

Report on an unannounced full follow-up
inspection of

HMP Haverigg

16–25 March 2011

by HM Chief Inspector of Prisons

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Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

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Introduction

Haverigg is a category C training prison in a remote part of Cumbria. Its isolated location makes it unpopular with prisoners, its straggling and diverse accommodation is hard to supervise and it is not unusual for drugs to be thrown over its long perimeter fence. Nevertheless, it is commendable that this unannounced follow-up inspection identified some significant improvements, albeit from a very low base which means that Haverigg still has a long way to go before it can be regarded as a fully effective training prison.

We have frequently expressed concerns over levels of violence and bullying at Haverigg and, despite some improvements in policy and procedure, these levels remained too high and many prisoners still felt unsafe. Matters were not helped by poor quality first night accommodation which did little to put new arrivals at ease. More positively, vulnerable prisoners and those at risk of self-harm were now better cared for. Security was proportionate and there had been some notable successes in stemming the flow of drugs into the prison. Use of force and segregation had fallen since our last visit, but governance of both required improvement and the segregation unit was not fit for purpose.

The variation in quality of accommodation remains a distinguishing feature of Haverigg. We have previously called for the closure of the worst units, notably Fairfield, but it remained in use, and the quality of Blencathra unit was a little better. Other accommodation was reasonable but levels of cleanliness across the prison, particularly in dining areas, were poor. Staff-prisoner relationships also varied. Diversity was underdeveloped, and the lack of structured support for the much increased number of foreign national prisoners was a particular concern. There was an effective chaplaincy and health care had improved.

In contrast to some of the persistent weaknesses at the prison, the quantity and quality of purposeful activity had continued to improve. Time out of cell was reasonable for most prisoners and very good for some, although too many prisoners were not being encouraged to take up available activity places. Generally, the range and quality of learning and skills provision had improved. Library and PE provision were also good.

Resettlement had improved, with appropriate strategies and offender management arrangements, although there was inadequate planning and minimal appropriate provision for the large increase in category D prisoners. Public protection arrangements and work with indeterminate sentenced prisoners were satisfactory. Work along most of the resettlement pathways was reasonable, although there were few offending behaviour programmes and no use of release on temporary licence.

The Inspectorate has frequently been critical of HMP Haverigg, which is a hugely difficult prison to manage effectively. Accordingly, it is commendable that this report identifies improvements in safety, purposeful activity and resettlement. There is, of course, a huge amount of work still required before Haverigg becomes a fully effective training prison, not least responding appropriately to the much increased populations of foreign national and category D prisoners. However, the overall message is one of improvement and, for this, managers and staff deserve credit.

Nick Hardwick
HM Chief Inspector of Prisons

June 2011

Fact page

Task of establishment

Category C male training prison

Prison status

Publicly owned

Region

North West

Number held

16 March 2011: 622

Certified normal accommodation

622

Operational capacity

644

Date of last full inspection

2-6 February 2009

Brief history

HMP Haverigg was opened in 1967 on the site of a former RAF camp and is the only prison in Cumbria. Originally, 350 prisoners were accommodated in the RAF billets, but the addition of new accommodation and the rebuilding of two units following incidents of concerted indiscipline in 1988 and 1999 increased accommodation to 558 places. Additional places were created through further new units and doubling of cells.

Short description of residential units

Wing	Number held	
Skiddaw	134	Purpose-built house block split into two wings, with 103 single cells, 11 double cells and three triple cells with integral sanitation.
Fairfield	196	Nine billets with single and double rooms with integral sanitation.
Blencathra	126	Seven billets, mainly with single rooms.
Helvellyn	80	Two 40-room units; all rooms have en-suite showers and in-cell television. The unit is drug free, with prisoners subject to regular voluntary drug testing.
Great Gable	36	Programmes wing with single rooms in two billets.
Langdale	72	Cellular units with eight double cells
Total	622	

Scafell wing is the segregation unit, with accommodation for up to 12 prisoners.

Escort contractor

G4S

Health service commissioner and providers

NHS Cumbria

Cumbria Partnership NHS Foundation Trust

Learning and skills providers

Manchester College

Working Links

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good against this healthy prison test.**
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 against this healthy prison test.**
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 against this healthy prison test.**
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.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2009 we found that Haverigg was performing poorly against the healthy prison test of safety. We made 54 recommendations, of which 17 had been achieved, 14 had been partially achieved, 20 were not achieved and three were no longer relevant. We have made 35 further recommendations.
- HP5 In 2009 we found that Haverigg was not performing sufficiently well against the healthy prison test of respect. We made 86 recommendations, of which 29 had been achieved, 24 had been partially achieved and 33 were not achieved. We have made 54 further recommendations.
- HP6 In 2009 we found that Haverigg was not performing sufficiently well against the healthy prison test of purposeful activity. We made 13 recommendations, of which eight had been achieved, three had been partially achieved, one was not achieved and one was no longer relevant. We have made 10 further recommendations.
- HP7 In 2009 we found that Haverigg was not performing sufficiently well against the healthy prison test of resettlement. We made 35 recommendations, of which 17 had been achieved, six had been partially achieved and 12 were not achieved. We have made 16 further recommendations.

Safety

HP8 Transfer arrangements and reception procedures were generally satisfactory although long. First night accommodation was in a poor condition and many prisoners felt unsafe on their first night. There had been some improvement in the approach to violence reduction, and prisoners with vulnerabilities were now better cared for, but we were not assured that the prison was fully sighted on all safety issues. Prisoners reported feeling less safe compared with similar prisons and our last inspection on a range of indicators. Suicide and self-harm procedures were reasonably good. Fewer prisoners were segregated than at our last visit but use of the unit remained high, including for those seeking protection. Use of force was relatively low but its governance was underdeveloped. Special accommodation in the segregation unit was not fit for purpose. The application of security was generally proportionate. Substance abuse had reduced but remained a significant challenge. Integrated drug treatment system arrangements required improvement. On the basis of this full follow-up inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.

- HP9 In our survey¹ prisoners expressed comparatively poor perceptions about their treatment under escort. The escort vehicles we viewed were grubby and most

¹ **Inspection methodology:** There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in

journeys to the prison were lengthy. Some prisoners experienced further delays in disembarking from vehicles once they arrived.

- HP10 The reception area was reasonably clean and the main holding room properly equipped. Interview rooms offered confidentiality although one required refurbishment. Risk assessments were undertaken in reception and we were assured this information was effectively communicated to relevant staff. Prisoners and staff said that reception procedures could be lengthy, but most prisoners said staff were respectful. A Listener was available in reception but was not routinely deployed to the first night units.
- HP11 All new arrivals spent their first night and subsequent induction on one of two billets on the Fairfield unit. Accommodation here was very poor and the facility was unfit for purpose. Cells were unwelcoming, poorly maintained and inadequately cleaned or prepared for new arrivals. Supervision was difficult to maintain and in our survey nearly a quarter of prisoners, significantly more than the comparator and at our last visit, said they felt unsafe on their first night at Haverigg.
- HP12 Induction commenced the day after arrival. Despite limited resources, the programme was useful and supported by prisoner peer supporters in some sessions. Prisoners had access to a range of relevant departments and information. However, the programme was spread over two weeks and prisoners spent too much time locked up between sessions.
- HP13 Violent incidents reported through the incident reporting system were now better investigated than at the last inspection. Our previous concerns about the safety of vulnerable prisoners on Skiddaw had been addressed, and prisoners with vulnerabilities were now better cared for. We were not, assured, however, that all staff were fully engaged in monitoring and addressing violence and bullying in the prison, and there was evidence that the tackling antisocial behaviour strategy was not fully understood or rigorously applied by all residential staff. The collection and analysis of data on violent incidents remained underdeveloped, and structures to monitor strategy, such as the safer custody meeting and prisoner consultation, were not fully effective. There were opportunities for violence in too many areas out of the sight of staff and it was concerning that supervision continued to be inadequate, particularly on Fairfield and Blencathra units. Nearly a quarter of prisoners in our survey – and as many as a third on Fairfield – said that they felt unsafe currently at Haverigg, which was worse than the comparator and our finding in 2009.
- HP14 The suicide prevention policy had been reviewed recently and was comprehensive. Governance structures were good and there was a high priority to suicide and self-harm prevention meetings. Minutes reflected an informed debate about relevant issues, and analysis of data on patterns and trends of self-harming had improved. The number of prisoners who required supervision under assessment, care in

all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

custody and teamwork (ACCT) self-harm monitoring was relatively low. The quality of entries in ACCT documents was generally good and care planning was better than we usually see. However, we found a few prisoners in self-harm crisis isolated in their cell.

- HP15 The security committee was well appointed and reasonably well attended but lacked a sufficiently strategic focus. Security objectives were reactive and generally failed to identify or address key themes and issues. The prison administered a high volume of security information reasonably efficiently but its analysis often lacked sophistication because there were no trained analysts. The prison had confronted a significant drug issue and had made considerable efforts to reduce illicit drug use with some success. Some measures, however, lacked proportionality. Insufficient resources were allocated to intelligence-led searching and suspicion drug testing, and many were not completed.
- HP16 The number of adjudications had almost halved since the last inspection but still remained higher than many similar prisons. There was also less evidence of petty charges being laid, and referrals to the independent adjudicator had also significantly reduced. Despite a quality assurance process, the adjudication records suggested that some hearings did not explore the evidence or consider mitigation sufficiently. Adjudication awards were, however, broadly fair.
- HP17 Recorded use of force remained relatively low and documentation on incidents was reasonably well completed. However, there was no use of force committee and no scrutiny, quality assurance or analysis of use of force. Planned interventions were not routinely video recorded and the quality of recordings was often poor. The special cell in the segregation unit was unfit for purpose, and it was unacceptable that two uses of the cell in 2011 were not appropriately authorised or justified.
- HP18 The physical environment in the separation and care unit (segregation) was poor with too many cells that were scruffy, cold and had graffiti, dirty toilets and mouldy walls. Throughput of prisoners on the unit had reduced since our last visit but too many prisoners still sought refuge there for their own protection. The regime in the unit remained very limited; prisoners could not shower every day and some had restrictions on their access to exercise and telephones. Documentation authorising segregation was often poorly completed and behaviour targets, where set, were perfunctory. Prisoner case notes also failed to evidence meaningful engagement from staff, despite generally good staff-prisoner relationships, and there was no care planning for longer-term residents.
- HP19 The prison provided an integrated drug treatment system (IDTS) service. About 92 prisoners received methadone but just a third were on methadone reduction regimes. Prescribing was insufficiently flexible and Subutex was not made available as clinically required. The lack of integration between service providers resulted in a fragmented service. For example, there was no IDTS nurse triage, comprehensive care plans or joint treatment reviews. The year-to-date mandatory drug testing positive rate was 10.5%, although there were concerns about the quality of data. However, our survey findings pointed towards a much lower availability of illegal drugs.

Respect

- HP20 The quality of accommodation, standard of basic amenities and cleanliness varied greatly across the units and were too often poor. Staff-prisoner relationships were similarly mixed. There were reasonable levels of respect but prisoners were ambivalent about staff. The personal officer scheme was adequate. Prisoners were negative about the quality of the food, and the standards of cleanliness in the kitchen, dining halls and serveries were poor. Outcomes for black and minority ethnic prisoners were reasonable but support for other strands of diversity was underdeveloped. The lack of structured support and the limited services for the increased number of foreign national prisoners was a particular concern. The prison had an engaged chaplaincy. Applications and complaints arrangements were adequate. The provision of health care showed improvement. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were not sufficiently good against this healthy prison test.
- HP21 The standard and cleanliness of accommodation varied considerably across the prison. Langdale unit provided the best accommodation and standards on the semi-open facility, Helvellyn, remained reasonable. There had been some attempts to improve standards of cleanliness on the billets and there was less evidence of discernible neglect, but the accommodation on Fairfield and Blencathra units remained poor. Many cells had graffiti and damaged furniture and required redecoration. Standards of cleanliness generally on Skiddaw were disappointing and varied greatly between cells. The prison's offensive display policy was not enforced. Communal areas around all residential units were generally litter-free but some association areas were shabby and dilapidated. In contrast, the fitness suites were an excellent feature. Prisoners could wear their own clothes but arrangements to launder personal clothing required some improvement.
- HP22 The prison operated a standard incentives and earned privileges (IEP) scheme. There was evidence of progression between the privilege levels and prisoners had some opportunity to amend their behaviour before demotion, but this was subject to too much discretion by managers. The basic regime was sometimes unnecessarily punitive, and it was inappropriate that access to telephones, showers, association and the gymnasium were restricted. Prisoners on the basic regime could earn back privileges through positive behaviour, but this was also subject to the discretion of wing managers and operated inconsistently. Prisoners generally felt they were treated fairly on the IEP scheme, except for those placed on the basic regime for a single incident.
- HP23 Most prisoners told us that they had reasonable relationships with staff, and our survey findings on respectful treatment were consistent with comparator prisons. Our own observations suggested that while many officers were at ease with prisoners and their approach was consistent, helpful and courteous, some were distant, seemed disinterested and were unhelpful.
- HP24 Personal officer arrangements had improved since the last inspection. More prisoners than in 2009 said they had a personal officer and over two-thirds said they were helpful. However, entries in case notes were irregular and too many did not reflect effective engagement with prisoners. Management checks were perfunctory.

- HP25 In our survey, prisoners were negative about the quality of the food. The kitchen, serveries and dining halls were in various states of filthiness. Menus offered variety and special diets were catered for but breakfast packs were inappropriately issued the evening before they were consumed and meals at the weekend were served too early, although prisoners appreciated the brunch meal. Consultation arrangements were reasonable and had resulted in some menu changes but comments forms were not readily available. More prisoners than the comparator said the prison shop sold a wide enough range of items to meet their needs, and consultation arrangements had improved since the last inspection.
- HP26 A diversity manager was the designated lead for all strands of diversity. The diversity policy document was essentially descriptive of relevant legislation and failed to demonstrate how the specific needs of a diverse population would be met. There were no arrangements to monitor the access of minorities, other than black and minority ethnic prisoners, to amenities and facilities in the prison. Eight single equality impact assessments had been completed since the last inspection.
- HP27 About 16% of the population was from a black and minority ethnic background. The diversity manager was also the race equality officer and as a consequence had limited time for the role. There was a comprehensive and separate race equality policy. The race equality action team (REAT) was scheduled to meet monthly but had met just once in 2011 and attendance was generally poor, especially from residential managers. There were four prisoner diversity representatives who attended the REAT and were further supported at a regular prisoners meeting. A race equality action plan was in place but too many of the action points were not achieved, although the published document suggested that they were. The number of racist incident report forms submitted was low. The forms were not always available on the wings but investigations and follow-up were thorough. Some black and minority ethnic prisoners reported a lack of cultural awareness among many staff, and our own observations confirmed this.
- HP28 Foreign national prisoners constituted 12% of the population, a significant increase since our last inspection. The prison was a designated foreign national 'spoke' prison with particular responsibilities to meet their needs. There was a foreign national policy but it was not based on a needs analysis and services were very limited. Most foreign national prisoners were located on Blencathra but there seemed to be few benefits in this approach and they were not progressing to the better quality accommodation in the prison. There was a designated foreign national coordinator but the role was primarily administrative. There was no system to identify prisoners who did not speak English although the prison did use interpreting services. There were no peer support forums and no specific structures to address the needs of foreign prisoners. There were links with the UK Border Agency, which made a monthly support visit.
- HP29 Systems for identifying new arrivals with disabilities, as well as for following up and addressing their needs, were crude. We could find no evidence of personal emergency and evacuation plans for them. The older prisoner forum had not met since July 2009. There was no work to support gay or bisexual prisoners or those from a Traveller background.
- HP30 Many prisoners told us that their routine applications took a long time to be answered. The system to manage applications was basic and did not enable an effective audit trail. Formal complaints forms were not readily available on the wings and the quality of replies varied – some were curt and others did not always address the issues.

Complaints against staff were not always addressed adequately. Quality assurance arrangements were inadequate. Legal service provision remained very limited.

- HP31 The chaplaincy was active within the prison and prisoners appreciated the range of services, which were well attended. The chapel was well laid out and appropriate for different religious needs. There were some faith-based groups and the chaplaincy had responded well to the loss of Sycamore Tree project with its own bespoke victim awareness course. The chaplaincy saw all new arrivals within 48 hours, and in our survey prisoner perceptions of respect for their religious beliefs had improved since our last visit.
- HP32 In our survey, prisoners said that the overall quality of health care was better than in 2009, but compared unfavourably with the comparator. The health care environment had been improved but needed to accommodate the growing range of clinics and improve the security of controlled drugs storage. Primary care had improved with an appropriate range of primary care and specialist clinics. There has been progress in pharmacy provision but there was a lack of confidentiality at medication administration hatches and prisoners told us of intimidation to divert prescribed drugs while waiting in the queue. Access to dentistry was good. Mental health care had improved with a dedicated service specification, staffing and prison mental health care pathway.

Purposeful activity

HP33 Time out of cell and access to association for most prisoners was very good, but we found more than 100 prisoners locked in their cell or returned to their billet during the working part of the day. The provision of learning and skills had improved significantly since our last inspection. There were broadly sufficient activity places to meet the needs of the population, although allocation and programming arrangements could be further developed. Vocational training and opportunities to acquire skills in workshops and other work areas were similarly good. Education and work induction arrangements met prisoner need, and access to education as well as the quality and range of provision were good. The library was a good resource. Access to recreational and accredited learning in PE was impressive. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were now reasonably good against this healthy prison test.

- HP34 Prisoners' experience of time out of cell continued to vary greatly, but was good for the majority. Many prisoners benefited from a semi-open regime and were only periodically confined to their unit or billet. On the secure units, in particular Skiddaw and Fairfield, the unlock regime was more restrictive and could include extended periods in cell during the working day for those not engaged with the regime. During a random roll check, we found more than 100 prisoners, about 17% of the population, locked in their cell. It was particularly concerning that some prisoners held on Fairfield and Skiddaw were not unlocked until lunchtime. Access to association was generally very good and rarely cancelled.
- HP35 Senior managers had a clear strategic plan for learning and skills and there had been significant improvements to the provision since the last inspection. For example, quality assurance systems had improved. However, there was a significant shortfall in the delivery of contracted education hours by the provider, Manchester College.

- HP36 There were about 646 activity places in the prison which, when fully utilised, were sufficient to occupy all prisoners. Prisoners were over-allocated to work to enable full use of places, but the system was not well coordinated or efficient. Workshops were generally well run and induction to them was good. A wide variety of work was available and the prison had carefully selected and increased the range of qualifications that prisoners could work towards while at work. Where there was accreditation, achievement was generally good. Coaching and training were well structured with clear schemes of work and session plans. Prisoners developed high levels of skills and experience that could be used in employment on release, and employability skills in some workshops were recognised and recorded very effectively. Prisoners' literacy and numeracy skills were well supported in workshops. Pay rates for prisoners were too low but were not a disincentive to their participation in education.
- HP37 Vocational training was well planned and managed. A good range of accredited vocational courses was provided, and about 97 places were available, although most courses were at level 1 only. The majority of courses had high success rates. Coaching and assessment were good with well-planned training sessions.
- HP38 There were approximately 103 full-time-equivalent places in education. The education induction and initial assessment process was clear and provided a good introduction to opportunities in the prison. The careers information and advice support service (CIAS), provided by Working Links, was good, and managing information across partners (MIAP) was used well to gain assessment information from previous establishments. The quality of teaching and learning were good, but resources to support teaching needed to be improved. Access to education for most prisoners was good. There was a wide variety of courses, and personal and social development courses reflected prisoner needs well. There were good links between the education department and offender management to inform sentence planning. Success and retention rates had improved significantly since the previous inspection and were now high. Attendance was also good overall at 83%.
- HP39 The library provided a welcoming and well-planned environment, and was well promoted throughout the prison. Access for prisoners was good. Since the last inspection the stock of foreign language books had expanded significantly. Library staff supported prisoners well and worked closely with resettlement staff to help provide information before release. The activities available included Storybook Dads and the literacy six book challenge.
- HP40 Access to recreational PE was good with. Enhanced prisoners could access up to six of the 40 weekly sessions, standard prisoners four and basic prisoners one. Session times had been reduced to increase availability and there were no longer waiting lists. The PE department made very effective use of well-qualified orderlies to extend the provision, particularly to the wing gym facilities. The prison offered a wide range of qualifications up to level 4 and achievements were very good. Promotion of health and well-being was a priority for the prison.

Resettlement

- HP41 There were strategies to address reducing reoffending, public protection and offender management, but there was no active plan for the increased and significant number

of category D prisoners. Assessments of prisoners' resettlement need at induction and reviews before release were well managed and ensured necessary referrals and links to appropriate departments. The work of the offender management unit was reasonable, and work with high-risk and indeterminate-sentenced prisoners was generally good. Public protection arrangements were appropriate. Resettlement pathway work was reasonable, although there were few offending behaviour programmes and no use of release on temporary licence. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were now reasonably good against this healthy prison test.

- HP42 The reducing reoffending strategy addressed each resettlement pathway. Broad pathway development objectives were set out but gave little detail about how they would be achieved. Offender management and public protection arrangements were organised separately. Meetings and governance structures were appropriate with a quarterly strategic group and separate pathways meetings, although there were no formal arrangements to review development objectives. The prison had undertaken a comprehensive needs analysis but its findings needed to be used more effectively.
- HP43 There had been a significant and deliberate increase in the category D population but there was insufficient strategic and practical attention to their needs. In particular, the absence of release on temporary licence, home leaves and unsupervised community work was a significant omission and frustration.
- HP44 All prisoners were allocated an offender supervisor, even those out of formal scope. Offender development boards were held shortly after each prisoner's arrival ensuring individual targets were set for offending behaviour, training and employment and identified resettlement needs. Offender supervisor contact was broadly appropriate, although frequency varied. Work with high-risk and indeterminate-sentence prisoners was good with detailed risk assessments and evaluations. We were encouraged to see evidence of some constructive one-to-one work between prisoners and their supervisors. Links with community offender managers were generally good and sentence planning arrangements, for prisoners in and out of scope, were appropriate. In our survey, about three-quarters of prisoners said they had a sentence plan. Pre-release offender development boards were held approximately three months before release and were also well organised. They covered resettlement, training and employment, and offending behaviour and, where necessary, further referrals were made.
- HP45 The 61 indeterminate-sentence prisoners were allocated to probation officer offender supervisors. Work with this group was generally good and included some temporary transfer to other establishments to complete offending behaviour programmes. There were bimonthly support groups for lifers and prisoners on indeterminate sentences for public protection (IPPs), along with two lifer family days a year.
- HP46 Public protection arrangements were proportionate. Prisoners were screened on arrival, and monthly risk management meetings addressed both general issues and specific cases. Offender supervisors often attended community multi-agency public protection arrangements (MAPPA) meetings.
- HP47 The prison reported settled accommodation rates on discharge of about 92%, which was an improvement from our last inspection. The prison employed four prisoner orderlies to undertake assessments and liaison with outside agencies to support housing needs. There was, however, no specialist housing advice available. Some

prisoners raised concerns about sharing confidential information with prison housing orderlies. Prisoner orderlies were also points of referral for bank account applications and to signpost prisoners to debt advice provided by Citizens Advice (CAB) two days a week, although the actual level of debt help and the effectiveness of the CAB provision remained unknown. There was no debt management programme.

- HP48 Prisoners could attend an employability course in education, and they had good support with CV building, job applications and disclosure. Prisoners received a good careers information and advice service before release. Although the prison had good links with external agencies, further education colleges and training providers, there were few links with employers to inform course development to increase employment opportunities on release.
- HP49 Prisoners were invited to attend pre-release health clinics that addressed ongoing health care, including medication and contact with GPs on release. There was good pre-release coordination of care for prisoners with mental illness who were subject to the care programme approach.
- HP50 Prisoners had good access to counselling, assessment, referral, advice and throughcare (CARAT) services, including one-to-one work and IDTS group work modules. Those with primary alcohol problems could engage in ongoing work but there were no structured interventions, such as an alcohol-related offending behaviour programme. There were good links with community drug intervention programme teams, and link workers from teams in the North/North West visited regularly. In our survey, prisoners were very positive about the help they received to address substance misuse.
- HP51 In our survey, prisoner perceptions of how their visitors were treated were worse than at comparator prisons. However, the visitors we spoke to were complimentary about their treatment by staff and the amenities available to them. There was evidence that access to the visits booking line was a problem, and there were insufficient visits sessions to meet demand. Many prisoners took advantage of the generous opportunity to exchange visiting orders for additional telephone credit. Family days were well run with a good take up, but prisoners on basic regime were denied access to extended family visits and had restrictions on their telephone calls, which limited their ability to maintain family ties
- HP52 The lack of access to offending behaviour programmes continued to be a concern. The P-ASRO (prison addressing substance related offending) drug programme remained the only accredited programme. However, the planned reintroduction of the Sycamore Tree victim awareness programme and, in particular, the scheduled roll-out of the CALM (controlling anger and learning to manage it) programme in partnership with Cumbria probation were encouraging.

Main concerns and recommendations

- HP53 Concern: A significant number of prisoners said that they felt unsafe. The collection and analysis of data relating to safety, in particular violence, needed to improve further as did structures to monitor strategy ineffective.

Recommendation: Managers should ensure improved working arrangements between security, safer custody, health care and residential staff to ensure they

effectively record, monitor, investigate and deal with all matters relating to prisoner safety.

HP54 **Concern:** The staffing arrangements in the segregation unit did not allow for all aspects of a decent regime, and living conditions in the unit were poor. The unit was often full to capacity and was still used too frequently for prisoners seeking refuge for their own protection and for good order or discipline.

Recommendation: The number of prisoners in the segregation unit should be reduced further, and the quality of regime and environment should be improved.

HP55 **Concern:** We had continuing concerns about the safety of prisoners held on the Fairfield unit, which was unsuitable for use as a first night centre and still had a poor standard of accommodation.

Recommendation: The Fairfield unit is inherently unfit and unsafe for its present purpose and should be demolished.

HP56 **Concern:** Much work on diversity required further development and needed to be underpinned by an organised and strategic approach.

Recommendation: The prison should put in place a clear strategy based on a needs analysis intended to promote and improve outcomes for prisoners across all the various strands of diversity.

HP57 **Concern:** There had been a significant increase in the number of foreign national prisoners in the establishment, yet services to meet their needs were very limited.

Recommendation: There should be a multidisciplinary foreign national prisoner committee and a dedicated foreign national coordinator with adequate facility time, supported by the foreign national clerk.

HP58 **Concern:** Throughout the inspection, we found that the areas used to prepare, cook and serve food were filthy and poorly maintained.

Recommendation: All areas used to prepare, cook or serve food should be clean and well maintained.

HP59 **Concern:** Despite the availability of activity places some were underused, yet prisoners were over-allocated to work areas and some were returned to billets during working hours.

Recommendation: There should be better coordination of prisoner attendance at education and work to ensure better utilisation of activity places.

HP60 **Concern:** There was no active plan for the increased and significant number of category D prisoners.

Recommendation: The category D steering group should be reconvened as soon as possible to develop a strategy for category D and provisional category D prisoners and ensure their effective management.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

- MR1 The Fairfield unit is inherently unfit and unsafe for its present purpose and should be demolished. (HP46)**

Not achieved. A long-term estate plan strategy developed in June 2009 had included proposals to demolish and replace some units, including Fairfield, with new accommodation. However, at the time of the inspection Fairfield continued to be used to accommodate up to 196 prisoners. Two of the billets were now designated as the first night centre (see early days to custody).

See main recommendation HP55.

- MR2 There should be effective links between security, safer custody, health care and residential staff to record, monitor, investigate and effectively deal with all matters relating to prisoner safety. (HP47)**

Partially achieved. There was now a full-time safer custody team to monitor, review and supervise the day-to-day implementation of the revised violence reduction strategy across the prison. However, the revised strategy was not based on analysis of the specific patterns of violence in the prison, particularly on Fairfield and Blencathra units where there were problems with intimidation and bullying. The monthly safer custody committee meetings were not consistently attended by senior managers from security, health care and residential units, and concentrated on self-harm and suicide rather than other forms of violence. There was little evidence that information on violent incidents was used to inform strategy. Although the safer custody team had reasonable links with the health care department, not all unexplained injuries to prisoners were investigated. Many prisoners told us that they did not feel safe. Responses to our survey were worse than the comparators across a range of indicators, and many were worse than at the last inspection. There was little evidence to assure us that the prison as a whole was sufficiently sighted on important issues of safety or had adequately developed an approach that involved all its key areas and departments. (See also paragraphs 3.12-14.)

See main recommendation HP53.

- MR3 The drug supply strategy should be urgently reviewed, including effective intelligence-led searching, dynamic security, and an effective voluntary testing regime. (HP48)**

Partially achieved. The supply reduction strategy had been reviewed and intelligence reports were discussed at the monthly security committee meetings. The overall drug strategy document included a supply reduction action plan, and the head of operations attended monthly drug strategy meetings. (See also paragraph 7.3.)

- MR4 All staff should be actively involved in monitoring and addressing violence and bullying, and the tackling antisocial behaviour (TAB) strategy should be understood and vigorously applied. (HP49)**

Not achieved. Tackling antisocial behaviour (TAB) protocols had been reviewed since the last inspection and the three-stage system to deal with bullying behaviour had been replaced by a single level. The aim of TAB was to address all elements of antisocial behaviour, not only bullying. There were two separate TAB documents, one to deal with the perpetrator (TABP) and one to support victims (TAB support). TABP documents were only opened by residential managers following an interview with the prisoner and usually in response to suspicions of bullying raised by another member of staff. Following an investigation, all prisoners subject to TABP were managed under the basic level of the incentives and earned privileges (IEP) system and notified that an IEP board would determine what was to happen. A prisoner who was involved in a serious incident, such as assault, fight or overt bullying, was immediately demoted to basic. In practice, there was little to deal with the relevant issues. There was no distinction between the ways in which violent and bullying behaviour were dealt with compared with other less serious antisocial behaviour, such as refusal to attend work. The quality of staff entries in documentation was poor and there was no evidence that they were actively engaged in the day-to-day management of alleged bullies. Behaviour improvement targets, when set, were crude, predominately centred on compliance to the wing regime and mirrored those set for all other prisoners on the basic level. Some of the procedures in the violence reduction document relating to the implementation of the system had not been applied. Cell sharing risk assessments were not automatically reviewed, there was no separate booking system to identify the TABs that were opened because of bullying, prisoner case notes were not always updated, and the safer custody team was not always informed of prisoners on a TAB because of bullying behaviour.

