

Report on an unannounced inspection of

HMP Leicester

by HM Chief Inspector of Prisons

8–19 January 2018

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Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	19
Section 2. Respect	27
Section 3. Purposeful activity	41
Section 4. Rehabilitation and release planning	49
Section 5. Summary of recommendations and good practice	55
Section 6. Appendices	59
Appendix I: Inspection team	59
Appendix II: Progress on recommendations from the last report	61
Appendix III: Care Quality Commission Requirement Notice	69
Appendix IV: Prison population profile	71
Appendix V: Prisoner survey methodology and results	75

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.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

HMP Leicester is a small and ageing city centre local prison that first opened in 1828. The prison held 308 prisoners at the time of our inspection – about 100 more than it was designed for. Most prisoners lived on one main wing. We last inspected the prison in 2015 when we were highly critical of what was then a deteriorating establishment failing to ensure outcomes were sufficiently good in any of our tests of a healthy prison. It is therefore pleasing to report that our findings at this inspection evidenced significant improvement across many areas, despite ongoing challenges both operationally and environmentally.

In 2015 we reported on a prison we considered unsafe. It remained the case that Leicester was still not safe enough, but it is right to acknowledge that the governor and his staff were showing considerable determination in trying to make the situation better. Good first night support, vital in dealing with what was a generally short-term and transient population, was available but let down by weak induction arrangements. Recorded violence had fluctuated considerably since our last inspection but remained high and had risen further in 2017. About a fifth of violent incidents were judged to be serious and increased assaults against staff were an added concern. Other relevant indicators such as use of force, use of segregation and use of special accommodation similarly remained high, and management supervision of these needed to be much better.

The wings were, however, much calmer and staff evidenced much greater confidence and control in their supervision of prisoners than we had seen previously. Our survey of prisoners indicated that their perception of their own safety was now more in line with our findings at similar prisons, which was an improvement, and it was certainly the case that the prison was doing some good work to usefully analyse incidents of violence and implement new initiatives. This work, however, had yet to result in sustained improvement in actual outcomes for prisoners.

Security staff understood the main threats to the prison and the flows of intelligence were good. Drugs and psychoactive substances remained a threat to the stability of the prison, although again there was some initiative shown in trying to address this. The issues of drug supply, violence reduction and oversight of use of force are all the subject of main recommendations following this inspection.

Tragically, there had been three self-inflicted deaths since our last inspection. Although self-harm had reduced, it remained higher than at other similar prisons. Again, however, it seemed to us that the prison was doing a lot of work to improve the situation. The Prison and Probation Ombudsman's (PPO) investigation recommendations had been implemented, there was a drive to improve the sometimes inconsistent case management of those in crisis, and governance overall was improving. Prisoners in crisis indicated to us that they felt supported by staff.

Leicester had become a more respectful prison. Staff were far more visible and relationships we observed were more confident, friendly and supportive. Consultation arrangements with prisoners were well embedded and we saw the approach of staff now as one of the prison's strengths. The prison was much cleaner than it had been, although there was no avoiding the implications of living in an environment that dates from the 1820s. Overcrowding was prevalent but some refurbishment had been undertaken and more was planned. Access to amenities was reasonable, mitigating some of the negative aspects of the environment. Some very good, if fairly new, work had begun to promote equality with a useful action plan to drive further improvement. Prisoners from minority groups generally reported similarly to others concerning their experience of treatment and conditions at the prison. Health care, like other aspects of the prison, was improving.

Time out of cell and access to association was limited but daily routines were now at least predictable, and we found far fewer prisoners locked in cell during the working day. Despite some quite limited access to the library and gym, the prison was providing a very impressive range of

creative activities to support the personal development of individuals. The provision of learning and skills activity was judged to be 'good' by our partners from Ofsted. There were an adequate number of activity places with a good emphasis on maths and English and good external links and partnerships to support learning and resettlement.

The prison had developed a new and well thought through reducing reoffending strategy supported by a useful needs analysis. There were some evident weaknesses in the quality of offender management work. For example, not all prisoners had an offender assessment system (OASys) assessment before transfer, but there was, nevertheless, some effective coordination between offender managers and resettlement workers, and prisoner contact with offender supervisors had improved overall. Public protection work with higher-risk prisoners due for release, however, needed to be better. The work of the community rehabilitation company (CRC) in supporting resettlement remained strong. The visits provision had improved considerably, with some impressive design work done in partnership with a local university to improve the visits environment.

The theme of this inspection, and the word we repeatedly return to, is improvement. Leicester is one of the country's oldest operational prisons and its limitations are not easily overcome. That said, the prison was now well led by a capable governor. The management team were energetic and were dealing with the priorities. Improved staff confidence was clearly evident. Work had been undertaken on a broad front to resolve issues or put in place practical plans and initiatives which should be the basis for further progress. Assessments across all four of our healthy prison tests had improved and outcomes for those held were now at least reasonable in three of these tests. The governor and his staff should be congratulated for the progress they have achieved.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

March 2018

Fact page

Task of the establishment

HMP Leicester is a local prison, supporting the courts of the city and county of Leicester. It also has a resettlement function.

Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 308

Certified normal capacity: 214

Operational capacity: 411

Notable features from this inspection

HMP Leicester is a small prison, with two-thirds of the population living on one main wing. This has four landings, including some specialist units, such as the segregation unit, which are below ground level.

Being a local prison, most stays were very short. A third of the population had been at the establishment for less than a month and 86% had been there less than six months.

Prison status (public or private) and key providers

Public

Physical health provider: Leicestershire Partnership NHS Trust

Mental health provider: Leicestershire Partnership NHS Trust

Substance misuse provider: Turning Point

Learning and skills provider: Milton Keynes College

Community rehabilitation company (CRC): Derbyshire, Leicestershire, Nottinghamshire and Rutland

Community Rehabilitation Company, owned by Reducing Reoffending Partnership

Escort contractor: GEOAmev

Region/Department

Midlands

Brief history

The prison opened in 1828. The main residential area was completed in 1874, and in 1990 a new visits and administration block was created.

Short description of residential units

There is one main wing, consisting of four landings. The lower level of the main wing holds the Welford unit, for those convicted of sex offences and other vulnerable individuals; the Lambert unit, which is used to reintegrate prisoners back into the main prison; and a small segregation unit. In addition, there are two discrete units – the first night centre and a unit which used to be the Road 2 Recovery (R2R) unit.

Name of governor and date in post

Phil Novis, 20 February 2016

Independent Monitoring Board chair

Kevin Moody

Date of last inspection

28 September – 9 October 2015

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.

Rehabilitation and release planning Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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 Her Majesty's Prison and Probation Service (HMPPS).

- **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
 - **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 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous 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 and conditions for men in prisons (Version 5, 2017)*.¹ 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 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 the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

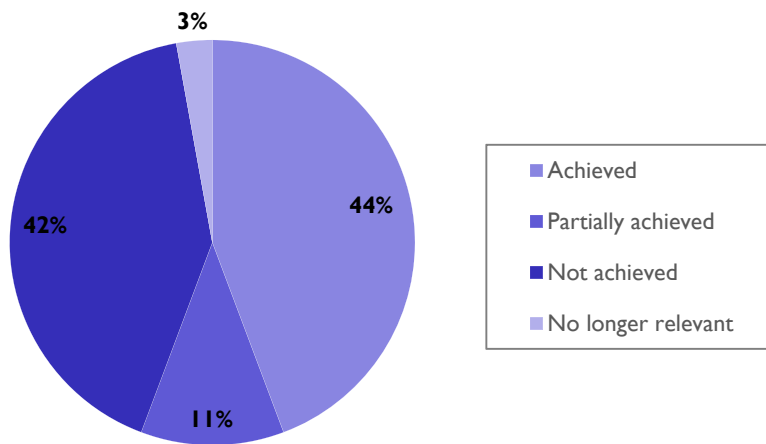
¹ <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Summary

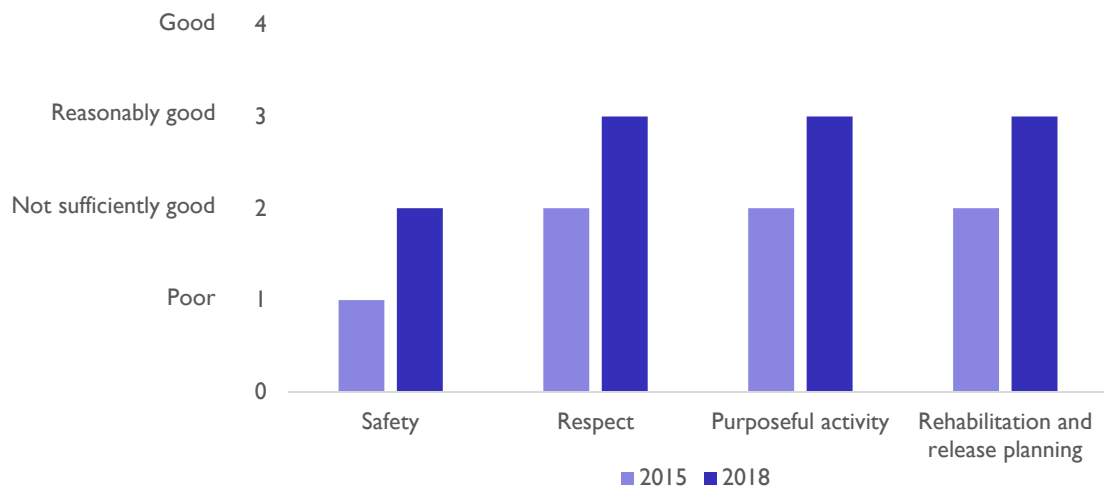
- S1 We last inspected HMP Leicester in 2015 and made 70 recommendations overall. The prison fully accepted 55 of the recommendations and partially (or subject to resources) accepted six. It rejected nine of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 31 of those recommendations, partially achieved eight recommendations and not achieved 29 recommendations. Two recommendations were no longer relevant.

Figure 1: HMP Leicester progress on recommendations from last inspection (n=70)



- S3 Since our last inspection outcomes for prisoners improved in all healthy prison areas. Outcomes were generally reasonably good in each healthy prison area, except for safety where outcomes were not sufficiently good.

Figure 2: HMP Leicester healthy prison outcomes 2015 and 2018



Safety

S4 *First night support was reasonably good but induction was weak. The number of recorded violent incidents was very high, and the level of assaults on staff was a particular concern. The prison was proactive in attempting to address this. The use of force and special accommodation was exceptionally high and governance too weak. Conditions in the segregation unit had improved a little. Drugs remained easily accessible and efforts to reduce supply had not yet been sufficiently effective. Since the previous inspection, there had been three self-inflicted deaths. The levels of self-harm had reduced slightly but remained high. There was clear evidence that the prison was responding to lessons learnt but the quality of assessment, care in custody and teamwork (ACCT) documentation was variable. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S5 *At the last inspection in 2015 we found that outcomes for prisoners in Leicester were poor against this healthy prison test. We made 20 recommendations in the area of safety.³ At this inspection we found that eight of the recommendations had been achieved, two had been partially achieved, eight had not been achieved and two were no longer relevant.*

S6 Most prisoners travelled short distances to and from nearby courts and regional prisons. Video-link was used extensively. Reception was generally clean but the fabric of the area was poor, especially the flooring. Holding rooms were bare and austere. However, creative plans to remodel the environment were well developed. Reception processes were thorough and efficient, with timely access to health services staff, which meant that prisoners moved swiftly to the first night centre.

S7 First night cells were clean and adequately prepared. Staff and prisoner peer workers were welcoming, which helped new arrivals to settle in. Safety interviews were undertaken in private and focused on self-harm and prisoner well-being. Regular additional welfare checks were undertaken during the first 24 hours for prisoners new to custody. The induction programme was weak and prisoners often moved off the first night centre before completing even the basic elements.

S8 The number of recorded violent incidents was higher than at the time of the previous inspection. Since the previous inspection, levels of violence had fluctuated and we could not see any clear trends or themes. While they had stabilised during 2016, and even decreased, they rose dramatically again in the latter half of 2017. About 20% of recent assaults had been serious, and the increase in the number of assaults against staff was particularly concerning.

S9 Landings on the main wings felt calmer, and staff were more visible and had better control of prisoners than at the time of the previous inspection. Feelings of safety among prisoners were now in line with those at other local prisons. All violent incidents were now recorded and investigated promptly.

S10 Local analysis of violence and antisocial behaviour was now impressive. The violence reduction strategy was up to date and reflected local challenges. The monitoring of victims and perpetrators was developing and there was reasonably good support for the two prisoners who were self-isolating. The Lambert unit aimed to tackle violent behaviour but it was very new and was not yet providing the necessary rehabilitative work.

³ This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

- S11 The incentives and earned privileges (IEP) scheme was ineffective. Although almost all of those on the basic level were there as a result of the prison's firm commitment to tackling any acts of violence, the scheme was not being used to challenge continued poor behaviour. The large number of adjudications reflected the level of challenging behaviour around the prison but we found that a large proportion could have been dealt with through more effective use of the IEP scheme.
- S12 It was clear that the prison had had to manage some difficult behaviour, and the level of use of force was very high. Data analysis was good but governance was not sufficiently robust. Most of the paperwork following the use of force was incomplete but the recordings of planned interventions that we viewed demonstrated a professional approach from staff.
- S13 The use of special accommodation was exceptionally high and some prisoners were held in those conditions for long periods, often overnight. There was limited analysis or governance, and the prison could not assure us that its use and the length of stay were always justified.
- S14 The use of segregation had increased, and was high. Oversight was weak. Conditions on the segregation unit had improved but were still too poor. Staff on the unit managed prisoners well, and individual care plans were good and up to date.
- S15 Security staff understood the main threats facing the prison, which included access to drugs and the levels of violence. The supervision of prisoners had improved but there were some clear failings in perimeter and procedural security. The flow of intelligence from around the prison was good but there were insufficient resources to act on it all. For example, few requested searches and hardly any drug suspicion tests had been completed in the previous six months.
- S16 All indicators showed that new psychoactive drugs (NPS; these generally refer to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices) were readily available, and in our survey over half of respondents said that illicit drugs were easy to get hold of. This continued to affect the stability of the prison but there were some good initiatives to raise awareness about NPS among staff and prisoners. The average random mandatory drug testing positive rate was 18.8%, which was far higher than the target. A drug supply reduction strategy was now in place, and some good work was being done to address demand, but efforts to reduce the supply of drugs were not effective enough.
- S17 Since the previous inspection, there had been three self-inflicted deaths in custody. Actions from the one published Prisons and Probation Ombudsman report were monitored monthly and some early learning points from the most recent deaths had been implemented. The number of incidents of self-harm had reduced but remained much higher than at similar prisons, although a relatively small number of prisoners accounted for a large number of incidents. Overall governance of suicide and self-harm prevention had improved and there was clear evidence of a drive to improve the quality of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm. However, the quality of ACCT documentation remained far too variable. Some dossiers had been completed to a high standard, but we were concerned that in at least two cases the ACCT had been closed without actions in the care map being completed. Reviews were not sufficiently multidisciplinary, care maps were not always updated or amended, and night observations were too brief and predictable.
- S18 There was no local safeguarding adults policy, and little awareness among wing staff about the potential risks or procedures to refer to adult safeguarding services.

Respect

- S19** *Staff–prisoner relationships were a strength, and staff were now more confident in challenging and dealing with prisoners’ poor behaviour. The prison was cleaner overall but further improvement and refurbishment were required. Access to basic amenities had improved. The quality of both the food provided and the prison shop list were reasonably good but meals continued to be served far too early. The application system was much better than previously, and responses to complaints were good. Equality work was developing and faith provision was good. Health services had improved but there was insufficient provision for low-level mental health problems, despite high demand. Substance misuse services were good. **Outcomes for prisoners were reasonably good against this healthy prison test.***
- S20** *At the last inspection in 2015, we found that outcomes for prisoners in Leicester were not sufficiently good against this healthy prison test. We made 26 recommendations in the area of respect. At this inspection we found that 11 of the recommendations had been achieved, one had been partially achieved and 14 had not been achieved.*
- S21** Staff–prisoner relationships were a strength across the prison. In our survey, two-thirds of prisoners said that staff treated them respectfully and most said that they had a member of staff they could turn to for help. Staff were much more confident, and far more visible on the wings. We saw friendly and supportive interactions throughout the inspection, and staff challenge of poor behaviour had improved.
- S22** The prison was cleaner overall, but many residential units needed major refurbishment and some communal areas remained grubby. Cells designed for one held two and the conditions in many were inadequate, and some were very cold. A refurbishment programme had started recently, including the provision of basic furniture. Some cells still did not have screening around the shared toilet. Access to showers was excellent, but although funding for refurbishments had been secured, existing communal bathrooms were often dirty and lacked privacy. Access to prison-issue clothing and bedding had improved and was now good.
- S23** While the quality of the food provided was reasonably good, meals continued to be served too early and breakfast packs remained inadequate. There was an increased choice of items on the prison shop list, and over half of the respondents to our survey said that it sold a wide enough range of goods.
- S24** Consultation through prisoner council meetings was well embedded and action was taken to resolve issues raised. The new applications system was robust, responses were timely and data analysis was good. Most responses to complaints were polite and addressed the issues raised. Quality assurance checks were good.
- S25** The legal visits suite was of a good standard, with sufficient rooms, but there was no bail information officer.
- S26** The strategic management of equality and diversity was very much in its infancy, but an impressive action plan was now in place. A dedicated equality officer had been appointed to drive forward improvements. A quarterly equality action team meeting took place and the prison had started to collate data. However, local analysis of outcomes for the range of protected characteristics was still limited. Prisoner equality representatives were well supported. Discrimination incident report forms were freely available, and investigations and responses were appropriate, but there was no external scrutiny. Prisoners with protected characteristics reported similarly to other groups of prisoners about their treatment and conditions, which was an improvement since the previous inspection. There was only one

support forum, and there was a lack of access to community-based agencies, which limited consultation and support. Prisoners with serious physical disabilities tended to be transferred to other prisons more able to facilitate their mobility and ensure equitable access to provision but others staying at Leicester received reasonable support, including a 'buddy' scheme which provided peer support aimed at helping those with disabilities manage some basic tasks, such as collecting meals. Chaplaincy provision was good, providing a range of positive pastoral activities.

- S27 Health care services had improved and there were effective links with the rest of the prison. Opportunities for patient feedback to influence the service were too limited; only the dentist sought patient views. An appropriate range of primary care services met patient need, but not all clinical rooms met infection control standards.
- S28 No prisoners required social care support at the time of the inspection. The formal agreement between the provider and the local authority was not yet ratified.
- S29 Ongoing support and interventions for prisoners with low-level mental health needs were inadequate, despite high demand. Those with severe and enduring mental illness were now supported by regular clinics with psychiatrists.
- S30 Substance misuse provision was good and met prisoner need.
- S31 Medication queues were not sufficiently confidential. The management of medication was effective. Dental provision was good but too many appointments were missed.

Purposeful activity

S32 *There was insufficient time out of cell, but the regime ran predictably. Far fewer prisoners were locked up during the core day. The range of creative activities was impressive. Far fewer prisoners attended the library than at the time of the previous inspection, and the gym was in a poor condition. Ofsted rated education, skills and work activities as good overall, which was an improvement since the previous inspection. The number and range of activity places were adequate, allocation was effective overall and attendance rates were appropriate for the type of prison. The quality of teaching was generally good. Most prisoners behaved well in activities and there were some high success rates, but the recording of achievement in non-accredited work required improvement. **Outcomes for prisoners were reasonably good against this healthy prison test.***

S33 *At the last inspection in 2015, we found that outcomes for prisoners in Leicester were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of purposeful activity. At this inspection we found that seven of the recommendations had been achieved, three had been partially achieved and two had not been achieved.*

S34 The prison regime was clearly advertised on the wings, and delivered reliably. We found approximately 21% of prisoners locked in their cell during the core day, which was a considerable improvement on the figure estimated at the previous inspection (50%). The amount of time out of cell for those not involved in purposeful activity was too limited, at about 2.5 hours a day during the week. Prisoners were locked up after collecting their evening meal, and also if they chose not to go outside on exercise, which further limited their time out of cell. Association was not available during the week.

