimised you because of your offence/crime?	19%	1%
8.7	Victimised you because of gang related issues?	7%	4%
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	14%	19%
9.1	Is it easy/very easy to see the nurse?	35%	35%
9.1	Is it easy/very easy to see the dentist?	7%	6%
9.4	Are you currently taking medication?	50%	57%
9.6	Do you have any emotional well being or mental health problems?	48%	56%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	12%	39%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	27%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	57%
10.4	Is it easy/very easy to get alcohol in this prison?	0%	25%
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	15%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	0%	16%
SECTION 11: Activities			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	64%	31%
11.1	Vocational or skills training?	39%	23%
11.1	Education (including basic skills)?	37%	41%
11.1	Offending Behaviour Programmes?	8%	13%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	63%	47%
11.2	Vocational or skills training?	13%	6%
11.2	Education (including basic skills)?	17%	26%
11.2	Offending Behaviour Programmes?	4%	6%
11.4	Do you go to the library at least once a week?	37%	29%
11.5	Does the library have a wide enough range of materials to meet your needs?	40%	28%
11.6	Do you go to the gym three or more times a week?	20%	18%
11.7	Do you go outside for exercise three or more times a week?	19%	39%
11.8	Do you go on association more than five times each week?	52%	43%
11.9	Do you spend ten or more hours out of your cell on a weekday?	7%	7%

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	Percentages which are not highlighted show there is no significant difference		
SECTION 12: Friends and family			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	36%	27%
12.2	Have you had any problems with sending or receiving mail?	50%	45%
12.3	Have you had any problems getting access to the telephones?	50%	28%
12.4	Is it easy/ very easy for your friends and family to get here?	52%	32%
SECTION 13: Preparation for release			
13.3	Do you have a named offender supervisor in this prison?	39%	25%
13.10	Do you have a needs based custody plan?	0%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	7%	10%