See further recommendation 3.15.

MR5 **The segregation unit should be appropriately staffed and used, and living conditions there improved. (HP50).**

Not achieved. The staffing level of two officers in the separation and care unit was the same as at the last inspection which was insufficient, particularly when they also had to support adjudications. Communal areas in the unit were reasonably clean but too many cells were scruffy, cold and covered with graffiti. Cells had dirty, scaled toilets and some also had damp, mouldy walls. The fitted metal chair and table unit in the older cells was inadequate. The throughput of the unit had reduced by approximately 20% since the last inspection but, despite this, the unit was generally full to capacity. Between September 2010 and February 2011, the unit had held 71 prisoners, of whom 32 were segregated for reasons of good order or discipline, 31 for their own protection and eight pending adjudication. Only nine of those in the unit for their own protection had been reintegrated to normal accommodation, and many had remained there for longer than three months. The unit was used very infrequently to house prisoners on a punishment of cellular confinement as spaces were generally limited. We were concerned by the high number in the unit seeking refuge for their own protection and the length of time that many remained there.

See main recommendation HP54 and further recommendation 7.28.

MR6 **Support for prisoners at risk of self-harm (such as access to Samaritans and Listeners) should be provided without delay. (HP51)**

Partially achieved. At the time of our inspection, there were 14 Listeners providing 24-hour cover on a rota. The Listener scheme was explained to prisoners on induction and publicised around the prison. One Listener saw new arrivals in reception but Listeners were not based in the induction wing (see section on first night and induction). All the Listeners we interviewed said that they felt supported by staff, particularly by the safer custody team, and that their work was valued. Although we were told that prisoners could access Listeners at any time during the day or night, prisoners told us that there were often delays because staff did not always

deal with requests quickly. In our survey, only half of respondents said that they could speak to a Listener at any time, against the comparator of 62%. We saw an example where a prisoner in the segregation unit waited nearly two hours to see a Listener. There were dedicated mobile telephones to allow prisoners to contact the Samaritans and these were working.
See further recommendation 3.29.

MR7 Effective support should be provided for prisoners who are unable to cope on the main units, and they should not be co-located with identified bullies. (HP52)

Achieved. The practice of moving identified bullies to B wing on Skiddaw unit, which housed most of the vulnerable prisoners at the last inspection, had ceased. Prisoners on open TABPs were usually located on the more secure units, such as Skiddaw or Fairfield, and some were also located in the segregation unit. The use of support plans for individual vulnerable prisoners had also improved since the last inspection. Support TABs had been raised to provide the more vulnerable prisoner with individual support. Entries in these documents were generally good and reflected high standards of staff support. Case reviews were held regularly and were always attended by the prisoner, the residential manager and officers who clearly knew the prisoner.

MR8 There should be access to a full range of mental health services every week. (HP53)

Achieved. There were appropriate primary and secondary mental health services, including self-help guidance, individual and group support activities, mental health drop-in sessions and gym sessions offered by health care staff, the chaplaincy, library and the gymnasium. Prisoners with serious mental health problems had access to psychiatric staff and one-to-one therapy.

MR9 The education provision should be fully overhauled, to improve the quality of teaching, increase opportunities for vocational training, and provide effective information, advice and guidance and resettlement links. (HP54)

Achieved. The new quality systems had been successful in monitoring and raising the quality of teaching and learning. Teaching and learning had been significantly improved. An effective careers information and advice support (CIAS) service was now in place. Effective links had been made between the prison's learning and skills and resettlement functions, and the curriculum better reflected the needs of learners. Opportunities for vocational training had been increased

MR10 There should be a comprehensive strategy and policy to meet the range of prisoners' resettlement needs, including the provision of relevant offending behaviour programmes. (HP55)

Partially achieved. The prison had a reducing reoffending delivery plan and a separate ambitions and strategy document. This document outlined the range of provision against each resettlement pathway along with broad objectives for each. However, objectives were not formally reviewed regularly. The scheduled strategic and operational meetings did not formally include reviews of objectives, which took place informally throughout the year. The only programme referred to under the attitudes, thinking and behaviour section of the strategy was the P-ASRO (prison addressing substance related offending) drug programme. Since the last inspection there had been an annual needs analysis, oriented primarily to the criminogenic needs of prisoners identified in offender assessment system (OASys) documentation, but although significant needs had been identified the level and range of offending behaviour programmes was insufficient. For example, the needs analysis of August 2010 had identified

that over two-thirds of the population had cognitive-behavioural problems and over half had anger management problems, but there were currently no offending behaviour programmes to address these needs. There were few opportunities for prisoners to transfer to other prisons to attend such programmes or to attend community programme on release on temporary licence or post-custody licence. The outcome data of the most recent needs analysis had not been included in the reducing reoffending strategy.

See also recommendation 9.69.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

1.1 Prisoners transferred to HMP Haverigg should be offered sufficient toilet breaks. (1.6)

Not achieved. In our survey, only 5% of respondents against the comparator of 12% said the frequency of toilet breaks was good. Prisoners described lengthy journeys and told us they had not been given a toilet break or were offered plastic bags to use on the transport. The prison escort records we viewed indicated that toilet breaks were not routinely offered.

We repeat the recommendation.

1.2 Reception should remain fully open over the lunch period. (1.7)

Not achieved. As at the last inspection, reception staffing reduced to one member of staff over the lunch period and there were often no staff available to escort vehicles from the gate to reception during this period. Prisoners who arrived during this time described lengthy waits on escort vehicles after they had arrived at the prison.

We repeat the recommendation.

Additional information

1.3 In our survey, prisoners had poor perceptions of their treatment under escort. Only 11% of respondents, against the comparator of 19%, said the comfort of the van was good and 49% of prisoners, against the comparator of 54%, said the cleanliness of the van was good. The escort vehicle we viewed was grubby and had graffiti.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

Reception

- 1.4 Reception staff should be able to supervise prisoners in the holding rooms effectively. (1.26)

Not achieved. Supervision arrangements had not changed since the previous inspection. Although new arrivals did not spend long in the small holding room where they were located after disembarking from the escort vehicle, it was some distance from the main reception desk where the two staff were primarily based.

We repeat the recommendation.

- 1.5 Holding rooms should be maintained appropriately and have sufficient written materials. (1.27)

Partially achieved. No written material was displayed in the initial holding room, although there was some on notice boards in the larger holding room. This room was well equipped with tables, chairs and a television which was switched on when the room was in use. Both holding rooms had clean toilet and handwashing facilities. However, there was some graffiti in the larger holding room, particularly on the television surround and screen. New arrivals were not given reading materials in the holding rooms.

Housekeeping points

- 1.6 Reception holding rooms should display published material in a range of relevant languages and should be free from graffiti.
- 1.7 Reading material should be provided to occupy new arrivals during the reception process.

- 1.8 New arrivals should have access to Listeners in reception and on the first night unit. (1.28)

Partially achieved. In our survey, only 23% of respondents, against the comparator of 29%, said they had met a Listener within their first 24 hours at Haverigg. However, a Listener was employed in reception. He saw all new arrivals and outlined the role of the Listeners and how prisoners could access the service, as well as providing more general information about the prison. No Listeners resided on or were routinely deployed to the two first night billets on Fairfield unit.

Further recommendation

- 1.9 New arrivals should have regular access to Listeners on the first night unit.

- 1.10 All new arrivals should be offered a shower and free telephone call. (1.29)

Not achieved. There were arrangements to ensure new arrivals could access their PIN (personal identification number) telephone account within an hour of their arrival, including specific arrangements for prisoners transferring from private sector prisons. Free telephone credit was not issued but new arrivals could be advanced additional PIN credit. Prisoners had access to a telephone in reception, and once on Fairfield unit could also use the telephone

during evening association on every weekday evening except Friday. A shower in reception was seldom used, but new arrivals could use the communal showers on Fairfield during evening association. However, in our survey only 34% of respondents, against the comparator of 40%, said they had the opportunity to have a shower on their day of arrival. We met two prisoners on their first day of induction who had not had a shower the previous evening because they were not aware there were showers on the billets and staff had not pointed them out to them.

We repeat the recommendation.

Additional information

- 1.11 Some prisoners said they had had long waits in reception but most described respectful treatment by staff there. All new arrivals, including category D prisoners, underwent a full search. There were two designated searching areas with appropriate privacy. In our survey, 82% of respondents, against the comparator of 78%, said the search in reception was carried out respectfully.
- 1.12 All new arrivals had a first night interview in reception with a member of staff from Fairfield unit. Interviews took place in private but staff and prisoners had to pass through a toilet area to access the room. During the interview, the cell sharing risk assessment was completed and a local first night interview document was completed to identify potential vulnerability and address any concerns.
- 1.13 During the interviews we observed, staff were patient in dealing with prisoners' queries and the assessment was thorough. Staff also undertook an initial assessment of resettlement need through a 'promoting protective factors' interview. The completed document was forwarded to the offender management unit (OMU).

Housekeeping point

- 1.14 The interview room in reception should be refurbished.

First night

- 1.15 **Clear procedures to identify and monitor prisoners spending their first night in custody should be published and known to night staff. (1.30)**

Achieved. New arrivals were now located on one of two billets next to the wing office on Fairfield unit. Prisoners spending their first night in custody at Haverigg were clearly indicated on the wing roll board, and during our night visit the night patrol was aware of these procedures and knew their identity and location. There was a daily handover sheet for first night officers to identify and communicate any indicators of potential vulnerability to staff on Fairfield unit.

- 1.16 **First night cells should be clean, free from graffiti and welcoming. (1.31)**

Not achieved. New arrivals could be located in any of the vacant cells on the two induction billets depending on their cell sharing risk assessment. Given the difficulties in ensuring adequate supervision and the poor standard of accommodation, Fairfield was inappropriate for a first night centre. The cells were only superficially cleaned, unwelcoming and poorly maintained. Some toilets were dirty and many had broken toilet seats. There was graffiti in

many cells and walls were marked with toothpaste. In our survey, only 76% of respondents, against the comparator of 83% and the 81% response at the previous inspection, said they felt safe on their first night in Haverigg (see main recommendation HP55).

Induction

1.17 New arrivals should remain on Skiddaw unit until they complete their induction. (1.32)

No longer applicable. New arrivals were no longer located on Skiddaw unit. Much of the induction programme was delivered across the prison, and there were good systems to track prisoners' progress through induction and ensure they completed modules, irrespective of their location.

1.18 Induction compacts should be quality assured to ensure that prisoners have been seen by all relevant departments during induction. (1.33)

Not achieved. Induction compacts were still used to record progress through the induction programme. Compacts were forwarded to the prisoner's new location when he had completed induction. Most of the compacts we sampled recorded that all aspects of the induction programme had been completed, but none had been quality assured by the wing manager. **We repeat the recommendation.**

1.19 Induction classroom sessions should include input from Insiders and prisoner race representatives. (1.34)

Partially achieved. Two Insiders assisted induction staff in the delivery of some classroom sessions, but prisoner diversity representatives were not used to deliver induction modules.

1.20 Induction and first night information should be available in a range of appropriate languages. (1.35)

Not achieved. New arrivals were given limited written information on their first night and during induction, which was only available in English. **We repeat the recommendation.**

Additional information

1.21 Induction began the day after arrival. The content of the programme was appropriate and ensured prisoner access to a range of relevant departments and information, including education and the library. In our survey, 64% of respondents, better than the 56% response in 2009, said induction covered everything they needed to know about the prison. However, prisoners spent significant time locked up between sessions during the two-week programme.

1.22 An enthusiastic staff team from Fairfield unit delivered some classroom sessions in a communal area on one of the first night billets. Despite attempts to improve the area, it was spartan and there was no use of multimedia, although in the session we observed the officer ensured prisoners engaged with the material.

Further recommendation

1.23 Prisoners should be unlocked when they are not actively involved in induction sessions.

Housekeeping point

1.24 The prison should reduce the length of the induction programme.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

Accommodation and facilities

2.1 Living conditions on Blencathra and Fairfield units should be improved. (2.18)

Partially achieved. There was less evidence of neglect on Blencathra and Fairfield units than at the previous inspection but, despite some improvements in living conditions, the standard of accommodation in the billets on the units was poor. There were a few double cells on each unit but most accommodation was in single cells. Cells on Blencathra had a sink but no toilet. Many cells required redecoration; they had graffiti and toothpaste on walls that had been used to display posters. Cell furniture was broken or missing. Communal corridors were generally clean and had recently been repainted. Communal showers and bathrooms on the billets, particularly on Blencathra, were poorly maintained with peeling paint and stained and missing tiles. Some shower mats were dirty and had not been lifted to clean the floor underneath. Showers on Fairfield were not adequately screened. Communal areas on the billets had damaged or missing chairs. Two cells on Fairfield unit had been adapted to accommodate wheelchair users and had integral toilet and shower facilities. All prisoners were issued with privacy keys, and on Blencathra they were locked on the billet but not in their cells during patrol periods or during the night. Prisoners had ready access to communal facilities on each billet.

We repeat the recommendation.

2.2 All residential areas should be clean and well maintained. (2.19)

Partially achieved. The standard and cleanliness of accommodation varied considerably across the six residential units. Langdale continued to provide the best accommodation with all cells equipped with integral toilet and shower facilities. Cells on Helvellyn had integral shower and toilet facilities and there was a reasonable standard of accommodation, despite green mould on the unit's wooden cladded exterior. In spite of its age, Great Gable was clean and reasonably well maintained. Standards of cleanliness on Skiddaw were disappointing. Although some cells were clean and well presented, others were very dirty and required redecoration and some toilets were not screened. Communal areas on the unit were being painted but the stairwells and floors in communal areas were not adequately cleaned.

Further recommendations

2.3 All residential units should be clean and well maintained.

2.4 All toilets in cells should be adequately screened.

2.5 Association rooms should be improved and kept clean. (2.20)

Partially achieved. The association room on Fairfield had improved since the previous inspection, although it had some graffiti and a damaged table. Some other association rooms on units and communal areas on billets were tired and dilapidated with some damaged furniture and equipment. In contrast, some units had separate gym facilities which were consistently clean and well maintained.

Further recommendation

2.6 All association rooms and communal areas on billets should be clean and well maintained, and damaged equipment and furniture should be replaced.

2.7 All cells should have call bells, and these should be answered within five minutes. (2.21)

Not achieved. Cells on Great Gable, Blencathra and Helvellyn were not equipped with cell call bells. In our survey, only 20% of respondents, half the comparator, said their cell call bell was answered within five minutes. Residential managers did not check the electronic records of cell call bell response times. The records we viewed indicated that some responses exceeded five minutes.

We repeat the recommendation.

2.8 Up-to-date notices should be displayed and in formats suitable for the prison's population. (2.22)

Not achieved. We saw outdated information on display on some unit notice boards, including information about prison shop arrangements over the Christmas period. Some areas had no notice boards. The majority of information displayed was in English only, even on Blencathra, the designated accommodation for the majority of foreign national prisoners.

We repeat the recommendation.

2.9 There should be a clear policy prohibiting offensive displays that should be applied consistently. (2.23)

Not achieved. Although there was an offensive material policy dated January 2011 that contained clear guidelines about material deemed suitable for display in cells, the policy was not consistently understood, enforced or adhered to. We saw many examples of material on display that contravened the policy.

We repeat the recommendation.

2.10 There should be additional telephones on Blencathra, Fairfield, Skiddaw and Langdale, based on an acceptable ratio of one telephone to 20 prisoners. (2.24)

Not achieved. There were sufficient telephones on Langdale unit but the number on Blencathra, Fairfield and Skiddaw fell below the ratio of one telephone to 20 prisoners. In our survey, 29% of respondents, against the comparator of 23%, said they had problems getting access to the telephone.

We repeat the recommendation.

Additional information

- 2.11 External areas around the six residential units were free from litter and regular work parties were deployed to remove any debris.
- 2.12 During our night visit the units were reasonably quiet. In our survey, 71% of respondents, broadly the same as the comparator, said it was quiet enough for them to be able to sleep at night.
- 2.13 Prisoners could buy their own curtains as an earned privilege but the prison did not routinely provide curtains and in some cells prisoners had used prison sheets and towels to cover windows. Prisoners in double cells throughout the prison were not provided with lockable cupboards.
- 2.14 Consultation arrangements were reasonable. Each unit had nominated representatives who attended a monthly prisoner forum chaired by the governor. The forum had a standing agenda that included safer custody issues, incentives and earned privileges (IEP) and catering and prison shop arrangements.
- 2.15 Mail was distributed on the day it arrived in the prison and there was no limit on the number of letters prisoners could send or receive. Postage stamps could be received through the mail.

Further recommendation

- 2.16 Double cells should be equipped with lockable cupboards.

Clothing and possessions

- 2.17 **There should be facilities to allow prisoners to wash their own clothes. (2.25)**

Not achieved. Only Langdale and Helvellyn units had laundries. The tumble drier on Helvellyn was broken and, as a result, communal areas in the unit were strewn with drying clothing. All prisoners other than those on the basic level of the IEP scheme could wear their own clothes. Personal clothing could be laundered through the prison laundry. Prisoners were required to sign a disclaimer that clothing would be washed at their own risk. Many prisoners we spoke to were reluctant to do so as they lacked confidence in the arrangements and, as a result, washed their clothes in cell. Prisoners were issued with a range of prison clothing, including work clothes, which could be exchanged weekly along with prison-issue bedding.

We repeat the recommendation.

Additional information

- 2.18 Apart from category D prisoners, who could receive up to two parcels through the post, the majority of possessions on the facilities list could only be brought in on transfer from other prisons or bought from approved catalogues. Many prisoners complained that low prison wages made it difficult for them to buy items from catalogues. Prisoners' access to their stored property in reception was a problem. In our survey, only 20% of respondents against the comparator of 30% said they could get their stored property if they needed to. Reception staff

told us that they prioritised the issue of goods purchased through catalogues over access to stored property.

Further recommendation

2.19 Prisoners should have regular timely access to stored property.

Hygiene

No recommendations were made under this heading at the last inspection.

Additional information

2.20 In our survey, 62% of respondents, better than the 50% in 2009 but worse than the comparator of 75%, said they could normally get cell cleaning materials every week. Some prisoners complained that cell cleaning material provided was insufficient in quality and quantity to enable them to keep cells and communal areas clean.

Further recommendation

2.21 All prisoners should have weekly access to suitable cell cleaning materials.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

2.22 Staff should adequately supervise prisoners on residential units and in association rooms. (2.30)

Partially achieved. Although we saw some improvements in staff supervision of prisoners, including more officers patrolling important areas such as the grounds of Fairfield and Blencathra units than at the last inspection, supervision of communal areas, such as telephone and association rooms, continued to be poor.

We repeat the recommendation.

Additional information

2.23 Most prisoners we spoke to said that they had reasonable relationships with staff, and in our survey, 71% of respondents said that most staff treated them with respect.

2.24 During inspection, we saw examples where officers engaged positively with prisoners and were generally courteous in their day-to-day dealings with them. Most officers were aware of the importance of setting good examples and showing a consistent and fair approach.

However, some staff, particularly on Fairfield and Blencathra, had a more distant and superficial attitude toward prisoners, with little informal involvement during association. Although we saw examples where staff addressed prisoners by their preferred names, this was inconsistent and not embedded into the culture. Staff entries in formal documentation, such as sentence planning reports and self-harm monitoring documents, sometimes referred to prisoners by formal titles, but on the wings officers usually referred to prisoners by their surnames.

- 2.25 Staff entries in prisoners' files were generally poor and did not reflect the reasonable engagement we observed. Entries were mostly about the prisoner's day-to-day activities, such as attendance at work and compliance with the regime, and did not show that staff were always aware of important issues about the prisoner's personal circumstances. Management quality checks were ineffective.

Further recommendations

- 2.26 Staff should refer to prisoners by their preferred names or titles.
- 2.27 Managers should ensure improvement in the quality of staff entries in prisoners' personal files.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.28 There should be an effective personal officer scheme. (2.36)

Partially achieved. There had been improvements to the personal officer scheme since the previous inspection. In our survey, 69% of respondents, fewer than the comparator of 76% but better than the 47% in 2009, said they had a personal officer. More respondents than the comparator (68% compared with 62%) said their personal officer was helpful. The local scheme was described in a policy document dated May 2010. Most residential staff had a general understanding of their roles and responsibilities as personal officers. The policy required personal officers to introduce themselves to prisoners within 72 hours of their arrival on the unit but this did not always happen in practice. Personal officers were required to make comprehensive entries in prisoners' case notes at least fortnightly. Too many entries in the case notes were sampled did not reflect engagement with prisoners, entries were not always made fortnightly, and it was not always apparent whether the entries had been made by personal officers.

Further recommendation

- 2.29 Managers should ensure that personal officer entries in case notes are made regularly and consistently reflect engagement and knowledge of prisoners in their care.

Housekeeping point

- 2.30 Personal officer entries in prisoner case notes should be clearly indicated.

2.31 There should be routine management checks of personal officer contact time and the quality of entries in prisoners' personal files. (2.37)

Partially achieved. Senior officers conducted regular management checks of 10% of all case note entries made by personal officers they line managed. The management checks were recorded in prisoners' case notes and on a separate management check sheet. However, managers often failed to record the quality of the entries they had checked in case notes, and the written records contained few comments on findings to improve practice. We saw only isolated examples of managers documenting the action they had taken in response to management check findings.

Housekeeping point

2.32 Records of management checks of personal officer entries in case notes should include comments on the quality of entries and action taken as a result.

2.33 Personal officers should make appropriate contributions to sentence planning and resettlement processes. (2.38)

Not achieved. There was no evidence in prisoners' case notes of links between the work of personal officers and the offender management unit. Personal officers told us they did not attend sentence planning boards and had very limited ongoing contact or links with the work of offender supervisors.

Additional information

2.34 The personal officer scheme was location based. On the billets, two staff were designated as billet officers and acted as personal officers, and a notice on billet notice boards indicated their identity. On other units, cell cards indicated the name of the prisoner's personal officer. Cover arrangements for staff did not appear to be sufficiently robust. We saw examples where personal officers had documented that they had been unable to make entries or have contact with prisoners as they were on night shifts.

Housekeeping point

2.35 There should be clear arrangements to provide staff cover during the absence of designated personal officers.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 **Monitoring on anti-bullying and violence reduction should be extended to include more factors indicating potential incidents. (3.18)**

Not achieved. There had been no improvements in the collection and analysis of information about indicators of violence (see paragraph 3.13 and main recommendation HP53).

- 3.2 **Staff should be trained in the revised violence reduction and anti-bullying strategy. (3.19)**

Partially achieved. We were told that some training in the new violence reduction and anti-bullying strategy had been delivered in 2010. There was, however, no training schedule and most staff had not been trained.

We repeat the recommendation.

- 3.3 **All assaults should be reported through the incident reporting system and be fully investigated. (3.20)**

Partially achieved. The safer custody manager investigated all violent incidents reported through the incident report system. However, the quality of investigation varied. Many were descriptions of events rather than evaluations of what had occurred, with little insight about the factors surrounding the event. There was little evidence that these investigations were used to inform any changes in the overall violence reduction strategy.

Further recommendation

- 3.4 **The quality of investigations into reported violent incidents should improve.**

- 3.5 **There should be an alert procedure to inform the safer custody team of suspected incidents. (3.21)**

Partially achieved. Although there was a system for officers to report suspected incidents to the safer custody team, it was seldom used. Wing staff usually dealt with incidents of suspected bullying through the tackling antisocial behaviour (TAB) perpetrator procedures (see paragraph MR4). There were many examples where prisoners suspected of bullying were not reported to the safer custody team and full investigations had not been conducted (see main recommendation HP53).

- 3.6 **The safer custody team should coordinate investigations into suspected incidents and be given the necessary information to maintain the tackling antisocial behaviour (TAB)**

register accurately. (3.22)

Not achieved. There was no register of prisoners on anti-bullying measures. Investigations were not properly carried out and the safer custody team was often not informed or consulted at all.

We repeat the recommendation.

3.7 TAB documents should be quality assured, and monitoring entries should provide evidence of engagement and support from staff. (3.23)

Partially achieved. Although there was some evidence that senior officers checked the quality of some TAB document as part of the incentives and earned privileges (IEP) scheme, the documents we examined for both bullies and victims were of poor standard. As at the last inspection, entries from officers provided little evidence of engagement or knowledge of the personal circumstance of their prisoners.

Further recommendation

3.8 Managers should ensure that monitoring entries in tackling antisocial behaviour (TAB) documents evidence staff engagement and support.

3.9 There should be interventions for persistent bullies and victims of bullying. (3.24)

Not achieved. There were no specific interventions for persistent bullies or their victims.
We repeat the recommendation.

3.10 Links between the safer custody team and security should be improved, and there should be regular management checks of wing observation books to identify potential incidents of bullying. (3.25)

Partially achieved. Links with the security department were better than at the last inspection, and the safer custody team was usually informed by email of violence-related security information reports (SIRs) and some of the specific details. We were not assured, however, that all relevant information was always shared, and there was no evidence that all SIRs relating to fights, assaults and suspected bullying were properly investigated. In the previous six months there had been 191 SIRs about fights, assaults, weapons and suspected bullying, of which about 60% had been investigated by the safer custody team. Attendance by security staff at the safer custody meetings was inconsistent. Although the safer custody team checked wing observation books daily there were still cases where information had not been acted on, followed through or entered on P-Nomis case notes.

3.11 Relevant key information in wing observation books should be reflected in wing history files. (3.26)

Not achieved. There were management checks of entries in wing observation books, usually by the safer custody manager, but as at the last inspection, we found examples where key information from written entries by officers had not been investigated, followed through, or recorded on prisoners' case records.

We repeat the recommendation.

Additional information

- 3.12 The violence reduction policy document had been revised since the last inspection. Although it explained in detail the principles, procedures and management arrangements for an overarching violence reduction strategy, it was not based on analysis of the specific patterns of violence in the prison, particularly on Fairfield and Blencathra units. Many staff we spoke to were unaware of its content relating to their responsibilities and the application of some of its protocols, particularly measures to address intimidation and other bullying on Fairfield and Blencathra, were not fully understood by staff across the prison.
- 3.13 A full-time safer custody team consisting of a dedicated safer custody manager, a nominated coordinator and an administrative worker had been appointed to monitor, review and supervise the day-to-day implementation of the violence reduction. There was also a safer custody committee to monitor the overall effectiveness of the strategy, and this committee also managed and monitored the suicide prevention policy. Minutes showed that the monthly meetings focused predominantly on prisoner self-harm and suicide prevention, and other forms of violence were sometimes underemphasised. The safer custody manager provided some information on the number of reported violent incidents, but details were limited and there was no analysis of wider trends. Although there was compelling evidence that violence on the billeted units was far greater than in the rest of the prison – for example, over 70% of all reported assaults in the previous six months had happened on Fairfield unit and in our own survey, a third of respondents on Fairfield said that they currently felt unsafe there – minutes of meetings did not reflect an appropriate awareness of this issue. Prisoner consultation was also weak. There had been no prisoner survey since the last inspection, and the monthly prisoner forums were not used to inform violence reduction strategies.
- 3.14 The safer custody team had reasonable links with the health care department and an informal arrangement with the complaints clerk to identify potential bullying incidents. There was evidence that some unexplained injuries were investigated, but we saw some examples where injuries to prisoners had not been sufficiently investigated and some had gone unnoticed altogether. Many prisoners told us that they would be reluctant to report an injury from an assault or fight. Many prisoners reported that they did not feel safe. In our survey, 23% of all respondents, against the comparator of 14%, said that they currently felt unsafe and 42%, against 30%, said that they had felt unsafe at some time. In addition, around a quarter of respondents said that they felt intimidated by other prisoners or had been threatened or intimidated by staff. In our safety interviews with prisoners, 80% of those we spoke to identified areas in the prison that were unsafe. (See main recommendations HP53 and 54.)

Further recommendation

- 3.15 All staff should be actively involved in monitoring and addressing violence and bullying, and the TAB strategy should be understood and vigorously applied.

Vulnerable prisoners

- 3.16 Wing history files should give a full account of the reasons why a prisoner is returned to Skiddaw unit as a vulnerable prisoner, and entries should demonstrate a high level of engagement by staff. (3.130)

No longer applicable. Skiddaw unit was no longer used as a vulnerable prisoner unit.

- 3.17 **Vulnerable prisoners who refuse to move off Skiddaw should not be demoted to basic status, except on the basis of a thorough individual risk assessment. (3.131)**

Achieved. There was no evidence that Skiddaw was used specifically for vulnerable prisoners, although those with some vulnerability were managed there through individual support plans.

- 3.18 **There should be active plans to support the reintegration of suitable prisoners to normal location. (3.132)**

No longer applicable. See above.

- 3.19 **Vulnerable prisoners should not be held on Langdale unit. (3.133)**

Achieved. Vulnerable prisoners were usually located on the secure wings, such as Skiddaw and Fairfield.

- 3.20 **There should be more work for vulnerable prisoners. (3.134)**

Achieved. All prisoners, regardless of their allocated residential unit, could access a full prison regime (see below and paragraph 6.9).

Additional information

- 3.21 There was no vulnerable prisoner unit at the prison. Following an accommodation review in 2009, the prison had decided to manage vulnerable prisoners on normal prison location. This integration included all prison activities, such as education and work places, and meant that all prisoners had equitable access to a full prison regime.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.22 **The range of monitoring indicators relating to suicide prevention should be increased and developed to establish emerging trends, be fully analysed by committee meetings, and used to inform policy. (3.40)**

Achieved. The safer custody committee used a wide range of information, provided by the safer custody team, to identify trends and patterns of behaviour by location, type, timing and peripheral circumstances of individual incidents. This was used to develop the strategy and update the continuous improvement action plan.

- 3.23 **Action plans in assessment, care in custody and teamwork (ACCT) documents should not solely place responsibility on the prisoner. (3.41)**

Achieved. Care mapping and planning had improved considerably since the last inspection.