- S35 Despite open access, far fewer prisoners attended the library than at the time of the previous inspection. The gym was in a poor state of repair but a wide range of activities was provided, to diverse groups.
- S36 There was an excellent range of creative activities to support personal development and rehabilitation.
- S37 Ofsted rated education, skills and work activities as good overall, which was an improvement since the previous inspection. The number and range of purposeful activity places were adequate for a local prison. English and mathematics skills were rightly given a high priority. Allocation to activities was effective overall, and waiting lists were short and appropriately managed. The prison had a wide range of external partnerships to support learning and skills. Pay rates and differentials were fair and reflected the demands of the activities. Attendance rates were appropriate. However, vulnerable prisoners left education classes early to attend PE sessions.
- S38 The community rehabilitation company (CRC) had developed strong and effective internal and external working links to support prisoners' resettlement.
- S39 Induction to learning and skills was good. The quality of teaching, learning, assessment and coaching was generally good. Prisoners with learning difficulties received good support.
- S40 Prisoners received good feedback in most lessons. Tutors provided them with effective techniques to help them to improve their spelling and mathematics calculation skills. In a few sessions, learning targets lacked detail. Tutors did not always accurately record prisoners' achievements and the skills that they developed. Most prisoners behaved well.
- S41 The commercial textile workshop was a good resource but was not fully operational at the time of the inspection, which hindered the development of employability skills.
- S42 There were high success rates on most courses. The standard of most prisoners' work was appropriate. Most learners who received additional support achieved their full qualification or qualification units. A minority of prisoners made slower progress than expected. The identification and recording of prisoners' achievement in work required improvement.

Rehabilitation and release planning

S43 *Visits provision had improved considerably and there was now a well-designed visits hall. The strategic management of resettlement provision was improving. Offender management had improved overall but was too reactive, and contact was inconsistent. Too many prisoners were transferred without an offender assessment system (OASys) assessment or sentence plan. Delays in releasing prisoners on home detention curfew were being addressed. Public protection arrangements in preparation for release needed further improvements. Categorisation work was up to date. The community rehabilitation company provision was strong, and preparation for release was good, but the number of prisoners released without sustainable accommodation was not monitored.*
Outcomes for prisoners were reasonably good against this healthy prison test.

S44 *At the last inspection in 2015, we found that outcomes for prisoners in Leicester were not sufficiently good against this healthy prison test. We made 12 recommendations in the area of resettlement.⁴ At this inspection we found that five of the recommendations had been achieved, two had been partially achieved and five had not been achieved.*

S45 Facilities for social visits had improved considerably. There was a well-designed and refurbished visits hall, with good refreshments provision and a large play area for children. Visitors could book visits easily and said that they were treated respectfully by staff.

S46 Family visits linked to a parenting course helped prisoners to develop good relationships with their children. A recently appointed family worker provided valuable support for prisoners in maintaining contact with children.

S47 The strategic management of reducing reoffending was improving, with a new strategy and well-attended meetings that provided better oversight. A recent needs analysis provided useful information underpinning the reasonably good action plan, although the specific needs of the different types of prisoners held had not been sufficiently well analysed.

S48 The CRC was well established and worked effectively within the offender management unit (OMU). Offender management had improved overall. There were more probation officers in post than at the time of the previous inspection, to manage higher-risk cases. Prison officer offender supervisors were redeployed to operational duties far too often, which hindered their ability to manage their caseloads proactively. Contact was largely reactive, and in some cases there were long gaps without contact. The quality of OASys assessments was reasonable but some sentence plans were too vague.

S49 Home detention curfew assessment processes had recently improved but some prisoners were still released late.

S50 Prisoners generally moved on to other prisons promptly but too many were transferred without an OASys assessment or sentence plan. Few prisoners had been at the establishment for more than a year. In these cases, this was usually for legitimate reasons related to Parole Board or court appearances, but transfer for some was more difficult, particularly those convicted of sex offences.

S51 Public protection work had improved but the interdepartmental risk management team was not fully effective. While it provided oversight of the application of mail and telephone

⁴ This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

monitoring, it did not review high-risk prisoners due for release. Information exchange with offender managers was not proactive enough to ensure that robust release plans were in place, including a review of the multi-agency public protection arrangements (MAPPA) management level where relevant.

- S52 Initial categorisation and recategorisation reviews were timely, and decisions were defensible.
- S53 The range of interventions aimed at changing attitudes, thinking and behaviour was appropriate for those serving short sentences.
- S54 CRC caseworkers provided help with immediate financial and accommodation needs, such as sustaining tenancies. Advice on more complex financial problems was available from a specialist worker, who also delivered a money management course and could arrange bank accounts for prisoners. The specialist accommodation adviser had access to a wide range of providers and links with community support; however, the number of prisoners released homeless or without sustainable accommodation was not monitored.
- S55 CRC caseworkers met all prisoners, including those on remand, to prepare a resettlement plan on arrival and make referrals to specialists as appropriate. The achievement of targets was reviewed before release, and steps were taken to ensure that work was completed.

Main concerns and recommendations

- S56 Concern: The number of assaults, particularly against staff, was very high. Levels of violence had fluctuated since the previous inspection. Following a surge in violence in the latter half of 2017, levels had yet to stabilise and were higher than at the time of the previous inspection. While the analysis of incidents had improved considerably, we were concerned that the action taken was not yet reducing the level of violence.

Recommendation: The prison should use their local data analysis to develop and prioritise a clear set of actions to reduce levels of violence.

- S57 Concern: The levels of use of force and the use of special accommodation had increased considerably and were now very high. Governance arrangements were weak.

Recommendation: Governance of the use of force and the use of special accommodation should provide regular and robust oversight and accountability, with the aim of reducing both aspects.

- S58 Concern: Illicit drugs were easily accessible.

Recommendation: Drug supply reduction should be prioritised, so that managers can act routinely on intelligence and ensure that requested searching and drug testing are completed as intended.

- S59 Concern: Living conditions were poor overall. Communal areas were grubby and most showers were still waiting to be refurbished. Some cells were cold and some were not equipped well enough, including the lack of screening for the in-cell toilet.

Recommendation: The programme of refurbishment and improvements to communal facilities and cells should be continued, to ensure that living conditions are of an acceptable standard.

Section 1. Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- I.1 Most prisoners travelled relatively short distances to and from nearby courts or other prisons. The escort vans we checked were clean and well equipped but there were large amounts of graffiti in some cubicles. Prisoners arrived from court throughout the afternoon and mostly disembarked quickly. Documentation checks were thorough and we were satisfied that all key information was included in the handover process. The video-link facility was well utilised, where possible, to reduce the number of escorts to court and undertake interviews with probation staff and solicitors.
- I.2 Reception staff were welcoming, and peer workers also played a key role in greeting new arrivals and preparing them for prison life. Administrative processes and reception health screens were completed quickly, enabling swift transfer to the first night centre. This was reflected in our survey, in which most prisoners said that they had spent less than two hours in reception. Searching processes were proportionate, and those transferring from other prisons were only strip-searched if there was supporting intelligence.
- I.3 There were advanced, creative plans to refurbish the reception area, but at the time of the inspection it was in a poor state of repair, although reasonably clean. Flooring was poor and holding rooms were bare and austere, with little useful information available. The holding room for vulnerable prisoners was particularly poor, comprising a small room with a toilet and a small bench.
- I.4 Reception staff issued a small amount of prison clothing and bedding, some of which was old and worn, although it could be exchanged quickly once prisoners arrived on the first night centre.
- I.5 Cells on the first night centre were clean and well prepared by orderlies. New arrivals had an immediate safety interview with wing staff, which took place in private and focused on self-harm and prisoner well-being. This was followed by a discussion with one of the peer mentors, who explained what would happen over the next 48 hours. All new arrivals had access to showers and were afforded a free telephone call to inform relatives of their arrival. Following the move to a smoke-free prison, all new prisoners were offered a nicotine replacement pack on arrival, the cost of which was recovered over time.
- I.6 We were impressed at the additional welfare checks undertaken routinely during the first 24 hours for prisoners new to custody as it provided a good focus on their safety during this risky time period, but we considered that they should have been extended to include all new receptions, subject to assessment.
- I.7 There was no formal induction programme beyond the basic early information given by the peer mentors. New prisoners undertook an education assessment on the morning after arrival but then typically moved onto the main wing that same day, owing to the pressure on

the small number of spaces on the first night centre. They received no further input about prison routines and what was available to them. The prison was aware of the lack of a proper induction and the benefits of a longer stay on the first night centre, to enable those at risk of suicide and self-harm to be monitored during the early days in custody (see section on suicide and self-harm prevention). There were plans to relocate the unit to a larger location in the coming months, to enable prisoners to stay longer before moving to another unit.

Recommendations

- I.8 The reception area should be improved, to provide a more welcoming and comfortable experience for those arriving at the prison.**
- I.9 All arrivals new should undergo a full and formal induction that provides them with information on how to access regime activities and services.**

Good practice

- I.10** *Additional welfare checks were undertaken routinely during the first 24 hours for prisoners new to custody.*

Managing behaviour

Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- I.11** At the time of the inspection, the number of recorded violent incidents was higher than at other local prisons, and substantially higher, across all indicators, than at the time of the previous inspection, particularly for assaults on staff, which was particularly concerning. About 20% of all recent assaults had been serious. In the previous six months, there had been 56 assaults on prisoners, 28 fights and 73 assaults on staff (see main recommendation S56).
- I.12** Since the previous inspection, levels of violence had fluctuated and we could not see any clear trends or themes. Levels of violence had stabilised during 2016, and even decreased, but then rose dramatically again in the summer of 2017. Levels had not yet stabilised, with a further, recent surge in November 2017 (see main recommendation S56). Managers attributed this rise to a combination of the smoking ban, an influx of younger prisoners from HMP Glen Parva and the influence of new psychoactive drugs (NPS; these generally refer to synthetic cannabinoids, a growing number of man-made mind-altering chemicals that are either sprayed on dried, shredded plant material or paper so they can be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes and other devices).
- I.13** All violent incidents were now recorded and investigated promptly. The prison had worked hard to develop its own bespoke monitoring database rather than relying on the national system. This was up to date and enabled much more thorough analysis of violence and anti-social behaviour in order to more clearly understand what was happening, where and why.

- I.14** Despite the high levels of violence, the main landings felt calmer, staff were more visible and prisoners were better controlled by staff than at the time of the previous inspection. In our survey, 54% of prisoners said that they had felt unsafe at the establishment at some time, and 24% that they currently felt unsafe; these results were now in line with those at other local prisons and similar to our findings at the time of the previous inspection.
- I.15** The prison now had a clear strategy for responding to and tackling acts of violence. This had been updated after the recent increase in violence, and reflected local challenges. However, the action plan was underdeveloped and did not fully exploit the wealth of local data analysis and staff knowledge, to develop some measurable, realistic targets for violence reduction.
- I.16** There had been some monitoring of victims and perpetrators but this was not yet fully effective and did not challenge all perpetrators. The prison had identified two prisoners who were self-isolating, both of whom received reasonably good support and had care plans.
- I.17** Most violence was dealt with using the adjudication system. Despite some well-developed plans, there were not yet any interventions for perpetrators. The restrictions of having just one main wing gave staff few options for relocating them. The Lambert unit, a small residential area for 11 prisoners, had opened recently. Although it was intended for violent prisoners, who were taken there from the main wing to work on their problematic behaviour, at the time of the inspection most of the residents had come from the segregation unit (see also paragraph I.31). There was a limited regime on the unit, providing some time out of cell, but no rehabilitative work was yet in place. However, unit staff had just attended Timewise Toolkit training (a new cognitive skills toolkit promoting rehabilitative conversations in order to reduce prison violence and promote conflict resolution). There was clear ambition to implement this intervention on the Lambert unit and then roll it out across the rest of the prison.
- I.18** At the time of the inspection, approximately 75% of the population were on the standard level of the incentives and earned privileges (IEP) scheme and around 16% on the enhanced level. The scheme was about to be relaunched as it was currently ineffective as a behaviour management tool. Few prisoners had the opportunity to advance to the highest level, and most prisoners and staff we spoke to told us that there was little benefit in doing so.
- I.19** Almost all of the 32 prisoners on the basic level of the scheme were there as a result of the prison's firm commitment to tackling any acts of violence, rather than because of patterns of behaviour. The large number of adjudications (see paragraph I.22) reflected the level of challenging behaviour around the prison but we found that a large proportion could have been dealt with through more effective use of the IEP scheme.

Recommendation

- I.20** **The incentives and earned privileges scheme should be relaunched, encourage good behaviour and be applied consistently, in accordance with the published policy.**

Good practice

- I.21** *The safer custody team had developed a comprehensive database to enable them to analyse violence locally rather than relying on centrally developed systems. The database enabled them to analyse data in far more detail, providing a better insight into what was happening, where and why.*

Adjudications

- I.22** The number of adjudications was far higher than elsewhere. This reflected the high levels of antisocial behaviour at the prison. Adjudication liaison officers tried to ensure that the laying of formal charges was appropriate, but there remained too many examples that could have been dealt with using the IEP scheme. At our last inspection 449 adjudications were incomplete. This time we only found 60 which were incomplete pending a hearing. Most of these were awaiting legal advice.
- I.23** Managerial oversight had improved and there was regular quality assurance. Around 10% of adjudications were checked by the governor, with feedback shared across adjudicators. The quarterly standardisation meeting reviewed tariffs and monitored trends across the prison.

Use of force

- I.24** It was clear that the prison had had to manage some difficult behaviour, and the level of use of force was very high, at 316 uses in the previous six months, which was far higher than that at the time of the previous inspection, and than at other local prisons. About 80% of uses of force were spontaneous, and two-thirds involved the use of control and restraint techniques.
- I.25** Monthly data analysis was good, although it did not explore how often different members of staff used force, and governance was not sufficiently robust. The use of force committee was poorly attended, and there had been insufficient analysis of the large rise in the number of uses of force (see main recommendation S57).
- I.26** The initial logging of incidents was thorough, but 90% of the dossiers we looked at were incomplete. Staff were starting to use body-worn video cameras. The recordings of planned interventions that we viewed were complete, showed good evidence of debriefs, and overall demonstrated a professional approach from staff.
- I.27** The use of special accommodation had risen substantially and was exceptionally high, with 36 uses in the in the previous six months, compared with six uses in the first half of 2017. Although the rise coincided with an increase in the number of violent incidents over the summer of 2017 (see also section on encouraging positive behaviour), levels of use were still extremely high. Some prisoners were held in these conditions for long periods, a third of them overnight and in several cases for up to 24 or even 48 hours. There was limited analysis or governance and the prison could not assure us that the use of special accommodation and the lengths of stay were always justified (see main recommendation S57).

Segregation

- I.28** The use of segregation had increased, and was high. There had been 111 uses in the previous six months, which was far higher than in the equivalent period before the previous inspection. In the previous six months, the longest stay had been about three months. Quarterly segregation data analysis was too basic and, although segregation was discussed in other meetings, there was no dedicated monitoring group.
- I.29** The unit tended to be full at most times. Conditions had improved a little but were still too poor. Some repair work had been carried out since the previous inspection but cells were still cold and some furniture was missing. The exercise yard was bleak and small. There were few books and no activities available but prisoners had radios. Meals were brought down from the main servery.

- I.30** Staff on the unit managed prisoners well. All of the prisoners had individual care plans, which were good, up to date and reflected consistent levels of contact (see also paragraph 2.77). During the most recent six-month monitoring period, 16 prisoners had been segregated while subject to assessment, care in custody and teamwork (ACCT) case management monitoring, but we were satisfied that these decisions had been properly authorised. However, daily visits from health services staff were often not recorded.
- I.31** Less than half of prisoners leaving segregation returned to the main prison wing. In the previous six months, about a quarter had moved along the corridor, to neighbouring subterranean cells. For most of 2017, this subterranean area had served no clear purpose and had largely been used to hold more refractory prisoners away from the main wing. Within the last two months, these cells had become the Lambert unit (see also paragraph I.17). Governance of these procedures had not been sufficiently robust, and oversight of segregation was too weak.

Recommendation

- I.32** **There should be regular, robust and multidisciplinary monitoring of segregation.**

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- I.33** Security staff understood the main threats facing the prison, which included access to drugs and the levels of violence. The flow of intelligence from around the prison was good, had increased since the previous inspection and was better than at other local prisons. A total of 2,849 intelligence reports had been submitted in the previous six months and were processed efficiently by two security analysts. Monthly security objectives were communicated through the prison's daily briefing.
- I.34** Although staff had consistently made finds across the previous six months, and there had been two lockdown searches of the prison in 2017, there were insufficient resources to act on all of the intelligence received. In the previous six months, only 27% of requested searches and only 5% of drug suspicion tests had been completed. Although staff corruption was a serious concern, managers were similarly limited in their ability to conduct regular staff searches.
- I.35** The control and supervision of prisoners had improved since the previous inspection, as a dedicated member of staff now monitored prisoner movements throughout the day. However, there were some clear failings in perimeter and procedural security. Gates were often left unlocked, and plans to cover an exercise yard close to the prison wall, to prevent throw-overs, had been outstanding for around 18 months.
- I.36** There was a positive working relationship with the local police and good monitoring of threats relating to extremism and organised crime.
- I.37** All indicators showed that drugs, particularly NPS (see also paragraph I.12), were readily available in the prison. In our survey, 52% of respondents said that illicit drugs were easy to get hold of. The average random mandatory drug testing (MDT) positive rate was 18.8%,

which was much higher than the prison's key performance target (9.5%), and than at the time of the previous inspection. When NPS were included, the rate was higher still, averaging 27.5% in the six months to November 2017. The health services team was called out to an average of about 30 NPS incidents a month (see main recommendation S58). The MDT suite was shabby and lacked a decent environment for providing a sample.

- I.38** A drug supply reduction strategy had been restarted in the spring of 2017 and meetings were well attended. NPS had affected the stability of the prison but there were some effective initiatives to raise awareness about its effects among staff and prisoners. Some good work was being done by Turning Point (the substance use service) to address demand (see section on substance misuse treatment) but efforts to reduce the supply of drugs were not effective enough (see main recommendation S58). Closed visits were used proportionately, and only when prisoners attempted to pass drugs.

Recommendation

- I.39** The mandatory drug testing suite should provide a decent environment.

Safeguarding

Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide.

Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- I.40** Since the previous inspection, there had been three self-inflicted deaths in custody, two of which had taken place shortly before the inspection. An action plan had been developed in response to the one Prisons and Probation Ombudsman (PPO) report published so far. This was reviewed each month, along with some early learning points from the most recent PPO investigations.
- I.41** The number of acts of self-harm had reduced since the previous inspection but remained far higher than that seen at similar prisons. A few particularly troubled prisoners accounted for a large proportion of incidents. Some of these had been waiting for extended periods for places in secure mental health units (see paragraph 2.81 and recommendation 2.83).
- I.42** Overall, governance of suicide and self-harm prevention had improved considerably. A good deal of investigation into the causes and demographics of self-harm incidents had been undertaken. This had identified some shortfalls in early days provision, and these were being addressed (see paragraph 1.7). Safer custody meetings were well attended and regularly reviewed a wealth of information to identify trends. Information to staff about prisoners who were subject to ACCT procedures was well publicised and included a visual 'heatmap' of activity. Quality assurance checks by managers had been introduced but some open ACCTs had been missed.
- I.43** The safer custody team had links to other key departments, such as the mental health team, which was an improvement since the previous inspection.

- I.44** The number of ACCT documents opened had increased and was very high, at 190 in the previous six months. Despite a clear drive to improve the ACCT support process, we found the overall quality of ACCT documentation to be too varied. A few documents were of an excellent standard but in too many cases, reviews were not sufficiently multidisciplinary, care plans were weak or missing, and night observations were too brief and took place with predictable frequency and timing. We were particularly concerned that on at least two occasions ACCT monitoring had ended without care map actions being completed.
- I.45** Prisoners told us that they generally felt supported by staff when subject to ACCT processes, and understood that they could talk to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) at any time. The team of seven Listeners provided a good service for prisoners in crisis. They felt well supported by the prison and the local Samaritans group, who visited weekly. There was good provision for constant supervision, and this had taken place six times in the previous six months. The Listeners suite was clean and comfortable.

Recommendation

- I.46** **Managers should ensure that assessment, care in custody and teamwork (ACCT) care maps reflect the safety concerns identified at the assessment interview, and that all care map actions are completed before ACCT monitoring is ended.**

Protection of adults at risk⁵

- I.47** There was no adult safeguarding policy nor any general understanding of adult safeguarding issues among staff. There was no manager responsible for this area and no training for staff. No one from the prison attended the local safeguarding adults board. Officers on the landings told us that they would submit an intelligence report or refer to the violence reduction coordinator for consideration of vulnerable prisoner status if they thought that someone was at risk of being abused, but there were no formal processes in place.

Recommendation

- I.48** **Adult safeguarding procedures should be introduced, and the prison should engage with the local safeguarding adults board.**

⁵ Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Section 2. Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes:

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

- 2.1 Staff–prisoner relationships were a strength across the prison. In our survey, 66% of prisoners said that staff treated them respectfully, which was similar to the percentage at other local prisons, and at the time of the previous inspection. Most prisoners said that they had a member of staff they could turn to for help.
- 2.2 Staff were far more visible on the wings than at the previous inspection and we observed regular patrols of landings. Good communication between landing staff ensured that additional observations of prisoners needing extra support were maintained during busy periods.
- 2.3 We observed a much more confident staff group than at the previous inspection, and saw many friendly, helpful and supportive interactions. We also observed good challenge of low-level poor behaviour, which had been missing at the previous inspection. During an incident on the wing, we watched a confident member of staff managing a violent incident well; they were not intimidated and took quick and effective measures to deal with it. There was an almost immediate return to normal routine after this incident, which demonstrated prisoners' confidence in staff's ability to manage the wing.
- 2.4 The personal officer scheme had recently been relaunched. A comprehensive document laid out what was required of staff and how they were to maintain contact with prisoners. A drive to increase the frequency and quality of electronic case notes was beginning to take effect. Most records we checked contained regular entries but these were not enough detail to provide a clear picture of a prisoner's behaviour.

Daily life

Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 2.5 Living conditions required further improvement. Cells designed for one held two, and many were shabby and cold. In response to prisoners' complaints about cells being cold, the prison had provided some heaters, but we found examples of individuals having to wait several days to receive these. Many cells contained poor and damaged furniture and not all had lockable cabinets (see main recommendation S59). A cell refurbishment programme had started

recently, including the provision of basic furniture, but this was still in its early stages. Some cells still lacked screening around toilets.

- 2.6** Although the prison was cleaner overall, some communal areas remained grubby. Funding had been secured to refurbish the showers but bathroom floors and communal toilets were still dirty and many lacked sufficient screening from the main landing (see main recommendation S59). However, in our survey more respondents than at the time of the previous inspection said that they could shower daily (81% versus 55%). Sixty-six per cent of prisoners said that they could access cleaning materials, which was far more than at similar prisons.
- 2.7** There were sufficient telephones available on all wings but prisoners were not out of their cell to use them in the evenings unless they made a request (see also paragraph 3.4).
- 2.8** Kit exchange arrangements had much improved. Prisoners could exchange kit on a rota system. In our survey, far more prisoners than at the time of the previous inspection said that they could get enough clean clothes (46% versus 29%) and clean sheets (66% versus 36%) every week. Prisoners who were on remand or on the enhanced level of the incentives and earned privileges scheme could wear their own clothes, but there were no facilities for them to launder their own clothes. These prisoners could exchange dirty for clean clothing during visits.
- 2.9** Stored property was held securely, and prisoners could access it during the week if enough staff were available to facilitate this, but mainly at weekends.

Recommendations

- 2.10 Cells designed for one should not be used to hold two prisoners.** (Repeated recommendation 2.11)
- 2.11 Laundry facilities should be introduced for those prisoners entitled to wear their own clothes.** (Repeated recommendation 2.12)

Residential services

- 2.12** In our survey, 53% of prisoners said that the quality of the food provided was good. A four-week menu cycle offered a wide range of dishes, meeting dietary and religious requirements. The food that we tasted or saw being served was of a reasonable quality and quantity. However, breakfast packs were meagre and were distributed too early on the preceding day. All meals were served too early, especially on Fridays, when lunch was served from 10.45am.
- 2.13** A prisoner food survey was carried out every six months. The response rate was low but changes had been made as a result. A comments book was available at the servery but it was rarely used.
- 2.14** Standards of hygiene in the kitchen and on the servery were good, despite some poor physical conditions in the kitchen. Appropriate attention was paid to the separation of halal and non-halal food in storage, preparation and serving.
- 2.15** Prisoners working in the kitchen and on the servery were trained in hygiene and wore appropriate clothing. Kitchen workers were working towards accredited qualifications beyond basic food hygiene.

- 2.16** In our survey, 42% of respondents said that they had had access to the prison shop in their first few days at the prison, which was considerably better than the 24% comparator. New arrivals could buy a reception pack (a grocery pack which usually contains basic food and drink items such as tea, milk, sugar and sweets) in reception but had to wait up to 10 days to receive their first full prison shop order, which increased the likelihood of debt. However, a second grocery pack was available for purchase during this period, to tide prisoners over, if requested.
- 2.17** The prison shop list had expanded since the previous inspection, and in our survey 54% of respondents said that the shop sold the things they needed. Prisoners' views and preferences were regularly sought. They could also order from a reasonable range of catalogues but were required to pay a 50 pence administration fee on each order.

Recommendations

- 2.18 Lunch should be served after noon and the evening meal after 5pm. Breakfast packs should be improved and given out on the morning they are to be eaten.** (Repeated recommendation 2.99)
- 2.19 New prisoners should be able to buy items from the prison shop within 24 hours of arrival.** (Repeated recommendation 2.104)

Prisoner consultation, applications and redress

- 2.20** Consultation through prisoner council meetings was well embedded, although some meetings were poorly attended. We saw evidence of action being taken when issues were raised. However, in our survey only 12% of prisoners said that they felt they were consulted about daily life and that this resulted in positive changes. Not enough was done to promote the outcomes of prisoner council meetings.
- 2.21** A new and robust system to track applications had been introduced in the previous six months and this had resulted in an increase in the number of applications submitted. Responses were timely, and returned to prisoners in a sealed envelope. The new system allowed for some useful monthly trend analysis, which was shared with senior managers in a monthly report, to identify any ongoing issues.
- 2.22** Complaint forms were readily available on the wings. The number of complaints submitted had increased considerably. They were logged electronically and well tracked to ensure timely responses. There was monthly analysis of any trends, including the subject of complaints, repeat complainants and the areas which attracted most complaints. Complaints relating to protected characteristics were appropriately considered as discrimination incident report forms (DIRFs) (see paragraph 2.29). Most responses were polite and individualised. There were good quality assurance checks, which included written feedback to the responder.
- 2.23** The legal visits suite had eight booths, which afforded privacy, and there were adequate timeslots to meet demand. The holding rooms had been recently redecorated. In our survey, only 20% of prisoners who needed bail information said that they were able to get it. Limited legal advice was available. There was no dedicated bail information officer; some bail information was available from offender supervisors, although the chances of new arrivals seeing one were compromised by low staffing levels (see section on reducing risk, rehabilitation and progression).

Recommendations

- 2.24** Outcomes of prisoner consultation meetings should be routinely publicised and shared with prisoners, to further increase their confidence in the process.
- 2.25** All prisoners should have access to bail information and prisoners who need specialist support should be appropriately signposted. (Repeated recommendation 2.45)

Equality, diversity and faith

Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics⁶ and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

- 2.26** Equality and diversity arrangements were very new, and an equality officer had been appointed to drive forward improvements. There was a strategy document and a comprehensive action plan that included all protected characteristics.
- 2.27** The equality action team (EAT) meeting had previously lapsed but had now restarted, and was appropriately chaired by the governor. This meeting took place quarterly, included prisoner representation and had started to collate equality data. Data collation and analysis by the equality team were in their infancy and there were gaps for some prisoners with protected characteristics.
- 2.28** There were seven prisoner equality representatives, and they spoke highly of the support they received from the equality officer. Although new in post, they were well known to staff and prisoners. They had received some training in the various protected characteristics but did not have job descriptions.
- 2.29** Discrimination incident reporting forms (DIRFs) were freely available to prisoners, and general complaints relating to protected characteristics were converted into DIRFs (see paragraph 2.22). In total, 17 DIRFs had been submitted in the previous six months, a higher number than we typically see at similar prisons. The equality officer investigated all DIRFs, and responses were good and checked by the deputy governor. However, there was no external scrutiny.
- 2.30** Input from community groups, to support prisoners with various protected characteristics, was limited. However, Gypsy, Romany, Traveller Month and Black History Month had both been celebrated recently.

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendation

- 2.31** Data to cover all protected characteristics should be routinely collated and analysed, to ensure that any inequalities are identified and addressed.

Protected characteristics

- 2.32** In our survey, those who self-identified with a protected characteristic generally reported similarly to other prisoners about their treatment and conditions, which was an improvement since the previous inspection.
- 2.33** In our survey, far more black and minority ethnic prisoners than their white counterparts said that they had not experienced victimisation from other prisoners (78% versus 41%). However, the prison did not run any specific forums to support this population and there was no links to community organisations.
- 2.34** There was good provision for Gypsy, Romany, Traveller prisoners. A new forum was in place and they also received support from Leicestershire Gypsy and Traveller Equality (GATE). This work was championed by a member of staff.
- 2.35** There were 38 foreign nationals at the establishment, which was similar to the number at the time of the previous inspection. These prisoners could access a free five-minute telephone call every month, to stay in touch with their family abroad, if they were not receiving social visits. At the time of the inspection, there were four immigration detainees who were being held beyond the end of their sentence. They could see the visiting Home office staff each week but there was no independent immigration advice. The library supported prisoners to do personal research on immigration matters. The prison had identified non-English speakers and allowed cell sharing, where appropriate, for mutual support. There was no forum for foreign nationals. Professional telephone interpreting services were available, and records were kept of their use, but they were not used consistently with all non-English speakers.
- 2.36** The number of prisoners with a disability had decreased. Prisoners with serious physical disabilities tended to be transferred to other prisons more able to facilitate their mobility and ensure equitable access to provision. We found few prisoners with mobility problems and no evidence of prisoners with disabilities not receiving appropriate care. Up-to-date personal emergency evacuation plans were in place for those who needed them, and staff were aware of them. There was one designated cell on the main wing for a wheelchair user, but access was very tight and we were told that prisoners in wheelchairs would actually be located on what used to be the Road 2 Recovery unit, where there was a lift and wider cells. Access around the prison for those with mobility problems was problematic. For example, they could not reach the chapel. There was a 'buddy' scheme, to support prisoners who needed help with daily tasks such as collecting meals, but there was insufficient oversight and supervision (see also paragraph 2.70).
- 2.37** No gay, bisexual or transgender prisoners had officially self-disclosed to the prison, but a few were known to the equality team. Leicester LGBT Centre had visited the prison to raise awareness with staff and prisoners, and this had been well received. However, there was no forum to support this group.
- 2.38** In our survey, far fewer prisoners under the age of 25 than those over the age of 25 said that they were treated respectfully by staff (40% versus 74%). There was no specialist activity or provision for this group, and not enough was being done to understand these negative perceptions and provide support.

- 2.39** The gym held a weekly session specifically for prisoners over the age of 50. The quieter Welford unit held a lot of the older individuals, and offered a more supportive environment. There were no links to community organisations for this group.

Recommendations

- 2.40** **There should be active consultation and support from community organisations for prisoners with each protected characteristic.**
- 2.41** **The buddy scheme should have greater oversight, including job descriptions and supervision.**

Faith and religion

- 2.42** The chaplaincy delivered a good service. All faiths were catered for and all of the key religious festivals were celebrated. In our survey, 86% of those with a religion said that it was easy to attend services, and 71% that they were able to speak to a chaplain in private. Prisoners we spoke to reported good pastoral care. A chaplain saw all new receptions within 24 hours, those on the segregation unit daily and those subject to assessment, care in custody and teamwork (ACCT) monitoring weekly.
- 2.43** The chaplaincy space was functional and included a multi-faith room. In addition to corporate worship, there was a range of different study groups and sessions, including mediation and the opportunity for reflection based around restorative justice.
- 2.44** The chaplaincy was well integrated into prison life. They worked alongside prison managers, to ensure that prisoners were able to attend worship. They were also involved in making proportionate decisions about escorts for prisoners attending family funerals. Faith awareness events had been held for staff, to further support the integration between the prison and chaplaincy team.

Health, well-being and social care

Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 2.45** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. A number of areas have been identified that require improvement, with a subsequent notice issued by the CQC which has been detailed within Appendix III of this report.

⁷ 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>.

Strategy, clinical governance and partnerships

- 2.46** Health care services had improved. Leicestershire Partnership NHS Trust (LPT) provided 24-hour health and social care services. The health services team was well embedded in the prison, and senior health managers attended a wide range of prison-led meetings. Relationships with the wider prison team were positive, which helped to support prisoners with complex needs.
- 2.47** Appropriate contract review and governance meetings took place and addressed all key issues. An up-to-date health needs assessment informed the service, and an action plan was in place to support development.
- 2.48** Prisoner engagement to support service development was very limited. No routine patient satisfaction surveys were undertaken, and there was insufficient health services staff involvement in the prisoner council. Only the dentist regularly obtained service user feedback.
- 2.49** There were some notable gaps in the health services team, as staff had recently left or were working their notice before an imminent change of provider. Agency nurses were being used to cover the vacant registered nursing posts. Agency staff were well integrated into the team, and all the staff we saw were professional, friendly and caring.
- 2.50** An online system was well used to record and manage incidents. In the previous three months, 146 incidents had been recorded and reviewed appropriately. Learning was disseminated through staff meetings, the daily handover meeting and full staff group emails.
- 2.51** Group supervision took place at the weekend. Records from this session demonstrated good reflection on practice and resultant developments in practice.
- 2.52** All patients had a single clinical record. All health care professionals, including the substance misuse service, had access to this and made appropriate entries. Mental health staff also accessed the separate LPT mental health record system, to enable full assessments to be made and to share information with colleagues in the community. Consent to share information was sought on reception and was well documented.
- 2.53** A health-specific applications system was in place, to enable patients to request routine appointments. Prisoners told us that replies to their applications were not always timely and that they did not always know when their appointments had been made. Separate GP sessions for vulnerable prisoners were available, and there was flexibility in the system to enable urgent appointments to be made with both the GP and psychiatrist where necessary. A professional telephone interpreting service was used when patients could not speak English.
- 2.54** Clinical rooms in the health centre were well utilised and clean. Annual infection control audits were completed by the trust and a monthly audit of the top 10 markers for infection control were completed in-house. However, the medical room on the Welford unit did not meet infection control standards.
- 2.55** Emergency equipment was available, checked regularly and well maintained. All staff were trained in intermediate life support.
- 2.56** Prisoners could complain about health services using a confidential, health care-specific process; however, a small minority used the general prison complaints system, which compromised confidentiality and introduced delays. In the previous six months, 70 health care complaints had been submitted, and these had been well managed. The responses we

saw were timely, polite and advised patients on how to escalate their complaint if appropriate.

Recommendations

- 2.57 The health care provider should routinely gather and analyse prisoners' views on health care, to support service development.**
- 2.58 Clinical areas should be fully compliant with current infection control standards** (Repeated recommendation 2.60)

Promoting health and well-being

- 2.59** At the time of the inspection, staff were promoting 'flu jabs and there were appropriate health promotion materials on display in the health centre. However, health promotions were not linked to public health or World Health Organization campaigns. Immunisation and vaccination, blood-borne virus and smoking cessation programmes were in place, and condoms were available. Several other prison departments, such as catering, equality and diversity, and the gym promoted health and well-being but there was no systematic, prison-wide coordination of these activities.

Recommendation

- 2.60 There should be a whole-prison strategic approach to promoting health and well-being.**

Primary care and inpatient services

- 2.61** Prisoners received a primary health screening on reception. The assessments we checked identified individual needs, and onward referrals were made where appropriate. A secondary health screening was being introduced at the time of the inspection. A nurse was allocated to work in reception for the duration of the working day, which ensured that the high number of transfers, discharges and new receptions were all seen appropriately.
- 2.62** In our survey, patients were negative about access to health services. However, the appointments system was effective and an appropriate range of primary care services was available. GP provision was good and waiting times for a routine GP appointment were within five working days. Emergency slots were allocated daily for prisoners needing to see a GP urgently, and there were daily nurse triage clinics for prisoners reporting sick at their work or education place or those with health concerns.
- 2.63** Patients with long-term conditions were identified in their reception screening, and their care was managed by the GP. Nurse-led clinics for such conditions were being introduced at the time of the inspection and required further development.
- 2.64** At the time of the inspection, no patients were receiving palliative care but we were confident that palliative care needs would be identified. While LPT held a policy for end-of-life care, there was no localised pathway to reflect the limitations of the prison environment.
- 2.65** External health care appointments were well managed by the health care administration team, with clinical input when required. Health services staff supported the risk assessment

of prisoners before escort. Two escorts slots were provided each day and there was some flexibility for emergency appointments when required. Prisoners could access external health services within community-equivalent waiting times.

- 2.66** There were effective joint working arrangements with external providers to offer additional services – for example, a hepatitis C nurse attended the prison regularly. LPT also had good working links with specialist services in the trust which provided podiatry and tissue viability clinics. Links had been established with a local hospice but there was no formal pathway for joint working.
- 2.67** All prisoners being discharged were seen by a nurse in reception. They received advice and information about local health care and substance misuse services, and information on how to register with a GP. They were also provided with a reasonable supply of medication to take away with them.

Recommendation

- 2.68 A localised pathway should be developed for patients requiring end-of-life care.**

Social care

- 2.69** Prisoners with social care needs were referred to the local authority by the health services team, and there were good links between the teams. Social care assessments were carried out in a timely manner and referrals were appropriate, although numbers were low. LPT was the recognised provider of social care in cases where the local authority identified needs, but they did not always make referrals when they felt able to provide care immediately. A pathway for referral, assessment and ongoing care arrangements was being redeveloped but a formal agreement between the provider and the local authority had not yet been ratified.
- 2.70** In the previous six months, there had been 12 social care referrals but during the inspection no prisoners were in receipt of a social care package. A number of recent assessments had resulted in referrals to the local occupational therapist. Arrangements for obtaining equipment were adequate but adaptations were not always timely. A ‘buddy’ scheme was in place, underpinned by an excellent training programme, although supervision and monitoring processes were not sufficiently robust (see paragraph 2.36 and recommendation 2.41).

Recommendations

- 2.71 Prisoners with potential social care needs should always be referred to the local authority for a full social care needs assessment.**
- 2.72 Adaptations for those with disabilities should be carried out in a timely manner.**

Mental health care

- 2.73** Referrals to the mental health service were made by the nurse in reception, GPs, Turning Point (the substance use service), prison officers and patients themselves. In the previous three months, 118 referrals had been received.
- 2.74** The prison’s daily briefing and the reception record were checked daily by the mental health lead nurse, to ensure that prisoners with complex needs had been identified. A mental health

pathway had been developed since the previous inspection, but there were no published time frames for referral to triage for assessment and treatment. Referrals were triaged using a template on SystmOne (the electronic clinical record), and patients were allocated appropriately at a weekly nursing team meeting.

- 2.75** The nurse-led integrated mental health team cared for a caseload of 65 patients, with cases allocated based on workload and expertise. The team also comprised a part-time clinical psychologist and two regular consultant psychiatrists, who both provided one clinic a week. Waiting times to see the psychiatrists were reasonable and emergency appointments were available. There was no regular multidisciplinary mental health team meeting.
- 2.76** According to the referral criteria, only patients with moderate to severe mental health issues were allocated to mental health nurses, with more low-level need referred to the GP or a health care support worker for emotional support. However, all mental health nurses appeared to have a mix of patients on their caseload requiring primary and secondary care. The team did not use the care programme approach for patients with severe and enduring mental health needs but had good links with community psychiatric teams where appropriate.
- 2.77** The clinical records we reviewed did not always contain a mental health care plan, or report regular nursing reviews. Mental health patients located on the segregation unit had a care plan to support them while in segregation (see paragraph 1.30), and we saw some good support provided by a health care support worker for a patient with a learning disability. There was an effective system to ensure that mental health patients who missed their medication were followed up quickly.
- 2.78** In our survey, 51% of respondents said that they had mental health problems, but only 27% of these said that they had been helped with these issues at the prison. There was insufficient low-level mental health support available to patients, despite high demand. Too often, the health care support worker was unable to see patients referred for emotional support as they were busy providing cover for more general duties. Cognitive behavioural therapy was unavailable, and there were no groups provided. A wide range of self-help workbooks was available and prisoners could access bereavement counselling via the chaplaincy.
- 2.79** The mental health team worked well with the rest of the prison and was regularly involved in ACCT reviews and prison-led meetings. There were excellent links between Turning Point and the mental health team. Pre-release planning and engagement with community services were satisfactory.
- 2.80** Not all prison officers had received mental health awareness training in the previous 12 months but those we spoke to were positive about the support they had received from the team.
- 2.81** Eight patients had been transferred under the Mental Health Act in the previous six months. Five of these had waited over two weeks for transfer, and the longest wait had been over nine weeks.

Recommendations

- 2.82** Patients with mental health problems should have prompt access to a comprehensive range of care-planned support that meets their identified needs, including one-to-one support, group work and psychologically informed interventions.
- 2.83** Patients requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health time frames.