Case management arrangements through the safer custody team, residential managers and the mental health in-reach team were effective, and the quality of individual plans we examined was better than we normally see. Detailed support plans, prepared through consultation with the prisoner, identified specific needs and apportioned responsibilities to a nominated member of staff (usually the wing senior officer) and, in more complicated cases, a mental health worker. The progress of plans was reviewed at predetermined times in agreement with the prisoner.

3.24 The quality of monitoring entries in ACCT documents should consistently demonstrate staff engagement with the prisoner. (3.42)

Achieved. The quality of written entries in most of the ACCT documents we examined was very good and demonstrated that staff were aware of the personal circumstances of their prisoners and usually good contact between staff, particularly residential officers, and prisoners.

3.25 Staff should hand over significant information about prisoners between shifts. (3.43)

Achieved. Handover arrangements for staff coming on duty had improved since the last inspection. Residential managers ensured that officers were aware of any issues affecting the safety of prisoners in specific areas of the wing during formal briefings before the start of each shift. The handovers we saw were comprehensive and included important information about the more vulnerable prisoners.

3.26 Night orders relating to the emergency unlock of cells should be urgently revised. (3.44)

Achieved. Night orders and the local security document had been reviewed and included clear instruction on entering cells at night in an emergency.

3.27 Cells used for at-risk prisoners should be thoroughly searched. (3.45)

Achieved. Residential officers carried out pre-cell occupancy searches. There was monthly monitoring by residential managers and the results were recorded.

3.28 Safer cells and a crisis suite should be provided. (3.46)

Achieved. A Listener suite had been introduced on A wing of Skiddaw. It was adequately set out but was in the middle of a busy landing so offered little privacy, although this was mitigated by temporary screening. However, it was seldom used – only twice in 2010 for short periods during the day. Listeners usually saw prisoners in their cells. Prisoners told us that they preferred this arrangement. (See also paragraph MR6.)

Further recommendation

3.29 Prisoner requests to see Listeners should be dealt with quickly.

3.30 Monthly meetings of the suicide prevention and violence reduction committees should be merged into one safer custody meeting. (3.47)

Achieved. The monthly safer custody meeting monitored both the violence reduction and suicide prevention strategies.

Additional information

- 3.31 Monitoring and overall management of the suicide prevention strategy was maintained at the monthly safer custody meeting, chaired by the deputy governor. An effective full-time suicide prevention coordinator managed protocols with solid support from the safer custody manager, mental health workers and residential managers. She was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented, and also acted as a central point for advice and guidance for staff and prisoners. The role had been given a high profile and was understood throughout the prison. There were good links between the mental health in-reach team and the safer custody team.
- 3.32 Most senior officers had been trained as ACCT assessors and, with some exceptions, particularly in the segregation unit, the quality of initial interviews and assessments was good.
- 3.33 The number of ACCT documents was reasonably low at about 100 in the previous 12 months. At the time of inspection there were four open documents, two of which were for prisoners in the segregation unit. Case reviews happened on time, attendance was generally multidisciplinary and usually the prisoner was encouraged to participate.
- 3.34 The level of inactivity among prisoners on open ACCTs in the segregation unit was high and our observations indicated that engagement by staff was not sufficient. The two prisoners we spoke to there had nothing meaningful to do and spent nearly all their time locked in their cells (see paragraph 7.25).

Further recommendation

- 3.35 All prisoners on ACCTs should be provided with sufficient occupation, regardless of their location.

Applications and complaints

Expected outcomes:

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

- 3.36 Details about applications and complaints should be publicised in a range of languages. (3.101)

Not achieved. Although the local diversity website provided information to staff on applications and complaints in 20 languages, staff we spoke to were unaware of this and we could find no evidence of information in languages other than English.

We repeat the recommendation.

- 3.37 Access to application and complaint forms should be improved on Fairfield and Blencathra units. (3.102)

Not achieved. No complaint forms were available by the complaints box and staff told us that prisoners had to ask for them in the wing office. Complaint forms were also unavailable freely

on Skiddaw unit and again prisoners needed to ask in the wing office for one.
We repeat the recommendation.

- 3.38 **There should be arrangements to enable wing staff to chase up applications not responded to within three working days, and the date of response should be routinely recorded. (3.103)**

Not achieved. The prison had recently ceased using the carbon copy application system and now relied on a single page application form. Staff took applications from prisoners during association each evening and then sent them to the relevant department. There was no logging of the application forms and the prison could not ascertain how long it took for them to be replied to.

We repeat the recommendation.

Additional information

- 3.39 Although staff took applications during association, many prisoners told us that some staff dealt with issues informally without the need to complete an application form, and that applications took a long time to be answered. Some prisoners told us that replies to applications could take up to two weeks, and in some cases the issue was not addressed sufficiently.
- 3.40 There had been 1,259 complaint forms submitted by prisoners during the previous six months, the majority concerning property, cash and transfers, and allocation. We saw some good in-depth replies but also many responses that were curt and did not adequately address the issues raised. Replies rarely used prisoners' preferred names.
- 3.41 The night orderly officer emptied the complaints boxes each night, which did not provide sufficient confidentiality. The complaint clerk kept a database of complaints and timescales for replies. We saw a few replies that had taken longer than seven days, but the majority of complaints were answered promptly. The governor was due to look at 5% of the previous months' complaints for quality assurance, but there had been no quality checks in the previous four months.
- 3.42 We found some complaints against staff that had not been addressed sufficiently. For example, a complaint against the attitude of a teacher was replied to simply as, 'I have spoken to the teacher and she denies the issues so I consider the matter closed'.

Further recommendations

- 3.43 All replies to complaints should adequately address the issues raised by prisoners and use the prisoner's preferred name.
- 3.44 The governor should carry out quality assurance checks of replies to complaints every month.
- 3.45 Complaints against staff should always be thoroughly investigated and the reply quality checked by the governor.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

3.46 Appropriately trained legal service staff should be appointed as soon as possible. (3.109)

Not achieved. As at the last inspection, prisoners did not know who to speak to about accessing legal advice. We were told that Citizens Advice could offer some advice, primarily about finance and debt. There was no full-time trained legal advice worker; one of the resettlement managers usually dealt with aspects of legal services and bail information. A register of appellants was maintained, and we were told that offender supervisors ensured that prisoners could access legal advice and understood the legal correspondence about their appeals. The library contained a suitable range of legal texts.

We repeat the recommendation.

3.47 The availability of legal visits should be expanded to accommodate demand. (3.110)

Achieved. One- or two-hour legal visits were provided four days a week. There was no evidence that this did not meet demands. Conditions in the main visits complex were comfortable, and the booking system was efficient.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

No recommendations were made under this heading at the last inspection.

Additional information

3.48 The chaplaincy team consisted of a full-time coordinating Anglican chaplain, a full-time assistant chaplain and 50 hours of sessional chaplains. The sessional hours were allocated as: Muslim chaplain, 30 hours; Catholic, eight hours; and four hours each to the Baptist and Anglican chaplains and a lay preacher. The team was supported by a part-time administrative officer.

3.49 The facilities consisted of a medium-sized multi-faith room and a small ecumenical chapel. The chaplaincy team had an open-door approach to access to the chapel and religious leaders. Prisoner attendance at regular services averaged at around 40 for Muslim Friday prayers, 36 at Catholic mass, 20 at Anglican services and four in a Buddhist group. Access to the religious service was not restricted and prisoners could freely their religion practise. In our survey, 57% of respondents said that their religious beliefs were respected, a rise from 49% in 2009.

3.50 Although in our survey more respondents overall than at the last inspection, 58% compared with 50%, said they had access to a religious leader in private, this was the case for only 42% of black and minority ethnic respondents compared with 62% of white respondents, and 22%

of foreign nationals, compared with 62% of British respondents. Some of this response was attributed to the Muslim chaplain being sessional rather than full time, although the time allocated to him was sufficient.

- 3.51 The duty chaplain saw all new arrivals within 48 hours, usually in their cell. This meeting was informal and explained the role of the chaplaincy and its activities.
- 3.52 The chaplaincy team facilitated several programmes, including a six-week bereavement course, the Step-by-Step faith-based addiction programme, and a victim awareness course that, although non-accredited, was a valuable replacement for the loss of the Sycamore Tree restorative justice project (although funding had been secured to continue the Sycamore Tree initiative in the future). Other classes offered during the week included Bible studies, discipleship introduction, Islamic education and Islamic studies.

Further recommendation

- 3.53 The prison should investigate why black and minority ethnic and foreign national prisoners have more negative perceptions than white prisoners about access to a religious leader in private, and respond accordingly to any significant findings.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

Clinical management

- 3.54 **Medication should be administered in a safe and suitable environment. (3.120)**

Not achieved. Facilities were still poor. Methadone was administered from two sites – Skiddaw and health care. Prisoners on Skiddaw complained that the treatment room there lacked confidentiality and that they received abusive remarks from other non-integrated drug treatment system (IDTS) prisoners on the unit. Methadone was also administered from the health care building, with a large number of prisoners queuing outside. This facility was not fit for purpose. Building work for accommodation designated for all prisoners on methadone treatment was due to start.

We repeat the recommendation.

- 3.55 **Integrated drug treatment system (IDTS) staff should complete a comprehensive clinical assessment the day after a prisoner's arrival at the establishment. (3.121)**

Not achieved. Following reception screening, new arrivals on methadone regimes were referred directly to the GP who saw them within their first two weeks in one of her IDTS clinics and completed a substance misuse assessment. We were concerned about the absence of nurse triage and the fact that the GP seemed to work in isolation (see further recommendation 3.61).

3.56 There should be a specialist dual-diagnosis service for prisoners with both mental health and substance-related problems. (3.122)

Partially achieved. A psychiatrist who was also a substance misuse specialist offered monthly sessions and the mental health in-reach team could draw on the expertise of a dual-diagnosis nurse in the community, but liaison with other service providers was ad hoc and there were no multiagency meetings for joint coordination of the care of prisoners with complex needs.

Further recommendation

3.57 Joint working between the mental health, the integrated drug treatment system (IDTS) and the counselling, assessment, referral, advice and throughcare (CARAT) service should be formalised to facilitate the care coordination of dual-diagnosis prisoners.

Additional information

3.58 Under the IDTS, 92 prisoners were currently prescribed methadone, with approximately 30% undertaking reduction regimes. Prisoners with a lower level of opiate dependency could access lofexidine for detoxification and 19 were on this at the time of the inspection. Between October 2010 and January 2011, Subutex had also been prescribed to as many as 64 prisoners at a time. This had caused problems for administration, which was time consuming, as well as diversion. However, the resulting decision to stop prescribing Subutex meant prisoners could no longer stabilise on this before their release. Prisoners were angry about the enforced change and some continued their use illicitly, with the accompanying problems of drug debts and bullying.

3.59 We were concerned about the lack of integration between service providers and of joined-up care for prisoners. A recently appointed IDTS lead nurse was on extended sick leave and a band five nurse seconded from primary care to IDTS lacked experience in this area. This resulted in an absence of nurse triage, nurse-led assessments and individual care plans, and there were no joint treatment reviews. The GP who offered three IDTS sessions a week worked in isolation, and primary care nurses had not been trained in the management of substance misuse.

3.60 Prisoners received a good level of care from the CARAT team, which was co-located with the IDTS service. Although liaison between the services was ad hoc and unstructured, CARAT workers identified community services to ensure continuity of treatment on release, and the IDTS administrator faxed through the relevant medical information.

Further recommendations

3.61 The establishment should ensure that under the IDTS, the GP and nurses work jointly, and that the lack of integration between clinical IDTS and CARAT services is addressed.

3.62 Prescribing regimes for opiate-dependent prisoners should be flexible, based on individual need and adhere to national guidance.

3.63 Individual care plans and reviews should be developed which demonstrate patient involvement.

Housekeeping point

- 3.64 Nurses involved in the clinical management of substance-dependent prisoners should undertake the necessary training.

Drug testing

- 3.65 **Mandatory (MDT) and voluntary (VDT) drug testing suites should be separated, with separate equipment, and the MDT holding cells refurbished. (3.123)**

Not achieved. MDT and compact based drug testing (CBDT) suites were still co-located and officers shared IT equipment. We welcomed plans to move MDT to another area.
We repeat the recommendation.

Additional information

- 3.66 The reported year-to-date random MDT positive rate was 10.5% against a target of 16%, although local figures were lower. In comparison, the last year's overall rate had been 15.5%. It was of concern that the establishment did not manage to randomly test 5% of its population consistently, and that the required level of weekend testing did not always take place.
- 3.67 Although there had been 474 security information reports related to drugs in the previous six months, only 12 out of 90 requests for suspicion tests had been conducted and logged (although we were also given the figure of 15). There was some risk assessment testing but no frequent testing programme. Testing was carried out by residential officers who were frequently deployed to other duties.
- 3.68 Test results pointed to cannabis and Subutex as the main drugs in use, but the diversion of prescribed medication was also a problem. In our survey, 34% of respondents said it was easy to get illegal drugs in the prison compared with 62% in 2009.

Further recommendation

- 3.69 The MDT programme should undertake the required level of random and target testing.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

Diversity

- 4.1 The diversity manager should be supported by designated liaison officers for each of the diversity strands, with adequate facility time to carry out this work. (3.54)

Not achieved. The diversity manager was the only person detailed to carry out the role for all strands of diversity. The prison had not appointed any designated liaison officers to support the role of the diversity manager under each strand.

We repeat the recommendation.

- 4.2 There should be a published diversity policy, based on an annual needs assessment, with clear guidance on how the needs of minority groups will be met. (3.55)

Not achieved. The prison had a published diversity policy but it only focused on the relevant legislation under each diversity strand. There had been no annual needs assessment and the policy had no guidance on how the prison would meet the needs of minority groups (see main recommendation HP56).

- 4.3 There should be regular monitoring of prisoners from minority groups to ensure they have equitable access to amenities and activities. (3.58)

Not achieved. The prison did not specifically monitor any minority group other than through the national monitoring of race equality, and was unaware if any other group was being disadvantaged in the provision of amenities and activities.

We repeat the recommendation.

Additional information

- 4.4 The full-time diversity manager was responsible for all strands of diversity with support from the race equality action team (REAT). The REAT meeting was replaced every third month with a diversity race equality action team (DREAT) meeting. This had the same attendance as the REAT but focused on all strands of diversity.

- 4.5 There was no separate diversity action plan; the race equality action plan (REAP) was used as an overarching action plan. Coverage of the diversity strands in the REAP was rudimentary. (see main recommendation HP56). There had been no work with prisoners from a Traveller background and the prison kept no record of the number of prisoners who were Travellers.

Further recommendation

- 4.6 The prison should include Travellers as part of the overarching diversity policy.

Race equality

- 4.7 There should be detailed analysis of ethnic monitoring to determine patterns and trends. This information should be accessible and clear to all prisoners and staff. (3.75)

Partially achieved. There was monthly mandatory national ethnic monitoring that was analysed at the REAT meeting. The data indicated that there had been no major trends or patterns over the previous 12 month. There was no local monitoring of specific areas in the prison, such as residential units. Monitoring information was not publicised or accessible to staff and prisoners outside this meeting.

We repeat the recommendation.

- 4.8 There should be adequately resourced arrangements to cover and support the role of the race equality officer. (3.76)

Not achieved. The diversity manager was the race equality officer and he had no support or cover arrangements to assist him in the role. Prisoners we spoke to knew who the race equality officer was and said he was accessible as he was often seen in the prison grounds.

We repeat the recommendation.

- 4.9 All race equality action team members and prisoners' representatives should attend the required training. (3.77)

Partially achieved. At the time of the inspection, 15 REAT members (65%) had been trained. A further eight required the training to assist them in their role. No prisoners' representatives had been trained.

We repeat the recommendation.

Additional information

- 4.10 Black and minority ethnic prisoners made up approximately 16% of the prisoner population and 2% of staff were from a black and minority ethnic background. Many black and minority ethnic prisoners told us that many staff at the prison displayed a lack of cultural awareness, and our own observations confirmed this view. The prison had developed the staff induction package to include diversity awareness but 45% of the staff still required 'challenge it, change it' training.

- 4.11 There was a comprehensive race equality policy that was reviewed annually. The policy covered all the mandatory sections on race equality and was supported by a local diversity website that all staff could access. However, some information on the website was out of date, as was the copy of the race equality action plan available to staff. The REAP that the REAT was working to was inconsistent and many action points were shown as fully completed when they were still at the embryonic stage or only partly completed.

- 4.12 The REAT included representation from all relevant departments and meetings were also attended by prisoner diversity representatives. The REAT was scheduled to meet monthly but there had been no meetings in February and March 2011, and up to half the team had not attended the previous four meetings; a residential senior manager had attended only one of these four meetings. Notwithstanding this poor attendance, the minutes indicated a good quality meeting that discussed issues, patterns and trends.

- 4.13 The Furness Multicultural Forum was the external representation on the REAT but had not attended for some months as the meetings clashed with its meetings. The governor was trying to resolve this to ensure good external contributions.
- 4.14 The diversity manager held a meeting every two months with all prisoner diversity representatives, which covered a variety of topics. There were currently four prisoner diversity representatives. Those we spoke to felt well supported by the prison and saw their role primarily as a bridge between prisoners and the diversity manager.

Further recommendation

- 4.15 All staff should be trained and receive regular refresher training in race equality.

Housekeeping points

- 4.16 The race equality action team should meet every month and all committee members should attend or send a representative.
- 4.17 The race equality action plan should be fully reviewed monthly and an accurate copy available to all staff.
- 4.18 The diversity website should be updated regularly to ensure that its information is relevant.

Managing racist incidents

- 4.19 **Racist incident report forms should be available on all wings, and all complaint boxes should be locked. (3.78)**

Not achieved. Although all complaint boxes were adequately secured, access to racist incident report forms (RIRFs) was still inadequate. There were no forms available on Blencathra, Fairfield and Skiddaw and prisoners had to ask staff for them. On the three remaining wings, RIRFs and the information about them were only available in English.

Further recommendation

- 4.20 Racist incident report forms and information about them should be freely available to prisoners in a range of languages.

- 4.21 **The race equality action team should monitor and analyse all submitted racist incident report forms to identify trends and take action as required. (3.79)**

Achieved. The monthly REAT meeting monitored and analysed racist incident report forms and this was minuted.

- 4.22 **There should be appropriate interventions for prisoners who demonstrate racist behaviour, and action plans for victims of racist incidents. (3.80)**

Partially achieved. There were no interventions for prisoners who demonstrated racist behaviour, but victims of racist behaviour were monitored and supported under the victim support section of the tackling antisocial behaviour policy (see paragraph MR4).

Further recommendation

- 4.23 There should be appropriate interventions for prisoners who demonstrate racist behaviour.

Additional information

- 4.24 The number of RIRFs submitted by prisoners was not overly high at 61 in 2009 and 67 in 2010. We found evidence that complaint forms with a racial component were passed to the race equality officer for investigation.
- 4.25 Many of the RIRFs were low-level incidents, such as racist remarks picked up in correspondence. In the previous six months, nine RIRFs had complained of staff racism. They had all been thoroughly investigated by a senior manager and the process was transparent. The race equality officer carried out a good level of investigation, but there had been no external scrutiny of RIRFs during the previous 12 months.

Further recommendation

- 4.26 An external body should check racist incident report forms every month.

Race equality duty

- 4.27 **There should be an annual race equality survey and regular consultation with black and minority ethnic prisoners to inform and develop the race equality action plan and policy. (3.81)**

Not achieved. The prison had not completed a race equality survey or consulted with the wider black and minority ethnic population during 2010, and had no plans to undertake such work in 2011.

We repeat the recommendation.

- 4.28 **There should be a planned calendar of events to celebrate and promote cultural, racial and ethnic diversity to which all departments contribute. (3.82)**

Achieved. Regular events, such as Buddhism awareness, Islamic awareness, St George's day, Kick racism out of sport, and black history month, had taken place in 2010 and were planned for 2011.

Additional information

- 4.29 Since the last inspection, the prison had completed eight single equality impact assessments. They were completed to a good quality and were informed by a range of tools, such as prisoner focus groups and race equality data. There was a programme to complete further assessments during 2011.
- 4.30 The diversity manager compiled a list of prisoners with racially aggravated offences or who had displayed racist behaviour – 29 at the time of the inspection. This information was available to all staff on the P-Nomis IT system.

Religion

No recommendations were made under this heading at the last inspection.

Additional information

- 4.31 The coordinating chaplain and the Muslim chaplain were members of the diversity and race equality action team and the race equality action team. The religious needs of prisoners were included in the race equality action plan and the actions identified, although limited, had been completed.

Foreign nationals

- 4.32 **There should be a foreign national strategy based on an up-to-date analysis of the needs of foreign national prisoners and including a time-bound action plan, and prescribing the involvement of all relevant departments and staff. (3.92)**

Not achieved. The foreign national strategy policy was not based on an up-to-date analysis of the needs of foreign national prisoners. Issues for foreign national prisoners were included on the race equality action plan (REAP) but the actions were limited and none were based on a multidisciplinary case management of foreign national prisoners.

We repeat the recommendation.

- 4.33 **Arrangements for free international telephone calls should accommodate foreign national prisoners from the day of their arrival. (3.93)**

Not achieved. The prison allowed a free monthly five-minute telephone call for foreign national prisoners but, as at the last inspection, this credit was put on to all the foreign national prisoner accounts at the same time each month. This meant that new arrivals could potentially wait up to 30 days for their free call depending on the date they arrived.

We repeat the recommendation.

Additional information

- 4.34 The prison had a foreign national policy document but it was perfunctory and many of its agreed actions were not adhered to. The role of the identified foreign national coordinator was primarily that of a foreign national clerk. There was no foreign national committee. (See main recommendation HP57.)
- 4.35 At the time of the inspection, foreign national prisoners made up approximately 12% of the prison population, which was an increase since our last inspection but a decrease in the number held during 2010. The prison was a designated foreign national spoke prison.
- 4.36 Blencathra unit was used as the foreign national wing and foreign national prisoners resided there with a few British nationals. We found little evidence that foreign national prisoners progressed to other units in the prison. Many foreign national prisoners had difficulty speaking English and some who we spoke to described feelings of isolation and frustration on the unit with communication to and from staff difficult. There had been no foreign national prisoner forums in the previous 12 months.
- 4.37 The prison used a professional interpreting service but predominantly for matters of confidentiality and during the reception and first night arrangements. There was no formal

system that identified prisoners who spoke little or no English and no formal plans to address their needs. There was a small database of staff and prisoners who spoke various languages.

- 4.38 There were links with the UK Border Agency (UKBA), which visited the prison monthly. It gave priority to detainees and prisoners nearing completion of their sentence, although other prisoners could make applications to see the UKBA officer. At the time of the inspection the prison held two detainees who had signed the appropriate document to stay at the prison rather than move to a detention centre.

Further recommendations

- 4.39 The foreign national policy should be reviewed and agreed actions should be fully adhered to.
- 4.40 Foreign national prisoners should be held on all wings in the prison.
- 4.41 There should be a monthly foreign national prisoner forum.
- 4.42 Foreign national prisoners who speak little or no English should be identified and measures to address their needs put in place.

Disability and older prisoners

- 4.43 **All new arrivals should be assessed to establish whether they have a disability, a care plan drawn up and assessments reviewed at least annually. (3.56)**

Not achieved. The assessment of whether new arrivals had a disability was crude and limited to a single question during the induction process. We could find no evidence of any care plans, and the prison could not accurately determine the number of prisoners with a declared disability.

We repeat the recommendation.

- 4.44 **All older prisoners and those with disabilities should be regularly consulted about their individual needs. (3.57)**

Not achieved. There had been no consultation group for older prisoners or those with disabilities since July 2009.

We repeat the recommendation.

- 4.45 **Prisoners past the age of retirement should not have to pay for their television. (3.59)**

Not achieved. Only prisoners who had reached the age of 75 were allowed free television. Prisoners beyond the age of retirement but below 75 still had to pay weekly for their television.

We repeat the recommendation.

Additional information

- 4.46 Staff we spoke to on all the wings displayed some knowledge of which prisoners had disability or mobility issues and their location in the wing, but none had any knowledge of personal emergency and evacuation plans (PEEP) and we could find no evidence of written PEEPs in the wing office to inform staff of prisoners who needed help during an emergency.

- 4.47 There was no disability liaison officer at the start of the inspection, but the diversity manager was given this task while we were at the prison as an add-on to his workload.
- 4.48 In our survey, prisoners who considered themselves to have a disability had negative perceptions across several indicators. There had been no prison needs analysis of prisoners with disabilities and older prisoners.
- 4.49 At the time of the inspection, there were 19 prisoners over 55. There was a separate older prisoners policy document but this was ineffective as it did not accurately reflect the service the prison offered to older prisoners (see main recommendation HP56).

Further recommendations

- 4.50 Written personal emergency and evacuation plans should be completed for prisoners who require them and should be readily available to staff.
- 4.51 A dedicated disability liaison officer should be appointed.
- 4.52 There should be annual needs analysis of prisoners with disabilities and older prisoners and a combined policy document formulated based on the findings.

Gender and sexual orientation

No recommendations were made under this heading at the last inspection.

Additional information

- 4.53 There was no work with gay, bisexual, transsexual or transgender prisoners and there was no information available to support and assist prisoners.

Further recommendation

- 4.54 Gender and sexual orientation strands of diversity should be developed.

Section 5: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

General

- 5.1 The primary care trust (PCT) commissioners should play an active role in defining and agreeing the service level agreement for the provision of health services. (4.46)

Achieved. The PCT had defined the content of the service level agreements for primary care and mental health services.

- 5.2 The health services department should be redesigned and be clean, tidy and fit for purpose, with more telephones. (4.47)

Achieved. The use of space in the health care department had been rationalised. IDTS and mental health workers had moved into adjacent accommodation. The department was clean and tidy; some areas had been recently decorated, and there were many telephones.

- 5.3 The health services room in reception should be relocated and redesigned. (4.48)

Achieved. The reception health screening room had been relocated and had access to SystemOne (the NHS IT system). However, it required redecoration, functional furniture and a telephone. We were informed that refurbishment and re-equipping were to commence following our inspection.

- 5.4 There should be a full security assessment of the treatment rooms, including the storage arrangements for controlled drugs. (4.49)

Not achieved. There had been no noticeable improvements to security. The main pharmacy room was in a pre-fabricated building with partition walls. The entrance door was lightweight and the doorway was not gated. Controlled drugs were stored in metal boxes inside a lockable metal cupboard used to store other medicines. The metal boxes were kept locked but they were flimsy with low-security locks. The metal cupboard could not be securely bolted to a permanent structure because of the nature of the building.
We repeat the recommendation.

- 5.5 All resuscitation equipment should be checked regularly, and all staff should be aware of its location and how to use it. (4.50)

Partially achieved. The resuscitation equipment was regularly checked and checks were documented. Except for the GP, health care staff had been trained in its use during PCT mandatory annual updating. There was no training programme to enable uniformed staff to use resuscitation equipment. Notices displayed in health care rooms indicated where the equipment was located. More equipment was available since our last inspection and had been strategically located to reduce transportation times during an emergency (see also paragraph 5.33).

Further recommendation

5.6 All staff should be trained to use the resuscitation equipment deployed at the prison.

5.7 There should be a lead nurse with sufficient seniority and knowledge to be responsible for the overall care of older prisoners. (4.54)

Achieved. The head of health care, a registered nurse, was responsible for the care of older prisoners.

Additional information

5.8 Health services were commissioned and provided by NHS Cumbria PCT and mental health services were provided by the Cumbria Partnership. There was good partnership working between the prison and NHS partners, with better involvement from the NHS than at our last inspection. A health needs analysis had been completed and a prison health development plan was under construction. The prison health quality and performance indicators were used to measure developments in quality.

5.9 The health care environment had been improved by rationalising the use of space and recent decoration. There were a growing number of clinics and activities in the health centre, which had led to insufficient rooms and space. There had been infection control and waste management audits and action taken to address the areas that required attention.

Clinical governance

5.10 The staffing levels and skill mix of the department should be clarified, and expeditious efforts made to recruit relevant staff. (4.52)

Achieved. A revised establishment and skills mix to meet prisoners' health needs was introduced following the last inspection, and the PCT offered a prison-specific recruitment premium to attract staff.

5.11 All health services staff should have clinical supervision. (4.53)

Achieved. Health care professionals had a variety of clinical supervision depending on their roles. Receipt of supervision was recorded on staff personal files.

5.12 There should be a local Caldicott guardian to oversee the use and confidentiality of personal health information. (4.56)

Achieved. The health centre manager, a senior nurse, was the Caldicott guardian.

5.13 Prisoners should have full access to the PCT's complaints system, including free telephone numbers if required. (4.60)

Partially achieved. Prisoners used the prison complaints system and, occasionally, the PCT complaints system, although the PCT patient advice and liaison service (PALS) was not advertised on the residential units. The health centre manager had implemented a process to escalate prisoner complaints to the PCT as a second stage to the complaints process and had produced a prison health care complaints and compliments guide for prisoners. The second

stage had not been formally adopted as an addendum to the joint complaints management agreement between the prison and NHS. The PCT monitored complaints quarterly. There was no free telephone access to the PCT's complaints system.

Further recommendation

5.14 Prisoners should have free telephone access to the PCT's complaints system.

Housekeeping points

5.15 Information on the PCT patient advice and liaison service should be available on residential units.

5.16 The second stage of escalating prisoner complaints to the PCT should be subject to an agreed protocol.

5.17 **The partnership board should ensure that all clinical policies and protocols are prison specific. (4.61)**

Achieved. The partnership board agenda had been amended to allow time for discussion of policies, and there was an appropriate range of prison-specific clinical policies and procedures.

Additional information

5.18 The prison had self-assessed as red against the prison health quality and performance indicators workforce requirement as it had no workforce plan. Because of this absence, it had not been possible to develop the medical service. The GP, a locum, had not been offered access to PCT mandatory training or other training recommended by the PCT for doctors. Nursing staff were being developed to widen the competency base, and each registered nurse had been designated to lead a particular area of clinical care, including lifelong conditions management and specialised treatments.

5.19 The health care department had received 25 complaints in 2011 to the date of inspection. Several of these been inappropriately directed. Forty per cent of complainants did not receive a response within the prison standard of seven days but all were completed within the PCT requirement of 21 days. Health care provided explanations for delays when they occurred.