Substance misuse treatment⁸

- 2.84** Substance misuse services were excellent and provided by Turning Point, working in close partnership with LPT and the prison. A reduction in demand for drugs, harm minimisation, and psychosocial and clinical interventions were integral to the drug strategy.
- 2.85** Inclusion Healthcare (a medical service to the excluded in Leicester) provided GPs to support Turning Point's nurse prescribers. Pharmacy and psychiatry staff worked alongside drug workers, so there was a rich skills mix. Turning Point's governance and clinical record keeping were very good. Patients, including those with complex or dual diagnosis (those with co-existing mental health and substance misuse problems) needs, received high-quality care.
- 2.86** Almost half of the prison population (125) were in psychosocial treatment. Treatments included individual and group approaches of medium and low intensity. We observed personalised therapy, tailored to meet individual needs. The substance misuse unit, known as the Road 2 Recovery unit, was in the process of being relocated but their work was planned to continue.
- 2.87** An average of 55–60 patients had been in clinical treatment at any one time in the six months to the end of November 2017, with around 40% on reducing regimes. In the same period, 40 patients had successfully undertaken alcohol detoxification. Prescribing was in accord with national guidance, and medicines administration was timely, confidential and well supervised.
- 2.88** Peer mentors were available to offer support to prisoners with substance misuse issues. Dear Albert (a community self-help group) visited every two weeks to provide peer support, and enabled 'through-the-gate' assistance, signposting patients to support groups as necessary. Prisoners resident in the Leicester locality benefitted from seamless through-the-gate work, and there was good communication with drug services further afield. Naloxone (an opiate reversal agent) training and supplies were available to leavers, to reduce the likelihood of harm.

Good practice

- 2.89** *The rich mix of staff skills in the Turning Point service and excellent through-the-gate work enabled prisoners to access an unusually well-integrated and responsive pathway of care.*

⁸ In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

Medicines optimisation and pharmacy services

- 2.90** Medicines were supplied in a timely manner by LPT. Medicines management was good, with stock and in-possession medicines separated, medicines stored in original packs, and regular auditing and date checking in place. However, LPT did not have a licence to supply over-labelled medicines (medicines pre-labelled with standard directions for use, with a space for the patient's name and the date). Medicines were stored securely and key security was appropriate. Refrigerator records were appropriately maintained. The supply of controlled drugs was well managed.
- 2.91** Nurses administered medication three times daily, and night-time medicines were taken to prisoners' cells. Prescribing and administration were recorded on SystemOne. The pharmacy technicians supplied in-possession medicines. There was adequate out-of-hours provision. However, the main treatment room provided little confidentiality as other prisoners crowded around while medication was being dispensed.
- 2.92** There were two part-time pharmacists, who reviewed prescribing and undertook medicines use reviews and medicine audits. The pharmacy technicians carried out medicine optimisation. There was a high level of prescribing of gabapentin (an antiepileptic medication) and pregabalin (to treat neuropathic pain) but patients were reviewed at a clinic. Errors and drug alerts were managed effectively.
- 2.93** Approximately 50% of patients received their medicines in-possession, with most receiving a seven-day supply. There was an in-possession policy but it was not followed in its entirety. Assessments of the patient were carried out but only for the highest-risk medicine, and follow-up reviews were informal. There were good procedures for follow-up of non-attendance. Not all patients had a functioning lockable cabinet in their cell (see also paragraph 2.5), which meant that medication could be stolen.
- 2.94** Although nurses could administer a limited range of medication without a prescription, via patient group directions, this was not fully exploited, increasing the demand for GP appointments and prescriptions.
- 2.95** There was a drugs and therapeutics committee, which met regularly, was well attended and discussed key issues.

Recommendations

- 2.96** **Confidentiality should be improved when medication is dispensed from the main treatment room.**
- 2.97** **In-possession reviews should take place regularly and assess both the patient and the medicine.**

Dental services and oral health

- 2.98** Dental services were provided by Time for Teeth, which offered a good service to patients. Patients could access an appropriate range of treatments, equivalent to those in the community. These were delivered in a clean and suitable environment.
- 2.99** Governance arrangements were robust and we saw evidence of regular audits and patient surveys, which informed service delivery. Staff received the appropriate training and support but supervision was not formally documented. Professional development needs were

identified through annual appraisals. Relevant and up-to-date policies and procedures were in place.

- 2.100** In our survey, respondents were very negative about access to the dentist. The waiting time to see a dentist was approximately four weeks at the time of the inspection. However, patients missing appointments through no fault of their own could then wait a further four weeks, which was unacceptable. Non-attendance rates were monitored by both Time for Teeth and the health care provider. Too many appointments were missed, and further joint working was required between the two providers to tackle this.
- 2.101** Emergency appointments were available, to enable prisoners to be seen in the next clinic, and there was access to required medicines following dental procedures. Oral health and disease prevention advice was provided.

Recommendation

- 2.102 Prisoners' access to dentistry should be consistent and clinic lists should be well managed.**

Section 3. Purposeful activity

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

Time out of cell

Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 Although the amount of time out of cell was too limited, the regime was reliable and well advertised on the wings. During our checks, we found approximately 21% of prisoners locked up during the core day, which was considerably better than the figure estimated at the previous inspection (50%).
- 3.2 However, unemployed prisoners could expect to be unlocked for as little as 2.5 hours each day during the week, and only 1.5 hours if they chose not to exercise. Those involved in activity could expect to be unlocked for around seven hours each day. Collection of the evening meal was well managed. However, prisoners not employed in the kitchen or commercial textile workshop were locked up for the night after collecting this – which could be as early as 4.30pm, which was much too early.
- 3.3 We observed few prisoners using the exercise yard during our checks. Despite having some exercise equipment, the yard was unappealing and bleak. There were plans to brighten up this space with murals.
- 3.4 There was no designated association time during the week, either during the day or in the evening. Most prisoners, except those working full time in the kitchen or commercial textile workshop, could not routinely access telephones in the evening because they were locked up. They could, however, submit an application for staff to unlock them for a call. Although not ideal, this system seemed to work reasonably well.
- 3.5 Leicester City Council provided the library service. The library was small but centrally located. All library users received an appropriate induction. There were sufficient sessions to meet demand. Vulnerable prisoners had dedicated library sessions. In our survey, 30% of respondents said that they went to the library at least twice a week, which was far better than the comparator. However, attendance figures in 2017 showed a decline on the previous year.
- 3.6 The range of stock was adequate, and included some books in languages other than English. An inter-library loan service was available. Appropriate legal texts were available and prisoners could obtain Prison Service Instructions on request. The library had enough resources to support education and training courses but no computer-based resources were available.
- 3.7 Activities to promote literacy across the prison were good, and included the Six-Book Challenge (an initiative inviting individuals to select six books and record their reading in a diary), Storybook Dads (in which prisoners record stories for their children) and a book club. The Shannon Trust sponsored the Turning Pages programme (a mentoring scheme to help prisoners learn to read). The writer-in-residence ran a variety of literary projects. The

library had been successful in attracting external funding for these activities and had published prisoners' writing.

- 3.8** Access to the gym was good for all groups of prisoners. It was open throughout the week, including in the evenings and at weekends. The PE induction sessions were good and no longer affected by the redeployment of gym staff. In our survey, 61% of respondents said that they went to the gym at least twice a week. However, the second floor of the gym was often unusable because of a leaking roof and several broken windows. The showers did not have modesty screens. The outside PE area was in need of repair and was no longer used for sports activities.
- 3.9** Gym peer workers provided support. Training programmes leading to qualifications had been suspended in 2017 owing to low staffing levels, but there were plans to reintroduce them in 2018/19. Recreational and remedial PE was good and exercises were devised for gym users who had been referred from the health care department. Group endurance running and rowing challenges encouraged prosocial behaviour.
- 3.10** The extended range of creative extracurricular activities embedded over the previous year were excellent and had been accessed by many prisoners. Events included an impressive 'Talent Unlocked' evening, where prisoners had showcased their performing skills, as well as the first 'TED Talk' (a series of popular online talks presented in an engaging style) in a British prison, a talk from staff at the National Space Centre and a 'Dragons' Den'-style event.

Recommendations

- 3.11 Prisoners should have at least 10 hours out of their cells on weekdays, including some time in the evening.**
- 3.12 The gym and outside PE area should be fit for purpose.**

Good practice

- 3.13** *There was an excellent range of creative activities to support personal development and rehabilitation.*

Education, skills and work activities (Ofsted)⁹

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.¹⁰

3.14 Ofsted made the following assessments about the learning and skills and work provision:

Overall effectiveness of learning and skills and work: Good

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

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: Good

Personal development and behaviour: Good

Leadership and management of learning and skills and work: Good

Management of education, skills and work

3.15 Ofsted rated education, skills and work activities as good overall, which was an improvement on the previous inspection. The prison's governance board had set a clear strategic direction for the development of learning and skills. It had rightly given a high priority to the improvement of prisoners' English and mathematics skills regardless of their length of stay at the establishment. It scrutinised and challenged learning and skills managers' performance and decision making effectively.

3.16 Prison managers successfully used data to review the education provision. Since the previous inspection, they had appropriately increased the number of full qualifications that prisoners could gain.

3.17 The prison used a wide range of external partnership working to support prisoners' resettlement needs. For example, prisoners had attended interviews with Timpson Ltd as part of their preparation for release. However, managers did not exploit links with employers enough, and consequently the curriculum did not fully support prisoners' employability skills development.

3.18 The prison's self-assessment was accurate. Education managers had raised the quality of lessons. They analysed their findings well to help tutors improve their teaching. However, prison managers did not observe education sessions often enough to inform performance management.

⁹ This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

¹⁰ In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.19** Education staff used assessments of prisoners' skills development needs well when allocating them to classes. There had been delays in work allocation due to staff absence, but waiting lists were short and managed effectively.
- 3.20** Pay rates encouraged prisoners to participate in activities that supported their resettlement on release. Rate differentials were fair and reflected the demands of the activities.
- 3.21** Attendance rates were appropriate for a prison that served the local courts. Leaders and managers ensured that prisoners attended punctually. Sessions were subject to minimal interruptions. However, vulnerable prisoners left education classes early to attend PE sessions.
- 3.22** The prison offered 413 part-time purposeful activity places, of which 164 were in education and 30 in the commercial textile workshop. This was sufficient to enable the prison population to participate in both part- and full-time activity.
- 3.23** An adequate range of education, skills and work provision was available to support prisoners' resettlement and rehabilitation on release. Since the previous inspection, managers had introduced National Vocational Qualifications (NVQs) in catering at levels 1 and 2 in the prison kitchen. The amount of non-accredited provision had increased. For example, prison managers had introduced sessions to produce commissioned artwork and a prison newspaper. They had also introduced a commercial textile workshop, although this was not fully operational at the time of the inspection, which hindered the development of employability skills. The education and vocational training provision provided by Milton Keynes College was good. The St Giles Trust delivered a high-quality level 3 NVQ in advice and guidance.
- 3.24** The Derbyshire, Nottinghamshire, Leicestershire and Rutland Probation Service (DNLR) provided the community rehabilitation company (CRC) services. It used strong partnership arrangements within the prison and with external agencies to support prisoners' resettlement. The work of peer advisers, trained and supported by the St Giles Trust (a charity using peer support to help others facing severe disadvantage to find jobs, homes and other resettlement support), was particularly effective. Prisoners due for release were encouraged to meet the Jobcentre Plus job coach.
- 3.25** The quality of the National Careers Service provided by Futures Advice, Skills & Employment Ltd was good. The adviser produced detailed and useful skills action plans. Realistic targets were reviewed regularly, leading to good preparation for resettlement. However, the monitoring of the number of prisoners released into employment, training, or education was underdeveloped. Staff and prisoners made sufficient use of the virtual campus (internet access for prisoners to community education, training and employment opportunities). No prisoners were released on temporary licence.

Recommendations

- 3.26** The quality of teaching should be monitored more effectively, including more frequent direct observation of education classes.
- 3.27** Work allocations should not be delayed.
- 3.28** Vulnerable prisoners should not leave education classes early to attend PE sessions.
- 3.29** The number of prisoners released without employment, training or education on release should be monitored.

Quality of provision

- 3.30** The education induction was good. Consequently, prisoners understood the available activities within the prison. They had a realistic appreciation of how their activity choices could improve their chances of employment following release.
- 3.31** The quality of teaching, learning, assessment and coaching was generally good. Tutors utilised their knowledge of prisoners' personal difficulties, learning barriers and starting points well to plan and deliver effective individualised learning. For example, a tutor used a prisoner's interest in angling to develop a reading task based on fishing in rivers. This motivated the prisoner to read and developed his critical analysis and proofreading skills.
- 3.32** Tutors were adept at developing prisoners' English and mathematics skills within the same lesson. For example, prisoners participated in a session on how to make an appointment to view rental accommodation, giving them the opportunity to improve their financial budgeting and English writing skills.
- 3.33** Tutors were particularly skilful in teaching prisoners techniques to improve their spelling and mathematical calculations. For example, they taught prisoners to articulate words clearly, to identify patterns that led to fewer written errors. In mathematics, tutors ensured that prisoners understood how to use estimation to check their calculations.
- 3.34** Tutors identified effectively prisoners with learning difficulties or disabilities that might impede their achievement. Additional support staff and tutors used this information well to coach prisoners to build their knowledge and skills. Tutors managed the work of peer mentors particularly effectively, so that prisoners could quickly master topics that they found difficult. Support for the small number of prisoners studying Open University and distance learning courses required improvement.
- 3.35** Most tutors were skilful in including topics in their lessons to broaden prisoners' understanding of fair treatment and respecting differences. For example, prisoners discussed their attitude to tolerance as it related to their lives by studying the views of civil rights campaigners.
- 3.36** Most tutors set prisoners clear and meaningful personal targets for their learning and development. However, a small minority of tutors failed to establish sufficiently detailed or challenging learning targets for prisoners. Not all tutors fully used the available targets to ensure that prisoners consistently achieved their potential. In a minority of cases, they did not accurately record prisoners' achievements and the skills that they developed; these prisoners made slower progress in education classes than expected.

- 3.37** Although tutors usually provided prisoners with useful feedback on how to improve their work, not all of them ensured that prisoners acted on the help they received. In vocational training, tutors used questioning effectively to check prisoners' learning and further develop their understanding.
- 3.38** Most prisoners in work developed new skills as they undertook relevant activities on the residential wing and in other prison areas. However, staff did not identify and record this development, so that prisoners could demonstrate their skills to potential employers.

Recommendations

- 3.39 Tutors should set and monitor appropriate learning targets for all prisoners.**
- 3.40 The prison should identify and record prisoners' skills development and achievements for all activities undertaken.**

Personal development and behaviour

- 3.41** Prisoners generally had a positive attitude to work and learning, and valued their time spent in these activities. They understood the importance of good attendance and punctuality to securing and sustaining paid employment on release.
- 3.42** Prisoners had a good awareness of the challenges they could face on release, including financial, housing and employment. Staff were effective at helping prisoners to develop realistic strategies for release.
- 3.43** Prisoners, including those unable to attend lessons, made good progress in developing the communication skills required for work and successful resettlement. In the visitors centre café, they developed these skills to a high standard and dealt confidently with customers.
- 3.44** Prisoners were generally well behaved and respectful to each other and staff. In a small minority of classes, prisoners' low-level disruption during group discussions adversely affected the quality and pace of learning.
- 3.45** The provision enabled prisoners to develop a wide range of skills valued by employers. These included team working, using initiative, working independently and having due regard for personal safety. However, most prisoners in work did not practise making applications and work interviews and therefore were not fully prepared for employment on release.

Recommendation

- 3.46 Preparation for prisoners' employment on release should be promoted through practising job applications and interviews.**

Outcomes and achievements

- 3.47** In 2016/17, the achievement of education and vocational qualifications was high or very high. However, achievements of functional skills at level 2 in English were not good enough, although in-year data showed an improving trend. Most learners who received additional support achieved their planned full qualification or qualification units.

- 3.48** Most prisoners progressed from their often low starting points at an appropriate or good rate. The standard of prisoners' work was appropriate or better for their study level. Completed artwork was often of a high standard; for example, prisoners produced good-quality watercolour paintings to celebrate the Chinese New Year.
- 3.49** Prisoners developed an appropriate range of skills and knowledge while participating in non-accredited work. They were usually able to progress to more complex tasks that supported future employment on release.

Section 4. Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1 The visitors centre was limited and did not provide additional support beyond booking in visitors.
- 4.2 However, the visits hall had improved considerably since the previous inspection and had been redesigned by students from the local university. Refurbished to a good standard, there was now a café-style environment, with a snack bar and large play area for children. Prisoners were required to wear distinctive clothing during visits but this was not as demeaning as the vests or sashes worn in other establishments.
- 4.3 There were five visits sessions a week, which was sufficient to meet demand, but the evening session in place at the time of the previous inspection no longer ran. Visitors told us that there were no difficulties in booking a visit by telephone. Email booking was also available.
- 4.4 In our survey, 72% of prisoners said that staff treated their visitors respectfully, and visitors we spoke to were similarly positive. We observed good interactions during searching and entry processes. Sessions were well supervised and staff were not intrusive.
- 4.5 Family visits were provided every month and were linked to a two-session course which helped prisoners to understand how to interact with their children.
- 4.6 A family worker employed by the Prison Advice and Care Trust worked with individual prisoners to facilitate contact with their children, liaising with families and social services.
- 4.7 In our survey, 74% of prisoners said that they could use a telephone every day. Contact with families by telephone was restricted by the limited time unlocked and the lack of evening association (see section on time out of cell). However, we were assured that prisoners could apply to be unlocked to make a telephone call in the evening.

Recommendation

- 4.8 **The visitors centre should provide comprehensive advice and support for prisoners' families.**

Good practice

- 4.9** *The visits area had been refurbished to a high standard and provided comfortable, informal facilities which were appropriate for family contact.*

Reducing risk, rehabilitation and progression

Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.10** The prison had a new and well thought out reducing reoffending strategy which appropriately described how resettlement work by the community rehabilitation company (CRC) and offender management work by probation and prison staff were to be delivered.
- 4.11** A needs analysis had been undertaken by a local university, based on information about the prison population, a survey of prisoners and data from resettlement casework. However, the specific needs of some groups, such as care leavers and young people, had not been sufficiently well analysed. Nevertheless, the needs analysis was a useful foundation for the reducing reoffending action plan, which addressed the work of the CRC and the offender management unit (OMU), with appropriate targets.
- 4.12** The reducing reoffending meeting took place every two months, provided improved oversight and was well attended, including by CRC, probation, psychology and education staff.
- 4.13** The CRC and OMU worked well together and communicated well. There were more probation officers in post than at the time of the previous inspection. All prisoners were allocated a caseworker from the CRC, and sentenced prisoners had an allocated offender supervisor, either a prison officer or probation officer, depending on risk level. Information sharing was good.
- 4.14** In the cases we examined, we found that all new arrivals had been seen promptly and their resettlement needs identified by CRC caseworkers. Staff had addressed many immediate needs and made referrals to specialist members of their team where appropriate. This model worked well, providing good support, with little delay.
- 4.15** Too many prisoners were transferred to training prisons without an offender assessment system (OASys) assessment or sentence plan, which undermined good offender management. Assessments of low- and medium-risk sentenced prisoners by offender supervisors were not completed before transfer, either because of the high level of redeployment of prison officer offender supervisors or because of the pressure on managers to transfer prisoners to provide space for new arrivals.
- 4.16** Most of the OASys assessments we looked at had been completed by offender managers in the community and were of a reasonable standard, but sentence plan objectives were too often generic and did not specifically set out what needed to change to address the offending-related needs and risk of harm presented by the individual prisoner. The small number of OASys assessments we saw that had been completed by prison officer offender supervisors were adequate but management oversight had not identified a serious failing in one case.

- 4.17** Offender management had improved overall. Although contact with offender supervisors was better, as a result of the introduction of wing drop-in sessions, it was still inconsistent and largely reactive. Some records showed long gaps without contact as the offender supervisor had been absent and cases had not been reallocated. In one case we saw, opportunities for appropriate progression of the prisoner had been missed. The continued cross-deployment of uniformed offender supervisors had a serious impact on contact levels. When there was contact, the standard was good and recording thorough.
- 4.18** In the previous three months, OMU managers had identified that many home detention curfew (HDC) processes were poor and that assessments were not being completed. Processes had since been improved and were now robust but a legacy of late reviews meant that prisoners were still being considered after their eligibility date. Applications were sifted appropriately. When applicants met all criteria for HDC, they moved swiftly through the system, and in cases where there was some doubt they could attend a meeting to make representations.

Recommendations

- 4.19** **The offending-related needs of different types of prisoners should be analysed and used to inform specific provision for them where needed.**
- 4.20** **All sentenced prisoners should have a sentence plan which is based on their risk of harm and likelihood of reoffending, and is managed actively to ensure progression.**

Public protection

- 4.21** Public protection work had improved. There were thorough processes to identify risk on arrival. In the cases we examined, public protection issues had been identified and the necessary alerts put in place. Higher-risk prisoners were appropriately allocated to probation staff.
- 4.22** The interdepartmental risk management team (IRMT) met monthly and was well attended by appropriate departments. It was effective in overseeing risk management during the sentence, through good application of mail and telephone monitoring and assessing applications for child contact. However, there were weaknesses in the preparation for release of prisoners subject to multi-agency public protection arrangements (MAPPAs). In some cases, there was no record of the probation area being formally notified of the release date. The IRMT did not routinely review release arrangements for high risk of harm prisoners, and information exchange with the community offender manager was not always good enough to ensure that robust release plans were in place, including a review of the MAPPA management level where relevant. The small number of MAPPA F forms we checked were of a good standard.

Recommendation

- 4.23** **Release planning for all high risk of harm prisoners should be more robust, including oversight by the interdepartmental risk management team, better communication about risks with the community-based offender manager and confirmation of the most appropriate multi-agency public protection arrangements (MAPPAs) management level where necessary.**

Transfers

- 4.24** Processes for initial categorisation and review were timely, and decisions were defensible. Most prisoners transferred promptly, but for almost all of them this was on the basis of their length of sentence rather than identified sentence planning needs, and most did not have a sentence plan.

In some cases, particularly involving high-risk prisoners, staff worked hard to facilitate appropriate transfers. We found examples where this had been successful but too often efforts were hindered by unreasonable resistance from other prisons and a lack of spaces for sex offenders across the prison estate. At the time of the inspection, 19 prisoners had been at the prison for more than a year. In 12 of these cases, this was justified by Parole Board and court proceedings but the slippage in the remaining cases indicated a need for more proactive oversight and a better focus on progression.

- 4.25** There were 34 prisoners serving life or indeterminate sentences for public protection. They had not experienced unduly long stays at the establishment, and in most cases were subject to recall and were waiting for clarification of their position, or were engaged in Parole Board processes. We found none who had arrived at the prison immediately following sentence and whose progression had been delayed.

Recommendation

- 4.26** **Transfers should be progressive, timely and based on meeting prisoners' sentence plan targets.** (Repeated recommendation 4.22)

Interventions

Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.27** Offender management focused on transferring prisoners serving sentences of more than 12 months and providing resettlement support for those serving shorter sentences. Long-duration accredited offending behaviour programmes were not required but some appropriate short-term interventions were available. There was no specific needs analysis for interventions but the reducing reoffending needs analysis had identified some future plans.
- 4.28** In addition to specialist programmes for improving family relationships (see section on children and families and contact with the outside world), financial management (see below) and employability (see section on education, skills and work activities), the CRC delivered 'Foundations of Rehabilitation', which encouraged prisoners to desist from offending and emphasised citizenship. The course ran every two months for up to five prisoners. During the inspection, a restorative justice programme began.
- 4.29** Since the previous inspection, forensic psychologists had been allocated to the prison. They carried out individual work with prisoners, sometimes directed by the Parole Board. They also hosted visits from colleagues in training prisons, to assess and motivate prisoners requiring transfer to participate in accredited programmes.
- 4.30** Financial advice and support was provided by a specialist CRC worker, who helped prisoners to contact creditors where appropriate. He also provided an advice workshop in the community which prisoners could continue to use if released locally. Advice on benefits, setting up appointments and referral to work experience was provided by Jobcentre Plus. A

one-day money management course was provided every two months and prisoners could open bank accounts if there was sufficient time before release. They were also provided with identification to open an account with the local Credit Union.

- 4.31** CRC caseworkers dealt with new arrivals' immediate accommodation issues, such as sustaining tenancies, and referred more complex matters to specialist members of their team. One such worker provided accommodation support, undertaking assessments and referring prisoners to a wide range of accommodation providers, including specialist accommodation for young prisoners, those with substance use issues and those requiring supported living. Accommodation workshops were available for prisoners in the last two months of their sentence, and those released without an address were referred to community support workshops. The monitoring of the number of prisoners released to sustainable accommodation was not robust enough, so it was difficult to evidence outcomes.

Recommendation

- 4.32** The number of prisoners released into sustainable accommodation should be monitored robustly, to evidence outcomes.

Release planning

Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.33** CRC caseworkers undertook assessments and prepared a resettlement plan for all prisoners, including those on remand, shortly after their arrival. The achievement of targets was reviewed before release, and steps were taken to ensure that this work was completed. Links with case managers in the community, social workers and accommodation providers were good. Prisoners due for release were put in touch with support groups in the community where appropriate. Before prisoners' release, caseworkers explained licence requirements to them, and reception staff provided travel tickets, adequate clothing and licence documents, and returned their property.

Section 5. Summary of recommendations and good practice

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

Main recommendations

To the governor

- 5.1 The prison should use their local data analysis to develop and prioritise a clear set of actions to reduce levels of violence. (S56)
- 5.2 Governance of the use of force and the use of special accommodation should provide regular and robust oversight and accountability, with the aim of reducing both aspects. (S57)
- 5.3 Drug supply reduction should be prioritised, so that managers can act routinely on intelligence and ensure that requested searching and drug testing are completed as intended. (S58)
- 5.4 The programme of refurbishment and improvements to communal facilities and cells should be continued, to ensure that living conditions are of an acceptable standard. (S59)

Recommendations

Early days in custody

- 5.5 The reception area should be improved, to provide a more welcoming and comfortable experience for those arriving at the prison. (1.8)
- 5.6 All arrivals new should undergo a full and formal induction that provides them with information on how to access regime activities and services. (1.9)

Managing behaviour

- 5.7 The incentives and earned privileges scheme should be relaunched, encourage good behaviour and be applied consistently, in accordance with the published policy. (1.20)
- 5.8 There should be regular, robust and multidisciplinary monitoring of segregation. (1.32)

Security

- 5.9 The mandatory drug testing suite should provide a decent environment. (1.39)

Safeguarding

- 5.10 Managers should ensure that assessment, care in custody and teamwork (ACCT) care maps reflect the safety concerns identified at the assessment interview, and that all care map actions are completed before ACCT monitoring is ended. (1.46)

- 5.11** Adult safeguarding procedures should be introduced, and the prison should engage with the local safeguarding adults board. (1.48)

Daily life

- 5.12** Cells designed for one should not be used to hold two prisoners. (2.10, repeated recommendation 2.11)
- 5.13** Laundry facilities should be introduced for those prisoners entitled to wear their own clothes. (2.11, repeated recommendation 2.12)
- 5.14** Lunch should be served after noon and the evening meal after 5pm. Breakfast packs should be improved and given out on the morning they are to be eaten. (2.18, repeated recommendation 2.99)
- 5.15** New prisoners should be able to buy items from the prison shop within 24 hours of arrival. (2.19, repeated recommendation 2.104)
- 5.16** Outcomes of prisoner consultation meetings should be routinely publicised and shared with prisoners, to further increase their confidence in the process. (2.24)
- 5.17** All prisoners should have access to bail information and prisoners who need specialist support should be appropriately signposted. (2.25, repeated recommendation 2.45)

Equality, diversity and faith

- 5.18** Data to cover all protected characteristics should be routinely collated and analysed, to ensure that any inequalities are identified and addressed. (2.31)
- 5.19** There should be active consultation and support from community organisations for prisoners with each protected characteristic. (2.40)
- 5.20** The buddy scheme should have greater oversight, including job descriptions and supervision. (2.41)

Health, well-being and social care

- 5.21** The health care provider should routinely gather and analyse prisoners' views on health care, to support service development. (2.57)
- 5.22** Clinical areas should be fully compliant with current infection control standards (2.58, repeated recommendation 2.60)
- 5.23** There should be a whole-prison strategic approach to promoting health and well-being. (2.60)
- 5.24** A localised pathway should be developed for patients requiring end-of-life care. (2.68)
- 5.25** Prisoners with potential social care needs should always be referred to the local authority for a full social care needs assessment. (2.71)
- 5.26** Adaptations for those with disabilities should be carried out in a timely manner. (2.72)

- 5.27** Patients with mental health problems should have prompt access to a comprehensive range of care-planned support that meets their identified needs, including one-to-one support, group work and psychologically informed interventions. (2.82)
- 5.28** Patients requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health time frames. (2.83)
- 5.29** Confidentiality should be improved when medication is dispensed from the main treatment room. (2.96)
- 5.30** In-possession reviews should take place regularly and assess both the patient and the medicine. (2.97)
- 5.31** Prisoners' access to dentistry should be consistent and clinic lists should be well managed. (2.102)

Time out of cell

- 5.32** Prisoners should have at least 10 hours out of their cells on weekdays, including some time in the evening. (3.11)
- 5.33** The gym and outside PE area should be fit for purpose. (3.12)

Education, skills and work activities

- 5.34** The quality of teaching should be monitored more effectively, including more frequent direct observation of education classes. (3.26)
- 5.35** Work allocations should not be delayed. (3.27)
- 5.36** Vulnerable prisoners should not leave education classes early to attend PE sessions. (3.28)
- 5.37** The number of prisoners released without employment, training or education on release should be monitored. (3.29)
- 5.38** Tutors should set and monitor appropriate learning targets for all prisoners. (3.39)
- 5.39** The prison should identify and record prisoners' skills development and achievements for all activities undertaken. (3.40)
- 5.40** Preparation for prisoners' employment on release should be promoted through practising job applications and interviews. (3.46)

Children and families and contact with the outside world

- 5.41** The visitors centre should provide comprehensive advice and support for prisoners' families. (4.8)

Reducing risk, rehabilitation and progression

- 5.42** The offending-related needs of different types of prisoners should be analysed and used to inform specific provision for them where needed. (4.19)

- 5.43** All sentenced prisoners should have a sentence plan which is based on their risk of harm and likelihood of reoffending, and is managed actively to ensure progression. (4.20)
- 5.44** Release planning for all high risk of harm prisoners should be more robust, including oversight by the interdepartmental risk management team, better communication about risks with the community-based offender manager and confirmation of the most appropriate multi-agency public protection arrangements (MAPPA) management level where necessary. (4.23)
- 5.45** Transfers should be progressive, timely and based on meeting prisoners' sentence plan targets. (4.26, repeated recommendation 4.22)

Interventions

- 5.46** The number of prisoners released into sustainable accommodation should be monitored robustly, to evidence outcomes. (4.32)

Examples of good practice

Early days in custody

- 5.47** Additional welfare checks were undertaken routinely during the first 24 hours for prisoners new to custody. (1.10)

Managing behaviour

- 5.48** The safer custody team had developed a comprehensive database to enable them to analyse violence locally rather than relying on centrally developed systems. The database enabled them to analyse data in far more detail, providing a better insight into what was happening, where and why. (1.21)

Health, well-being and social care

- 5.49** The rich mix of staff skills in the Turning Point service and excellent through-the-gate work enabled prisoners to access an unusually well-integrated and responsive pathway of care. (2.89)

Time out of cell

- 5.50** There was an excellent range of creative activities to support personal development and rehabilitation. (3.13)

Children and families and contact with the outside world

- 5.51** The visits area had been refurbished to a high standard and provided comfortable, informal facilities which were appropriate for family contact. (4.9)

Section 6. Appendices

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Sandra Fieldhouse	Team leader
Tamara al Janabi	Researcher
Patricia Taflan	Researcher
Joe Simmonds	Researcher
Beth Wilson	Researcher
Jonathan Tickner	Inspector
Paul Rowlands	Inspector
Caroline Wright	Inspector
Andrew Rooke	Inspector
Elizabeth Walsh	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector / Inspector
Richard Chapman	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Shahram Safavi	Ofsted inspector
Allan Shaw	Ofsted 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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2015, the reception area was grim but staff were welcoming and efficient. Too little attention was paid to safety and vulnerability issues during prisoners' early days. Too many prisoners felt unsafe. Levels of violence and intimidation were very high and not enough was done to make the prison safer. The number of prisoners at risk of self-harm was high and we were not confident that they were adequately cared for. The control and accountability of prisoners were poor and the wings frequently felt chaotic. Drugs and alcohol were easily available but supply reduction arrangements were poor. The level of use of force was high and governance was weak. Living conditions in the segregation unit were appalling but staff managed some very challenging prisoners well. Substance misuse arrangements were good. Outcomes for prisoners were poor against this healthy prison test.

Main recommendations

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

No longer relevant

Robust strategic action should be taken to reduce levels of violence and make the prison safer. This should include: an analysis of violent incidents and a violence reduction strategy specific to the prison, with associated action plans; effective consultation with prisoners about violence in the prison; improved violence management and victim support processes which are well known to all staff and reliably implemented. (S54)

Partially achieved

Care and support should be provided for prisoners at risk of suicide and self-harm. Thorough assessments should be carried out to produce well designed care plans which are managed through consistent reviews and meaningful contact with the prisoner. (S55)

Not achieved

Recommendations

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

Achieved

Reception should be properly maintained, clean, comfortable and free of graffiti, with helpful information on display. (I.14)

Not achieved

Prisoners attending court and new arrivals in the evening should be able to take a shower. (1.15)

Achieved

The vulnerability of new arrivals should be fully assessed and there should be enhanced safety checks during their stay on the first night and induction unit. (1.16)

Achieved

First night accommodation should be free of graffiti and fully equipped. (1.17)

Achieved

Induction of new prisoners should be monitored to ensure that it is provided for all those who need it. (1.18)

Not achieved

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

Partially achieved

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

Not achieved

Staff should be able to account for prisoners at all times. (1.44)

Achieved

There should be a proportionate response to information reports submitted each month, including searching and drug testing. (1.45)

Not achieved

There should be a strategy and associated action plan to coordinate and reduce drug supply. (1.46)

Achieved

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

Not achieved

The high number of incomplete adjudications should be addressed and there should be regular quality assurance of adjudication processes. (1.55)

Achieved

There should be regular and effective oversight of use of force. (1.58)

Not achieved

The segregation of prisoners should be monitored and regularly reviewed. (1.62)

Not achieved

The role of the substance misuse unit should be clarified to avoid disrupting the integrity of recovery focused interventions. (1.71)

No longer relevant

Prescribing should be flexible, based on individual needs and adhere to national guidance. (1.72)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2015, living conditions were poor and prisoners struggled to get basic items. Prisoners told us staff treated them respectfully and we observed mostly friendly interactions, but too often poor behaviour went unchallenged. The quality of food was very good. Equality and diversity arrangements were poor and too little was done to identify and address the needs of minority groups. Faith provision was reasonably good. Health services were mostly satisfactory but mental health provision was not meeting need. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

Prisoners with protected characteristics should be supported and consulted and outcomes from consultation should inform delivery. Equality data should be analysed, and action should be taken to ensure that the needs of minority groups are met. (S57)

Not achieved

The mental health service should have enough staff and mix of skills to ensure that prisoners with primary and secondary mental health needs have timely access to a full range of care planned mental health interventions within agreed time frames. (S58)

Not achieved

Recommendations

All shower rooms should be refurbished to an acceptable standard of hygiene, and all toilets should be screened. (2.9)

Not achieved

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

Achieved

Cells designed for one should not be used to hold two prisoners. (2.11)

Not achieved (recommendation repeated, 2.10)

Laundry facilities should be introduced for those prisoners entitled to wear their own clothes. (2.12)

Not achieved (recommendation repeated, 2.11)

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

Not achieved

Translation and interpretation services should be used when required. (2.31)

Not achieved

A formal peer support scheme should be established to enable prisoners to help older prisoners or prisoners with disabilities. (2.32)

Achieved

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

Achieved

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

Achieved

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

Not achieved (recommendation repeated, 2.25)

All clinical areas should be fully compliant with current infection control standards. (2.60)

Not achieved (recommendation repeated, 2.58)

Sufficient custody staff with easy access to a defibrillator should be trained in first aid and an ambulance should be called immediately when an emergency medical code is used, to ensure a prompt response to medical emergencies. (2.61)

Achieved

Older prisoners and those with life-long conditions should receive regular reviews which generate an evidence-based care plan from appropriately trained and supervised nursing staff. (2.62)

Partially achieved

Prisoners should have timely access to all primary care services and the failure-to-attend rate for all clinics should be monitored and appropriate remedial action taken to reduce it to less than 10%. (2.70)

Achieved

Nurse-led and health support worker services should be provided consistently in a private clinical environment except in exceptional circumstances that have been appropriately risk assessed. (2.71)

Achieved

Prisoners should have prompt access to external hospital appointments within community equivalent waiting times. (2.72)

Achieved

Pharmacy-led clinics and medicine use reviews should be introduced. (2.77)

Achieved

A range of more potent medicines should be available without seeing a doctor and their use should be monitored. (2.78)

Not achieved

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

Achieved

The mental health and substance misuse teams should provide a well-integrated service for prisoners with dual diagnosis issues underpinned by a clear pathway. (2.91)

Achieved

All discipline officers should receive regular mental health awareness training so that they can recognise when a prisoner has mental health problems and take appropriate action. (2.92)

Not achieved

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

Not achieved (recommendation repeated, 2.18)

New prisoners should be able to buy items from the prison shop within 24 hours of arrival. (2.104)

Not achieved (recommendation repeated, 2.19)

Prisoners should not be charged an administration fee for placing orders from catalogues. (2.105)

Not achieved

Purposeful activity

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

At the last inspection, in 2015, prisoners had too little time unlocked. The regime was chaotic with regular slippage. There were enough activity places but they were not fully allocated and too many prisoners failed to attend. The range of education was satisfactory but there was too little vocational training. The quality of teaching and learning required improvement. Achievements were mostly high except in English. Few prisoners used the library but promotion of literacy was good. Access to PE was good. Outcomes for prisoners were not sufficiently good against this healthy prison test

Main recommendation

The core day should be widely publicised and adhered to. Staff should ensure that prisoners attend their appointments, including learning and skills and work activities. (S59)

Achieved

Recommendations

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

Not achieved

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

Achieved

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

Partially achieved

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

Achieved

Learning support assistants in education should be given more direction and support to drive learners' progress. (3.27)

Achieved

Challenging assignments and tasks should be set for learners with appropriate long- and short-term learning targets to promote progress. (3.28)

Partially achieved

The reasons for learners' poor achievement on English courses should be analysed and appropriate action taken to improve success rates. (3.37)

Achieved

The reasons for poor retention of learners on ESOL courses should be identified and appropriate action taken to increase participation. (3.38)

Achieved

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

Partially achieved

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

Achieved

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

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 2015, staff shortages prevented effective offender management. Too many prisoners were without a sentence plan and offender supervisor engagement with prisoners was very limited. Most public protection arrangements were sound but more needed to be done to manage high-risk cases effectively. Demand for resettlement services was relatively high and community rehabilitation company (CRC) services were developing well. Prisoners' needs were appropriately identified on arrival and before release. Most pathway provision was reasonably good but visits facilities were poor and more needed to be done to help prisoners find employment or training on release. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Recommendations

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

Achieved

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

Achieved

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

Not achieved

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

Not achieved

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

Reintegration planning

Not achieved (repeated recommendation, 4.26)

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

Not achieved

The number of prisoners released without employment, training or education on release should be monitored. (4.38)

Not achieved

Education, training and employment advisers should have access to prisoners' sentence plans. The virtual campus should be used more frequently and purposefully in preparing for resettlement. (4.39)

Achieved

Prisoners being released should receive relevant health promotion information and assistance in using community health services. Systems should be set up to ensure that relevant clinical records are shared with their community GP. (4.42)

Achieved

A palliative and end-of-life pathway should be developed, including links with relevant local services. (4.43)

Partially achieved

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

Achieved

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

Partially achieved

Appendix III: Care Quality Commission Requirement Notice



Requirement Notice

Provider: Leicestershire Partnership NHS Trust

Location: HMP Leicester

Location ID: RT5Y1

Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening procedures.

Action we have told the provider to take

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

Regulation 9: Person –centred care

9(3) (b) Designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.

How the regulation was not being met:

We found that care and treatment was not designed with a view to achieving service users' preferences and ensuring their needs are met.

Mental health

A mental health care pathway was in place, however there were no timescales included within this pathway. This meant that service users did not know when they would be seen, or when they may receive a response from the service. The provider had not set timescales within the pathway which meant they did not have targets to monitor. As a result, the provider was not able to monitor the effectiveness of the pathway, and how long service users waited to be seen.

A limited number of interventions were delivered by the primary mental health service, including emotional support and self-help work books. There was a lack of support for service users with mild to moderate mental health needs; there were no psychological therapies or group work programmes available, and as a result some service users' needs were not met.

Care plans for service users with mental health needs were insufficiently personalised. Care plans were completed on generic templates with no evidence of

service user involvement in the care plan. We saw evidence that some service users did not receive the care outlined in their care plan. For example, one service user's care plan identified a goal of 'Protected regular therapeutic contact with a member of the primary mental health team.' This service user had not been seen by a member of the primary mental health team in the eight weeks prior to our inspection.

Physical health

There was no care pathway in place for end of life care at HMP Leicester. The provider held a trust wide procedure for end of life care, however this did not relate to the prison environment. There were no patients requiring end of life care at the time of our inspection, however arrangements were not in place should such needs be identified.