5.20 There was a weekly health care management meeting but not all staff felt fully informed of relevant developments in the prison or in decision making within the health department.

Housekeeping point

5.21 Minutes of the health care management meeting should be sent to all staff.

Primary care

5.22 **Prisoners should be fully informed of the health services available and how to access them. (4.51)**

Achieved. Information on the availability of health services and times of clinics was displayed

in each residential area. Pictorial health care application forms were readily available and could be posted in dedicated health care post boxes. The boxes were emptied by nurses each evening. Prisoners could also attend daily minor ailment clinics in the health centre and in the Langdale and Skiddaw treatment rooms.

5.23 The arrangements for GP services should be altered so that the same GP does not work every day. (4.55)

Not achieved. One full-time GP provided sessions for health and IDTS. The GP was a locum, pending the outcome of a PCT review of medical services at the prison.
We repeat the recommendation.

5.24 Prisoners working at the prison should have appropriate occupational health checks and vaccinations. (4.62)

Partially achieved. Prisoners working at the prison in labour bands one and two were screened by the GP and nurse practitioner to consider the health aspects of their occupations. Prisoners in labour band one (any job) did not routinely have occupational health checks and vaccinations related to their employment.

Further recommendation

5.25 Prisoners in labour band one should have appropriate occupational health checks and vaccinations.

5.26 The health services application system should be reliable and auditable. (4.63)

Achieved. A revised confidential health care application system had been introduced following our last inspection. Concerns about applications were dealt with in the monthly prisoner forum and the nurse practitioner audited the system.

5.27 There should be effective management of patients with long-term conditions, including nurse-led clinics, in line with good practice. (4.64)

Achieved. There were dedicated clinics for the full range of lifelong conditions, which were led by the GP, nurse practitioner and senior nurses.

5.28 Health services staff should follow up all prisoners who fail to attend for appointments, in particular those requiring assessment following the completion of an injury to inmate (F213) form. (4.65)

Partially achieved. Prisoners who did not attend for appointments were brought to the attention of the GP and a clinical decision was made to determine if a further appointment should be offered. Not all prisoners who failed to attend were followed up. We were assured that prisoners with a completed F213 form were followed up as clinically indicated. Although prisoners' F213 forms were filed in their clinical records, health care did not keep a log of F213 incidents, which limited analysis.

Further recommendation

5.29 Health services staff should follow up all prisoners who fail to attend for appointments.

Housekeeping point

5.30 The health care department should keep a log of injury to inmate (F213) records.

5.31 Smoking cessation courses should be available. (4.66)

Achieved. Smoking cessation support was available with regular clinics and individualised course work. There had been no structured groups since early 2010 but these were to be reinstated in April 2011.

5.32 Prisoners should have access to barrier protection. (4.67)

Achieved. Barrier protection was available from the health care treatment rooms.

5.33 Resuscitation equipment, including the automated external defibrillator, should be taken to all 'code blue' emergencies. (4.79)

Achieved. We were assured that life support equipment, including an automatic external defibrillator (AED), was taken to 'code blue' emergencies. A nurse and prisoner confirmed that an AED had been deployed during his code blue event.

Additional information

5.34 New arrivals had a good health screening but this was not available after 5pm, which delayed screening until the following day. Prisoners were invited to consent to health information sharing with a variety of health and social care agencies. The agencies were itemised so that prisoners could differentiate between them and choose to give or withhold consent on a more informed basis.

5.35 There was a prison health action group and a comprehensive health promotion action plan. Health and well-being were promoted well in the health centre but not on the residential units. Health trainers were completing training during the week of our visit and part of their role was to encourage prisoners to pursue their health and well-being.

5.36 Primary care had improved since the last inspection with an appropriate range of clinics run by the GP, nurse practitioner and lead nurses. There were chronic disease registers. Each morning, following medications, there were nurse-led minor ailment clinics in the health centre, on Langdale and on Skiddaw where triage took place. There were daily GP and nurse-led general health and specific clinics related to lifelong conditions, such as circulatory disease and diabetes, treatment clinics such as wound care and physiotherapy, and screening clinics for immunisations such as hepatitis B and optometry. There was an active treatment programme for hepatitis C. Prisoners could access a nurse within an hour and the GP within a day. In our survey, the prisoner response on the overall quality of health care was better than in 2009, at 39% against 29%, although below the comparator of 47%.

Housekeeping point

5.37 Health and well-being should be promoted on the residential units.

Good practice

- 5.38 *Prisoners were given good information on health information sharing with relevant health and social care agencies to allow them to choose to give or withhold their consent.*

Pharmacy

- 5.39 **The system of faxed prescriptions should be subject to audit, and the pharmacist should compare a random selection of dispensed faxes against the original prescription forms held at the prison. (4.57)**

Achieved. The use of faxes had been largely discontinued and replaced with photocopies of the prescriptions, which were sent to the pharmacy via the delivery driver. The pharmacist had commenced random auditing of the copies against the original prescriptions.

- 5.40 **All prescriptions issued at the prison should be faxed to the pharmacy for the pharmacist to maintain full patient medication records on the pharmacy computer. (4.58)**

Partially achieved. All prescriptions issued at the prison were copied to the pharmacy, which maintained a record. However, some prescriptions were supplied from stock held at the prison instead of being dispensed by the pharmacy. In these cases, the pharmacy was not made aware of the prescription and so could not complete its patient medication records.

Housekeeping point

- 5.41 Prescriptions supplied from stock should be recorded on the pharmacy patient medication records.

- 5.42 **Prisoners should be able to see a pharmacist. (4.68)**

Achieved. The pharmacist spent one day a week at the prison and had recently introduced a pharmacy clinic, offering patient consultations by appointment. It was reported that demand had so far been low.

Housekeeping point

- 5.43 The pharmacist should identify patients who would benefit from consultations and approach them to offer a medicines usage review.

- 5.44 **Documented risk assessments of prisoners should be available and consulted before any medicines, including special sick, are given in possession. (4.69)**

Partially achieved. Documented risk assessments were completed for all new arrivals, but these were not retained with the prescription forms and not always readily available for decisions to supply medicines in possession.

Further recommendation

5.45 In-possession medication risk assessments should be readily available to staff prescribing and administering medications.

5.46 **The responsible pharmacist should have professional control of the stock supplied, and all pre-packs should be dual-labelled to facilitate auditing. (4.70)**

Partially achieved. Pharmacy staff replenished stock medicines in accordance with agreed stock levels, but there were no attempts to reconcile the stock supplied against prescriptions issued.

Housekeeping point

5.47 Stock medications supplied should be reconciled against prescriptions issued.

5.48 **Dispensing by nurses should stop immediately. (4.71)**

Partially achieved. Most medicines dispensed at the prison were supervised and checked by the doctor. However, at weekends and on other occasions when the doctor was not available, medicines were still sometimes dispensed by nurses.

Further recommendation

5.49 Nurses should not dispense medicines other than in exceptional circumstances.

5.50 **The medicines and therapeutics committee should formally review and adopt all procedures and policies, and all staff should read and sign the agreed procedures. (4.72)**

Partially achieved. The medicines and therapeutics committee met regularly and had agreed the procedures in place, although there was no evidence that staff had signed them.

Housekeeping point

5.51 All staff should read and sign the agreed medicines management procedures and policies.

5.52 **All prescriptions and written directions issued to authorise supplies of methadone mixture should be clear and complete. (4.73)**

Achieved. The written directions we inspected were in order.

5.53 **Controlled drugs registers should be properly maintained and capable of inspection and audit. (4.74)**

Partially achieved. Controlled drugs registers were available but were the old style, which did not include all the required fields of information.

Housekeeping point

5.54 Controlled drugs registers should contain all the required fields of information.

5.55 All medications should be administered in a safe and secure manner. (4.75)

Partially achieved. The administration of medicines was undertaken in a safe and secure manner. However, the medication queue outside the health centre was inadequately supervised and prisoners told us that there was intimidation to share medications in the queue.

Further recommendation

5.56 Medication queues should be adequately supervised.

Additional information

5.57 We found several loose blister strips in the stock cupboards, in particular a tray with a large number of blister strips of paracetamol tablets and ibuprofen tablets. These were mixed together and it was unclear why they had been removed from their original containers, but it was stated that the doctor used them for dispensing.

5.58 There was a high demand for opiate analgesics, which was a concern. Aggregated prescribing data indicated that dispensing of opiate analgesics had increased between April 2010 and January 2011.

5.59 In the health centre, two nurses supplied medicines through a hatch to two patients at a time. This affected confidentiality and compromised security because prisoners could see the medicines that others were collecting. There was also the potential to increase the risk of errors in medicines administration.

Further recommendation

5.60 The pharmacist should carry out a clinical audit of abusable medication.

Housekeeping points

5.61 Stock medicines should be stored in fully labelled containers and should not normally be removed from the original manufacturer's container until the time of supply.

5.62 The arrangements to supply medicines to prisoners in the health care centre should be reviewed to enable safety and privacy to individual prisoners.

Dentistry

5.63 Computer software should be installed in the dental surgery to facilitate record keeping and enable digital radiography. (4.59)

Achieved. Dedicated computer software was used in the dental surgery. It facilitated record keeping and enabled digital radiography.

Additional information

- 5.64 Some of the equipment in the dental surgery was up to 20 years old but worked satisfactorily and was serviced regularly. There was a separate decontamination room and the cross-infection controls appeared satisfactory. The PCT had not carried out a surgery inspection within the past three years and there was no emergency oxygen in the dental surgery.
- 5.65 There were six dental sessions a week, two provided by the dentist and four by a therapist or hygienist. Assistance was provided by registered dental nurses. The contract had been registered on the NHS Dental Services systems by Cumbria PCT and FP17 forms were submitted, allowing the PCT to monitor the contract.
- 5.66 Administrative staff received applications for dentistry and allocated patients to lists. Prisoners in pain were seen at the next clinic. After one treatment appointment, a patient was returned to the bottom of the appropriate treatment waiting list. This meant that courses of treatment could take a long time to complete. There was a protocol for providing out of hours dental cover and there was cover for the dentist's annual leave.
- 5.67 At the time of inspection, the waiting time to see the dentist was four weeks. There were no figures for the failure to attend rate and there had been no work to ascertain why appointments were missed. The dental checks and treatment provided were at least to the range available in the NHS, and individual oral health information was provided, mainly by the hygienist. Dentistry was fully integrated into the health care system, although communication between the dental team and the health care management could be improved.

Further recommendation

- 5.68 Cumbria PCT should carry out a full dental surgery inspection.

Housekeeping points

- 5.69 Emergency oxygen should be available in the dental surgery.
- 5.70 There should be a protocol to assist the triage of dental applications.
- 5.71 There should be work to assess the dental surgery failure to attend rates and the reasons why appointments are missed.
- 5.72 The length of time to complete courses of dental treatment should be reduced.
- 5.73 There should be regular meetings between the dental team and the health care management to improve communication.

Secondary care

- 5.74 Outside hospital appointments should be monitored to ensure that no prisoner is disadvantaged. (4.76)

Achieved. The senior administrator monitored access to external hospital appointments and provided management reports that were acted upon to rectify problems.

Additional information

- 5.75 There was good access to secondary health services at Millom Hospital and Furness General Hospital. Less than 1% of appointments had been cancelled because of security reasons.

Mental health

- 5.76 **Uniformed staff should have mental health awareness training. (4.77)**

Achieved. There had been mental health awareness training for uniformed officers in the last two years, and approximately 17.5% had been trained in each year since the last inspection.

- 5.77 **Prisoners with mental health needs should be supported by a mental health team who work with other areas of the prison regime. (4.78)**

Achieved. There was good liaison between the mental health team and OMU, library, gymnasium, chaplaincy and other departments.

Additional information

- 5.78 Mental health care had improved since the last inspection with a service specification, new service base and therapy room, dedicated staffing and prison mental health care pathway. Prisoners with mental health problems were seen by a primary care cognitive behavioural therapist/psychotherapist. Counselling and group support were available from the chaplaincy. Prisoners with serious mental health problems were treated by a registered mental health nurse and a visiting general psychiatrist. There were good working relationships with NHS forensic services. There had been screening for prisoners with acquired brain injury and some prisoners were transferred out to NHS secure services for further assessment and treatment. Delays in transfers were uncommon.

Section 6: Activities

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

No recommendations were made under this heading at the last inspection.

Additional information

- 6.1 The prison reported a monthly time unlocked figure of between 13 and 16 hours a day against a target of 12 hours, although the experience of prisoners across the units continued to vary greatly. Some units, such as Helvellyn, Great Gable and Blencathra, were essentially semi-open facilities. Apart from the times that they were confined to their unit or billet during roll checks and from about 7.45pm until 8.15am, prisoners were never confined to a cell and could associate freely, either on the unit or in its grounds. Enhanced prisoners located on the secure Langdale unit were similarly unlocked from their cells for just under 12 hours a day. They could associate and the only restrictions were at meal times and roll check when they were restricted temporarily to their wing spurs.
- 6.2 The most secure units were Skiddaw and the billets in Fairfield. On Fairfield, working prisoners were unlocked from their cell by about 8am and, apart from some brief restrictions to billet, were only returned to their cell for relatively brief periods at lunchtime and during the evening roll check. A working prisoner could expect to be out of cell for over 11 hours a day. On Skiddaw, prisoners were held in cell for longer during meal breaks but again a working prisoner could expect to be out of cell for over nine hours. For prisoners on Skiddaw and Fairfield not engaged in the regime the experience was more restrictive. Those not at work or who were returned from work because of inadequacies in the allocation arrangements (see paragraph 6.15 and main recommendation HP59) were locked in their cell. Because there was no domestic time in the early morning, some of these prisoners were not first unlocked until very late morning on Fairfield or briefly at lunchtime on Skiddaw. Unemployed prisoners were normally out of their cell for about five hours a day on Fairfield and less than three hours on Skiddaw. Prisoners on other units who were returned from work were normally confined to their billet, although they could associate. During a random roll check, we found 106 prisoners locked in their cell during the working part of the day, about 17% of the population. A further 38 were counted as having been returned from work to their billet.
- 6.3 Evening association on all units took place Monday to Thursday for about two and a half hours from about 5pm until about 7.45pm, although we saw considerable slippage in the Skiddaw routine. Association was also programmed on Fridays and at weekends during the day. Association was rarely cancelled. Access to exercise and the open air was reasonable, and on most units prisoners had reasonable access to the adjacent grounds, as well as association rooms and unit gym facilities. On the more restricted Skiddaw, there was an hour's exercise each afternoon for those retained on the wing. In our survey, findings on prisoner access to exercise, time out of cell and association were all significantly better than the comparators.

Further recommendations

- 6.4 Prisoners on Fairfield and Skiddaw not engaged in activity should be permitted domestic time out of cell each morning to shower and access other amenities.
- 6.5 Staff on Skiddaw should adhere to the published unlock routine.

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

Leadership and management

- 6.6 The diagnostic assessment of prisoners should be improved to meet individual learning needs. (5.24)

Achieved. There was a regular and effective diagnostic assessment and the results were available for all staff to use in lesson planning for prisoners who required support with literacy, numeracy and language.

- 6.7 Information about prisoners should be used more effectively to ensure their diverse needs are recognised and provided for. (5.25)

Achieved. Information gathered at induction was used in planning appropriate courses, and prisoners' work and personal aspirations and needs were taken into account. Cultural diversity was now considered in the planning of courses, for example, the preparation of halal food was covered in cookery classes for Muslim prisoners.

- 6.8 There should be improved target setting for effective use of prisoners' time and achievement of awards. (5.26)

Achieved. A detailed curriculum review and changes to the courses had ensured that courses better reflected the individual needs of prisoners. There was a strong focus on ensuring that prisoners could successfully complete their course within their length of sentence. Prisoners' targets for achievement were now effectively monitored to ensure they made good progress. Target setting for prisoner achievement in individual learning plans had improved.

- 6.9 Vulnerable prisoners should have increased access to activities. (5.30)

Partially achieved. The number of vulnerable prisoner had significantly reduced. For the few prisoners considered vulnerable, education could be requested on an individual basis although the number of prisoners who took up the offer was low.

Additional information

- 6.10 The overall number of activity places was 646, which was sufficient when fully utilised to occupy prisoners. Contingency plans to cover staff absences were not sufficiently effective and reduced the number of activity places available, in some cases preventing prisoners being fully engaged throughout the week. A new Offender Learning and Skills Service (OLASS) contractor, Manchester College, had been appointed in August 2009 and there had been much work to recruit staff to fill vacancies. However, there was a significant shortfall in the number of contracted hours delivered, with only 91% of the contracted hours achieved.
- 6.11 The prison had developed good partnership working with the contractor to improve the overall curriculum. There had been staff training to improve the teaching and coaching skills of instructional officers in the workshops. Standards of prisoner behaviour in the learning and skills provision were good with a high level of mutual respect between tutors, instructional officers and prisoners.
- 6.12 Senior managers had a clear strategic plan for learning and skills which linked well to the overall resettlement objectives of the prison. There had been significant improvements to the provision since the last inspection.

Housekeeping point

- 6.13 There should be effective contingency plans to cover learning and skills staff absences to ensure that all planned activities take place.

Induction

No recommendations were made under this heading at the last inspection.

Additional information

- 6.14 The induction process was clear and provided prisoners with a good introduction to what was available at the prison. The careers information and advice support (CIAS) service provided by Working Links was good. There was a detailed assessment of new arrivals' needs which was shared with the offender management unit (OMU). More specific assessments and more detailed careers advice were provided for individual prisoners who requested a further interview. Action plans were produced with short-term and long-term targets. There was good use of the management of information across providers (MIAP) system to prevent duplication of assessments and action plans carried out at previous establishments.
- 6.15 Allocation to activities was clear, fair and equitable and well informed by the CIAS and education. There were waiting lists for most courses. Prisoners were allocated to activities where vacancies occurred before a place became available on their chosen course. All prisoners were encouraged to work and were allocated to a work or workshop activity. Prisoners could access education part time in addition to their main allocation. Prisoners were over-allocated to work to enable full use of industrial work places. The allocation to work and education was insufficiently coordinated to ensure full use of all available activity places (see main recommendation HP59).

Work

- 6.16 The development of general employability skills in workplaces should be recognised and recorded. (5.33)

Partially achieved. The prison had introduced a system to recognise and record employability training for prisoners on the paint working party and in one woodwork workshop not engaged on accredited courses. The system had yet to be rolled out to all work areas.

Further recommendation

- 6.17 There should be recognition of prisoners' improved employability and skill development in all workshops for prisoners not yet ready to participate in the available accredited qualifications.

Additional information

- 6.18 The prison provided 195 places in workshops and a further 161 places in work such as wing cleaning, food serveries and as orderlies. The wide variety of work available included cleaning, the stores, recycling, bicycle repair, motor engineering, the kitchen, the smokery, farms and gardens, laundry, woodwork, data inputting, contract packing, painting, managing birds of prey and vocational training workshops. Rates of pay were low overall. The pay structure was meant to reflect levels of responsibility. Pay rates were not a disincentive to prisoners attending education.
- 6.19 Achievement of qualifications on most courses was good. Most prisoners displayed a positive work ethic in workshops and were diligent in their job. Good levels of discipline and good staff-prisoner relationships were evident. In some workshops, such as the kitchen and in farms and gardens, staffing shortages had had a detrimental effect on learners' progress.
- 6.20 Workshop facilities were mostly good and provided good working environments. However, accommodation was poor in the sewing machine repair shop, which also provided work for bicycle repair, tea bag packing, joinery and the manufacture of fire sleeves for piping. It was particularly poor for the packing of tea bags.
- 6.21 The prison had made good progress in increasing opportunities to accredit skills at work, with the selection of accredited qualifications that matched work skills in workshops. The range of qualifications had increased. Instructors in workshops were well qualified and many had teaching qualifications. Schemes of work, lesson plans and learning resources had been developed to support learning. Instructors had been set challenging participation and achievement targets and had achieved some success in meeting them. In some workshops where prisoners were unwilling to participate in accredited training, a portfolio of evidence was produced to record their skill development.

Further recommendation

- 6.22 The conditions in the sewing machine repair shop should be improved.

Vocational training

6.23 The dropout rates from qualification courses should be significantly reduced. (5.31)

Achieved. The retention of prisoners on courses had improved significantly since the last inspection. In 2009/10, retention had been 91% and had continued to improve to 95% at the time of inspection.

6.24 Accredited training should be available in all work areas. (5.32)

Achieved. The prison had made good progress in developing appropriate and relevant accredited training in most work areas. There were advanced plans to provide accreditation in the three remaining workshops where it was not available.

Additional information

6.25 The prison provided 97 places on vocational training courses. The majority of courses had good achievement. Orderlies who had achieved qualifications in vocational training areas were well deployed to support new starters and to be mentors. Coaching and assessment processes were generally good. There were regular standardisation meetings to improve assessment practice. Learners were motivated and generally enjoyed their training. The prison-operated smoked food unit provided excellent work and vocational training opportunities for prisoners. The prison had worked effectively with The Lakes College to customise food manufacturing qualifications at levels 2 and 3 to provide accredited training to prisoners. Tutors provided added value to the programme by bringing in fresh produce for prisoners to work on. Prisoners developed high levels of skills and experience that could be used well in the workplace on release. They were highly motivated and several had plans to use their skills to set up their own business on release from prison.

6.26 The good range of accredited vocational courses provided by Manchester College and the prison included industrial cleaning, joinery, construction, painting and decorating, tiling, forklift truck, web design and interior fitting. Construction skills certificate scheme (CSCS) training was available to prisoners towards the end of their sentence, although waiting lists for this course were long. There were insufficient opportunities for learners to progress to qualifications above level 1. Attendance was generally good but was sometimes poor on forklift truck programmes. National vocational qualifications (NVQs) were offered in the kitchen but learners' progress had been delayed by prolonged staff absence.

6.27 Prisoners' literacy and numeracy skills were well supported in vocational workshops. Induction to programmes was good with a strong focus on health and safety. Skill development and learner progress were good. Unit accreditation was available for learners who were transferred from the prison before they could complete their qualification.

Further recommendation

6.28 Learners in vocational training should have more opportunities to progress from level 1 qualifications to level 2.

Education

- 6.29 **Qualifications should be available for English for speakers of other languages (ESOL). (5.27)**

Achieved. ESOL classes were now available from entry level 1 to level 3 with sufficient classes planned throughout the week.

- 6.30 **The quality of learning materials used in education should be improved, and they should be appropriate for use with adult male prisoners. (5.28)**

Partially achieved. The quality of learning materials was variable. There was a limited supply of high quality materials to support teaching and learning and an over-reliance on worksheets. There were too few materials to provide additional challenge for learners or individualise their learning.

Further recommendation

- 6.31 Resource materials to support learning should be widened to ensure all individual learning needs are met.

- 6.32 **All prisoners attending education should receive the same rate of pay. (5.29)**

No longer applicable. Education was available on a part-time basis with no loss of pay when prisoners attended.

Additional information

- 6.33 The education department was open five days a week from 8.30am to 11.45am and from 1.15pm to 4.30pm every afternoon apart from Friday. There were 103 full-time-equivalent places. Education was also available on Langdale and by request in segregation. Literacy and numeracy support was available for prisoners in the painting and decorating and construction workshops and in the gym.
- 6.34 Access to education was generally good and just under half the prison population used the provision. There was a wide range of courses from entry level to level 2 for IT, literacy and numeracy and ESOL. One ESOL class was aimed at complete beginners with no spoken or written English language skills. Personal and social development courses had been improved and now reflected prisoners' needs well; courses included parenting, goals, cookery and decision making. Education staff work closely with the OMU and there were good links with sentence planning. There were waiting lists for most courses, with some courses delayed because of staff shortages.
- 6.35 Initial assessment was good. New arrivals took a literacy and numeracy test during their induction to identify their support needs. High quality marketing materials were used to promote a variety of courses in education. Records of the initial assessment were accessible on the prison computer and were used by tutors to inform future lesson planning and individual learning plans. Further diagnostic assessment took place in literacy, numeracy and ESOL classes when required.

- 6.36 The quality of teaching and learning was good. Most lessons were well prepared and included interesting activities to engage learners. The use of individual learning plans was satisfactory. Most were used effectively to set targets and there were regular reviews. Some were well used by learners.
- 6.37 Most prisoners successfully completed their course and gained skills and confidence to help prepare them for release. Most were well motivated, joined in well with class activities and showed respect for their teacher and other learners. Achievement and retention had improved since the previous inspection and were now good. Personal and social development and literacy achievement were particularly high. Attendance was good overall at 83%.
- 6.38 Quality systems had improved since the previous inspection. The provision was well planned and effectively managed. There was a robust lesson observation strategy with a strong focus on improving teaching. There were close links with resettlement staff and courses offered helped prisoners prepare for release. There had been a high priority to staff development and training. There were opportunities for staff to share good practice through regular team meetings, and communication and morale were good.

Library

- 6.39 **The library should stock more foreign language books and newspapers. (5.34)**

Achieved. The stock of foreign language books had significantly increased and material was available in 14 languages. The library could obtain materials in other languages for prisoners, and staff had been trained to get immediate access to translation services.

Additional information

- 6.40 The library was well managed by two qualified librarians employed by Cumbria County Council. It was well planned and provided a welcoming environment. Prisoner access was good. The library was open all day every weekday and in the mornings at weekends. It was also open three evenings for prisoners from Skiddaw and Langdale who were unable to use the library during the day. Library staff liaised effectively with prison officers to ensure vulnerable prisoners had good access to the library. The library was well promoted during induction and throughout the prison.
- 6.41 The library stock was good and reflected the needs of the population. Biography and thrillers were popular and there were a wide range of quick reads. Annual stock loss was 1.5%, lower than the national average of 4%. Story CDs were used successfully with prisoners with limited literacy. There were an appropriate range of newspapers and periodicals. Prison Service Orders and current legal texts were available. Many prisoners used the library computers to practise the theory driving test. Library staff supported prisoners well and worked closely with resettlement staff in helping prisoners find information before their release.
- 6.42 The library ran a variety of activities and projects throughout the year to promote literacy. Storybook Dads courses were available six times a year with an average attendance of 10. There were opportunities for prisoners to take part in the 'six book challenge'.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

6.43 The PE showers should be appropriately screened. (5.40)

Not achieved. Shower screens had been ordered but were not fitted at the time of inspection. We repeat this recommendation.

Additional information

6.44 The PE department was very well organised and managed. It was staffed by a PE department manager and six PE instructors. They were well supported by 16 orderlies who held a level 2 gym instructor qualifications and were deployed very well; many were given increased responsibility that they responded to positively. Two had developed attendance databases and managed and recorded gym attendance efficiently. Others supervised and managed cardiovascular training rooms on the residential units. There were plans to accredit orderlies with training qualifications to help deliver some accredited training provision. Prisoners and staff addressed each other by their forename and a good level of respect was evident.

6.45 The good range of facilities included a large sports hall, cardiovascular room, a grassed outside area for team games and a central fitness centre with a combination of free weights and cardiovascular equipment. Three units had cardiovascular fitness rooms that were well equipped and in good order. There was an all-weather five-a-side football pitch for Langdale unit and another had a volleyball court. Showers in the central fitness area were unusable and were due to be refurbished using learners from the vocational training tiling workshop. Ventilation of the room was inadequate and the fabric of the building was poor.

6.46 Access to recreational PE was good for most prisoners but those on basic regime had no access in the initial stages of being on basic and those who were compliant only had access to one of the 40 weekly recreational PE sessions, which was insufficient. Enhanced prisoners could attend up to six times a week and standard prisoners up to four times. Category D prisoners could access the gym facilities on their unit at any time. Recreational PE was available from 4pm to 7.45pm, Monday to Thursday and at weekends. Sessions times had been reduced from one hour to 45 minutes to increase availability. The reduction in gym time had not been popular with prisoners but had eradicated the waiting lists. Attendance, allocation and monitoring of attendance by different groups of prisoners were well managed. Over half the population accessed the main gym facilities in addition to those who used the facilities on their unit.

6.47 Accredited courses ran during the day from Monday to Thursday. The range of qualifications was very good and available from entry level to level 4. Achievement of qualifications was particularly good. Prisoners' literacy and numeracy skills were well supported. Teaching and training were particularly good. Lessons were very well planned and engaging, and motivated prisoners. Attendance was good. Staff were well qualified. All held a level 4 teaching qualification and they had a good range of current professional qualifications. Investment in staff training was good and had improved the scope of interventions to support prisoners. For

example, one member of staff was completing a British Association of Cardiovascular Prevention and Rehabilitation course to enable the prison to establish a cardiac rehabilitation programme for prisoners.

- 6.48** Promotion of health and well-being was good and a priority for the prison. All new arrivals had an induction where they completed mandatory qualifications for first aid and manual handling, and were assessed by health care staff before they participated in recreational PE. There were good referral systems with a specific PE session for GP referrals. The Phoenix Trust had run introductory sessions on yoga, meditation and mindfulness, and there were plans to introduce weekly sessions on managing anger and stress. Links with health care were particularly good. A prison action health care group had been established in partnership with health care. A group of prisoners representing a wide section of the prison population were completing a level 2 award in understanding health improvement. Two staff had recently completed this award. There were plans for the qualified peer advisers to work with the healthy lifestyles centre to promote health and fitness, run courses such as smoking cessation and support the reduction of substance misuse.

Further recommendations

- 6.49** The central fitness area should offer better accommodation with improved showering facilities and ventilation.
- 6.50** Prisoners on the basic regime should have the opportunity to attend recreational PE twice a week.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

Security

7.1 Communication between the security department and the rest of the establishment should improve. (6.9)

Achieved. There had been significant efforts to improve communication between the security department and the rest of the prison. A daily briefing sheet with a summary of information received through security information reports (SIRs) in the previous 24 hours was available to all managers send to their staff as required. Information from individual SIRs was shared with other departments as required and there had been some progress with adding appropriate information to case notes for all staff to access. The monthly intelligence report was shared widely and informed an intelligence meeting held before the security committee meeting which, although informal, was attended by the head of safer custody among others. The head of safer custody also had access to the secure intelligence suite to access relevant information. In a further attempt to ensure that information was widely shared, a member of the security team also attended the weekly residential meeting.

7.2 Information from security information reports should be communicated to relevant areas, particularly the safer custody officer, every day. (6.10)

Achieved. See above.