Appendix IV: Prison population profile

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

Status	18–20-year-olds	21 and over	%
Sentenced		133	43.2
Recall		45	14.6
Convicted unsentenced		30	9.7
Remand		74	2
Indeterminate sentence		20	6.5
Civil prisoners		0	–
Detainees		6	2
Total		308	100.0

Sentence	18–20-year-olds	21 and over	%
Unsentenced		111	36
Less than six months		30	9.7
six months to less than 12 months		22	7.1
12 months to less than 2 years		27	8.8
2 years to less than 4 years		34	11
4 years to less than 10 years		35	11.4
10 years and over (not life)		15	5
ISPP (indeterminate sentence for public protection)		9	2.9
Life		25	8.1
Total		308	100.0

Age (min 21– max 75)	Number of prisoners	%
Under 21 years	0	–
21 years to 29 years	110	35.7
30 years to 39 years	105	34
40 years to 49 years	55	17.9
50 years to 59 years	28	9.1
60 years to 69 years	7	2.3
70 plus years	3	1
Total	308	100.0

Nationality	18–20-year-olds	21 and over	%
British		269	87.3
Foreign nationals		38	12.4
Not stated		1	0.3
Total		308	100.0

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced	0	133	43.2
Uncategorised sentenced	0	8	2.6
Category A	0	0	–
Category B	0	46	14.9
Category C	0	115	37.3
Category D	0	6	2
Other	0	0	–
Total	0	308	100.0%

Ethnicity	18–20-year-olds	21 and over	%
White			
British		198	64.3
Irish		2	0.6
Gypsy/Irish Traveller		3	1.0
Other white		14	4.5
Mixed			
White and black Caribbean		12	3.9
White and black African		1	0.3
White and Asian		2	0.6
Other mixed		2	0.6
Asian or Asian British			
Indian		17	5.6
Pakistani		9	2.9
Bangladeshi		2	0.6
Chinese		1	0.3
Other Asian		4	1.3
Black or black British			
Caribbean		19	6.3
African		11	3.7
Other black		5	1.6
Other ethnic group			
Arab		2	0.6
Other ethnic group		1	0.3
Not stated		3	1.0
Total		308	100.0

Religion	18–20-year-olds	21 and over	%
Baptist		0	–
Church of England		36	11.7
Roman Catholic		57	18.5
Other Christian denominations		36	11.7
Muslim		44	14.3
Sikh		6	1.9
Hindu		8	2.6
Buddhist		5	1.6
Jewish		0	–
Other		6	1.9
No religion		110	35.8
Total		308	100.0

Other demographics	18–20-year-olds	21 and over	%
Veteran (ex-armed services)		4	1.3
Total		4	1.3

Sentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			63	20.5
1 month to 3 months			57	18.5
3 months to six months			44	14.3
six months to 1 year			16	5.2
1 year to 2 years			16	5.2
2 years to 4 years			1	0.3
4 years or more			0	–
Total			197	64.0

Unsentenced prisoners only

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			42	13.6
1 month to 3 months			36	11.7
3 months to six months			22	7.2
six months to 1 year			9	2.9
1 year to 2 years			2	0.6
2 years to 4 years			0	–
4 years or more			0	–
Total			111	36.0

Appendix V: Prisoner survey methodology and results

Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.¹¹

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.¹² In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.¹³ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

Survey response

At the time of the survey on 8 January 2018, the prisoner population at HMP Leicester was 296. Using the sampling method described above, questionnaires were distributed to 177 prisoners. We received a total of 140 completed questionnaires, a response rate of 79%. This included two questionnaires completed via face-to-face interview. Fifteen prisoners declined to participate in the survey and 22 questionnaires were either not returned at all, or returned blank.

¹¹ Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

¹² 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

¹³ For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMI Prisons' website <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Leicester. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.¹⁴ Missing responses have been excluded from all analyses.

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from HMP Leicester 2018¹⁵ compared with those from other HMI Prisons surveys¹⁶

- Survey responses from HMP Leicester in 2018 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Leicester in 2018 compared with survey responses from other local prisons inspected since September 2017.
- Survey responses from HMP Leicester in 2018 compared with survey responses from HMP Leicester in 2015.

Comparisons between different residential locations within HMP Leicester 2018

- Responses of prisoners on the vulnerable prisoner unit (Welford unit) are compared with those from the rest of the establishment.

Comparisons between sub-populations of prisoners within HMP Leicester 2018¹⁷

- White prisoners' responses compared with those of prisoners from black or minority ethnic groups.
- British nationals' responses compared with those of foreign nationals.
- Muslim prisoners' responses compared with those of non-Muslim prisoners.
- Disabled prisoners' responses compared with those who do not have a disability.
- Responses of prisoners with mental health problems compared with those who do not have mental health problems.
- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.¹⁸

In the comparator analyses, statistically significant differences are indicated by shading.¹⁹ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between

¹⁴ Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

¹⁵ Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

¹⁶ These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

¹⁷ These analyses are carried out on summary data from selected survey questions only.

¹⁸ A minimum of 10 responses which must also represent at least 10% of the total response.

¹⁹ 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

Survey summary

Background information

I.1 What wing or houseblock are you currently living on?

First Night Centre	6 (4%)
Lambert Unit	2 (1%)
Landing 2	14 (10%)
Landing 3.....	36 (26%)
Landing 4.....	43 (31%)
Road 2 Recovery Unit.....	12 (9%)
Welford Unit	25 (18%)
Segregation unit	2 (1%)

I.2 How old are you?

Under 21.....	0 (0%)
21 - 25	32 (23%)
26 - 29	18 (13%)
30 - 39	48 (35%)
40 - 49	21 (15%)
50 - 59	14 (10%)
60 - 69	4 (3%)
70 or over	0 (0%)

I.3 What is your ethnic group?

White - English/ Welsh/ Scottish/ Northern Irish/ British	84 (62%)
White - Irish	1 (1%)
White - Gypsy or Irish Traveller	3 (2%)
White - any other White background.....	6 (4%)
Mixed - White and Black Caribbean	8 (6%)
Mixed - White and Black African.....	1 (1%)
Mixed - White and Asian	0 (0%)
Mixed - any other Mixed ethnic background	0 (0%)
Asian/ Asian British - Indian.....	7 (5%)
Asian/ Asian British - Pakistani.....	8 (6%)
Asian/ Asian British - Bangladeshi	3 (2%)
Asian/ Asian British - Chinese.....	0 (0%)
Asian - any other Asian Background	0 (0%)
Black/ Black British - Caribbean	4 (3%)
Black/ Black British - African	2 (1%)
Black - any other Black/ African/ Caribbean background.....	3 (2%)
Arab.....	2 (1%)
Any other ethnic group.....	3 (2%)

I.4 How long have you been in this prison?

Less than 6 months	94 (72%)
6 months or more.....	37 (28%)

1.5	Are you currently serving a sentence?	
	Yes	64 (48%)
	Yes - on recall.....	16 (12%)
	No - on remand or awaiting sentence.....	52 (39%)
	No - immigration detainee	1 (1%)
1.6	How long is your sentence?	
	Less than 6 months	13 (10%)
	6 months to less than 1 year.....	12 (9%)
	1 year to less than 4 years.....	25 (18%)
	4 years to less than 10 years.....	9 (7%)
	10 years or more.....	10 (7%)
	IPP (indeterminate sentence for public protection)	8 (6%)
	Life.....	6 (4%)
	Not currently serving a sentence	53 (39%)

Arrival and reception

2.1	Were you given up-to-date information about this prison before you came here?	
	Yes	24 (18%)
	No.....	103 (76%)
	Don't remember	8 (6%)
2.2	When you arrived at this prison, how long did you spend in reception?	
	Less than 2 hours.....	94 (70%)
	2 hours or more	34 (25%)
	Don't remember	7 (5%)
2.3	When you were searched in reception, was this done in a respectful way?	
	Yes	111 (82%)
	No.....	20 (15%)
	Don't remember	4 (3%)
2.4	Overall, how were you treated in reception?	
	Very well.....	38 (28%)
	Quite well.....	73 (54%)
	Quite badly.....	12 (9%)
	Very badly.....	9 (7%)
	Don't remember	4 (3%)

2.5	When you first arrived here, did you have any of the following problems?	
	Problems getting phone numbers	47 (34%)
	Contacting family	47 (34%)
	Arranging care for children or other dependants.....	9 (7%)
	Contacting employers.....	10 (7%)
	Money worries	42 (31%)
	Housing worries.....	40 (29%)
	Feeling depressed	72 (53%)
	Feeling suicidal.....	25 (18%)
	Other mental health problems.....	50 (36%)
	Physical health problems.....	23 (17%)
	Drug or alcohol problems (e.g. withdrawal)	31 (23%)
	Problems getting medication.....	39 (28%)
	Needing protection from other prisoners.....	14 (10%)
	Lost or delayed property.....	18 (13%)
	Other problems	14 (10%)
	Did not have any problems	14 (10%)
2.6	Did staff help you to deal with these problems when you first arrived?	
	Yes	45 (35%)
	No.....	68 (54%)
	Did not have any problems when I first arrived.....	14 (11%)

First night and induction

3.1	Before you were locked up on your first night here, were you offered any of the following things?	
	Tobacco or nicotine replacement.....	99 (73%)
	Toiletries / other basic items.....	77 (57%)
	A shower	57 (42%)
	A free phone call.....	108 (79%)
	Something to eat.....	97 (71%)
	The chance to see someone from health care	79 (58%)
	The chance to talk to a Listener or Samaritans.....	42 (31%)
	Support from another prisoner (e.g. Insider or buddy).....	33 (24%)
	Wasn't offered any of these things.....	2 (1%)
3.2	On your first night in this prison, how clean or dirty was your cell?	
	Very clean.....	8 (6%)
	Quite clean.....	37 (28%)
	Quite dirty.....	33 (25%)
	Very dirty.....	47 (35%)
	Don't remember	8 (6%)
3.3	Did you feel safe on your first night here?	
	Yes	93 (69%)
	No.....	36 (27%)
	Don't remember	6 (4%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop / canteen?	53 (42%)	70 (56%)	3 (2%)
Free PIN phone credit?	74 (59%)	49 (39%)	2 (2%)
Numbers put on your PIN phone?	52 (43%)	65 (53%)	5 (4%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	44 (34%)
No	56 (43%)
Have not had an induction	30 (23%)

On the wing**4.1 Are you in a cell on your own?**

Yes	47 (35%)
No, I'm in a shared cell or dormitory.....	89 (65%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	21 (15%)
No	109 (80%)
Don't know	6 (4%)
Don't have a cell call bell	0 (0%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	62 (46%)	72 (53%)	1 (1%)
Can you shower every day?	111 (81%)	23 (17%)	3 (2%)
Do you have clean sheets every week?	87 (66%)	42 (32%)	3 (2%)
Do you get cell cleaning materials every week?	86 (66%)	42 (32%)	2 (2%)
Is it normally quiet enough for you to relax or sleep at night?	62 (47%)	66 (50%)	3 (2%)
Can you get your stored property if you need it?	31 (24%)	65 (50%)	34 (26%)

4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?

Very clean.....	8 (6%)
Quite clean.....	51 (38%)
Quite dirty.....	37 (28%)
Very dirty.....	37 (28%)

Food and canteen**5.1 What is the quality of food like in this prison?**

Very good.....	8 (6%)
Quite good.....	64 (47%)
Quite bad.....	42 (31%)
Very bad.....	23 (17%)

5.2	Do you get enough to eat at mealtimes?	
	Always	15 (11%)
	Most of the time	36 (26%)
	Some of the time	49 (36%)
	Never	37 (27%)
5.3	Does the shop / canteen sell the things that you need?	
	Yes	73 (54%)
	No	52 (39%)
	Don't know	10 (7%)

Relationships with staff

6.1	Do most staff here treat you with respect?	
	Yes	89 (66%)
	No	45 (34%)
6.2	Are there any staff here you could turn to if you had a problem?	
	Yes	95 (70%)
	No	41 (30%)
6.3	In the last week, has any member of staff talked to you about how you are getting on?	
	Yes	43 (31%)
	No	94 (69%)
6.4	How helpful is your personal or named officer?	
	Very helpful	16 (12%)
	Quite helpful	10 (8%)
	Not very helpful	8 (6%)
	Not at all helpful	11 (8%)
	Don't know	24 (18%)
	Don't have a personal / named officer	62 (47%)
6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	13 (10%)
	Sometimes	37 (28%)
	Hardly ever	67 (50%)
	Don't know	17 (13%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	59 (44%)
	No	75 (56%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change	16 (12%)
	Yes, but things don't change	26 (19%)
	No	71 (53%)
	Don't know	22 (16%)

Faith

7.1	What is your religion?	
	No religion	42 (31%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	58 (42%)
	Buddhist.....	0 (0%)
	Hindu.....	4 (3%)
	Jewish.....	1 (1%)
	Muslim.....	24 (18%)
	Sikh.....	2 (1%)
	Other.....	6 (4%)
7.2	Are your religious beliefs respected here?	
	Yes	65 (48%)
	No.....	16 (12%)
	Don't know.....	13 (10%)
	Not applicable (no religion)	42 (31%)
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	
	Yes	66 (49%)
	No.....	8 (6%)
	Don't know.....	19 (14%)
	Not applicable (no religion)	42 (31%)
7.4	Are you able to attend religious services, if you want to?	
	Yes	79 (59%)
	No.....	10 (7%)
	Don't know.....	3 (2%)
	Not applicable (no religion)	42 (31%)

Contact with family and friends

8.1	Have staff here encouraged you to keep in touch with your family / friends?	
	Yes	32 (24%)
	No.....	103 (76%)
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	62 (47%)
	No.....	71 (53%)
8.3	Are you able to use a phone every day (if you have credit)?	
	Yes	99 (74%)
	No.....	35 (26%)
8.4	How easy or difficult is it for your family and friends to get here?	
	Very easy.....	29 (22%)
	Quite easy.....	37 (28%)
	Quite difficult.....	28 (21%)
	Very difficult.....	23 (17%)
	Don't know.....	17 (13%)

8.5	How often do you have visits from family or friends?	
	More than once a week	4 (3%)
	About once a week	20 (15%)
	Less than once a week	71 (54%)
	Not applicable (don't get visits).....	37 (28%)
8.6	Do visits usually start and finish on time?	
	Yes	52 (58%)
	No	37 (42%)
8.7	Are your visitors usually treated respectfully by staff?	
	Yes	65 (72%)
	No	25 (28%)

Time out of cell

9.1	Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?	
	Yes, and these times are usually kept to	49 (37%)
	Yes, but these times are not usually kept to.....	54 (41%)
	No	29 (22%)
9.2	How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?	
	Less than 2 hours.....	53 (40%)
	2 to 6 hours	55 (41%)
	6 to 10 hours.....	16 (12%)
	10 hours or more.....	2 (1%)
	Don't know	8 (6%)
9.3	How long do you usually spend out of your cell on a typical Saturday or Sunday?	
	Less than 2 hours.....	78 (59%)
	2 to 6 hours	41 (31%)
	6 to 10 hours.....	5 (4%)
	10 hours or more.....	2 (2%)
	Don't know	7 (5%)
9.4	How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?	
	None.....	5 (4%)
	1 or 2.....	24 (18%)
	3 to 5	34 (25%)
	More than 5	61 (46%)
	Don't know	10 (7%)
9.5	How many days in a typical week do you get association, if you want it?	
	None.....	9 (7%)
	1 or 2.....	34 (26%)
	3 to 5	29 (22%)
	More than 5	46 (35%)
	Don't know	12 (9%)

9.6	How many days in a typical week could you go outside for exercise, if you wanted to?		
	None.....	6 (5%)	
	1 or 2.....	21 (16%)	
	3 to 5.....	27 (20%)	
	More than 5.....	69 (52%)	
	Don't know.....	9 (7%)	
9.7	Typically, how often do you go to the gym?		
	Twice a week or more.....	81 (61%)	
	About once a week.....	6 (5%)	
	Less than once a week.....	5 (4%)	
	Never.....	41 (31%)	
9.8	Typically, how often do you go to the library?		
	Twice a week or more.....	40 (30%)	
	About once a week.....	29 (22%)	
	Less than once a week.....	25 (19%)	
	Never.....	39 (29%)	
9.9	Does the library have a wide enough range of materials to meet your needs?		
	Yes.....	49 (38%)	
	No.....	40 (31%)	
	Don't use the library.....	39 (30%)	

Applications, complaints and legal rights

10.1	Is it easy for you to make an application?			
	Yes.....	101 (76%)		
	No.....	24 (18%)		
	Don't know.....	8 (6%)		
10.2	If you have made any applications here, please answer the questions below:			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	55 (45%)	57 (47%)	10 (8%)
	Are applications usually dealt with within 7 days?	35 (29%)	77 (63%)	10 (8%)
10.3	Is it easy for you to make a complaint?			
	Yes.....	71 (53%)		
	No.....	31 (23%)		
	Don't know.....	33 (24%)		
10.4	If you have made any complaints here, please answer the questions below:			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	19 (15%)	52 (42%)	52 (42%)
	Are complaints usually dealt with within 7 days?	15 (13%)	51 (43%)	52 (44%)

10.5	Have you ever been prevented from making a complaint here when you wanted to?				
	Yes				21 (17%)
	No				69 (55%)
	Not wanted to make a complaint.....				36 (29%)
10.6	In this prison, is it easy or difficult for you to...				
		Easy	Difficult	Don't know	Don't need this
	Communicate with your solicitor or legal representative?	55 (42%)	45 (35%)	20 (15%)	10 (8%)
	Attend legal visits?	73 (56%)	17 (13%)	28 (22%)	12 (9%)
	Get bail information?	19 (15%)	40 (33%)	36 (29%)	28 (23%)
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?				
	Yes				47 (36%)
	No				59 (45%)
	Not had any legal letters.....				26 (20%)

Health care

11.1	How easy or difficult is it to see the following people?					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	9 (7%)	39 (29%)	41 (31%)	30 (22%)	15 (11%)
	Nurse	18 (14%)	48 (36%)	26 (20%)	18 (14%)	22 (17%)
	Dentist	2 (2%)	9 (7%)	26 (20%)	63 (47%)	33 (25%)
	Mental health workers	8 (6%)	17 (13%)	27 (20%)	33 (25%)	47 (36%)
11.2	What do you think of the quality of the health service from the following people?					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	17 (13%)	50 (38%)	18 (14%)	26 (20%)	20 (15%)
	Nurse	19 (15%)	48 (37%)	20 (15%)	19 (15%)	25 (19%)
	Dentist	9 (7%)	13 (10%)	17 (13%)	30 (23%)	61 (47%)
	Mental health workers	11 (9%)	22 (17%)	17 (13%)	27 (21%)	51 (40%)
11.3	Do you have any mental health problems?					
	Yes					68 (51%)
	No					65 (49%)
11.4	Have you been helped with your mental health problems in this prison?					
	Yes					18 (14%)
	No					48 (37%)
	Don't have any mental health problems.....					65 (50%)
11.5	What do you think of the overall quality of the health services here?					
	Very good.....					11 (8%)
	Quite good.....					43 (33%)
	Quite bad.....					29 (22%)
	Very bad.....					31 (24%)
	Don't know					16 (12%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	49 (37%)
	No	85 (63%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	14 (11%)
	No	28 (22%)
	Don't have a disability.....	85 (67%)
12.3	Have you been on an ACCT in this prison?	
	Yes	28 (21%)
	No	103 (79%)
12.4	If you have been on an ACCT in this prison, did you feel cared for by staff?	
	Yes	14 (11%)
	No	13 (10%)
	Have not been on an ACCT in this prison.....	103 (79%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	47 (35%)
	Quite easy	21 (16%)
	Quite difficult.....	9 (7%)
	Very difficult.....	8 (6%)
	Don't know	46 (34%)
	No Listeners at this prison.....	3 (2%)
Alcohol and drugs		
13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	34 (26%)
	No	98 (74%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	18 (14%)
	No	14 (11%)
	Did not / do not have an alcohol problem	98 (75%)
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	44 (33%)
	No	88 (67%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	24 (18%)
	No	107 (82%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	17 (13%)
	No	114 (87%)

13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	29 (23%)
	No	22 (18%)
	Did not / do not have a drug problem	74 (59%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	52 (41%)
	Quite easy	14 (11%)
	Quite difficult.....	4 (3%)
	Very difficult.....	6 (5%)
	Don't know	52 (41%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	12 (9%)
	Quite easy	20 (15%)
	Quite difficult.....	11 (8%)
	Very difficult.....	16 (12%)
	Don't know	71 (55%)

Safety

14.1	Have you ever felt unsafe here?	
	Yes	71 (54%)
	No	61 (46%)
14.2	Do you feel unsafe now?	
	Yes	32 (24%)
	No	99 (76%)
14.3	Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)	
	Verbal abuse.....	48 (37%)
	Threats or intimidation	47 (36%)
	Physical assault	19 (15%)
	Sexual assault.....	1 (1%)
	Theft of canteen or property.....	26 (20%)
	Other bullying / victimisation.....	23 (18%)
	Not experienced any of these from prisoners here.....	67 (51%)
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	
	Yes	29 (24%)
	No	92 (76%)
14.5	Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)	
	Verbal abuse.....	37 (28%)
	Threats or intimidation	31 (24%)
	Physical assault	22 (17%)
	Sexual assault.....	4 (3%)
	Theft of canteen or property.....	11 (8%)
	Other bullying / victimisation.....	18 (14%)
	Not experienced any of these from staff here.....	75 (57%)

I4.6	If you were being bullied / victimised by staff here, would you report it?	
	Yes	52 (42%)
	No	72 (58%)

Behaviour management

I5.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?		
	Yes	41 (32%)	
	No	59 (46%)	
	Don't know what the incentives / rewards are	28 (22%)	
I5.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?		
	Yes	54 (42%)	
	No	35 (27%)	
	Don't know	20 (16%)	
	Don't know what this is	20 (16%)	
I5.3	Have you been physically restrained by staff in this prison in the last 6 months?		
	Yes	25 (19%)	
	No	107 (81%)	
I5.4	If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?		
	Yes	1 (1%)	
	No	21 (16%)	
	Don't remember	3 (2%)	
	Not been restrained here in last 6 months	107 (81%)	
I5.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?		
	Yes	19 (15%)	
	No	112 (85%)	
I5.6	If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:		
		Yes	No
	Were you treated well by segregation staff?	11 (61%)	7 (39%)
	Could you shower every day?	12 (67%)	6 (33%)
	Could you go outside for exercise every day?	13 (76%)	4 (24%)
	Could you use the phone every day (if you had credit)?	9 (60%)	6 (40%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	78 (63%)	23 (19%)	19 (15%)	3 (2%)
Vocational or skills training	32 (27%)	39 (33%)	41 (35%)	6 (5%)
Prison job	25 (20%)	78 (62%)	18 (14%)	5 (4%)
Voluntary work outside of the prison	1 (1%)	30 (25%)	41 (35%)	46 (39%)
Paid work outside of the prison	1 (1%)	27 (23%)	42 (36%)	48 (41%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	50 (41%)	46 (38%)	25 (21%)
Vocational or skills training	24 (22%)	33 (30%)	52 (48%)
Prison job	28 (25%)	42 (38%)	41 (37%)
Voluntary work outside of the prison	16 (15%)	23 (22%)	66 (63%)
Paid work outside of the prison	15 (15%)	21 (20%)	67 (65%)

Do staff encourage you to attend education, training or work?

16.3	Yes	43 (36%)
	No	65 (55%)
	Not applicable (e.g. if you are retired, sick or on remand)	10 (8%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes	29 (23%)
No	99 (77%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes	23 (79%)
No	4 (14%)
Don't know what my objectives or targets are.....	2 (7%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	11 (39%)
No	15 (54%)
Don't know what my objectives or targets are.....	2 (7%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	5 (18%)	4 (14%)	19 (68%)
Other programmes	4 (17%)	3 (13%)	17 (71%)
One to one work	1 (4%)	6 (23%)	19 (73%)
Being on a specialist unit	4 (16%)	2 (8%)	19 (76%)
ROTL - day or overnight release	0 (0%)	3 (13%)	21 (88%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	43 (33%)
No	54 (41%)
Don't know	35 (27%)

18.2 How close is this prison to your home area or intended release address?

Very near	19 (45%)
Quite near	12 (29%)
Quite far	6 (14%)
Very far	5 (12%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?

Yes	18 (44%)
No	23 (56%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	6 (15%)	19 (46%)	16 (39%)
Getting employment	4 (10%)	22 (55%)	14 (35%)
Setting up education or training	1 (3%)	15 (42%)	20 (56%)
Arranging benefits	4 (10%)	26 (65%)	10 (25%)
Sorting out finances	5 (13%)	19 (49%)	15 (38%)
Support for drug or alcohol problems	9 (24%)	12 (32%)	17 (45%)
Health / mental health support	3 (8%)	16 (41%)	20 (51%)
Social care support	3 (8%)	11 (31%)	22 (61%)
Getting back in touch with family or friends	3 (8%)	8 (21%)	27 (71%)

More about you

19.1 Do you have children under the age of 18?

Yes	75 (58%)
No	54 (42%)

19.2 Are you a UK / British citizen?

Yes	115 (89%)
No	14 (11%)

19.3	Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?	
	Yes	9 (7%)
	No	121 (93%)
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	
	Yes	7 (5%)
	No	121 (95%)
19.5	What is your gender?	
	Male	128 (99%)
	Female	0 (0%)
	Non-binary	0 (0%)
	Other	1 (1%)
19.6	How would you describe your sexual orientation?	
	Straight / heterosexual	123 (95%)
	Gay / lesbian / homosexual	2 (2%)
	Bisexual	1 (1%)
	Other	3 (2%)
19.7	Do you identify as transgender or transsexual?	
	Yes	3 (2%)
	No	125 (98%)

Final questions about this prison

20.1	Do you think your experiences in this prison have made you more or less likely to offend in the future?	
	More likely to offend	10 (8%)
	Less likely to offend	66 (51%)
	Made no difference	53 (41%)

HMP Leicester 2018

Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Leicester 2018 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from surveys of local prisons conducted since the introduction of the new questionnaire in September 2017 (4 prisons). Please note that this does not include all local prisons.
- Summary statistics from HMP Leicester in 2018 are compared with those from HMP Leicester in 2015. Please note that we do not have comparable data for the new questions introduced in September 2017.

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION								
1.2	Are you under 21 years of age?	<i>n</i> =137	0%	6%	0%	3%	0%	1%
	Are you 25 years of age or younger?	<i>n</i> =137	23%		23%	19%	23%	
	Are you 50 years of age or older?	<i>n</i> =137	13%	12%	13%	13%	13%	12%
	Are you 70 years of age or older?	<i>n</i> =137	0%	2%	0%	1%	0%	2%
1.3	Are you from a minority ethnic group?	<i>n</i> =135	30%	24%	30%	16%	30%	24%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =131	72%		72%	65%	72%	
1.5	Are you currently serving a sentence?	<i>n</i> =133	60%	71%	60%	73%	60%	70%
	Are you on recall?	<i>n</i> =133	12%	10%	12%	14%	12%	15%
1.6	Is your sentence less than 12 months?	<i>n</i> =136	18%	21%	18%	25%	18%	18%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =136	6%	3%	6%	3%	6%	5%
7.1	Are you Muslim?	<i>n</i> =137	18%	12%	18%	9%	18%	11%
11.3	Do you have any mental health problems?	<i>n</i> =133	51%		51%	53%	51%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =134	37%	31%	37%	42%	37%	29%
19.1	Do you have any children under the age of 18?	<i>n</i> =129	58%	52%	58%	56%	58%	59%
19.2	Are you a foreign national?	<i>n</i> =129	11%	12%	11%	6%	11%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =130	7%	5%	7%	4%	7%	5%
19.4	Have you ever been in the armed services?	<i>n</i> =128	6%	6%	6%	7%	6%	5%
19.5	Is your gender female or non-binary?	<i>n</i> =129	1%		1%	1%	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =129	5%	3%	5%	4%	5%	4%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =128	2%		2%	3%	2%	
ARRIVAL AND RECEPTION								
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =135	18%		18%	16%	18%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =135	70%	40%	70%	34%	70%	70%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =135	82%	77%	82%	77%	82%	85%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =136	82%		82%	76%	82%	

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2.5	When you first arrived, did you have any problems?	n=137	90%	81%	90%	88%	90%	75%
2.5	Did you have problems with:							
	- Getting phone numbers?	n=137	34%	35%	34%	46%	34%	28%
	- Contacting family?	n=137	34%	37%	34%	47%	34%	31%
	- Arranging care for children or other dependents?	n=137	7%		7%	5%	7%	
	- Contacting employers?	n=137	7%	6%	7%	7%	7%	5%
	- Money worries?	n=137	31%	24%	31%	29%	31%	16%
	- Housing worries?	n=137	29%	24%	29%	27%	29%	20%
	- Feeling depressed?	n=137	53%		53%	48%	53%	
	- Feeling suicidal?	n=137	18%		18%	19%	18%	
	- Other mental health problems?	n=137	37%		37%	28%	37%	
	- Physical health problems	n=137	17%	19%	17%	20%	17%	16%
	- Drugs or alcohol (e.g. withdrawal)?	n=137	23%		23%	28%	23%	
	- Getting medication?	n=137	29%		29%	34%	29%	
	- Needing protection from other prisoners?	n=137	10%	10%	10%	12%	10%	11%
	- Lost or delayed property?	n=137	13%	17%	13%	17%	13%	16%
	<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=113	40%	32%	40%	30%	40%	49%
FIRST NIGHT AND INDUCTION								
3.1	Before you were locked up on your first night, were you offered:							
	- Tobacco or nicotine replacement?	n=136	73%	71%	73%	78%	73%	85%
	- Toiletries / other basic items?	n=136	57%	58%	57%	54%	57%	55%
	- A shower?	n=136	42%	29%	42%	48%	42%	32%
	- A free phone call?	n=136	79%	51%	79%	57%	79%	76%
	- Something to eat?	n=136	71%	72%	71%	78%	71%	69%
	- The chance to see someone from health care?	n=136	58%	65%	58%	66%	58%	65%
	- The chance to talk to a Listener or Samaritans?	n=136	31%	30%	31%	25%	31%	34%
	- Support from another prisoner (e.g. Insider or buddy)?	n=136	24%		24%	22%	24%	
	- None of these?	n=136	2%		2%	5%	2%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=133	34%		34%	25%	34%	
3.3	Did you feel safe on your first night here?	n=135	69%	65%	69%	61%	69%	70%
3.4	In your first few days here, did you get?							
	- Access to the prison shop / canteen?	n=126	42%	24%	42%	38%	42%	28%
	- Free PIN phone credit?	n=125	59%		59%	56%	59%	
	- Numbers put on your PIN phone?	n=122	43%		43%	37%	43%	
3.5	Have you had an induction at this prison?	n=130	77%	77%	77%	84%	77%	59%
	<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=100	44%		44%	50%	44%	

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ON THE WING								
4.1	Are you in a cell on your own?	n=136	35%		35%	26%	35%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=136	15%	22%	15%	17%	15%	12%
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	n=135	46%	48%	46%	53%	46%	29%
	- Can you shower every day?	n=137	81%	74%	81%	79%	81%	55%
	- Do you have clean sheets every week?	n=132	66%	60%	66%	55%	66%	36%
	- Do you get cell cleaning materials every week?	n=130	66%	48%	66%	42%	66%	58%
	- Is it normally quiet enough for you to relax or sleep at night?	n=131	47%	53%	47%	51%	47%	46%
	- Can you get your stored property if you need it?	n=130	24%	18%	24%	22%	24%	21%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=133	44%		44%	58%	44%	
FOOD AND CANTEEN								
5.1	Is the quality of the food in this prison very / quite good?	n=137	53%		53%	30%	53%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=137	37%		37%	24%	37%	
5.3	Does the shop / canteen sell the things that you need?	n=135	54%	49%	54%	66%	54%	43%
RELATIONSHIPS WITH STAFF								
6.1	Do most staff here treat you with respect?	n=134	66%	71%	66%	66%	66%	80%
6.2	Are there any staff here you could turn to if you had a problem?	n=136	70%	68%	70%	70%	70%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=137	31%	28%	31%	29%	31%	36%
6.4	Do you have a personal officer?	n=131	53%		53%	59%	53%	
	<i>For those who have a personal officer:</i>							
6.4	Is your personal or named officer very / quite helpful?	n=69	38%		38%	48%	38%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=134	10%		10%	7%	10%	
6.6	Do you feel that you are treated as an individual in this prison?	n=134	44%		44%	36%	44%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=135	31%		31%	39%	31%	
	If so, do things sometimes change?	n=42	38%		38%	33%	38%	
FAITH								
7.1	Do you have a religion?	n=137	69%	69%	69%	66%	69%	67%
	<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	n=94	69%		69%	63%	69%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=93	71%		71%	66%	71%	
7.4	Are you able to attend religious services, if you want to?	n=92	86%		86%	83%	86%	

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CONTACT WITH FAMILY AND FRIENDS								
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=135	24%		24%	25%	24%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=133	47%	49%	47%	55%	47%	44%
8.3	Are you able to use a phone every day (if you have credit)?	n=134	74%		74%	81%	74%	
8.4	Is it very / quite easy for your family and friends to get here?	n=134	49%		49%	49%	49%	
8.5	Do you get visits from family/friends once a week or more?	n=132	18%		18%	25%	18%	
<i>For those who get visits:</i>								
8.6	Do visits usually start and finish on time?	n=89	58%		58%	49%	58%	
8.7	Are your visitors usually treated respectfully by staff?	n=90	72%		72%	76%	72%	
TIME OUT OF CELL								
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=132	78%		78%	82%	78%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>								
9.1	Are these times usually kept to?	n=103	48%		48%	47%	48%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=134	40%	30%	40%	33%	40%	39%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=134	2%	8%	2%	8%	2%	10%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=133	59%		59%	60%	59%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=133	2%		2%	1%	2%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=134	46%		46%	44%	46%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=130	35%		35%	50%	35%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=132	52%		52%	45%	52%	
9.7	Do you typically go to the gym twice a week or more?	n=133	61%		61%	34%	61%	
9.8	Do you typically go to the library twice a week or more?	n=133	30%	6%	30%	11%	30%	14%
<i>For those who use the library:</i>								
9.9	Does the library have a wide enough range of materials to meet your needs?	n=89	55%	52%	55%	53%	55%	29%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS								
10.1	Is it easy for you to make an application?	n=133	76%	70%	76%	65%	76%	62%
<i>For those who have made an application:</i>								
10.2	Are applications usually dealt with fairly?	n=112	49%	46%	49%	42%	49%	38%
	Are applications usually dealt with within 7 days?	n=112	31%	31%	31%	26%	31%	22%
10.3	Is it easy for you to make a complaint?	n=135	53%	48%	53%	53%	53%	53%
<i>For those who have made a complaint:</i>								
10.4	Are complaints usually dealt with fairly?	n=71	27%	26%	27%	26%	27%	29%
	Are complaints usually dealt with within 7 days?	n=66	23%	21%	23%	19%	23%	21%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=90	23%		23%	33%	23%	

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For those who need it, is it easy to:									
10.6	Communicate with your solicitor or legal representative?	n=120	46%		46%	38%	46%		
	Attend legal visits?	n=118	62%		62%	56%	62%		
	Get bail information?	n=95	20%		20%	15%	20%		
For those who have had legal letters:									
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=106	44%	48%	44%	51%	44%	49%	
HEALTH CARE									
11.1	Is it very / quite easy to see:								
	- Doctor?	n=134	36%		36%	16%	36%		
	- Nurse?	n=132	50%		50%	40%	50%		
	- Dentist?	n=133	8%		8%	9%	8%		
	- Mental health workers?	n=132	19%		19%	18%	19%		
11.2	Do you think the quality of the health service is very / quite good from:								
	- Doctor?	n=131	51%		51%	32%	51%		
	- Nurse?	n=131	51%		51%	48%	51%		
	- Dentist?	n=130	17%		17%	24%	17%		
	- Mental health workers?	n=128	26%		26%	26%	26%		
11.3	Do you have any mental health problems?	n=133	51%		51%	53%	51%		
For those who have mental health problems:									
11.4	Have you been helped with your mental health problems in this prison?	n=66	27%		27%	34%	27%		
11.5	Do you think the overall quality of the health services here is very / quite good?	n=130	42%		42%	31%	42%		
OTHER SUPPORT NEEDS									
12.1	Do you consider yourself to have a disability?	n=134	37%	31%	37%	42%	37%	29%	
For those who have a disability:									
12.2	Are you getting the support you need?	n=42	33%		33%	24%	33%		
12.3	Have you been on an ACCT in this prison?	n=131	21%		21%	24%	21%		
For those who have been on an ACCT:									
12.4	Did you feel cared for by staff?	n=27	52%		52%	37%	52%		
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=134	51%		51%	45%	51%		
ALCOHOL AND DRUGS									
13.1	Did you have an alcohol problem when you came into this prison?	n=132	26%	22%	26%	23%	26%	22%	
For those who had / have an alcohol problem:									
13.2	Have you been helped with your alcohol problem in this prison?	n=32	56%	53%	56%	57%	56%	72%	
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=132	33%	35%	33%	35%	33%	40%	
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=131	18%	12%	18%	18%	18%	14%	
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=131	13%		13%	12%	13%		
For those who had / have a drug problem:									
13.6	Have you been helped with your drug problem in this prison?	n=51	57%	55%	57%	50%	57%	76%	
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=128	52%		52%	57%	52%		
13.8	Is it very / quite easy to get alcohol in this prison?	n=130	25%		25%	30%	25%		

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Number of completed questionnaires returned

HMP Leicester 2018	All other local prisons	HMP Leicester 2018	All other local prisons surveyed since September 2017	HMP Leicester 2018	HMP Leicester 2015
140	6,062	140	761	140	144

n=number of valid responses to question (HMP Leicester 2018)

SAFETY								
14.1	Have you ever felt unsafe here?	n=132	54%	54%	54%	64%	54%	55%
14.2	Do you feel unsafe now?	n=131	24%	25%	24%	31%	24%	28%
14.3	Have you experienced any of the following from other prisoners here:							
	- Verbal abuse?	n=131	37%		37%	41%	37%	
	- Threats or intimidation?	n=131	36%		36%	39%	36%	
	- Physical assault?	n=131	15%		15%	21%	15%	
	- Sexual assault?	n=131	1%		1%	2%	1%	
	- Theft of canteen or property?	n=131	20%		20%	30%	20%	
	- Other bullying / victimisation?	n=131	18%		18%	21%	18%	
	- Not experienced any of these from prisoners here	n=131	51%	65%	51%	47%	51%	60%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=121	24%		24%	34%	24%	
14.5	Have you experienced any of the following from staff here:							
	- Verbal abuse?	n=131	28%		28%	35%	28%	
	- Threats or intimidation?	n=131	24%		24%	26%	24%	
	- Physical assault?	n=131	17%		17%	13%	17%	
	- Sexual assault?	n=131	3%		3%	1%	3%	
	- Theft of canteen or property?	n=131	8%		8%	11%	8%	
	- Other bullying / victimisation?	n=131	14%		14%	18%	14%	
	- Not experienced any of these from staff here	n=131	57%	66%	57%	55%	57%	60%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=124	42%		42%	45%	42%	
BEHAVIOUR MANAGEMENT								
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=128	32%		32%	39%	32%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=129	42%		42%	35%	42%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=132	19%	12%	19%	14%	19%	15%
	<i>For those who have been restrained in the last 6 months:</i>							
15.4	Did anyone come and talk to you about it afterwards?	n=25	4%		4%	19%	4%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=131	15%	19%	15%	8%	15%	21%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>							
15.6	Were you treated well by segregation staff?	n=18	61%		61%	49%	61%	
	Could you shower every day?	n=18	67%		67%	52%	67%	
	Could you go outside for exercise every day?	n=17	77%		77%	54%	77%	
	Could you use the phone every day (if you had credit)?	n=15	60%		60%	46%	60%	

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n=number of valid responses to question (HMP Leicester 2018)

EDUCATION, SKILLS AND WORK								
16.1	In this prison, is it easy to get into the following activities:							
	- Education?	n=123	63%					
	- Vocational or skills training?	n=118	27%					
	- Prison job?	n=126	20%					
	- Voluntary work outside of the prison?	n=118	1%					
	- Paid work outside of the prison?	n=118	1%					
16.2	In this prison, have you done the following activities:							
	- Education?	n=121	79%	67%				
	- Vocational or skills training?	n=109	52%	56%				
	- Prison job?	n=111	63%	72%				
	- Voluntary work outside of the prison?	n=105	37%					
	- Paid work outside of the prison?	n=103	35%					
For those who have done the following activities, do you think they will help you on release:								
	- Education?	n=96	52%	49%				
	- Vocational or skills training?	n=57	42%	43%				
	- Prison job?	n=70	40%	38%				
	- Voluntary work outside of the prison?	n=39	41%					
	- Paid work outside of the prison?	n=36	42%					
16.3	Do staff encourage you to attend education, training or work?				n=108	40%		
PLANNING AND PROGRESSION								
17.1	Do you have a custody plan?				n=128	23%		
For those who have a custody plan:								
17.2	Do you understand what you need to do to achieve your objectives or targets?				n=29	79%		
17.3	Are staff helping you to achieve your objectives or targets?				n=28	39%		
17.4	In this prison, have you done:							
	- Offending behaviour programmes?	n=28	32%					
	- Other programmes?	n=24	29%					
	- One to one work?	n=26	27%					
	- Been on a specialist unit?	n=25	24%					
	- ROTL - day or overnight release?	n=24	13%					
For those who have done the following, did they help you to achieve your objectives or targets:								
	- Offending behaviour programmes?	n=9	56%					
	- Other programmes?	n=7	57%					
	- One to one work?	n=7	14%					
	- Being on a specialist unit?	n=6	67%					
	- ROTL - day or overnight release?	n=3	0%					