7.3 The security department should be adequately resourced to carry out all its functions, particularly intelligence-led searches. (6.11)

Not achieved. Although 12 officers were allocated to the security department, there was significant cross-deployment due to acute staffing shortages. There had been very little intelligence-led searching during December 2010 and January 2011, and 35 of the 184 intelligence-led searches requested in 2010 had not been completed. Cross-deployment of security staff was cited consistently in minutes of security meetings. Resources allocated to intelligence management appeared generous, with three operational support grades, and one full-time and one part-time administrative officer dedicated to the collation of intelligence, telephone monitoring and vetting procedures. However, no one in the team was trained as an analyst, which was a significant gap and resulted in unsophisticated analysis of the many SIRs received each month (approximately 383), which were otherwise processed efficiently. This also meant that the monthly intelligence report was basic and that security objectives were often reactive and generally lacked any strategic focus. The security committee was well appointed and reasonably well attended but concentrated on day-to-day operational issues and failed to identify key issues or direct the security strategy for the prison.

We repeat the recommendation.

Further recommendation

- 7.4 Identified staff should be trained as intelligence analysts and undertake appropriate analysis of security information.

Additional information

- 7.5 The security team had made considerable efforts over a long period to tackle the significant drug issues faced by the prison. Disruption techniques, increased perimeter security, improved working arrangements with the police intelligence officer and local constabulary, and out-of-bounds areas in the prison grounds were all proportionate measures to address the problem and had achieved some success. However, closed visits were overused. Many initial decisions to place prisoners on closed visits were made inappropriately following a single act not related to visits (such as a cell search) or single drug dog indication on a visitor in the absence of other specific intelligence. Six of the 28 prisoners subject to closed visits at the time of the inspection had been on them for longer than three months and, while reviews were timely, there was often insufficient intelligence to warrant the continued application of this restrictive measure.
- 7.6 Approximately 10% of prisoners were strip-searched after visits. Searching was generally random and routine and not intelligence-led or based on specific suspicion from the visit.
- 7.7 Rules were appropriately explained on induction and there was some reinforcement on unit notice boards.

Further recommendations

- 7.8 Prisoners should only be placed on and remain on closed visits when there is sufficient specific intelligence to support this.
- 7.9 Strip searching of prisoners after visits should be intelligence-led or based on specific suspicion.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

Disciplinary procedures

- 7.10 Records of adjudications should always show that charges have been sufficiently investigated. (6.30)

Partially achieved. The number of adjudications had significantly reduced from 1,816 in 2008 to 919 in 2010. Many records of adjudications that we reviewed demonstrated that charges were appropriately investigated and that some were dismissed due to anomalies or lack of evidence. However, despite monthly quality assurance by the governor or deputy governor, too many hearings were still concluded with a finding of guilt without sufficient exploration.

Mitigation was not taken into account in too many hearings, but awards appeared broadly fair. **We repeat the recommendation.**

7.11 Referrals to the independent adjudicator should only be made for serious charges. (6.31)

Achieved. Between September 2010 and February 2011, 44 charges were referred to the independent adjudicator, which was a significant reduction from the 193 referrals for a similar period at the last inspection. Referrals were now made only for the most serious charges, including repeated positive drug tests, assaults and possession of mobile telephones.

7.12 Minor infringements of prison rules should be dealt with through less formal procedures. (6.32)

Partially achieved. Although there was less evidence that minor infringements were dealt with through the adjudication process, there were still some charges that could have been dealt with less formally. Not all the staff who worked in the separation and care unit were trained as adjudication liaison officers and there was consequently a lack of appropriate guidance for staff laying charges. Adjudicators told us that they would not generally advise staff of alternatives to formal procedures if minor infringements of rules appeared before them as an adjudication. The adjudication standardisation meeting had met in February 2011 for the first time since October 2009. It was reasonably well attended, but was not informed by any trend analysis and had no accurate data available; therefore any issues around the appropriateness of charges in the first instance were not raised or dealt with.

We repeat the recommendation.

Additional information

- 7.13** The room used for adjudication hearings was functional and hearings were conducted courteously. The adjudicating governor ensured that prisoners understood the charges and checked their understanding of the process. Prisoners were given sufficient time to prepare their case and seek legal advice but they were not given a pen and paper to make notes during the proceedings.

Housekeeping point

- 7.14** Prisoners on adjudication should be given writing material to make notes.

The use of force

No recommendations were made under this heading at the last inspection.

Additional information

- 7.15** Incidents involving use of force had increased slightly since the last inspection but remained reasonably low. Force had been used on 93 occasions in 2009 and 97 in 2010. In the previous six months, force had been used 45 times, of which 25 had been planned, and handcuffs had been applied on 25 occasions. Full control and restraint had been used during 23 incidents but we were assured that incidents were de-escalated where possible.

- 7.16 We were concerned about weak governance arrangements for the use of force. Planned interventions were not routinely video recorded and the recordings we saw were generally poor quality. Batons had been drawn, but not used, on four separate occasions during 2010. Although all appeared justified, the prison had made no subsequent inquiry to satisfy itself that the uses were warranted. The use of force committee had not met since July 2009 and there was no quality assurance or analysis of any associated documentation. Notwithstanding this, documentation was generally thorough and well completed.
- 7.17 The special accommodation was unfit for purpose. There was no natural light in the cell, which was completely unfurnished and among the worst we have seen recently. We were told that the special accommodation had not been used since 2009 but subsequently found two examples where it had been used in 2011. It was unacceptable that neither of these uses had been appropriately authorised, justified or even recorded, and we were very concerned about the lack of robust systems and poor governance of the use of special accommodation.

Further recommendations

- 7.18 Governance of the use of force, including use of special accommodation, should be improved.
- 7.19 All planned control and restraint interventions should be video recorded and subsequently reviewed.
- 7.20 Any use of a baton should be robustly investigated to give assurance that its use is appropriate and proportionate.
- 7.21 The special accommodation is unfit for purpose and should be decommissioned.

Segregation unit

- 7.22 **There should be reintegration planning to ensure prisoners in the segregation unit can return quickly to the main prison. (6.33)**

Not achieved. Only half of the 71 prisoners located in the separation and care unit between September 2010 and February 2011 were reintegrated to the main prison; the remainder were released from the unit or transferred to another prison. None of those who were returned to the main prison in Haverigg had an individual reintegration plan.

We repeat the recommendation.

- 7.23 **A clear selection policy and criteria for segregation unit staff should be published. (6.34)**

Achieved. A clear selection policy had been published. All seven officers who had been selected to work in the unit had a logbook signed off by the governor which included individual training records. However, the number of staff was insufficient to ensure regular and consistent cover. Not all the staff had completed all aspects of the relevant training, including mental health awareness, 'challenge it, change it' diversity awareness or adjudication liaison officer training, but some had undertaken some pro-social modelling awareness.

Further recommendation

7.24 Sufficient staff should be selected to work in the separation and care unit to allow consistent cover, and all should receive appropriate training.

7.25 **The segregation unit regime should be developed and include purposeful activity. (6.35)**

Not achieved. The regime in the separation and care unit remained poor. Prisoner attendance at work, education, religious services and the gymnasium were generally not permitted. Prisoners were not routinely given any constructive or purposeful activity. There was one exception to this at the time of the inspection, with a prisoner involved in some mundane in-cell work, but this was not the norm. We were told that education staff would visit any prisoner who made an application but there was no routine contact between the education provider and residents of the unit. Prisoners could not routinely use telephones on Fridays. Although many residents had televisions in their cells, they had to be in the unit at least 72 hours before this was granted, regardless of the reasons for their initial location. A few jigsaws were available but most prisoners and some staff were not aware of this. The regime for prisoners on the basic privilege level was even worse. In the first instance they were only allowed exercise for half an hour a day and could only use the telephone once a week.

We repeat the recommendation.

Further recommendation

7.26 The regime for prisoners on the basic privilege level who are located in the separation and care unit should be improved.

7.27 **All prisoners in the segregation unit should have access to showers and exercise every day. (6.36)**

Not achieved. There was only one shower and communal toilet to serve up to 12 residents of the unit. Both were adequately screened for privacy but were dirty and needed refurbishment. It remained unacceptable that residents of the unit were only allowed access to showers every other day. The exercise yard was large and contained seating but had a grim outlook. While we were assured that most prisoners could access a period of exercise every day, some in association with others, we were told that access to exercise was often curtailed if adjudications ran over – see paragraph MR5.

We repeat the recommendation.

Further recommendations

7.28 The communal shower and toilet in the separation and care unit should be refurbished and kept clean.

7.29 Unlocking arrangements for prisoners in the separation and care unit should be subject to an individual risk assessment.

Additional information

- 7.30 Although we were advised that new arrivals to the separation and care unit were not routinely strip-searched, we were not assured of this. Of the 11 residents at the time of the inspection, nine told us that they had been strip-searched on location to the unit; there were no records of authorisation or reasons for this. All residents in the unit were required to wear prison-issue clothes regardless of their IEP level
- 7.31 Documentation that authorised segregation was often incomplete or poorly completed. Where behaviour targets were set they were generally perfunctory and too often unrelated to the reasons for initial segregation. Prisoners were not routinely given copies of this paperwork which meant that many were often unsure of the reasons for their segregation and generally unaware of any targets. We were concerned that there were no specific individualised care plans to monitor any psychological deterioration for prisoners who remained in the unit for longer than 28 days.
- 7.32 Prisoners were generally complimentary about relationships with staff who worked in the unit, and we observed some positive engagement. Although there was a notional personal officer scheme, the unit's daily records and prisoner case notes failed to evidence any meaningful staff engagement with prisoners.
- 7.33 There was no specific group to monitor and review use of the separation and care unit. Although some basic information was provided to the senior management team each week this was not used to analyse any trends or patterns in segregation.

Further recommendations

- 7.34 Prisoners located in the separation and care unit should only be strip-searched where a risk assessment suggests this is appropriate.
- 7.35 Documentation to authorise segregation should be completed thoroughly and contain individualised behaviour improvement targets, and prisoners should be given a copy.
- 7.36 There should be care plans for longer term residents of the separation and care unit designed to encourage reintegration to prevent psychological deterioration.
- 7.37 Data on segregation should be gathered and analysed for patterns and trends, and used to inform a segregation monitoring and review group which should take appropriate action on any concerns highlighted.

Housekeeping points

- 7.38 Personal officers in the segregation unit should record regular and constructive engagement with prisoners in case notes.
- 7.39 All prisoners located in the care and separation unit should be able to wear their own clothes.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.40 Prisoners should not be required to sign a voluntary drug testing compact to gain enhanced status. (6.45)

Achieved. There was no longer a requirement for prisoners to sign up to a voluntary drug testing compact in order to progress to the enhanced privilege level.

- 7.41 The range of privileges available to enhanced prisoners should be increased. (6.46)

Achieved. The current incentives and earned privileges (IEP) policy had been reviewed following consultation with staff and prisoners, and in our groups, prisoners described the differences between enhanced and other levels as meaningful and worthwhile. As well as the usual differences, such as additional access to visits and private cash, accommodation for enhanced prisoners on Great Gables, Langdale and Helvellyn units offered a variety of privileges, including increased freedom of movement and additional access to telephones. The facilities list also allowed enhanced prisoners to have a range of items, including computer games, curtains, a DVD player and DVDs.

- 7.42 Work supervisors should routinely contribute to incentives and earned privileges (IEP) reviews. (6.47)

Not achieved. Although the IEP policy encouraged contributions from workplace supervisors, the reviews we looked at had no contributions from them. Senior officers, who chaired reviews, told us that they would not routinely request a contribution from the workplace supervisor. **We repeat the recommendation.**

- 7.43 Personal officers should work with basic prisoners to help them modify their behaviour, and this should be evidenced in wing history files. (6.48)

Not achieved. Case notes demonstrated little, if any, evidence that personal officers were working with basic prisoners to assist them in modifying their behaviour. The new document used to monitor prisoners placed on basic had no space for individualised behaviour targets to be set or reviewed, and daily entries on this document were generally observational. **We repeat the recommendation.**

- 7.44 Wing history files should accurately reflect the behaviour of individual prisoners and ensure that they are appropriately dealt with under the IEP scheme. (6.49)

Partially achieved. Many of the case notes we reviewed included regular entries from officers and concentrated on custodial behaviour. Most decisions in IEP reviews were taken appropriately as a result of a pattern of behaviour, and there was evidence that prisoners were given further opportunities to amend their behaviour before any decision to demote, but this was often subject to the discretion of the manager who chaired the review board. Recently more decisions to demote a prisoner to the basic level had been taken as a result of a single incident, often directly from the enhanced level. We also found one example where a prisoner

was turned down for progression to enhanced level due to insufficient entries in his case notes. He was then granted it less than a month later without any further significant entries.
We repeat the recommendation.

Additional information

- 7.45 The prison operated the usual three-tier (basic, standard and enhanced) IEP system. At the time of the inspection, 65% of prisoners were enhanced and 3% were basic. All new arrivals were placed on standard, but those already on the enhanced level when they transferred in could retain this status when it could be evidenced. Staff and prisoners understood the scheme and how progression between the levels worked.
- 7.46 The scheme was very closely linked to the tackling antisocial behaviour policy (see paragraph MR4), and there was a list of single, serious incidents that could result in an immediate review and downgrade to the basic level, even directly from enhanced; this was inappropriate. Prisoners were also often placed on report for the same incident, which frustrated them. Prisoners on basic as a result of this type of downgrade now outnumbered those demoted because of a pattern of poor behaviour. For prisoners demoted due to a pattern of behaviour, a review was triggered when three formal warnings were received; warnings could remain in place for three months.
- 7.47 The initial regime for basic prisoners was unnecessarily punitive. The published policy gave them no gym sessions, they had only 30 minutes a day to associate, could only use the telephone once a week by application, could shower only three times a week and exercise for 30 minutes a day – unless they attended work when this was considered their period of exercise (see further recommendation 6.50). The policy also stated that prisoners on the basic regime would not get release on temporary licence or category D status and would be ‘unlikely to obtain’ home detention curfew.
- 7.48 Prisoners were initially placed on the basic regime for 21 days with reviews after seven and 14 days, where they could earn privileges back through compliant behaviour. Prisoners were not routinely given individualised behaviour targets but most appeared to earn some privileges back during their time on the basic level, which was appropriate. However, such progression was not laid down in the policy and was subject to some discretion and inconsistency by wing managers. Wing governors completed some quality assurance of the scheme.

Further recommendations

- 7.49 Prisoners should not be downgraded from enhanced to basic as a result of a single incident.
- 7.50 The regime for prisoners on the basic level should be improved, and the IEP policy should clarify progression through this level.

Section 8: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 8.1 Damp in the kitchen should be treated, and all areas should be clean and properly decorated. (7.7)

Not achieved. Some parts of the kitchen remained damp and mouldy and in a poor decorative state. Throughout the inspection, some areas in the kitchen were filthy and catering staff appeared unfocused on the poor conditions in which they were preparing food. (See main recommendation HP58.)

- 8.2 Food comments books should be available for prisoners. (7.8)

Not achieved. Prisoner complaint/suggestion forms were not freely available in the dining halls or at the serveries on Langdale and Skiddaw. Prisoners who wished to comment or complain had to ask staff for the forms, and not all prisoners and staff who we spoke to were aware of this system. We saw one comment form dated 17 February 2011 that had not been responded to over a month later.

We repeat the recommendation.

- 8.3 There should be meaningful consultation with prisoners about the catering, and their suggestions should be used to inform the provision of meals. (7.9)

Partially achieved. The catering manager attended some of the prisoner consultative meetings but prisoners told us that they had no confidence that issues raised would be dealt with. A food survey was supposed to take place twice a year but the last one was completed in February 2010. It had got a good response and there had been some menu changes as a result, but outcomes were not widely shared with prisoners who believed that the consultation was ineffective.

We repeat the recommendation.

- 8.4 An adequate breakfast should be provided to prisoners in the morning. (7.10)

Not achieved. Breakfast still consisted of a small pack of cereal and a small carton of milk issued the evening before they were to be consumed. We saw many prisoners eating their breakfast pack directly after their evening meal. Prisoners appreciated the brunch choice at weekends but this was essentially a lunch meal that was served between 10.30am and 11.30am, which was far too early. Dinner was also served too early at weekends.

We repeat the recommendation.

Further recommendation

- 8.5 The brunch meal at weekends should be served no earlier than 12 noon and dinner no earlier than 5pm.

8.6 Conditions in the two dining halls should be improved. (7.11)

Partially achieved. The two dining halls had been refurbished and repainted, and had new tables and chairs. Despite this, the dining halls were dirty throughout the inspection. The entrances and floors were littered with rubbish and walls were smeared with food. Tables were sticky and often covered in food remnants before use. One of the areas for washing plates was dirty, blocked and out of use for a considerable time during the inspection (see main recommendation HP58). Notwithstanding this, many prisoners took the opportunity to eat their meals in the dining halls in association with their peers.

We repeat the recommendation.

8.7 Containers to keep food warm should be provided to prisoners who wish to take their meals to their residential unit. (7.12)

Not achieved. Prisoners were not given containers to keep food warm and if they chose to take meals to their residential unit their food was often cold by the time they got there. We were told that prisoners were required to eat in the dining halls and should not remove meals from there, but this was not enforced and many prisoners continued to complain of cold food.

We repeat the recommendation.

8.8 The heated food trolleys should be kept clean. (7.13)

Not achieved. The trolleys we inspected were consistently dirty. Governance of the system for cleaning them in the kitchen was poor.

We repeat the recommendation.

Additional information

8.9 In our survey, only 21% of respondents, against the comparator of 29%, said that the quality of food was good, although this was better than the 14% response at the last inspection. Prisoners told us of their negative perceptions of the food throughout the inspection.

8.10 Arrangements for storing, preparing and cooking halal food were generally adequate and the Muslim chaplain visited the kitchen weekly to oversee this. However, not all prisoners who worked in the kitchen were aware of the separate utensils for halal food and there was no separate halal catering bratt pan, and some prisoners raised concerns around cross-contamination at the point of service.

8.11 Serveries in both dining halls and on Skiddaw were dirty and needed some refurbishment. The management of food on Skiddaw was particularly poor. We observed a lunch meal where the trolley was unloaded at least 20 minutes before service even commenced, temperatures were not taken, not all servers wore a hat, halal utensils were not used and a server used a gloved hand inappropriately to serve one of the choices. This was allowed to happen even though staff were meant to be supervising the area.

8.12 Prisoners were offered pre-select menus for midday and evening meals over a four-week cycle. Menus were generally adequately balanced and fresh fruit was offered on most days, but prisoners consistently told us that they wanted more fresh fruit and vegetables. A variety of meals was offered, included vegan, vegetarian, halal and healthy options, and many special medical diets were also catered for.

Further recommendation

8.13 Arrangements for the management and serving of food on Skiddaw should be improved.

Housekeeping point

8.14 There should be a separate bratt cooking pan for halal food.

Prison shop

Expected outcomes:

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

8.15 New arrivals should be able to buy items from the prison shop within their first 24 hours. (7.20)

Not achieved. Depending on their day of arrival, prisoners could experience a significant delay before they could buy items from the prison shop. However, they could buy up to three reception packs and additional telephone credit, which was issued as an advance if they did not have sufficient private cash.

We repeat the recommendation.

8.16 The shop goods list should include a wider range of items. (7.21)

Achieved. The shop list contained 363 items, including fresh fruit. In our survey, 52% of respondents, against the comparator of 46% and the response of 41% in 2009, said the shop sold a wide enough range of goods to meet their needs. Although the diversity manager was regularly consulted about the prison shop list, in our survey black and minority ethnic prisoners were more negative; only 39% of respondents, compared with 54% of white prisoners, said the range of goods met their needs.

Further recommendation

8.17 The prison should explore and address the negative perceptions of black and minority ethnic prisoners about the range of items on the prison shop list.

8.18 Prisoners should not be charged an administrative fee for catalogue orders. (7.22)

Not achieved. Prisoners continued to be charged a 50p delivery fee for catalogue orders.
We repeat the recommendation.

8.19 The prison shop should be a standing item at the prisoner consultation forum. (7.23)

Achieved. The prison shop was a standing agenda item at the prisoner consultation forum.

8.20 There should be a prisoner survey on the prison shop at least annually, and the results used to inform product and service development. (7.24)

Partially achieved. Annual surveys were not conducted. However, a small focus group of around eight prisoners had reviewed the local shop list in 2010 and, as a result and following consultation with the diversity manager, over 60 products had been changed.

Further recommendation

8.21 There should be an annual prisoner survey on the prison shop.

Additional information

- 8.22 The prison had moved to the national DHL prison shop contract just before the last inspection. Order forms were distributed to prisoners on Friday afternoon and completed forms had to be returned by Sunday. Orders were bagged off-site, delivered to the prison on Wednesday and distributed to prisoners on Friday afternoon. DHL staff were on site during the distribution and had access to key stock items to address as many mistakes as possible on site. Managers told us that the number of complaints about the prison shop had reduced and accounted for approximately 3% of all complaints received in the previous six months.
- 8.23 Prisoners could buy newspapers or magazines through the library or through an arrangement with a local newsagent for their family and friends to buy authorised publications on their behalf. Prisoners had access to a reasonable range of catalogues, including those for hobbies, music and DVDs, and could place orders weekly. In response to complaints about the non-availability of stock, the catalogue order form had been amended to allow prisoners to indicate first and second choice preferences.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 There should be an overarching reducing reoffending policy incorporating the roles of each resettlement pathway and offender management. (8.5)

Partially achieved. The reducing reoffending strategy document included each resettlement pathway but policies on public protection and offender management remained separate, although comprehensive. Although offender management and public protection were seen as integral aspects of the overall reducing reoffending strategy, no development objectives for these functions were included in the strategy or formally reviewed in meetings.

Housekeeping point

- 9.2 Development objectives for offender management and public protection should be incorporated into the overall reducing reoffending strategy.

- 9.3 Progress against development objectives should be reviewed regularly. (8.6)

Partially achieved. Although each resettlement pathway identified in the reducing reoffending strategy document included development objectives, these were not formally reviewed regularly. Meetings focused on exception reporting and, while pathway lead officers regularly identified progress made, there was no structured review of such progress against objectives. **We repeat the recommendation.**

- 9.4 There should be a clear distinction between the strategic and operational functions of the reducing reoffending policy group. (8.7)

Achieved. The reducing reoffending strategy made a clear distinction between operation and strategy with separate meetings for each. The reducing reoffending policy group met quarterly while the reducing reoffending resettlement pathways meeting was every two months.

Additional information

- 9.5 The offender management unit (OMU) incorporated the public protection function of the prison. The head of offender management was the senior probation officer and, although there were reasonable links with the head of reducing reoffending, was no longer a member of the senior management team. As a consequence, issues of public protection and addressing offending behaviour no longer had the required management focus.

Offender management and planning

Expected outcomes:

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

Sentence planning and offender management

- 9.6 All objectives identified at offender development boards should be written up and copied to prisoners. (8.26)

Achieved. Offender development boards were held at the conclusion of induction, usually 10 days to two weeks after arrival. The boards were attended by prisoners and facilitated by the resettlement manager and a representative from the OMU. Information discussed at boards covered education, training and potential employment, along with any current offending behaviour objectives currently identified in OASys (offender assessment system) assessments or previous sentence planning boards. Referrals were also made to identified resettlement pathways. Copies of completed documents following these boards were forwarded to the OMU and a copy also given to prisoners.

- 9.7 The level of offender supervisor contact should be clearly defined and monitored, and the level and quality of input should be subject to quality assurance. (8.27)

Partially achieved. Prisoners in scope for offender management and all indeterminate-sentenced prisoners, 234 at the time of the inspection, were expected to have monthly contact with their offender supervisor. All other prisoners had formal contact when sentence planning or other reviews were due, but subsequently were only seen on application. In practice, the level of contact varied, even for in-scope prisoners. Many were seen monthly and some were seen more frequently, depending on need, but others were seen only infrequently. Quality assurance arrangements were underdeveloped. Although there were appropriate checks for the completion of OASys, casework supervision was more varied. All probation staff were offered supervision, which included some monthly casework reviews, but uniformed staff did not receive this contact. Case files were not randomly quality assured.

Further recommendation

- 9.8 All offender supervisors should be offered regular casework supervision, and offender management files should be subject to regular quality assurance checks.

- 9.9 The offender management database should be used more widely across the establishment. (8.28)

Achieved. Although most recording of prisoner contact was logged on P-Nomis, the OMU database was also maintained and included core data on individual prisoners. This information was available across the prison, through the offender management web page, in read-only format.

- 9.10 Sentence planning boards should be arranged and managed by case administrators. (8.29)

Achieved. At the time of the inspection, 20 prisoners were serving sentences of less than six months and therefore not eligible for sentence planning. There were 603 prisoners subject to sentence planning arrangements, including 369 serving over 12 months but not in scope for offender management. Case administrators were responsible for identifying when sentence planning boards were due and undertook any necessary administrative tasks to facilitate the meeting, although offender supervisors, appropriately, liaised with offender managers to ensure their availability. Out-of-scope cases were also identified by case administrators but, because these meetings were internal, they were usually arranged to fit in with the availability of offender supervisors. Two offender supervisors, both probation service officers, facilitated these meetings.

- 9.11 **All prisoners should have a resettlement surgery no later than 12 weeks before their release, and there should be a follow-up meeting to ensure that issues are appropriately addressed before release. (8.30)**

Achieved. All prisoners were invited to an offender development resettlement board approximately three months before release. Boards were facilitated by the head of resettlement and a representative from the OMU. The board considered progress against sentence planning targets, training and development achievements and any outstanding issues relating to resettlement pathways. Where necessary, further referrals could be made to, for instance, accommodation services or drug services, to ensure need was met before release. The resettlement unit had a system to ensure referrals were picked up, and further reviews were undertaken before release by offender supervisors. During resettlement boards, representatives from the OMU could email information or queries to offender managers, and sometimes received responses during meetings. This enabled an efficient system of information sharing.

- 9.12 **Information and advice about pre-release support and services should be provided at induction and advertised throughout the prison. (8.31)**

Achieved. Representatives from the resettlement unit were included in the induction programme to give advice and guidance about offender assessment boards, along with the services available. Information was also widely advertised across accommodation units.

- 9.13 **There should be more opportunities for release on temporary licence. (8.87)**

Not achieved. At the time of the inspection, release on temporary licence (ROTL) had been suspended following security concerns about drug misuse. Before this there had been a steady increase in the amount of ROTL, although numbers had still remained low. Between September 2010 and the end of February 2011, ROTL had been agreed on 58 occasions for 24 individuals. This had included the supervised work party, home leave for up to four days and day leave. It was unclear how the prison was planning to take this work forward.
We repeat the recommendation.

Additional information

- 9.14 The offender management unit included 11 offender supervisors divided into two teams. Three probation officers and one experienced uniformed officer were responsible for all indeterminate-and high-risk determinate-sentenced prisoners. Two probation service officers and five uniformed staff were responsible for all out-of-scope prisoners. The six officer offender supervisors equated to five full-time staff, as they were expected to undertake other duties across the establishment and cover sickness etc. In practice these commitments often equated

to more than one full-time member of staff – at more than 60 hours a week – and also affected continuity of provision.

- 9.15 Offender supervisors generally had good links with community offender managers. Sentence planning arrangements were reasonable and video conferencing was widely used to facilitate the involvement of offender managers. In our survey, 74% of respondents said that they had a sentence plan, against the comparator of 68% and only 64% since our last inspection, but only 46% said they were involved in its completion, against the comparator of 58% and 60% at our last inspection. With limited offending behaviour programmes and other means to address offending behaviour, many offender supervisors felt limited in the targets they could set and this appeared to be reflected in the views of prisoners.
- 9.16 Despite this, we saw some examples of one-to-one work to address aspects of offending behaviour undertaken by offender supervisors, in particular officers working with indeterminate-sentenced prisoners.

Further recommendation

- 9.17 Offender supervisors should have dedicated time in the offender management unit to ensure the continuity and consistency of provision.

Categorisation

- 9.18 **Prisoners who have provisionally passed their category D board should be transferred as soon as possible. (8.34)**

Not achieved. At the time of the inspection there were 88 category D prisoners, considerably more than the 13 at the last inspection. In the previous six months, 361 prisoners had been considered for recategorisation to D and 174 (48%) had been successful. There was still difficulty in transferring these prisoners, which caused considerable frustration. During this same period, although 106 prisoners had been transferred to other prisons, only 36 had gone to category D establishments. In most cases category D prisoners remained at Haverigg until their actual release.

We repeat the recommendation.

Additional information

- 9.19 Arrangements for category D prisoners were very limited. Since accepting category D prisoners in the middle of 2010 and creating a category D unit (Great Gable), the prison's category D population had grown significantly. As a consequence, there were more category D and provisional category D prisoners off the unit than on it. Before the new unit had been set up, a steering group had been formed and an action plan developed to manage the transition within the prison. However, this strategy had fallen into disuse and the steering group had not met for some months. Following security concerns at the beginning of February 2011, ROTL had been suspended. Although the supervised work party had resumed during our inspection, there was little to help this group of prisoners progress. We were told of several plans, including pre-transfer assessment, unsupervised workplaces in the community and better living facilities, but none of these were clear or definitive and neither staff or prisoners were clear about planned progress. Staff and prisoners expressed frustration and confusion about the situation.

Public protection

No recommendations were made under this heading at the last inspection.

Additional information

- 9.20 Public protection arrangements were generally appropriate. Offender supervisors screened all new arrivals, and there were appropriate systems to identify and manage those who presented a risk to children or who raised concerns about harassment. At the time of the inspection, 48 prisoners were subject to monitoring. There were monthly interdepartmental risk management team meetings for which offender supervisors submitted reports and reviews on the prisoners for whom they were responsible. We saw some detailed reports that included comprehensive risk assessments. Offender supervisors also attended community multi-agency public protection arrangements (MAPPA) meetings where appropriate.