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Number of completed questionnaires returned

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n=number of valid responses to question (HMP Leicester 2018)

PREPARATION FOR RELEASE								
18.1	Do you expect to be released in the next 3 months?	<i>n=132</i>	33%		33%	36%	33%	
<i>For those who expect to be released in the next 3 months:</i>								
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n=42</i>	74%		74%	62%	74%	
18.3	Is anybody helping you to prepare for your release?	<i>n=41</i>	44%		44%	41%	44%	
18.4	Do you need help to sort out the following for when you are released:							
	- Finding accommodation?	<i>n=41</i>	61%		61%	64%	61%	
	- Getting employment?	<i>n=40</i>	65%		65%	61%	65%	
	- Setting up education or training?	<i>n=36</i>	44%		44%	44%	44%	
	- Arranging benefits?	<i>n=40</i>	75%		75%	68%	75%	
	- Sorting out finances?	<i>n=39</i>	62%		62%	55%	62%	
	- Support for drug or alcohol problems?	<i>n=38</i>	55%		55%	51%	55%	
	- Health / mental Health support?	<i>n=39</i>	49%		49%	63%	49%	
	- Social care support?	<i>n=36</i>	39%		39%	44%	39%	
	- Getting back in touch with family or friends?	<i>n=38</i>	29%		29%	42%	29%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:							
	- Finding accommodation?	<i>n=25</i>	24%		24%	35%	24%	
	- Getting employment?	<i>n=26</i>	15%		15%	20%	15%	
	- Setting up education or training?	<i>n=16</i>	6%		6%	19%	6%	
	- Arranging benefits?	<i>n=30</i>	13%		13%	26%	13%	
	- Sorting out finances?	<i>n=24</i>	21%		21%	19%	21%	
	- Support for drug or alcohol problems?	<i>n=21</i>	43%		43%	46%	43%	
	- Health / mental Health support?	<i>n=19</i>	16%		16%	22%	16%	
	- Social care support?	<i>n=14</i>	21%		21%	19%	21%	
	- Getting back in touch with family or friends?	<i>n=11</i>	27%		27%	24%	27%	
FINAL QUESTION ABOUT THIS PRISON								
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=129</i>	51%		51%	48%	51%	

HMP Leicester 2017

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners
- Muslim prisoners' responses are compared with those of non-Muslim prisoners

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Black and minority ethnic		White		
	41	94	Muslim	Non-Muslim
			24	113

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	17%	12%	4%	16%
1.3	Are you from a minority ethnic group?			92%	17%
7.1	Are you Muslim?	55%	2%		
11.3	Do you have any mental health problems?	34%	57%	35%	54%
12.1	Do you consider yourself to have a disability?	18%	44%	9%	43%
19.2	Are you a foreign national?	24%	6%	32%	7%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	9%	0%	8%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	85%	82%	78%	84%
2.4	Overall, were you treated very / quite well in reception?	83%	82%	83%	82%
2.5	When you first arrived, did you have any problems?	82%	94%	77%	92%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	43%	40%	29%	40%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	74%	67%	61%	70%
3.5	Have you had an induction at this prison?	73%	79%	65%	79%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	37%	47%	20%	49%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	13%	16%	13%	15%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	46%	47%	50%	46%
	- Can you shower every day?	82%	82%	83%	81%
	- Do you have clean sheets every week?	58%	70%	62%	67%
	- Do you get cell cleaning materials every week?	66%	66%	50%	69%
	- Is it normally quiet enough for you to relax or sleep at night?	46%	49%	52%	46%
	- Can you get your stored property if you need it?	19%	27%	13%	26%

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Number of completed questionnaires returned

Black and minority ethnic	White
41	94

Muslim	Non-Muslim
24	113

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	44%	35%
5.3	Does the shop / canteen sell the things that you need?	41%	59%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	58%	70%
6.2	Are there any staff here you could turn to if you had a problem?	67%	71%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	28%	33%
6.6	Do you feel that you are treated as an individual in this prison?	47%	44%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	71%	69%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	74%	70%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	25%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	38%	51%
8.3	Are you able to use a phone every day (if you have credit)?	75%	73%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	72%	73%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	53%	33%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	2%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	56%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	65%	82%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	47%	49%
10.3	Is it easy for you to make a complaint?	46%	55%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	20%	29%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	26%	22%

42%	37%
46%	56%
46%	71%
57%	72%
25%	32%
50%	43%
75%	67%
83%	66%
17%	25%
46%	46%
79%	73%
62%	74%
54%	36%
0%	2%
62%	54%
59%	79%
33%	52%
35%	56%
8%	31%
50%	18%

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Number of completed questionnaires returned

Black and minority ethnic	White
41	94

Muslim	Non-Muslim
24	113

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	34% 37%
	- Nurse?	43% 54%
	- Dentist?	8% 8%
	- Mental health workers?	25% 17%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	46% 20%
11.5	Do you think the overall quality of the health services here is very / quite good?	47% 39%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	57% 30%
SAFETY		
14.1	Have you ever felt unsafe here?	40% 60%
14.2	Do you feel unsafe now?	26% 23%
14.3	Not experienced bullying / victimisation by other prisoners	78% 41%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	24% 23%
14.5	Not experienced bullying / victimisation by members of staff	70% 53%
14.6	If you were being bullied / victimised by staff here, would you report it?	39% 42%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	35% 31%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	28% 49%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	17% 20%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	17% 13%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	41% 40%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	34% 18%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	42% 40%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	36% 45%
FINAL QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	68% 47%

18%	40%
29%	55%
5%	9%
10%	21%
13%	28%
29%	44%
50%	33%
46%	56%
35%	22%
82%	44%
22%	25%
59%	57%
29%	44%
29%	33%
19%	47%
30%	17%
24%	13%
33%	41%
48%	17%
30%	47%
40%	44%
67%	49%

HMP Leicester 2018

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems
- Disabled prisoners' responses are compared with those of prisoners who do not have a disability

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

Mental health problems		No mental health problems		Have a disability		Do not have a disability	
	68		65		49		85

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	9%	16%	13%	13%
1.3	Are you from a minority ethnic group?	20%	39%	15%	37%
7.1	Are you Muslim?	12%	23%	4%	25%
11.3	Do you have any mental health problems?			82%	33%
12.1	Do you consider yourself to have a disability?	60%	14%		
19.2	Are you a foreign national?	5%	16%	2%	16%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	8%	6%	9%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	77%	87%	77%	84%
2.4	Overall, were you treated very / quite well in reception?	80%	83%	79%	82%
2.5	When you first arrived, did you have any problems?	97%	81%	98%	84%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	34%	44%	33%	42%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	67%	72%	63%	73%
3.5	Have you had an induction at this prison?	72%	82%	77%	77%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	40%	48%	47%	42%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	18%	12%	23%	12%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	44%	48%	44%	46%
	- Can you shower every day?	79%	82%	78%	82%
	- Do you have clean sheets every week?	67%	62%	63%	67%
	- Do you get cell cleaning materials every week?	67%	66%	67%	64%
	- Is it normally quiet enough for you to relax or sleep at night?	45%	53%	36%	54%
	- Can you get your stored property if you need it?	23%	26%	28%	22%

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Number of completed questionnaires returned

Mental health problems	No mental health problems
68	65

Have a disability	Do not have a disability
49	85

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	37%	39%
5.3	Does the shop / canteen sell the things that you need?	57%	50%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	70%	63%
6.2	Are there any staff here you could turn to if you had a problem?	72%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	42%	22%
6.6	Do you feel that you are treated as an individual in this prison?	40%	48%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	68%	68%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	70%	71%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	24%	25%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	55%	39%
8.3	Are you able to use a phone every day (if you have credit)?	76%	72%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	68%	75%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	40%	39%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	0%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	60%	52%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	73%	78%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	46%	54%
10.3	Is it easy for you to make a complaint?	57%	48%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	28%	29%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	22%	24%

33%	40%
55%	53%
71%	63%
69%	69%
40%	27%
33%	51%
61%	71%
57%	76%
29%	21%
55%	43%
71%	76%
63%	77%
34%	43%
4%	0%
63%	52%
78%	74%
49%	48%
57%	51%
29%	27%
28%	20%

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Number of completed questionnaires returned

	Mental health problems	No mental health problems		
	68	65	Have a disability	Do not have a disability
			49	85

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	37%	35%	43%	33%
	- Nurse?	58%	43%	57%	47%
	- Dentist?	10%	6%	15%	5%
	- Mental health workers?	21%	18%	21%	18%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	28%		24%	32%
11.5	Do you think the overall quality of the health services here is very / quite good?	40%	43%	38%	43%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	30%	44%	33%	
SAFETY					
14.1	Have you ever felt unsafe here?	60%	48%	67%	47%
14.2	Do you feel unsafe now?	29%	21%	37%	18%
14.3	Not experienced bullying / victimisation by other prisoners	48%	54%	33%	60%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	15%	33%	21%	26%
14.5	Not experienced bullying / victimisation by members of staff	51%	65%	39%	66%
14.6	If you were being bullied / victimised by staff here, would you report it?	37%	46%	41%	42%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	36%	34%	32%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	37%	48%	40%	43%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	21%	16%	23%	17%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	15%	14%	13%	15%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	37%	43%	42%	39%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	19%	27%	20%	25%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	25%	50%	33%	42%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	43%	47%	50%	41%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	44%	60%	40%	58%

HMP Leicester 2018

Comparison of survey responses from different residential locations

In this table responses from the vulnerable prisoner wing (Welford Unit) are compared with those from the rest of the establishment.

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Number of completed questionnaires returned

Vulnerable prisoner unit (Welford Unit)	Rest of the establishment
25	113

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 25 years of age or younger?	13%	25%
	Are you 50 years of age or older?	8%	14%
	Are you 70 years of age or older?	0%	0%
1.3	Are you from a minority ethnic group?	20%	33%
1.4	Have you been in this prison for less than 6 months?	58%	74%
1.5	Are you currently serving a sentence?	56%	61%
	Are you on recall?	16%	11%
1.6	Is your sentence less than 12 months?	8%	20%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	16%	4%
7.1	Are you Muslim?	12%	19%
11.3	Do you have any mental health problems?	38%	53%
12.1	Do you consider yourself to have a disability?	46%	33%
19.1	Do you have any children under the age of 18?	57%	59%
19.2	Are you a foreign national?	26%	8%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	8%
19.4	Have you ever been in the armed services?	0%	7%
19.5	Is your gender female or non-binary?	0%	1%
19.6	Are you homosexual, bisexual or other sexual orientation?	9%	4%
19.7	Do you identify as transgender or transsexual?	0%	3%

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Vulnerable prisoner unit (Welford Unit)	
Rest of the establishment	
	Number of completed questionnaires returned
25	113

ARRIVAL AND RECEPTION			
2.1	Were you given up-to-date information about this prison before you came here?	16%	18%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	72%	69%
2.3	When you were searched in reception, was this done in a respectful way?	84%	82%
2.4	Overall, were you treated very / quite well in reception?	84%	81%
2.5	When you first arrived, did you have any problems?	96%	88%
2.5	Did you have problems with:		
	- Getting phone numbers?	24%	36%
	- Contacting family?	36%	35%
	- Arranging care for children or other dependents?	4%	7%
	- Contacting employers?	4%	8%
	- Money worries?	44%	28%
	- Housing worries?	36%	27%
	- Feeling depressed?	64%	51%
	- Feeling suicidal?	16%	19%
	- Other mental health problems?	28%	37%
	- Physical health problems?	20%	16%
	- Drugs or alcohol (e.g. withdrawal)?	4%	27%
	- Getting medication?	36%	27%
	- Needing protection from other prisoners?	28%	6%
	- Lost or delayed property?	12%	14%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	57%	36%
FIRST NIGHT AND INDUCTION			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	68%	73%
	- Toiletries / other basic items?	68%	53%
	- A shower?	36%	42%
	- A free phone call?	68%	82%
	- Something to eat?	72%	71%
	- The chance to see someone from health care?	48%	61%
	- The chance to talk to a Listener or Samaritans?	28%	31%
	- Support from another prisoner (e.g. Insider or buddy)?	16%	26%
	- None of these?	0%	2%
3.2	On your first night in this prison, was your cell very / quite clean?	32%	33%

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Vulnerable prisoner unit (Welford Unit)	Rest of the establishment
25	113

Number of completed questionnaires returned

3.3	Did you feel safe on your first night here?	48%	73%
3.4	In your first few days here, did you get?		
	- Access to the prison shop / canteen?	44%	42%
	- Free PIN phone credit?	57%	60%
	- Numbers put on your PIN phone?	52%	40%
3.5	Have you had an induction at this prison?	75%	77%
	<i>For those who have had an induction:</i>		
3.5	Did your induction cover everything you needed to know about this prison?	50%	44%
ON THE WING			
4.1	Are you in a cell on your own?	32%	34%
4.2	Is your cell call bell normally answered within 5 minutes?	21%	15%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	71%	40%
	- Can you shower every day?	96%	77%
	- Do you have clean sheets every week?	52%	69%
	- Do you get cell cleaning materials every week?	79%	63%
	- Is it normally quiet enough for you to relax or sleep at night?	52%	46%
	- Can you get your stored property if you need it?	44%	20%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	76%	36%
FOOD AND CANTEEN			
5.1	Is the quality of the food in this prison very / quite good?	52%	53%
5.2	Do you get enough to eat at meal-times always / most of the time?	44%	36%
5.3	Does the shop / canteen sell the things that you need?	54%	55%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	84%	63%
6.2	Are there any staff here you could turn to if you had a problem?	84%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	32%	31%
6.4	Do you have a personal officer?	60%	51%
	<i>For those who have a personal officer:</i>		
6.4	Is your personal or named officer very / quite helpful?	67%	30%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	12%	9%
6.6	Do you feel that you are treated as an individual in this prison?	44%	44%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	48%	28%
	If so, do things sometimes change?	50%	33%

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Vulnerable prisoner unit (Welford Unit)	Rest of the establishment
25	113

Number of completed questionnaires returned

FAITH			
7.1	Do you have a religion?	72%	68%
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	78%	66%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	94%	68%
7.4	Are you able to attend religious services, if you want to?	100%	84%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	25%	23%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	46%
8.3	Are you able to use a phone every day (if you have credit)?	92%	69%
8.4	Is it very / quite easy for your family and friends to get here?	26%	54%
8.5	Do you get visits from family/friends once a week or more?	8%	21%
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	47%	61%
8.7	Are your visitors usually treated respectfully by staff?	67%	73%
TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	83%	76%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	40%	49%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	13%	44%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	4%	1%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	13%	68%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	0%	2%
9.4	Do you have time to do domestics more than 5 days in a typical week?	63%	41%
9.5	Do you get association more than 5 days in a typical week, if you want it?	44%	34%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	21%	59%
9.7	Do you typically go to the gym twice a week or more?	75%	59%
9.8	Do you typically go to the library twice a week or more?	38%	29%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	50%	56%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	96%	71%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	76%	43%
	Are applications usually dealt with within 7 days?	33%	32%

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Number of completed questionnaires returned

Vulnerable prisoner unit (Welford Unit)	25	Rest of the establishment	113
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10.3	Is it easy for you to make a complaint?	58%	51%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	39%	23%
	Are complaints usually dealt with within 7 days?	20%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	27%	23%
<i>For those who need it, is it easy to:</i>			
10.6	Communicate with your solicitor or legal representative?	70%	40%
	Attend legal visits?	65%	60%
	Get bail information?	18%	20%
<i>For those who have had legal letters:</i>			
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	50%	42%
HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	48%	33%
	- Nurse?	74%	45%
	- Dentist?	8%	8%
	- Mental health workers?	41%	15%
11.2	Do you think the quality of the health service is very / quite good from:		
	- Doctor?	65%	47%
	- Nurse?	65%	47%
	- Dentist?	13%	17%
	- Mental health workers?	27%	25%
11.3	Do you have any mental health problems?	38%	53%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	14%	30%
11.5	Do you think the overall quality of the health services here is very / quite good?	52%	40%
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability?	46%	33%
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	30%	36%
12.3	Have you been on an ACCT in this prison?	17%	23%
<i>For those who have been on an ACCT:</i>			
12.4	Did you feel cared for by staff?	75%	48%
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	75%	45%

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Vulnerable prisoner unit (Welford Unit)	Rest of the establishment
25	113

Number of completed questionnaires returned

ALCOHOL AND DRUGS			
13.1	Did you have an alcohol problem when you came into this prison?	17%	28%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	67%	55%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	17%	37%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	9%	20%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	9%	14%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	80%	56%
13.7	Is it very / quite easy to get illicit drugs in this prison?	44%	52%
13.8	Is it very / quite easy to get alcohol in this prison?	22%	25%
SAFETY			
14.1	Have you ever felt unsafe here?	78%	49%
14.2	Do you feel unsafe now?	29%	24%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	67%	29%
	- Threats or intimidation?	58%	30%
	- Physical assault?	17%	14%
	- Sexual assault?	4%	0%
	- Theft of canteen or property?	17%	21%
	- Other bullying / victimisation?	21%	17%
	- Not experienced any of these from prisoners here	25%	58%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	38%	21%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	26%	28%
	- Threats or intimidation?	35%	20%
	- Physical assault?	13%	16%
	- Sexual assault?	0%	4%
	- Theft of canteen or property?	4%	9%
	- Other bullying / victimisation?	9%	14%
	- Not experienced any of these from staff here	61%	58%
14.6	If you were being bullied / victimised by staff here, would you report it?	48%	41%

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Vulnerable prisoner unit (Welford Unit)	25	Rest of the establishment	113
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Number of completed questionnaires returned

BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30%	33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	50%	41%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4%	21%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	0%	5%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	0%	16%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?		56%
	Could you shower every day?		63%
	Could you go outside for exercise every day?		73%
	Could you use the phone every day (if you had credit)?		54%
EDUCATION, SKILLS AND WORK			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	83%	59%
	- Vocational or skills training?	35%	26%
	- Prison job?	13%	22%
	- Voluntary work outside of the prison?	0%	1%
16.2	In this prison, have you done the following activities:		
	- Education?	86%	77%
	- Vocational or skills training?	46%	54%
	- Prison job?	59%	63%
	- Voluntary work outside of the prison?	27%	40%
	- Paid work outside of the prison?	23%	38%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	68%	47%
	- Vocational or skills training?	50%	41%
	- Prison job?	46%	38%
	- Voluntary work outside of the prison?	50%	41%
	- Paid work outside of the prison?	40%	43%
16.3	Do staff encourage you to attend education, training or work?	67%	35%

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Vulnerable prisoner unit (Welford Unit)	Rest of the establishment
25	113

Number of completed questionnaires returned

PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	17%	24%
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	100%	76%
17.3	Are staff helping you to achieve your objectives or targets?	75%	33%
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	25%	33%
	- Other programmes?	0%	33%
	- One to one work?	0%	30%
	- Been on a specialist unit?	0%	27%
	- ROTL - day or overnight release?	0%	14%
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	100%	50%
	- Other programmes?	0%	57%
	- One to one work?	0%	14%
	- Being on a specialist unit?	0%	67%
	- ROTL - day or overnight release?	0%	0%
PREPARATION FOR RELEASE			
18.1	Do you expect to be released in the next 3 months?	35%	32%
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	29%	82%
18.3	Is anybody helping you to prepare for your release?	43%	42%
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	86%	55%
	- Getting employment?	100%	56%
	- Setting up education or training?	43%	43%
	- Arranging benefits?	86%	72%
	- Sorting out finances?	71%	58%
	- Support for drug or alcohol problems?	57%	57%
	- Health / mental Health support?	29%	52%
	- Social care support?	29%	39%
	- Getting back in touch with family or friends?	57%	23%

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Vulnerable prisoner unit (Welford Unit)	Rest of the establishment
25	113

Number of completed questionnaires returned

18.4	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	17%	22%
	- Getting employment?	14%	17%
	- Setting up education or training?	0%	8%
	- Arranging benefits?	0%	17%
	- Sorting out finances?	20%	22%
	- Support for drug or alcohol problems?	50%	41%
	- Health / mental Health support?	0%	19%
	- Social care support?	0%	27%
	- Getting back in touch with family or friends?	25%	29%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	67%	49%