Indeterminate-sentenced prisoners

- 9.21 **There should be a lifer strategy to ensure there are appropriate resources and procedures to manage this population. (8.32)**

Partially achieved. At the time of the inspection, the prison held 38 lifers and 23 prisoners on indeterminate sentences for public protection (IPPs). The prison had an indeterminate-sentenced prisoner policy that had been reviewed in February 2010 and was due to be updated. The policy was reasonably comprehensive and provided details of Haverigg's own policies for indeterminate-sentenced prisoners as well as legal advice for staff and information on processes. Staff told us they used the policy to advise prisoners of what to expect and their entitlements. A basic guidance document was also given to all indeterminate-sentenced prisoners. However, there were still problems with the facilitation of escorted absences for life-sentenced prisoners. As at the last inspection, staff had no facilitated time for this work and, as a consequence, there was a backlog of applications.

Further recommendation

- 9.22 Staff time for escorted visits for indeterminate-sentenced prisoners should be profiled to ensure that there is sufficient staff facility time to meet the needs of the lifer population.
- 9.23 **There should be appropriate provision to meet the needs of prisoners on indeterminate sentences for public protection (IPPs), including IPP family days and IPP officers. (8.33)**

Achieved. All IPP prisoners were allocated to one of the three probation officer offender supervisors. Although some residential staff across the prison had completed the management of indeterminate sentences and risk (MISaR) training, IPP prisoners were accommodated on various locations across the establishment and there was no guarantee that their personal officer had been trained in this work. Nevertheless, the probation officer offender supervisors offered an appropriate range of support. IPPs could attend the two lifer family days each year and the IPP meetings every two months. Life-sentenced prisoners also had meetings on alternate months.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

Accommodation

- 9.24 There should be specific housing training for staff and prisoners involved in providing accommodation advice and support. (8.49)

Not achieved. Housing support was provided through the resettlement unit, which employed five prisoner peer advisers. Their role was to offer guidance and support, make referrals (primarily to the Citizens Advice Bureau, CAB) and to offer links to local housing agencies. The peer advisers had received broad training from the CAB but none had had any specific housing training. As a consequence, their core focus was to signpost prisoners to other agencies, although they were all motivated to provide an effective service and keen to develop their skills.

We repeat the recommendation.

Additional information

- 9.25 The prison had no specialist housing support or access to even infrequent specialist input. In our survey, only 32% of respondents, against the 41% comparator, said they knew who to speak to at the prison for help with finding accommodation on release. Despite this, outcome data had improved since the last inspection. In the previous six months, over 92% of prisoners had been released to settled accommodation and only six prisoners (around 4%) had been released with no fixed accommodation – compared with around 9% at the last inspection.
- 9.26 Several prisoners told us that they were concerned that the accommodation service was provided by fellow prisoners, as they were not confident about sharing confidential information. Although the head of the resettlement unit told us that if prisoners were concerned they could engage directly with the unit staff, this was not widely known. There had been no survey of prisoners about the provision or to establish the extent of concerns about confidentiality.

Further recommendations

- 9.27 The housing support provision should be improved and include some specialist input.
- 9.28 The prison should survey prisoners to ascertain the level of concern about sharing personal information with peer advisers, and resulting recommendations should be taken forward through the resettlement pathway group.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.29 **There should be procedures to recognise and record behavioural or other progress that will contribute to finding employment. (8.50)**

Achieved. The introduction of accreditation into prison workshops and the recognition of work skills development had ensured recognition of prisoners' developing personal and employability skills, particularly in expected standards of workplace behaviour.

- 9.30 **Staff should actively target and monitor the performance targets for prisoners progressing into employment and further training and/or education on their release. (8.51)**

Achieved. Targets for prisoners to gain employment or training on release had been set, and progress towards meeting them was reviewed monthly. The prison had been successful in exceeding its own targets for prisoner progression into employment and training on release. Around 19% of prisoners had secured employment on release, and around 5% progressed into education and training.

- 9.31 **There should be more cohesive pre-release arrangements, including support for job applications (including online), CV writing and job interview practice. (8.52)**

Achieved. Arrangements to support prisoners before their release had improved. The new provider of the careers information and advice support (CIAS) service and the Jobcentre Plus representative provided good support in directing and helping prisoners seek employment. There was good advice on dealing with disclosure. The education department ran a pre-release employability course that supported prisoners in developing their job search skills, CV writing, interview skills and job applications.

- 9.32 **There should be better promotion of the help available for arranging further education and/or training and finding employment on release. (8.53)**

Achieved. The promotion of further training and education on release had improved. The CIAS provided good guidance to prisoners during their sentence and before release on the courses available in the areas where they were being released and how best to access them. There were good links with further education colleges, training providers and a range of external agencies – such as Working Links, In Training, Salford Project and Add Action – to help prisoners access training and seek employment on release.

Additional information

- 9.33 **Despite the improvements in supporting prisoners into education and training on their release, the prison had insufficient links with employers to increase their employment opportunities through courses relevant to employment needs.**

Further recommendation

- 9.34 The prison should develop links with employers to inform course development and increase employment opportunities for prisoners on release.

Mental and physical health

- 9.35 Prisoners should be given information and assistance about health and social services before their release, including on health promotion and disease prevention information. (8.56)

Partially achieved. The health care department was notified of prisoners' dates of release at least two weeks in advance. Prisoners due for release were invited to attend pre-release clinics which addressed throughcare issues, including medications, contact with a GP and harm minimisation. Health services staff assisted prisoners without GPs and dentists to find services. The resettlement unit also helped prisoners with no GP to locate one on release.

Housekeeping point

- 9.36 Health care and resettlement should establish a joint protocol to coordinate their respective contributions to pre-release health care.

- 9.37 Mental health services should be structured to ensure continuity of care on release or transfer. (8.57)

Achieved. There were appropriate arrangements for the pre-release coordination of care for prisoners subject to the care programme approach (CPA), and the mental health team liaised with NHS services to coordinate transfers.

Additional information

- 9.38 The prison had adopted the North West end of life care model and had guidelines for end of life care at Haverigg. There was a palliative care policy and appropriate links with local palliative care services.

Finance, benefit and debt

- 9.39 Outcome data on finance, benefit and debt should be agreed and monitored to establish the extent of prisoner need, and there should be appropriate support to address identified issues. (8.54)

Not achieved. In the needs analysis of August 2010, over 56% of prisoners were identified as having needs to manage money and/or debt. Despite this, limited provision was available. Prisoners were offered a referral to the CAB, which had a confidential debt management service. However, there was no monitoring data, even anonymised or general, against which to measure the effectiveness of provision. In the six months from September 2010, there had been 166 referrals to the CAB, but it was not known how many of these were specifically for debt management or advice.

We repeat the recommendation.

9.40 **There should be a money management programme. (8.55)**

Not achieved. There was no specific money management programme at the prison. A bid for such a programme had been unsuccessful. There was a general budgeting element in the education department's personal development course, but this was very general.
We repeat the recommendation.

Additional information

9.41 Prisoner peer advisers in the resettlement unit completed applications for prisoners wanting to open a bank account. Between September 2010 and the end of February 2011, 81 prisoners had successfully applied for bank accounts.

Drugs and alcohol

9.42 **The establishment should ensure that alcohol awareness training continues as a priority. (8.68)**

Not achieved. The alcohol awareness course had stopped running shortly after our last inspection because it was not accredited. The counselling, assessment, referral, advice and throughcare (CARAT) service had introduced the one-session integrated drug treatment system (IDTS) alcohol module, and prisoners could access one-to-one work and in-cell work packs, but there were no structured interventions. The 2010 needs analysis established that 30% of prisoners had an alcohol problem before custody with 60% having committed violence-related offences.

Further recommendation

9.43 The prison should introduce a structured alcohol programme that addresses alcohol-related offending.

9.44 **Prisoners on voluntary drug testing (VDT) compacts should not be strip searched routinely. (8.69)**

Achieved. Strip searching was no longer part of compact based drug testing (CBDT), but the testing compact had not been changed accordingly.

Housekeeping point

9.45 Compact based drug testing compacts should be updated to reflect current practice.

9.46 **Compliance and voluntary drug testing provision and compacts should be clearly differentiated. (8.70)**

Not achieved. Compact based drug testing mainly consisted of incentive based testing for prisoners on the enhanced units and participants in P-ASRO (prisons addressing substance-related offending). The CARAT service occasionally referred clients for VDT, using the same compact. There were 300 compacts in operation, and three designated CBDT/IDTS officers carried out an average of 200 tests a month.
We repeat the recommendation.

9.47 Prisoners receiving methadone maintenance treatment should not be prevented from engaging in offending behaviour programmes solely on the grounds of their treatment. (8.71)

Achieved. Since July 2010, prisoners stable on methadone were no longer automatically excluded from undertaking the P-ASRO programme. Approximately half the programme participants received methadone treatment.

Additional information

- 9.48** As the establishment drug coordinator, the deputy governor chaired monthly drug strategy meetings, which were attended by relevant departments. The role of drug strategy manager changed frequently, resulting in a lack of consistency. The policy document included alcohol services and detailed action plans, but these needed to be reviewed in light of the most recent needs analysis and imminent changes in service provision.
- 9.49** CARAT services were centrally located, easily accessible to prisoners and the team had an open door policy, but there were no evening sessions for prisoners who worked during the day. The team was stable and experienced, consisting of a directly employed manager, two Prison Service staff and three drug workers from Lifeline; three CBDT/IDTS officers also came under the CARAT remit.
- 9.50** In our survey, prisoners were very positive about services; 91% said the help they received with their drug/alcohol problem was useful, compared to only 56% in 2009 and the comparator of 76%. However, the CARAT service had no regular forum to gain service user feedback.
- 9.51** New arrivals received individual induction and were assessed within three days. The CARAT team's open caseload was 163 with a further 72 files suspended. Prisoners could access one-to-one work, half-day IDTS modules and courses run by gym staff, such as healthy living and tackling drugs through PE. Narcotics Anonymous and Alcoholics Anonymous self-help groups had temporarily stopped due to vetting requirements, but a Christian-based 12-step group met at the chaplaincy weekly.
- 9.52** Prisoners who required structured intervention could be referred to the well-established P-ASRO programme. Against an annual target of 96 starts and 62 completions, 65 prisoners had already successfully finished the course with one group still running. The P-ASRO team consisted of an acting treatment manager and three facilitators (two of whom were officers) with one post vacant. Participants could access a dedicated P-ASRO gym session and there was a buddy system, but there was no peer support scheme to offer additional post-programme support.
- 9.53** Prisoners undertook pre-release work on a one-to-one basis, and there were good throughcare arrangements with link workers from drug intervention programme teams in the North and North West who visited the prison regularly.

Further recommendations

- 9.54** A drug strategy manager should be consistently available to implement and monitor the strategy.
- 9.55** There should be a peer support scheme to offer additional support to prisoners who complete the P-ASRO programme.

Housekeeping points

- 9.56 The drug and alcohol strategy document should be updated and informed by the most recent needs analysis.
- 9.57 The counselling, assessment, referral, advice and throughcare (CARAT) team should seek regular service user feedback to inform future provision, such as evening sessions.

Children and families of offenders

- 9.58 The seating in the visits room should allow prisoners to sit closer to their visitors. (8.82)

Achieved. The visits hall had been refurbished since the last inspection and tables and chairs now allowed appropriate contact with a level of privacy.

- 9.59 Prisoners should not have to wear bibs during visits. (8.83)

Not achieved. Prisoners were still required to wear bibs during visits, which was unnecessary and disproportionate.

We repeat the recommendation.

- 9.60 There should be a separate holding room for prisoners waiting to receive visits. (8.84)

Not achieved. There was still no separate holding room for prisoners waiting to receive their visits.

We repeat the recommendation.

- 9.61 A positive indication by a drug dog should only result in a closed visit where there is other supporting intelligence. (8.85)

Not achieved. A single positive indication by the drug dog still resulted in a closed visit, even in the absence of other supporting intelligence (see paragraph 7.5).

We repeat the recommendation.

- 9.62 Family visits should be available to prisoners regardless of their incentives and earned privileges status. (8.86)

Not achieved. Family visits were facilitated four times a year for determinate-sentenced prisoners and twice a year for indeterminate-sentenced prisoners. They were well attended and appreciated by those involved. Prisoners on the basic regime were still not allowed to apply to attend family visits which, coupled with restrictions on their telephone calls, meant that they were denied opportunities to develop and maintain family ties.

We repeat the recommendation.

Additional information

- 9.63 In our survey, only 40% of respondents felt that their visitors were treated well, against the comparator of 52%. Notwithstanding this, the visitors we spoke to were complimentary about their treatment by staff and the amenities available.
- 9.64 The visitors' centre was run by the local charity, Visitors' and Children's Support Group. It was a welcoming and well-equipped facility run by knowledgeable and friendly staff. They also supervised the play facility and refreshment area in the visits hall, which were appreciated by prisoners and visitors.
- 9.65 Visits were available each afternoon except on Tuesdays. Prisoners and visitors were disgruntled about the problems in accessing the visits booking line, which was the only option for booking visits. They were then further frustrated by what they perceived as a lack of availability of visits, which they told us had to be booked three to four weeks in advance. Visits sessions were generally fully occupied, and the 18 available tables were insufficient for all prisoners to utilise all their visiting orders each month. Visits sessions generally started and finished on time and visitors were processed efficiently.
- 9.66 Other initiatives aimed at supporting prisoners included the 'email-a-prisoner' scheme, which was widely used. Prisoners who did not receive visits were also encouraged to maintain family ties and could exchange unused visiting orders for a generous amount of telephone credit (10 visiting orders for £5 credit). Storybook Dads ran six times a year for 10 prisoners at a time and was appreciated by those who took part.
- 9.67 A parenting course was available through the education department. Funding had also been secured for a 12-month parenting support project, in partnership with Carlisle probation, which was due to commence in April 2011.

Further recommendation

- 9.68 There should be more opportunities for access to visits to meet prisoner demand.

Attitudes, thinking and behaviour

- 9.69 **The prison should provide a full range of accredited programmes to meet the offending behaviour needs of the population. (8.93)**

Not achieved. The prison only delivered the P-ASRO programme (see paragraph 9.52). Its own needs analysis indicated a need for a wider range of accredited offending behaviour programmes, but these had not been funded.

We repeat the recommendation.

- 9.70 **Non-accredited offending behaviour programmes should continue to be provided as a supplement and support for accredited courses. (8.94)**

Not achieved. Since the last inspection, the prison had lost funding to continue delivering these programmes. Although some education programmes, including assertiveness and decision making and personal development, were broadly oriented to the resettlement needs of prisoners, these were not offending behaviour programmes.

9.71 The Sycamore Tree victim awareness programme should be appropriately funded to continue delivery. (8.95)

Achieved. The prison had lost funding for the delivery of the Sycamore Tree programme and, in its absence, the chaplaincy had begun delivering a locally devised course. However, the prison had now received confirmation of funding to reintroduce Sycamore Tree from April 2011.

Additional information

- 9.72** In the absence of accredited programmes at Haverigg prisoners could, in theory, transfer elsewhere to complete courses. However, in practice, although we were given examples of a few indeterminate-sentenced prisoners who had transferred temporarily to complete courses, there were no examples of such provision for determinate-sentenced prisoners.
- 9.73** The prison had negotiated an arrangement with Cumbria probation service to deliver a controlling anger and learning to manage it (CALM)) programme for up to 12 prisoners in June 2011, and hoped to expand this arrangement to offer a wider, and more frequent, range of programmes in the future.

Section 10: Summary of recommendations, housekeeping points and good practice

The following is a listing of 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.

Main recommendations

To the governor

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- 10.1 Managers should ensure improved working arrangements between security, safer custody, health care and residential staff to ensure they effectively record, monitor, investigate and deal with all matters relating to prisoner safety. (HP53)
 - 10.2 The number of prisoners in the segregation unit should be reduced further, and the quality of regime and environment should be improved. (HP54)
 - 10.3 The Fairfield unit is inherently unfit and unsafe for its present purpose and should be demolished. (HP55)
 - 10.4 The prison should put in place a clear strategy based on a needs analysis intended to promote and improve outcomes for prisoners across all the various strands of diversity. (HP56)
 - 10.5 There should be a multidisciplinary foreign national prisoner committee and a dedicated foreign national coordinator with adequate facility time, supported by the foreign national clerk. (HP57)
 - 10.6 All areas used to prepare, cook or serve food should be clean and well maintained. (HP58)
 - 10.7 There should be better coordination of prisoner attendance at education and work to ensure better utilisation of activity places. (HP59)
 - 10.8 The category D steering group should be reconvened as soon as possible to develop a strategy for category D and provisional category D prisoners and ensure their effective management. (HP60)

Recommendations

To the governor

Courts, escorts and transfers

- 10.9 Prisoners transferred to HMP Haverigg should be offered sufficient toilet breaks. (1.1)
- 10.10 Reception should remain fully open over the lunch period. (1.2)

First days in custody: reception

- 10.11 Reception staff should be able to supervise prisoners in the holding rooms effectively. (1.4)
- 10.12 New arrivals should have regular access to Listeners on the first night unit. (1.9)

10.13 All new arrivals should be offered a shower and free telephone call. (1.10)

First days in custody: induction

10.14 Induction compacts should be quality assured to ensure that prisoners have been seen by all relevant departments during induction. (1.18)

10.15 Induction and first night information should be available in a range of appropriate languages. (1.20)

10.16 Prisoners should be unlocked when they are not actively involved in induction sessions. (1.23)

Residential units: accommodation and facilities

10.17 Living conditions on Blencathra and Fairfield units should be improved. (2.1)

10.18 All residential units should be clean and well maintained. (2.3)

10.19 All toilets in cells should be adequately screened. (2.4)

10.20 All association rooms and communal areas on billets should be clean and well maintained, and damaged equipment and furniture should be replaced. (2.6)

10.21 All cells should have call bells, and these should be answered within five minutes. (2.7)

10.22 Up-to-date notices should be displayed and in formats suitable for the prison's population. (2.8)

10.23 There should be a clear policy prohibiting offensive displays that should be applied consistently. (2.9)

10.24 There should be additional telephones on Blencathra, Fairfield, Skiddaw and Langdale, based on an acceptable ratio of one telephone to 20 prisoners. (2.10)

10.25 Double cells should be equipped with lockable cupboards. (2.16)

Residential units: clothing and possessions

10.26 There should be facilities to allow prisoners to wash their own clothes. (2.17)

10.27 Prisoners should have regular timely access to stored property. (2.19)

Residential units: hygiene

10.28 All prisoners should have weekly access to suitable cell cleaning materials. (2.21)

Staff-prisoner relationships

10.29 Staff should adequately supervise prisoners on residential units and in association rooms. (2.22)

- 10.30 Staff should refer to prisoners by their preferred names or titles. (2.26)
- 10.31 Managers should ensure improvement in the quality of staff entries in prisoners' personal files. (2.27)

Personal officers

- 10.32 Managers should ensure that personal officer entries in case notes are made regularly and consistently reflect engagement and knowledge of prisoners in their care. (2.29)

Bullying and violence reduction

- 10.33 Staff should be trained in the revised violence reduction and anti-bullying strategy. (3.2)
- 10.34 The quality of investigations into reported violent incidents should improve. (3.4)
- 10.35 The safer custody team should coordinate investigations into suspected incidents and be given the necessary information to maintain the tackling antisocial behaviour (TAB) register accurately. (3.6)
- 10.36 Managers should ensure that monitoring entries in tackling antisocial behaviour (TAB) documents evidence staff engagement and support. (3.8)
- 10.37 There should be interventions for persistent bullies and victims of bullying. (3.9)
- 10.38 Relevant key information in wing observation books should be reflected in wing history files. (3.11)
- 10.39 All staff should be actively involved in monitoring and addressing violence and bullying, and the TAB strategy should be understood and vigorously applied. (3.15)

Self-harm and suicide

- 10.40 Prisoner requests to see Listeners should be dealt with quickly. (3.29)
- 10.41 All prisoners on ACCTs should be provided with sufficient occupation, regardless of their location. (3.35)

Applications and complaints

- 10.42 Details about applications and complaints should be publicised in a range of languages. (3.36)
- 10.43 Access to application and complaint forms should be improved on Fairfield and Blencathra units. (3.37)
- 10.44 There should be arrangements to enable wing staff to chase up applications not responded to within three working days, and the date of response should be routinely recorded. (3.38)
- 10.45 All replies to complaints should adequately address the issues raised by prisoners and use the prisoner's preferred name. (3.43)

- 10.46 The governor should carry out quality assurance checks of replies to complaints every month. (3.44)
- 10.47 Complaints against staff should always be thoroughly investigated and the reply quality checked by the governor. (3.45)

Legal rights

- 10.48 Appropriately trained legal service staff should be appointed as soon as possible. (3.46)

Faith and religious activity

- 10.49 The prison should investigate why black and minority ethnic and foreign national prisoners have more negative perceptions than white prisoners about access to a religious leader in private, and respond accordingly to any significant findings. (3.53)

Substance use: clinical management

- 10.50 Medication should be administered in a safe and suitable environment. (3.54)
- 10.51 Joint working between the mental health, the integrated drug treatment system (IDTS) and the counselling, assessment, referral, advice and throughcare (CARAT) service should be formalised to facilitate the care coordination of dual-diagnosis prisoners. (3.57)
- 10.52 The establishment should ensure that under the IDTS, the GP and nurses work jointly, and that the lack of integration between clinical IDTS and CARAT services is addressed. (3.61)
- 10.53 Prescribing regimes for opiate-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (3.62)
- 10.54 Individual care plans and reviews should be developed which demonstrate patient involvement. (3.63)

Substance use: drug testing

- 10.55 Mandatory (MDT) and voluntary (VDT) drug testing suites should be separated, with separate equipment, and the MDT holding cells refurbished. (3.65)
- 10.56 The MDT programme should undertake the required level of random and target testing. (3.69)

Diversity

- 10.57 The diversity manager should be supported by designated liaison officers for each of the diversity strands, with adequate facility time to carry out this work. (4.1)
- 10.58 There should be regular monitoring of prisoners from minority groups to ensure they have equitable access to amenities and activities. (4.3)
- 10.59 The prison should include Travellers as part of the overarching diversity policy. (4.6)

Diversity: race equality

- 10.60 There should be detailed analysis of ethnic monitoring to determine patterns and trends. This information should be accessible and clear to all prisoners and staff. (4.7)
- 10.61 There should be adequately resourced arrangements to cover and support the role of the race equality officer. (4.8)
- 10.62 All race equality action team members and prisoners' representatives should attend the required training. (4.9)
- 10.63 All staff should be trained and receive regular refresher training in race equality. (4.15)
- 10.64 Racist incident report forms and information about them should be freely available to prisoners in a range of languages. (4.20)
- 10.65 There should be appropriate interventions for prisoners who demonstrate racist behaviour. (4.23)
- 10.66 An external body should check racist incident report forms every month. (4.26)
- 10.67 There should be an annual race equality survey and regular consultation with black and minority ethnic prisoners to inform and develop the race equality action plan and policy. (4.27)

Diversity: foreign nationals

- 10.68 There should be a foreign national strategy based on an up-to-date analysis of the needs of foreign national prisoners and including a time-bound action plan, and prescribing the involvement of all relevant departments and staff. (4.32)
- 10.69 Arrangements for free international telephone calls should accommodate foreign national prisoners from the day of their arrival. (4.33)
- 10.70 The foreign national policy should be reviewed and agreed actions should be fully adhered to. (4.39)
- 10.71 Foreign national prisoners should be held on all wings in the prison. (4.40)
- 10.72 There should be a monthly foreign national prisoner forum. (4.41)
- 10.73 Foreign national prisoners who speak little or no English should be identified and measures to address their needs put in place. (4.42)

Diversity: disability and older prisoners

- 10.74 All new arrivals should be assessed to establish whether they have a disability, a care plan drawn up and assessments reviewed at least annually. (4.43)
- 10.75 All older prisoners and those with disabilities should be regularly consulted about their individual needs. (4.44)

- 10.76 Prisoners past the age of retirement should not have to pay for their television. (4.45)
- 10.77 Written personal emergency and evacuation plans should be completed for prisoners who require them and should be readily available to staff. (4.50)
- 10.78 A dedicated disability liaison officer should be appointed. (4.51)
- 10.79 There should be annual needs analysis of prisoners with disabilities and older prisoners and a combined policy document formulated based on the findings. (4.52)

Diversity: gender and sexual orientation

- 10.80 Gender and sexual orientation strands of diversity should be developed. (4.54)

Health services: general

- 10.81 There should be a full security assessment of the treatment rooms, including the storage arrangements for controlled drugs. (5.4)
- 10.82 All staff should be trained to use the resuscitation equipment deployed at the prison. (5.6)

Health services: clinical governance

- 10.83 Prisoners should have free telephone access to the PCT's complaints system. (5.14)

Health services: primary care

- 10.84 The arrangements for GP services should be altered so that the same GP does not work every day. (5.23)
- 10.85 Prisoners in labour band one should have appropriate occupational health checks and vaccinations. (5.25)
- 10.86 Health services staff should follow up all prisoners who fail to attend for appointments. (5.29)

Health services: pharmacy

- 10.87 In-possession medication risk assessments should be readily available to staff prescribing and administering medications. (5.45)
- 10.88 Nurses should not dispense medicines other than in exceptional circumstances. (5.49)
- 10.89 Medication queues should be adequately supervised. (5.56)
- 10.90 The pharmacist should carry out a clinical audit of abusable medication. (5.60)

Health services: dentistry

- 10.91 Cumbria PCT should carry out a full dental surgery inspection. (5.68)

Time out of cell

- 10.92 Prisoners on Fairfield and Skiddaw not engaged in activity should be permitted domestic time out of cell each morning to shower and access other amenities. (6.4)
- 10.93 Staff on Skiddaw should adhere to the published unlock routine. (6.5)

Learning and skills and work activities: work

- 10.94 There should be recognition of prisoners' improved employability and skill development in all workshops for prisoners not yet ready to participate in the available accredited qualifications. (6.17)
- 10.95 The conditions in the sewing machine repair shop should be improved. (6.22)

Learning and skills and work activities: vocational training

- 10.96 Learners in vocational training should have more opportunities to progress from level 1 qualifications to level 2. (6.28)

Learning and skills and work activities: education

- 10.97 Resource materials to support learning should be widened to ensure all individual learning needs are met. (6.31)

Physical education and health promotion

- 10.98 The PE showers should be appropriately screened. (6.43)
- 10.99 The central fitness area should offer better accommodation with improved showering facilities and ventilation. (6.49)
- 10.100 Prisoners on the basic regime should have the opportunity to attend recreational PE twice a week. (6.50)

Security and rules

- 10.101 The security department should be adequately resourced to carry out all its functions, particularly intelligence-led searches. (7.3)
- 10.102 Identified staff should be trained as intelligence analysts and undertake appropriate analysis of security information. (7.4)
- 10.103 Prisoners should only be placed on and remain on closed visits when there is sufficient specific intelligence to support this. (7.8)
- 10.104 Strip searching of prisoners after visits should be intelligence-led or based on specific suspicion. (7.9)

Discipline: disciplinary procedures

- 10.105 Records of adjudications should always show that charges have been sufficiently investigated. (7.10)
- 10.106 Minor infringements of prison rules should be dealt with through less formal procedures. (7.12)

Discipline: the use of force

- 10.107 Governance of the use of force, including use of special accommodation, should be improved. (7.18)
- 10.108 All planned control and restraint interventions should be video recorded and subsequently reviewed. (7.19)
- 10.109 Any use of a baton should be robustly investigated to give assurance that its use is appropriate and proportionate. (7.20)
- 10.110 The special accommodation is unfit for purpose and should be decommissioned. (7.21)

Discipline: segregation unit

- 10.111 There should be reintegration planning to ensure prisoners in the segregation unit can return quickly to the main prison. (7.22)
- 10.112 Sufficient staff should be selected to work in the separation and care unit to allow consistent cover, and all should receive appropriate training. (7.24)
- 10.113 The segregation unit regime should be developed and include purposeful activity. (7.25)
- 10.114 The regime for prisoners on the basic privilege level who are located in the separation and care unit should be improved. (7.26)
- 10.115 All prisoners in the segregation unit should have access to showers and exercise every day. (7.27)
- 10.116 The communal shower and toilet in the separation and care unit should be refurbished and kept clean. (7.28)
- 10.117 Unlocking arrangements for prisoners in the separation and care unit should be subject to an individual risk assessment. (7.29)
- 10.118 Prisoners located in the separation and care unit should only be strip-searched where a risk assessment suggests this is appropriate. (7.34)
- 10.119 Documentation to authorise segregation should be completed thoroughly and contain individualised behaviour improvement targets, and prisoners should be given a copy. (7.35)
- 10.120 There should be care plans for longer term residents of the separation and care unit designed to encourage reintegration to prevent psychological deterioration. (7.36)

10.121 Data on segregation should be gathered and analysed for patterns and trends, and used to inform a segregation monitoring and review group which should take appropriate action on any concerns highlighted. (7.37)

Incentives and earned privileges

10.122 Work supervisors should routinely contribute to incentives and earned privileges (IEP) reviews. (7.42)

10.123 Personal officers should work with basic prisoners to help them modify their behaviour, and this should be evidenced in wing history files. (7.43)

10.124 Wing history files should accurately reflect the behaviour of individual prisoners and ensure that they are appropriately dealt with under the IEP scheme. (7.44)

10.125 Prisoners should not be downgraded from enhanced to basic as a result of a single incident. (7.49)

10.126 The regime for prisoners on the basic level should be improved, and the IEP policy should clarify progression through this level. (7.50)

Catering

10.127 Food comments books should be available for prisoners. (8.2)

10.128 There should be meaningful consultation with prisoners about the catering, and their suggestions should be used to inform the provision of meals. (8.3)

10.129 An adequate breakfast should be provided to prisoners in the morning. (8.4)

10.130 The brunch meal at weekends should be served no earlier than 12 noon and dinner no earlier than 5pm. (8.5)

10.131 Conditions in the two dining halls should be improved. (8.6)

10.132 Containers to keep food warm should be provided to prisoners who wish to take their meals to their residential unit. (8.7)

10.133 The heated food trolleys should be kept clean. (8.8)

10.134 Arrangements for the management and serving of food on Skiddaw should be improved. (8.13)

Prison shop

10.135 New arrivals should be able to buy items from the prison shop within their first 24 hours. (8.15)

10.136 The prison should explore and address the negative perceptions of black and minority ethnic prisoners about the range of items on the prison shop list. (8.17)

10.137 Prisoners should not be charged an administrative fee for catalogue orders. (8.18)

10.138 There should be an annual prisoner survey on the prison shop. (8.21)

Strategic management of resettlement

10.139 Progress against development objectives should be reviewed regularly. (9.3)

Offender management and planning: sentence planning and offender management

10.140 All offender supervisors should be offered regular casework supervision, and offender management files should be subject to regular quality assurance checks. (9.8)

10.141 There should be more opportunities for release on temporary licence. (9.13)

10.142 Offender supervisors should have dedicated time in the offender management unit to ensure the continuity and consistency of provision. (9.17)

Offender management and planning: categorisation

10.143 Prisoners who have provisionally passed their category D board should be transferred as soon as possible. (9.18)

Offender management and planning: indeterminate-sentenced prisoners

10.144 Staff time for escorted visits for indeterminate-sentenced prisoners should be profiled to ensure that there is sufficient staff facility time to meet the needs of the lifer population. (9.22)

Resettlement pathways: accommodation

10.145 There should be specific housing training for staff and prisoners involved in providing accommodation advice and support. (9.24)

10.146 The housing support provision should be improved and include some specialist input. (9.27)

10.147 The prison should survey prisoners to ascertain the level of concern about sharing personal information with peer advisers, and resulting recommendations should be taken forward through the resettlement pathway group. (9.28)

Resettlement pathways: education, training and employment

10.148 The prison should develop links with employers to inform course development and increase employment opportunities for prisoners on release. (9.34)

Resettlement pathways: finance, benefit and debt

10.149 Outcome data on finance, benefit and debt should be agreed and monitored to establish the extent of prisoner need, and there should be appropriate support to address identified issues. (9.39)

10.150 There should be a money management programme. (9.40)

Resettlement pathways: drugs and alcohol

- 10.151 The prison should introduce a structured alcohol programme that addresses alcohol-related offending. (9.43)
- 10.152 Compliance and voluntary drug testing provision and compacts should be clearly differentiated. (9.46)
- 10.153 A drug strategy manager should be consistently available to implement and monitor the strategy. (9.54)
- 10.154 There should be a peer support scheme to offer additional support to prisoners who complete the P-ASRO programme. (9.55)

Resettlement pathways: children and families of offenders

- 10.155 Prisoners should not have to wear bibs during visits. (9.59)
- 10.156 There should be a separate holding room for prisoners waiting to receive visits. (9.60)
- 10.157 A positive indication by a drug dog should only result in a closed visit where there is other supporting intelligence. (9.61)
- 10.158 Family visits should be available to prisoners regardless of their incentives and earned privileges status. (9.62)
- 10.159 There should be more opportunities for access to visits to meet prisoner demand. (9.68)

Resettlement pathways: attitudes, thinking and behaviour

- 10.160 The prison should provide a full range of accredited programmes to meet the offending behaviour needs of the population. (9.69)

Housekeeping points

First days in custody: reception

- 10.161 Reception holding rooms should display published material in a range of relevant languages and should be free from graffiti. (1.6)
- 10.162 Reading material should be provided to occupy new arrivals during the reception process. (1.7)
- 10.163 The interview room in reception should be refurbished. (1.14)

First days in custody: induction

- 10.164 The prison should reduce the length of the induction programme. (1.24)

Personal officers

- 10.165 Personal officer entries in prisoner case notes should be clearly indicated. (2.30)
- 10.166 Records of management checks of personal officer entries in case notes should include comments on the quality of entries and action taken as a result. (2.32)
- 10.167 There should be clear arrangements to provide staff cover during the absence of designated personal officers. (2.35)

Substance misuse: clinical management

- 10.168 Nurses involved in the clinical management of substance-dependent prisoners should undertake the necessary training. (3.64)

Diversity: race equality

- 10.169 The race equality action team should meet every month and all committee members should attend or send a representative. (4.16)
- 10.170 The race equality action plan should be fully reviewed monthly and an accurate copy available to all staff. (4.17)
- 10.171 The diversity website should be updated regularly to ensure that its information is relevant. (4.18)

Health services: clinical governance

- 10.172 Information on the PCT patient advice and liaison service should be available on residential units. (5.15)
- 10.173 The second stage of escalating prisoner complaints to the PCT should be subject to an agreed protocol. (5.16)

Health services: primary care

- 10.174 Minutes of the health care management meeting should be sent to all staff. (5.21)
- 10.175 The health care department should keep a log of injury to inmate (F213) records. (5.30)
- 10.176 Health and well-being should be promoted on the residential units. (5.37)

Health services: pharmacy

- 10.177 Prescriptions supplied from stock should be recorded on the pharmacy patient medication records. (5.41)
- 10.178 The pharmacist should identify patients who would benefit from consultations and approach them to offer a medicines usage review. (5.43)

- 10.179 Stock medications supplied should be reconciled against prescriptions issued. (5.47)
- 10.180 All staff should read and sign the agreed medicines management procedures and policies. (5.51)
- 10.181 Controlled drugs registers should contain all the required fields of information. (5.54)
- 10.182 Stock medicines should be stored in fully labelled containers and should not normally be removed from the original manufacturer's container until the time of supply. (5.61)
- 10.183 The arrangements to supply medicines to prisoners in the health care centre should be reviewed to enable safety and privacy to individual prisoners. (5.62)

Health services: dentistry

- 10.184 Emergency oxygen should be available in the dental surgery. (5.69)
- 10.185 There should be a protocol to assist the triage of dental applications. (5.70)
- 10.186 There should be work to assess the dental surgery failure to attend rates and the reasons why appointments are missed. (5.71)
- 10.187 The length of time to complete courses of dental treatment should be reduced. (5.72)
- 10.188 There should be regular meetings between the dental team and the health care management to improve communication. (5.73)

Learning and skills and work activities: leadership and management

- 10.189 There should be effective contingency plans to cover learning and skills staff absences to ensure that all planned activities take place. (6.13)

Discipline: disciplinary procedures

- 10.190 Prisoners on adjudication should be given writing material to make notes. (7.14)

Discipline: segregation unit

- 10.191 Personal officers in the segregation unit should record regular and constructive engagement with prisoners in case notes. (7.38)
- 10.192 All prisoners located in the care and separation unit should be able to wear their own clothes. (7.39)

Catering

- 10.193 There should be a separate bratt cooking pan for halal food. (8.14)

Strategic management of resettlement

10.194 Development objectives for offender management and public protection should be incorporated into the overall reducing reoffending strategy. (9.2)

Resettlement pathways: mental and physical health

10.195 Health care and resettlement should establish a joint protocol to coordinate their respective contributions to pre-release health care. (9.36)

Resettlement pathways: drugs and alcohol

10.196 Compact based drug testing compacts should be updated to reflect current practice. (9.45)

10.197 The drug and alcohol strategy document should be updated and informed by the most recent needs analysis. (9.56)

10.198 The counselling, assessment, referral, advice and throughcare (CARAT) team should seek regular service user feedback to inform future provision, such as evening sessions. (9.57)

Example of good practice

10.199 Prisoners were given good information on health information sharing with relevant health and social care agencies to allow them to choose to give or withhold their consent. (5.38)

Appendix I: Inspection team

Nigel Newcomen	Deputy Chief Inspector
Martin Lomas	Team leader
Alison Perry	Team leader designate
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Gordon Riach	Inspector
Andrea Walker	Inspector
Adam Altoft	Researcher
Catherine Nichols	Researcher
Joseph Simmonds	Researcher

Specialist inspectors

Sigrid Engelen	Substance use inspector
Paul Tarbuck	Health services inspector
Steve Gascoigne	Pharmacist
Martin Wall	Dentist
Stephen Miller	Ofsted inspector

Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	542	87
Recall	79	12.7
Detainees	2	0.3
Total	623	100

Sentence	21 and over	%
Unsentenced		
Less than 6 months	5	0.8
6 months to less than 12 months	15	2.4
12 months to less than 2 years	74	11.9
2 years to less than 4 years	198	31.8
4 years to less than 10 years	245	39.3
10 years and over (not life)	25	4
ISPP	23	3.7
Life	38	6.1
Total	623	100

Age	Number of prisoners	%
21 years to 29 years	269	43.2
30 years to 39 years	203	32.6
40 years to 49 years	106	17
50 years to 59 years	40	6.4
60 years to 69 years	4	0.6
70 plus years	1	0.2
Total	623	100

Nationality	21 and over	%
British	549	88.1
Foreign nationals	74	11.9
Total	623	100

Security category	21 and over	%
Cat C	543	87.2
Cat D	80	12.8
Total	623	100

Ethnicity	21 and over	%
<i>White</i>		
British	485	77.8
Irish	5	0.8
Other white	31	5
<i>Mixed</i>		
White and black Caribbean	6	1
White and black African	1	0.2
Other mixed	1	0.2

<i>Asian or Asian British</i>		
Indian	8	1.3
Pakistani	14	2.2
Bangladeshi	6	1
Other Asian	17	2.7
<i>Black or black British</i>		
Caribbean	16	1.9
African	12	2
Other black	11	1.3
<i>Chinese or other ethnic group</i>		
Chinese	5	0.8
Other ethnic group	2	0.2
Not stated	10	1.6
Total	630	100

Religion	21 and over	%
Church of England	181	30.3
Roman Catholic	184	29.1
Other Christian denominations	25	5.8
Muslim	55	8.7
Sikh	2	0.3
Hindu	1	0.2
Buddhist	10	1.6
Jewish	3	0.5
Other	9	1.3
No religion	138	22.2
Total	623	100

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
Less than 1 month	81	13
1 month to 3 months	151	24.2
3 months to 6 months	123	19.7
6 months to 1 year	159	25.5
1 year to 2 years	86	13.8
2 years to 4 years	14	2.3
4 years or more	9	1.5
Total	623	100

Main offence	21 and over	%
Violence against the person	153	24.6
Sexual offences	1	0.2
Burglary	100	16.1
Robbery	99	15.9
Theft and handling	13	2.1
Fraud and forgery	19	3.0
Drugs offences	158	25.3
Other offences	80	12.8
Total	623	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 15 March 2011, the prisoner population at HMP Haverigg was 617. The sample size was 210. Overall, this represented 34% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Four respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. Four respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 175 respondents completed and returned their questionnaires. This represented 28% of the prison population. The response rate was 83%. In addition to the nine respondents who refused to complete a questionnaire, 17 questionnaires were not returned and nine were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 38 category C trainer prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Haverigg in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between those who consider themselves to have a disability and those who do not.
- A comparison within the 2011 survey between various units and the rest of the establishment.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from those shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey results

Section 1: About you

Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	88 (51%)
	<i>30 - 39</i>	45 (26%)
	<i>40 - 49</i>	28 (16%)
	<i>50 - 59</i>	12 (7%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	159(92%)
	<i>Yes - on recall</i>	14 (8%)
	<i>No - awaiting trial</i>	0 (0%)
	<i>No - awaiting sentence</i>	0 (0%)
	<i>No - awaiting deportation</i>	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced	0 (0%)
	<i>Less than 6 months</i>	2 (1%)
	<i>6 months to less than 1 year</i>	11 (6%)
	<i>1 year to less than 2 years</i>	19 (11%)
	<i>2 years to less than 4 years</i>	52 (30%)
	<i>4 years to less than 10 years</i>	66 (39%)
	<i>10 years or more</i>	8 (5%)
	<i>IPP (indeterminate sentence for public protection)</i>	6 (4%)
	<i>Life</i>	7 (4%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	Not sentenced	0 (0%)
	<i>6 months or less</i>	72 (47%)
	<i>More than 6 months</i>	82 (53%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	18 (10%)
	<i>1 to less than 3 months</i>	31 (18%)
	<i>3 to less than 6 months</i>	30 (17%)
	<i>6 to less than 12 months</i>	38 (22%)
	<i>12 months to less than 2 years</i>	29 (17%)
	<i>2 to less than 4 years</i>	19 (11%)
	<i>4 years or more</i>	7 (4%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	17 (10%)

No..... 155 (90%)

Q1.8 Is English your first language?

Yes..... 150 (88%)
No..... 21 (12%)

Q1.9 What is your ethnic origin?

White - British.....	136 (78%)	Asian or Asian British - Bangladeshi.....	1 (1%)
White - Irish.....	2 (1%)	Asian or Asian British - other.....	1 (1%)
White - other.....	8 (5%)	Mixed race - white and black Caribbean.....	4 (2%)
Black or black British - Caribbean.....	1 (1%)	Mixed race - white and black African.....	4 (2%)
Black or black British - African.....	3 (2%)	Mixed race - white and Asian.....	1 (1%)
Black or black British - other.....	0 (0%)	Mixed race - other.....	2 (1%)
Asian or Asian British - Indian.....	0 (0%)	Chinese.....	2 (1%)
Asian or Asian British - Pakistani.....	5 (3%)	Other ethnic group.....	4 (2%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes..... 5 (3%)
No..... 166 (97%)

Q1.11 What is your religion?

None.....	39 (23%)	Hindu.....	0 (0%)
Church of England.....	52 (30%)	Jewish.....	1 (1%)
Catholic.....	55 (32%)	Muslim.....	13 (8%)
Protestant.....	4 (2%)	Sikh.....	0 (0%)
Other Christian denomination.....	4 (2%)	Other.....	1 (1%)
Buddhist.....	4 (2%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/straight..... 168 (97%)
Homosexual/gay..... 2 (1%)
Bisexual..... 3 (2%)
Other..... 0 (0%)

Q1.13 Do you consider yourself to have a disability?

Yes..... 24 (14%)
No..... 149 (86%)

Q1.14 How many times have you been in prison before?

0	1	2 to 5	More than 5
56 (32%)	25 (14%)	54 (31%)	40 (23%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
16 (9%)	140 (81%)	17 (10%)

Q1.16	Do you have any children under the age of 18?	
	Yes	85 (49%)
	No.....	89 (51%)

Section 2: Courts, transfers and escorts

Q2.1	We want to know about the most recent journey you have made either to or from court or between prisons. How was:							
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
	The cleanliness of the van?	13 (7%)	73 (42%)	35 (20%)	34 (20%)	13 (7%)	4 (2%)	2 (1%)
	Your personal safety during the journey?	16 (10%)	71 (43%)	33 (20%)	29 (17%)	13 (8%)	3 (2%)	1 (1%)
	The comfort of the van?	5 (3%)	14 (8%)	20 (12%)	63 (37%)	65 (38%)	3 (2%)	1 (1%)
	The attention paid to your health needs?	10 (6%)	28 (17%)	56 (34%)	30 (18%)	24 (14%)	7 (4%)	12 (7%)
	The frequency of toilet breaks?	3 (2%)	6 (4%)	27 (16%)	30 (18%)	76 (45%)	3 (2%)	25 (15%)

Q2.2	How long did you spend in the van?					
		<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
		1 (1%)	38 (22%)	112 (66%)	18 (11%)	1 (1%)

Q2.3	How did you feel you were treated by the escort staff?						
		<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
		13 (8%)	92 (53%)	54 (31%)	9 (5%)	3 (2%)	2 (1%)

Q2.4	Please answer the following questions about when you first arrived here:			
		<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?	154 (89%)	17 (10%)	3 (2%)
	Before you arrived here did you receive any written information about what would happen to you?	33 (19%)	134 (77%)	6 (3%)
	When you first arrived here did your property arrive at the same time as you?	151 (88%)	17 (10%)	3 (2%)

Section 3: Reception, first night and induction

Q3.1	In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)		
	<i>Didn't ask about any of these.....</i>	40 (25%)	<i>Money worries.....</i> 23 (14%)
	<i>Loss of property.....</i>	23 (14%)	<i>Feeling depressed or suicidal.</i> 74 (45%)
	<i>Housing problems.....</i>	34 (21%)	<i>Health problems.....</i> 91 (56%)
	<i>Contacting employers</i>	16 (10%)	<i>Needing protection from other prisoners</i> 33 (20%)

Contacting family.....	63 (39%)	Accessing phone numbers.....	56 (34%)
Ensuring dependants were being looked after	12 (7%)	Other.....	7 (4%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems	51 (36%)	Money worries.....	19 (14%)
Loss of property.....	24 (17%)	Feeling depressed or suicidal.	20 (14%)
Housing problems.....	34 (24%)	Health problems.....	43 (31%)
Contacting employers	4 (3%)	Needing protection from other prisoners	6 (4%)
Contacting family.....	28 (20%)	Accessing phone numbers.....	20 (14%)
Ensuring dependants were looked after	6 (4%)	Other.....	6 (4%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	143 (84%)	19 (11%)	8 (5%)
When you were searched, was this carried out in a respectful way?	136 (82%)	23 (14%)	6 (4%)

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
27 (16%)	90 (53%)	33 (19%)	14 (8%)	7 (4%)	0 (0%)

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)

Information about what was going to happen to you	84 (51%)
Information about what support was available for people feeling depressed or suicidal	87 (52%)
Information about how to make routine requests	87 (52%)
Information about your entitlement to visits.....	78 (47%)
Information about health services	90 (54%)
Information about the chaplaincy	81 (49%)
Not offered anything	44 (27%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

A smokers/non-smokers pack.....	154 (90%)
The opportunity to have a shower.....	58 (34%)
The opportunity to make a free telephone call.....	58 (34%)
Something to eat.....	135 (78%)
Did not receive anything	1 (1%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

Chaplain or religious leader	73 (43%)
Someone from health services	134 (79%)
A Listener/Samaritans.....	38 (22%)

	Did not meet any of these people.....	22 (13%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	Yes	14 (8%)
	No.....	157 (92%)
Q3.9	Did you feel safe on your first night here?	
	Yes	129 (75%)
	No.....	32 (19%)
	Don't remember.....	10 (6%)
Q3.10	How soon after your arrival did you go on an induction course?	
	Have not been on an induction course.....	13 (8%)
	Within the first week	137 (81%)
	More than a week	16 (9%)
	Don't remember.....	4 (2%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course.....	13 (8%)
	Yes	99 (59%)
	No.....	45 (27%)
	Don't remember.....	11 (7%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is to?						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	15 (9%)	44 (26%)	24 (14%)	51 (30%)	18 (11%)	16 (10%)
	Attend legal visits?	20 (13%)	42 (27%)	35 (22%)	21 (13%)	6 (4%)	33 (21%)
	Obtain bail information?	8 (5%)	14 (10%)	36 (24%)	21 (14%)	7 (5%)	61 (41%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						33 (20%)
	Yes						75 (45%)
	No.....						60 (36%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
	Are you normally offered enough clean, suitable clothes for the week?	Yes	No	Don't know	N/A		
		120 (71%)	40 (24%)	7 (4%)	2 (1%)		

Are you normally able to have a shower every day?	155 (91%)	16 (9%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	138 (84%)	17 (10%)	6 (4%)	3 (2%)
Do you normally get cell cleaning materials every week?	104 (62%)	64 (38%)	1 (1%)	0 (0%)
Is your cell call bell normally answered within five minutes?	32 (20%)	81 (49%)	24 (15%)	27 (16%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	117 (70%)	47 (28%)	2 (1%)	0 (0%)
Can you normally get your stored property, if you need to?	32 (20%)	74 (46%)	45 (28%)	10 (6%)

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
4 (2%)	31 (18%)	34 (20%)	51 (30%)	49 (29%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet</i>	6 (4%)
Yes	87 (51%)
No.....	76 (45%)

Q4.6 Is it easy or difficult to get:

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	71 (41%)	77 (44%)	6 (3%)	9 (5%)	5 (3%)	6 (3%)
An application form	74 (45%)	75 (45%)	6 (4%)	6 (4%)	3 (2%)	1 (1%)

Q4.7 Have you made an application?

Yes	152 (90%)
No.....	17 (10%)

Q4.8 Please answer the following questions concerning applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	17 (11%)	87 (54%)	57 (35%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	17 (11%)	76 (48%)	65 (41%)

Q4.9 Have you made a complaint?

Yes	89 (53%)
No.....	79 (47%)

Q4.10 Please answer the following questions concerning complaints:

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	79 (48%)	27 (16%)	60 (36%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	79 (46%)	35 (20%)	58 (34%)
Were you given information about how to make an appeal?	54 (34%)	46 (29%)	57 (36%)

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	79 (46%)
Yes.....	21 (12%)
No.....	70 (41%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
48 (29%)	7 (4%)	26 (16%)	39 (24%)	32 (19%)	13 (8%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	2 (1%)
<i>Enhanced</i>	114 (67%)
<i>Standard</i>	52 (30%)
<i>Basic</i>	2 (1%)
<i>Don't know</i>	1 (1%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is	2 (1%)
Yes	97 (59%)
No	55 (33%)
<i>Don't know</i>	11 (7%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is	2 (1%)
Yes	77 (47%)
No.....	76 (46%)
<i>Don't know</i>	9 (5%)

Q4.16 Please answer the following questions about this prison?

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	9 (5%)	157 (95%)
In the last six months have you spent a night in the segregation/care and separation unit?	17 (10%)	149 (90%)

Q4.17	Please answer the following questions about your religious beliefs	Yes	No	Don't know/ N/A
	Do you feel your religious beliefs are respected?	95 (57%)	28 (17%)	44 (26%)
	Are you able to speak to a religious leader of your faith in private if you want to?	94 (58%)	17 (11%)	50 (31%)
Q4.18	Can you speak to a listener at any time if you want to?	Yes 85 (50%)	No 9 (5%)	Don't know 75 (44%)
Q4.19	Please answer the following questions about staff in this prison	Yes	No	
	Is there a member of staff you can turn to for help if you have a problem?	120 (73%)	44 (27%)	
	Do most staff treat you with respect?	116 (71%)	48 (29%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?	Yes 72 (42%)	No 98 (58%)																				
Q5.2	Do you feel unsafe in this prison at the moment?	Yes 39 (23%)	No 130 (77%)																				
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Never felt unsafe</i>..... 98 (62%)</td> <td><i>At mealtimes</i>..... 18 (11%)</td> </tr> <tr> <td><i>Everywhere</i>..... 16 (10%)</td> <td><i>At health services</i>..... 9 (6%)</td> </tr> <tr> <td><i>Segregation unit</i>..... 7 (4%)</td> <td><i>Visits area</i>..... 3 (2%)</td> </tr> <tr> <td><i>Association areas</i>..... 25 (16%)</td> <td><i>In wing showers</i>..... 15 (10%)</td> </tr> <tr> <td><i>Reception area</i>..... 4 (3%)</td> <td><i>In gym showers</i>..... 9 (6%)</td> </tr> <tr> <td><i>At the gym</i>..... 9 (6%)</td> <td><i>In corridors/stairwells</i>..... 11 (7%)</td> </tr> <tr> <td><i>In an exercise yard</i>..... 19 (12%)</td> <td><i>On your landing/wing</i>..... 23 (15%)</td> </tr> <tr> <td><i>At work</i>..... 15 (10%)</td> <td><i>In your cell</i>..... 12 (8%)</td> </tr> <tr> <td><i>During movement</i>..... 27 (17%)</td> <td><i>At religious services</i>..... 6 (4%)</td> </tr> <tr> <td><i>At education</i>..... 11 (7%)</td> <td></td> </tr> </table>		<i>Never felt unsafe</i> 98 (62%)	<i>At mealtimes</i> 18 (11%)	<i>Everywhere</i> 16 (10%)	<i>At health services</i> 9 (6%)	<i>Segregation unit</i> 7 (4%)	<i>Visits area</i> 3 (2%)	<i>Association areas</i> 25 (16%)	<i>In wing showers</i> 15 (10%)	<i>Reception area</i> 4 (3%)	<i>In gym showers</i> 9 (6%)	<i>At the gym</i> 9 (6%)	<i>In corridors/stairwells</i> 11 (7%)	<i>In an exercise yard</i> 19 (12%)	<i>On your landing/wing</i> 23 (15%)	<i>At work</i> 15 (10%)	<i>In your cell</i> 12 (8%)	<i>During movement</i> 27 (17%)	<i>At religious services</i> 6 (4%)	<i>At education</i> 11 (7%)	
<i>Never felt unsafe</i> 98 (62%)	<i>At mealtimes</i> 18 (11%)																						
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<i>At work</i> 15 (10%)	<i>In your cell</i> 12 (8%)																						
<i>During movement</i> 27 (17%)	<i>At religious services</i> 6 (4%)																						
<i>At education</i> 11 (7%)																							
Q5.4	Have you been victimised by another prisoner or group of prisoners here?	Yes 31 (19%)	No 135 (81%)																				
			If No, go to question 5.6																				
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)	<table border="0" style="width: 100%;"> <tr> <td><i>Insulting remarks (about you or your family or friends).....</i></td> <td>15 (9%)</td> <td><i>Because of your sexuality.....</i></td> <td>3 (2%)</td> </tr> </table>		<i>Insulting remarks (about you or your family or friends).....</i>	15 (9%)	<i>Because of your sexuality.....</i>	3 (2%)																
<i>Insulting remarks (about you or your family or friends).....</i>	15 (9%)	<i>Because of your sexuality.....</i>	3 (2%)																				

<i>Physical abuse (being hit, kicked or assaulted).....</i>	12 (7%)	<i>Because you have a disability</i>	3 (2%)
<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your religion/religious beliefs.....</i>	5 (3%)
<i>Because of your race or ethnic origin.....</i>	8 (5%)	<i>Because of your age.....</i>	5 (3%)
<i>Because of drugs.....</i>	10 (6%)	<i>Being from a different part of the country than others.....</i>	9 (5%)
<i>Having your canteen/property taken.....</i>	8 (5%)	<i>Because of your offence/crime.....</i>	1 (1%)
<i>Because you were new here..</i>	6 (4%)	<i>Because of gang related issues.....</i>	6 (4%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes.....	44 (27%)	If No, go to question 5.8
No.....	119 (73%)	

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends).....</i>	19 (12%)	<i>Because you have a disability</i>	3 (2%)
<i>Physical abuse (being hit, kicked or assaulted).....</i>	8 (5%)	<i>Because of your religion/religious beliefs.....</i>	6 (4%)
<i>Sexual abuse.....</i>	1 (1%)	<i>Because of your age.....</i>	5 (3%)
<i>Because of your race or ethnic origin.....</i>	13 (8%)	<i>Being from a different part of the country than others.....</i>	12 (7%)
<i>Because of drugs.....</i>	6 (4%)	<i>Because of your offence/crime.....</i>	5 (3%)
<i>Because you were new here..</i>	6 (4%)	<i>Because of gang related issues.....</i>	5 (3%)
<i>Because of your sexuality.....</i>	1 (1%)		

Q5.8 If you have been victimised by prisoners or staff did you report it?

Not been victimised	104 (65%)
Yes.....	21 (13%)
No.....	35 (22%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes.....	44 (26%)
No.....	127 (74%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes.....	41 (24%)
No.....	128 (76%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
35 (21%)	22 (13%)	14 (8%)	14 (8%)	10 (6%)	73 (43%)

Section 6: Health services

- Q6.1 How easy or difficult is it to see the following people?**
- | | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|--------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| The doctor | 17 (10%) | 17 (10%) | 42 (25%) | 29 (17%) | 55 (32%) | 10 (6%) |
| The nurse | 18 (11%) | 30 (18%) | 76 (45%) | 20 (12%) | 20 (12%) | 4 (2%) |
| The dentist | 21 (13%) | 6 (4%) | 19 (11%) | 11 (7%) | 69 (41%) | 42 (25%) |
| The optician | 55 (33%) | 7 (4%) | 22 (13%) | 25 (15%) | 35 (21%) | 21 (13%) |
- Q6.2 Are you able to see a pharmacist?**
- Yes 54 (38%)
 No 89 (62%)
- Q6.3 What do you think of the quality of the health service from the following people:**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--------------|-----------------|------------------|-------------|----------------|------------|-----------------|
| The doctor | 25 (15%) | 23 (14%) | 55 (32%) | 23 (14%) | 22 (13%) | 22 (13%) |
| The nurse | 22 (13%) | 24 (14%) | 65 (39%) | 20 (12%) | 17 (10%) | 18 (11%) |
| The dentist | 49 (29%) | 21 (13%) | 35 (21%) | 28 (17%) | 20 (12%) | 14 (8%) |
| The optician | 78 (47%) | 14 (8%) | 32 (19%) | 23 (14%) | 7 (4%) | 11 (7%) |
- Q6.4 What do you think of the overall quality of the health services here?**
- | | <i>Not been</i> | <i>Very good</i> | <i>Good</i> | <i>Neither</i> | <i>Bad</i> | <i>Very bad</i> |
|--|-----------------|------------------|-------------|----------------|------------|-----------------|
| | 9 (5%) | 10 (6%) | 50 (30%) | 36 (22%) | 30 (18%) | 29 (18%) |
- Q6.5 Are you currently taking medication?**
- Yes 82 (49%)
 No 87 (51%)
- Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?**
- Not taking medication* 87 (51%)
 Yes 70 (41%)
 No 12 (7%)
- Q6.7 Do you feel you have any emotional well-being/mental health issues?**
- Yes 56 (33%)
 No 113 (67%)
- Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)**
- | | |
|------------------------------------------------------------|-----------|
| <i>Do not have any issues/not receiving any help</i> | 131 (81%) |
| <i>Doctor</i> | 13 (8%) |
| <i>Nurse</i> | 3 (2%) |
| <i>Psychiatrist</i> | 5 (3%) |
| <i>Mental health in-reach team</i> | 17 (10%) |
| <i>Counsellor</i> | 9 (6%) |
| <i>Other</i> | 5 (3%) |

Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	49 (31%)	107 (69%)	
	Alcohol	24 (16%)	122 (84%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes		19 (11%)	
	No		147 (89%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes		61 (37%)	
	No		5 (3%)	
	<i>Did not/do not have a drug or alcohol problem</i>		98 (60%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?			
	Yes		54 (33%)	
	No		11 (7%)	
	<i>Did not/do not have a drug or alcohol problem</i>		98 (60%)	
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?			
	Yes		51 (31%)	
	No		5 (3%)	
	<i>Did not have a problem/have not received help</i>		109 (66%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	<i>Don't know</i>
	Drugs	17 (10%)	122 (75%)	24 (15%)
	Alcohol	9 (6%)	122 (81%)	20 (13%)
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?			
	Yes		36 (22%)	
	No		15 (9%)	
	N/A		112 (69%)	

Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	119 (73%)
	Vocational or skills training	42 (26%)
	Education (including basic skills)	45 (27%)
	Offending behaviour programmes	25 (15%)

Not involved in any of these..... 25 (15%)

Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	11 (8%)	68 (48%)	54 (38%)	10 (7%)
Vocational or skills training	19 (16%)	61 (53%)	24 (21%)	12 (10%)
Education (including basic skills)	21 (17%)	60 (50%)	26 (21%)	14 (12%)
Offending behaviour programmes	21 (19%)	45 (41%)	30 (27%)	15 (14%)

Q7.3 How often do you go to the library?

Don't want to go	13 (8%)
<i>Never</i>	14 (8%)
<i>Less than once a week</i>	44 (27%)
<i>About once a week</i>	47 (28%)
<i>More than once a week</i>	42 (25%)
<i>Don't know</i>	6 (4%)

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	Don't know
34 (20%)	31 (18%)	4 (2%)	17 (10%)	59 (35%)	20 (12%)	3 (2%)

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
9 (5%)	13 (8%)	30 (18%)	44 (27%)	67 (40%)	3 (2%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)

<i>Less than 2 hours</i>	12 (7%)
<i>2 to less than 4 hours</i>	17 (10%)
<i>4 to less than 6 hours</i>	17 (10%)
<i>6 to less than 8 hours</i>	29 (18%)
<i>8 to less than 10 hours</i>	36 (22%)
<i>10 hours or more</i>	39 (24%)
<i>Don't know</i>	14 (9%)

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
3 (2%)	4 (2%)	3 (2%)	16 (10%)	133 (80%)	7 (4%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	4 (2%)
<i>Never</i>	36 (22%)
<i>Rarely</i>	44 (27%)
<i>Some of the time</i>	64 (39%)
<i>Most of the time</i>	13 (8%)
<i>All of the time</i>	5 (3%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?					
	<i>Still have not met him/her</i>					51 (31%)
	<i>In the first week</i>					55 (34%)
	<i>More than a week</i>					28 (17%)
	<i>Don't remember</i>					30 (18%)
Q8.2	How helpful do you think your personal officer is?					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	51 (32%)	20 (13%)	54 (34%)	16 (10%)	13 (8%)	6 (4%)
Q8.3	Do you have a sentence plan/OASys?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					119 (74%)
	<i>No</i>					42 (26%)
Q8.4	How involved were you in the development of your sentence plan?					
	<i>Do not have a sentence plan/OASys</i>					42 (26%)
	<i>Very involved</i>					30 (19%)
	<i>Involved</i>					24 (15%)
	<i>Neither</i>					16 (10%)
	<i>Not very involved</i>					24 (15%)
	<i>Not at all involved</i>					24 (15%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?					
	<i>Do not have a sentence plan/OASys</i>					42 (27%)
	<i>Yes</i>					56 (36%)
	<i>No</i>					58 (37%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?					
	<i>Do not have a sentence plan/OASys</i>					42 (27%)
	<i>Yes</i>					44 (28%)
	<i>No</i>					70 (45%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?					
	<i>Not sentenced</i>					0 (0%)
	<i>Yes</i>					55 (35%)
	<i>No</i>					103 (65%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?					
	<i>Yes</i>					28 (17%)
	<i>No</i>					136 (83%)
Q8.9	Have you had any problems with sending or receiving mail?					
	<i>Yes</i>					54 (33%)

No..... 101 (62%)
 Don't know..... 9 (5%)

Q8.10 Have you had any problems getting access to the telephones?

Yes 48 (29%)
 No..... 113 (69%)
 Don't know..... 2 (1%)

Q8.11 Did you have a visit in the first week that you were here?

Not been here a week yet 5 (3%)
 Yes 18 (11%)
 No..... 140 (85%)
 Don't remember..... 2 (1%)

Q8.12 How many visits did you receive in the last week?

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
5 (3%)	120 (82%)	21 (14%)	0 (0%)	1 (1%)

Q8.13 How are you and your family/friends usually treated by visits staff?

Not had any visits 60 (37%)
 Very well..... 10 (6%)
 Well 31 (19%)
 Neither 18 (11%)
 Badly 20 (12%)
 Very badly 5 (3%)
 Don't know..... 18 (11%)

Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?

Yes 54 (33%)
 No..... 108 (67%)

Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)

Don't know who to contact . 73 (50%)	<i>Help with your finances in preparation for release</i> 39 (27%)
<i>Maintaining good relationships</i> 24 (17%)	<i>Claiming benefits on release</i> .. 55 (38%)
<i>Avoiding bad relationships</i> 20 (14%)	<i>Arranging a place at college/continuing education on release</i> 31 (21%)
<i>Finding a job on release</i> 44 (30%)	<i>Continuity of health services on release</i> 34 (23%)
<i>Finding accommodation on release</i> 47 (32%)	<i>Opening a bank account</i> 56 (39%)

Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)

<i>No problems</i>	69 (45%)	<i>Help with your finances in preparation for release</i>	37 (24%)
<i>Maintaining good relationships</i>	16 (10%)	<i>Claiming benefits on release</i> ..	33 (21%)
<i>Avoiding bad relationships</i>	20 (13%)	<i>Arranging a place at college/continuing education on release</i>	32 (21%)
<i>Finding a job on release</i>	62 (40%)	<i>Continuity of health services on release</i>	27 (17%)
<i>Finding accommodation on release</i>	58 (37%)	<i>Opening a bank account</i>	38 (25%)

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	85 (52%)
<i>No</i>	78 (48%)

Main comparator and comparator to last time



Prisoner survey responses HMP Haverigg 2011

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

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		175	4645	175	121
SECTION 1: General information					
2	Are you under 21 years of age?	0%	2%	0%	0%
3a	Are you sentenced?	100%	100%	100%	100%
3b	Are you on recall?	8%	10%	8%	4%
4a	Is your sentence less than 12 months?	8%	5%	8%	9%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	7%	4%	4%
5	Do you have six months or less to serve?	47%	37%	47%	40%
6	Have you been in this prison less than a month?	11%	7%	11%	3%
7	Are you a foreign national?	10%	13%	10%	2%
8	Is English your first language?	88%	90%	88%	96%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	16%	27%	16%	8%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%	3%	
11	Are you Muslim?	8%	11%	8%	3%
12	Are you homosexual/gay or bisexual?	3%	4%	3%	2%
13	Do you consider yourself to have a disability?	14%	14%	14%	17%
14	Is this your first time in prison?	32%	34%	32%	21%
15	Have you been in more than five prisons this time?	10%	15%	10%	11%
16	Do you have any children under the age of 18?	49%	53%	49%	47%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	49%	54%	49%	50%
1b	Was your personal safety during the journey good/very good?	53%	63%	53%	64%
1c	Was the comfort of the van good/very good?	11%	19%	11%	17%
1d	Was the attention paid to your health needs good/very good?	23%	32%	23%	23%
1e	Was the frequency of toilet breaks good/very good?	5%	12%	5%	7%
2	Did you spend more than four hours in the van?	11%	8%	11%	9%
3	Were you treated well/very well by the escort staff?	61%	67%	61%	68%
4a	Did you know where you were going when you left court or when transferred from another prison?	89%	82%	89%	92%
4b	Before you arrived here did you receive any written information about what would happen to you?	19%	17%	19%	11%
4c	When you first arrived here did your property arrive at the same time as you?	88%	88%	88%	93%

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SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	14%	14%	14%	12%
1c	Housing problems?	21%	19%	21%	17%
1d	Problems contacting employers?	10%	10%	10%	7%
1e	Problems contacting family?	39%	44%	39%	28%
1f	Problems ensuring dependants were looked after?	7%	11%	7%	14%
1g	Money problems?	14%	15%	14%	13%
1h	Problems of feeling depressed/suicidal?	45%	47%	45%	44%
1i	Health problems?	56%	59%	56%	57%
1j	Problems in needing protection from other prisoners?	20%	17%	20%	17%
1k	Problems accessing phone numbers?	34%	36%	34%	16%
2	When you first arrived:				
2a	Did you have any problems?	64%	60%	64%	62%
2b	Did you have any problems with loss of property?	17%	15%	17%	14%
2c	Did you have any housing problems?	24%	16%	24%	15%
2d	Did you have any problems contacting employers?	3%	4%	3%	4%
2e	Did you have any problems contacting family?	20%	22%	20%	25%
2f	Did you have any problems ensuring dependants were being looked after?	4%	5%	4%	1%
2g	Did you have any money worries?	14%	15%	14%	10%
2h	Did you have any problems with feeling depressed or suicidal?	14%	14%	14%	15%
2i	Did you have any health problems?	31%	21%	31%	21%
2j	Did you have any problems with needing protection from other prisoners?	4%	5%	4%	10%
2k	Did you have problems accessing phone numbers?	14%	22%	14%	16%
3a	Were you seen by a member of health services in reception?	84%	90%	84%	84%
3b	When you were searched in reception, was this carried out in a respectful way?	82%	78%	82%	81%
4	Were you treated well/very well in reception?	68%	71%	68%	69%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	51%	53%	51%	48%
5b	Support was available for people feeling depressed or suicidal?	53%	47%	53%	50%
5c	How to make routine requests?	53%	42%	53%	41%
5d	Your entitlement to visits?	47%	47%	47%	42%
5e	Health services?	54%	62%	54%	54%
5f	The chaplaincy?	49%	53%	49%	53%
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	90%	83%	90%	89%
6b	The opportunity to have a shower?	34%	40%	34%	33%
6c	The opportunity to make a free telephone call?	34%	49%	34%	32%
6d	Something to eat?	79%	77%	79%	70%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	43%	46%	43%	48%
7b	Someone from health services?	79%	76%	79%	81%

Key to tables

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7c	A Listener/Samaritans?	23%	29%	23%	21%
8	Did you have access to the prison shop/canteen within the first 24 hours?	8%	20%	8%	6%
9	Did you feel safe on your first night here?	76%	83%	76%	81%
10	Have you been on an induction course?	92%	93%	92%	90%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	64%	65%	64%	56%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	35%	50%	35%	39%
1b	Attend legal visits?	40%	54%	40%	48%
1c	Obtain bail information?	15%	18%	15%	15%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	41%	45%	46%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	71%	59%	71%	75%
3b	Are you normally able to have a shower every day?	91%	92%	91%	97%
3c	Do you normally receive clean sheets every week?	84%	80%	84%	91%
3d	Do you normally get cell cleaning materials every week?	62%	75%	62%	50%
3e	Is your cell call bell normally answered within five minutes?	20%	40%	20%	14%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	70%	71%	72%
3g	Can you normally get your stored property, if you need to?	20%	30%	20%	29%
4	Is the food in this prison good/very good?	21%	29%	21%	14%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	46%	52%	41%
6a	Is it easy/very easy to get a complaints form?	85%	86%	85%	78%
6b	Is it easy/very easy to get an application form?	90%	90%	90%	83%
7	Have you made an application?	90%	89%	90%	91%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	61%	61%	61%	57%
8b	Do you feel applications are dealt with promptly (within seven days)?	54%	52%	54%	38%
9	Have you made a complaint?	53%	55%	53%	56%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	31%	34%	31%	34%
10b	Do you feel complaints are dealt with promptly (within seven days)?	38%	40%	38%	31%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	23%	24%	23%	20%
10c	Were you given information about how to make an appeal?	29%	31%	29%	16%
12	Is it easy/very easy to see the Independent Monitoring Board?	20%	37%	20%	17%
13	Are you on the enhanced (top) level of the IEP scheme?	67%	57%	67%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	59%	55%	59%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	48%	47%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	5%	5%	
16b	In the last six months have you spent a night in the segregation/ care and separation unit?	10%	11%	10%	
13a	Do you feel your religious beliefs are respected?	57%	54%	57%	49%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	58%	58%	50%

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14	Are you able to speak to a Listener at any time if you want to?	50%	62%	50%	57%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	73%	74%	73%	70%
15b	Do most staff in this prison treat you with respect?	71%	74%	71%	76%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	42%	30%	42%	43%
2	Do you feel unsafe in this prison at the moment?	23%	14%	23%	17%
4	Have you been victimised by another prisoner?	19%	19%	19%	34%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	8%	9%	15%
5b	Hit, kicked or assaulted you?	7%	5%	7%	15%
5c	Sexually abused you?	1%	1%	1%	2%
5d	Victimised you because of your race or ethnic origin?	5%	4%	5%	3%
5e	Victimised you because of drugs?	6%	2%	6%	8%
5f	Taken your canteen/property?	5%	4%	5%	9%
5g	Victimised you because you were new here?	4%	4%	4%	11%
5h	Victimised you because of your sexuality?	2%	1%	2%	1%
5i	Victimised you because you have a disability?	2%	2%	2%	4%
5j	Victimised you because of your religion/religious beliefs?	3%	3%	3%	2%
5k	Victimised you because of your age?	3%	2%	3%	
5l	Victimised you because you were from a different part of the country?	5%	5%	5%	10%
5m	Victimised you because of your offence/crime?	1%	4%	1%	3%
5n	Victimised you because of gang related issues?	4%	3%	4%	
6	Have you been victimised by a member of staff?	27%	22%	27%	21%
7	Since you have been here has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	12%	10%	12%	9%
7b	Hit, kicked or assaulted you?	5%	3%	5%	5%
7c	Sexually abused you?	1%	1%	1%	1%
7d	Victimised you because of your race or ethnic origin?	8%	5%	8%	3%
7e	Victimised you because of drugs?	4%	3%	4%	6%
7f	Victimised you because you were new here?	4%	4%	4%	4%
7g	Victimised you because of your sexuality?	1%	1%	1%	1%
7h	Victimised you because you have a disability?	2%	2%	2%	2%
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	1%
7j	Victimised you because of your age?	3%	2%	3%	
7k	Victimised you because you were from a different part of the country?	7%	4%	7%	9%
7l	Victimised you because of your offence/crime?	3%	4%	3%	3%
7m	Victimised you because of gang related issues?	3%	2%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	38%	39%	38%	33%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	20%	26%	37%
10	Have you ever felt threatened or intimidated by a member of staff in here?	24%	19%	24%	14%

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11	Is it easy/very easy to get illegal drugs in this prison?	34%	31%	34%	62%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	35%	39%	35%	44%
1b	Is it easy/very easy to see the nurse?	63%	62%	63%	65%
1c	Is it easy/very easy to see the dentist?	15%	14%	15%	10%
1d	Is it easy/very easy to see the optician?	18%	18%	18%	10%
2	Are you able to see a pharmacist?	38%	55%	38%	35%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	54%	53%	54%	28%
3b	The nurse?	62%	66%	62%	55%
3c	The dentist?	48%	44%	48%	40%
3d	The optician?	53%	47%	53%	27%
4	The overall quality of health services?	39%	47%	39%	29%
5	Are you currently taking medication?	49%	43%	49%	48%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	85%	88%	85%	84%
7	Do you feel you have any emotional well-being/mental health issues?	33%	25%	33%	27%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	37%	35%	37%	40%
8b	A doctor?	26%	33%	26%	23%
8c	A nurse?	6%	17%	6%	17%
8d	A psychiatrist?	10%	17%	10%	10%
8e	The mental health in-reach team?	35%	32%	35%	27%
8f	A counsellor?	18%	10%	18%	27%
9a	Did you have a drug problem when you came into this prison?	31%	19%	31%	38%
9b	Did you have an alcohol problem when you came into this prison?	16%	13%	16%	28%
10a	Have you developed a drug problem since you have been in this prison?	11%	8%	11%	20%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	92%	89%	92%	78%
12	Have you received any help or intervention while in this prison?	83%	78%	83%	71%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	91%	76%	91%	56%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	25%	21%	25%	36%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	19%	15%	19%	19%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	71%	58%	71%	67%

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SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	73%	63%	73%	77%
1b	Vocational or skills training?	26%	19%	26%	17%
1c	Education (including basic skills)?	28%	31%	28%	23%
1d	Offending behaviour programmes?	15%	17%	15%	15%
2ai	Have you had a job while in this prison?	92%	86%	92%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	52%	47%	52%	
2bi	Have you been involved in vocational or skills training while in this prison?	84%	76%	84%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	63%	65%	63%	
2ci	Have you been involved in education while in this prison?	83%	82%	83%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	60%	67%	60%	
2di	Have you been involved in offending behaviour programmes while in this prison?	81%	75%	81%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	50%	61%	50%	
3	Do you go to the library at least once a week?	54%	47%	54%	49%
4	On average, do you go to the gym at least twice a week?	57%	54%	57%	45%
5	On average, do you go outside for exercise three or more times a week?	67%	50%	67%	69%
6	On average, do you spend ten or more hours out of your cell on a weekday?	24%	14%	24%	26%
7	On average, do you go on association more than five times each week?	80%	76%	80%	75%
8	Do staff normally speak to you most of the time/all of the time during association?	11%	19%	11%	14%
SECTION 8: Resettlement					
1	Do you have a personal officer?	69%	76%	69%	47%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	68%	62%	68%	60%
For those who are sentenced:					
3	Do you have a sentence plan?	74%	68%	74%	64%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	46%	58%	46%	60%
5	Can you achieve some/all of your sentence plan targets in this prison?	49%	70%	49%	61%
6	Are there plans for you to achieve some/all your targets in another prison?	39%	37%	39%	47%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	35%	34%	35%	25%
8	Do you feel that any member of staff has helped you to prepare for release?	17%	18%	17%	12%
9	Have you had any problems with sending or receiving mail?	33%	39%	33%	41%
10	Have you had any problems getting access to the telephones?	29%	23%	29%	20%
11	Did you have a visit in the first week that you were here?	11%	23%	11%	18%
12	Did you receive one or more visits in the last week?	15%	31%	15%	22%
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	40%	52%	40%	

Main comparator and comparator to last time

Key to tables

	Any percentage highlighted in green is significantly better	HMP Haverigg 2011	Category C training comparator	HMP Haverigg 2011	HMP Haverigg 2009
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
14	Have you been helped to maintain contact with family/friends whilst in this prison?	33%	38%	33%	27%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	17%	18%	17%	12%
15c	Avoiding bad relationships?	14%	13%	14%	7%
15d	Finding a job on release?	30%	39%	30%	18%
15e	Finding accommodation on release?	32%	41%	32%	21%
15f	With money/finances on release?	27%	28%	27%	9%
15g	Claiming benefits on release?	38%	41%	38%	26%
15h	Arranging a place at college/continuing education on release?	21%	27%	21%	11%
15i	Accessing health services on release?	24%	29%	24%	15%
15j	Opening a bank account on release?	39%	27%	39%	10%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	10%	11%	10%	20%
16c	Avoiding bad relationships?	13%	12%	13%	20%
16d	Finding a job?	40%	44%	40%	50%
16e	Finding accommodation?	38%	38%	38%	32%
16f	Money/finances?	24%	33%	24%	32%
16g	Claiming benefits?	21%	28%	21%	27%
16h	Arranging a place at college/continuing education?	21%	21%	21%	15%
16i	Accessing health services?	18%	17%	18%	19%
16j	Opening a bank account?	25%	31%	25%	30%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	56%	52%	43%

Diversity analysis



Key question responses (ethnicity, nationality) HMP Haverigg 2011

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		28	146	17	155
1.3	Are you sentenced?	100%	100%	100%	100%
1.7	Are you a foreign national?	33%	5%		
1.8	Is English your first language?	50%	95%	12%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			56%	12%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	3%	7%	3%
1.11	Are you Muslim?	46%	1%	18%	7%
1.12	Do you consider yourself to have a disability?	21%	13%	7%	15%
1.13	Is this your first time in prison?	25%	33%	65%	29%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	19%	24%	25%	22%
2.3	Were you treated well/very well by the escort staff?	54%	62%	65%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	68%	92%	82%	90%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	38%	39%	53%	36%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	38%	47%	71%	42%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	45%	58%	65%	55%
3.2a	Did you have any problems when you first arrived?	65%	63%	70%	64%
3.3a	Were you seen by a member of health care staff in reception?	81%	85%	81%	84%
3.3b	When you were searched in reception, was this carried out in a respectful way?	79%	83%	77%	83%
3.4	Were you treated well/very well in reception?	67%	69%	68%	68%
3.7b	Did you have access to someone from health care within the first 24 hours?	75%	81%	59%	81%
3.9	Did you feel safe on your first night here?	54%	80%	65%	76%
3.10	Have you been on an induction course?	96%	91%	93%	92%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	20%	38%	14%	36%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	77%	70%	88%	69%
4.3b	Are you normally able to have a shower every day?	96%	90%	100%	89%
4.3e	Is your cell call bell normally answered within five minutes?	12%	21%	13%	21%
4.4	Is the food in this prison good/very good?	22%	20%	41%	19%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	39%	54%	63%	50%
4.6a	Is it easy/very easy to get a complaints form?	64%	89%	81%	85%
4.6b	Is it easy/very easy to get an application form?	79%	92%	88%	90%
4.9	Have you made a complaint?	39%	55%	41%	54%
4.13	Are you on the enhanced (top) level of the IEP scheme?	63%	67%	65%	67%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	50%	60%	57%	60%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	48%	36%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	7%	0%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	12%	0%	11%
4.17a	Do you feel your religious beliefs are respected?	48%	58%	47%	58%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	42%	62%	22%	62%
4.18	Are you able to speak to a Listener at any time if you want to?	12%	58%	20%	54%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	64%	75%	74%	74%
4.19b	Do most staff in this prison treat you with respect?	67%	71%	68%	72%
5.1	Have you ever felt unsafe in this prison?	59%	40%	53%	41%
5.2	Do you feel unsafe in this prison at the moment?	30%	22%	32%	23%
5.4	Have you been victimised by another prisoner?	30%	17%	12%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	23%	1%	12%	4%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	2%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	1%	7%	3%
5.6	Have you been victimised by a member of staff?	32%	26%	25%	27%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	20%	6%	25%	5%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	8%	1%	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	12%	2%	7%	4%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	33%	25%	12%	27%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	23%	30%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	19%	37%	32%	35%
6.1a	Is it easy/very easy to see the doctor?	19%	38%	12%	38%
6.1b	Is it easy/ very easy to see the nurse?	55%	64%	35%	66%
6.2	Are you able to see a pharmacist?	24%	40%	20%	40%
6.5	Are you currently taking medication?	35%	51%	12%	53%
6.7	Do you feel you have any emotional well-being/mental health issues?	38%	32%	30%	33%
7.1a	Are you currently working in the prison?	67%	74%	63%	74%
7.1b	Are you currently undertaking vocational or skills training?	52%	21%	44%	23%
7.1c	Are you currently in education (including basic skills)?	33%	27%	50%	25%
7.1d	Are you currently taking part in an offending behaviour programme?	22%	14%	0%	17%
7.3	Do you go to the library at least once a week?	63%	52%	59%	53%
7.4	On average, do you go to the gym at least twice a week?	52%	59%	65%	56%
7.5	On average, do you go outside for exercise three or more times a week?	72%	66%	68%	67%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	23%	23%	25%	23%
7.7	On average, do you go on association more than five times each week?	71%	82%	75%	80%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	4%	12%	7%	12%
8.1	Do you have a personal officer?	67%	70%	56%	70%
8.9	Have you had any problems sending or receiving mail?	46%	31%	37%	32%
8.10	Have you had any problems getting access to the telephones?	33%	29%	32%	30%

Diversity analysis - disability



Key questions (disability analysis) HMP Haverigg 2011

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

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		24	149
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	5%	11%
1.8	Is English your first language?	91%	87%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	25%	15%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%
1.11	Are you Muslim?	9%	7%
1.14	Is this your first time in prison?	21%	34%
2.1d	Was the attention paid to your health needs good/very good?	29%	22%
2.3	Were you treated well/very well by the escort staff?	50%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	92%	89%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	36%	39%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	46%	45%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	68%	54%
3.2a	Did you have any problems when you first arrived?	95%	57%
3.3a	Were you seen by a member of health care staff in reception?	79%	85%
3.3b	When you were searched in reception, was this carried out in a respectful way?	78%	83%
3.4	Were you treated well/very well in reception?	62%	69%
3.7b	Did you have access to someone from health care within the first 24 hours?	65%	81%
3.9	Did you feel safe on your first night here?	65%	77%
3.10	Have you been on an induction course?	95%	92%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	26%	36%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	54%	73%
4.3b	Are you normally able to have a shower every day?	95%	90%
4.3e	Is your cell call bell normally answered within five minutes?	17%	20%
4.4	Is the food in this prison good/very good?	18%	21%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	52%
4.6a	Is it easy/very easy to get a complaints form?	75%	87%
4.6b	Is it easy/very easy to get an application form?	92%	90%
4.9	Have you made a complaint?	58%	51%
4.13	Are you on the enhanced (top) level of the IEP scheme?	67%	67%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	59%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	39%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	12%
4.17a	Do you feel your religious beliefs are respected?	71%	54%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	55%
4.18	Are you able to speak to a Listener at any time if you want to?	50%	50%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	73%
4.19b	Do most staff in this prison treat you with respect?	79%	69%
5.1	Have you ever felt unsafe in this prison?	54%	40%
5.2	Do you feel unsafe in this prison at the moment?	42%	20%
5.4	Have you been victimised by another prisoner?	58%	12%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	17%	3%
5.5i	Victimised you because you have a disability?	8%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	2%
5.6	Have you been victimised by a member of staff?	38%	26%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	8%
5.7h	Victimised you because you have a disability?	13%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	5%	4%

Diversity analysis - disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	54%	20%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	35%	34%
6.1a	Is it easy/very easy to see the doctor?	46%	33%
6.1b	Is it easy/ very easy to see the nurse?	65%	62%
6.2	Are you able to see a pharmacist?	35%	39%
6.5	Are you currently taking medication?	87%	42%
6.7	Do you feel you have any emotional well-being/mental health issues?	67%	27%
7.1a	Are you currently working in the prison?	75%	72%
7.1b	Are you currently undertaking vocational or skills training?	21%	26%
7.1c	Are you currently in education (including basic skills)?	21%	29%
7.1d	Are you currently taking part in an offending behaviour programme?	17%	15%
7.3	Do you go to the library at least once a week?	48%	55%
7.4	On average, do you go to the gym at least twice a week?	17%	65%
7.5	On average, do you go outside for exercise three or more times a week?	52%	70%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	9%	26%
7.7	On average, do you go on association more than five times each week?	78%	80%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	17%	10%
8.1	Do you have a personal officer?	62%	70%
8.9	Have you had any problems sending or receiving mail?	25%	35%
8.10	Have you had any problems getting access to the telephones?	25%	30%



Unit analysis - best and worst scores across all units

Key questions (unit analysis) HMP Haverigg 2011

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

Key to tables

Percentages highlighted in green show the best score across units		Skiddaw (A)	Skiddaw (B)	Langdale	Fairfield	Blencathra	Helvellyn	Great Gable
Percentages highlighted in blue show the worst score across units								
Number of completed questionnaires returned		20	17	23	49	36	16	11
3.10	Have you been on an induction course?	94%	82%	92%	93%	97%	93%	80%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	74%	53%	83%	70%	83%	63%	72%
4.3b	Are you normally able to have a shower every day?	90%	65%	95%	92%	97%	100%	100%
4.3c	Do you normally receive clean sheets every week?	94%	81%	81%	80%	88%	87%	82%
4.3d	Do you normally get cell cleaning materials every week?	42%	71%	48%	43%	83%	81%	100%
4.3e	Is your cell call bell normally answered within five minutes?	16%	30%	48%	13%	13%	0%	11%
4.3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	59%	85%	62%	70%	87%	100%
4.4	Is the food in this prison good/very good?	10%	7%	18%	21%	29%	19%	28%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	79%	35%	48%	50%	62%	32%	36%
4.6a	Is it easy/very easy to get a complaints form?	100%	77%	87%	79%	74%	100%	100%
4.6b	Is it easy/very easy to get an application form?	100%	82%	87%	87%	88%	100%	100%
4.9	Have you made a complaint?	44%	50%	70%	51%	41%	63%	54%
4.13a	Do you feel your religious beliefs are respected?	74%	47%	61%	47%	56%	53%	82%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	58%	71%	64%	62%	44%	60%	64%
4.14	Are you able to speak to a Listener at any time if you want to?	53%	47%	70%	46%	30%	81%	64%
4.15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	67%	53%	78%	77%	68%	75%	90%
4.15b	Do most staff in this prison treat you with respect?	72%	63%	70%	70%	63%	81%	90%
5.1	Have you ever felt unsafe in this prison?	42%	53%	17%	50%	48%	32%	46%
5.2	Do you feel unsafe in this prison at the moment?	16%	30%	9%	33%	26%	7%	28%
5.4	Have you been victimised by another prisoner?	21%	23%	14%	21%	18%	19%	10%
5.6	Have you been victimised by a member of staff?	27%	32%	14%	35%	30%	26%	18%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	21%	30%	22%	28%	20%	32%	36%

Unit analysis - best and worst scores across all units

Key to tables

Percentages highlighted in green show the best score across units		Skiddaw (A)	Skiddaw (B)	Langdale	Fairfield	Blencathra	Helvellyn	Great Gable
Percentages highlighted in blue show the worst score across units								
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	27%	35%	13%	26%	26%	25%	10%
5.11	Is it easy/very easy to get illegal drugs in this prison?	31%	59%	36%	35%	26%	32%	10%
6.1a	Is it easy/very easy to see the doctor?	31%	47%	39%	36%	18%	56%	28%
6.1b	Is it easy/very easy to see the nurse?	63%	82%	68%	63%	44%	81%	46%
7.3	Do you go to the library at least once a week?	58%	53%	52%	49%	59%	50%	54%
7.4	On average, do you go to the gym at least twice a week?	42%	30%	74%	51%	65%	81%	54%
7.5	On average, do you go outside for exercise three or more times a week?	27%	35%	83%	84%	75%	63%	72%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	12%	19%	12%	33%	50%	72%
7.7	On average, do you go on association more than five times each week?	79%	71%	83%	82%	73%	100%	90%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	10%	7%	17%	7%	3%	20%	36%
8.1	Do you have a personal officer?	63%	71%	68%	71%	55%	87%	90%
8.9	Have you had any problems with sending or receiving mail?	16%	47%	31%	22%	51%	44%	18%
8.10	Have you had any problems getting access to the telephones?	31%	47%	35%	22%	41%	19%	0%