

Report on an unannounced full follow-up  
inspection of

# **HMP Wealstun**

2–12 August 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

# Contents

Introduction	5
Fact page	7
<b>1</b> Healthy prison summary and progress on main recommendations	9
<hr/>	
<b>2</b> Progress on other recommendations	
<hr/>	
1 Arrival in custody	21
2 Environment and relationships	27
3 Duty of care	33
4 Diversity	47
5 Health services	55
6 Activities	67
7 Good order	75
8 Services	83
9 Resettlement	87
<b>3</b> Summary of recommendations	101
<hr/>	
<b>4</b> Appendices	
<hr/>	
I Inspection team	114
II Prison population profile	115
III Summary of prisoner questionnaires and interviews	118



# Introduction

HMP Wealstun, near Leeds, was originally two separate prisons which were bought together some years ago to form one prison with a category C and a category D side. In 2008 the open prison closed and Wealstun began operating a year ago as a large category C training prison for 800 men.

This was a major physical and cultural change and it is important not to underestimate the difficulty of the task. The prisons' previous strengths have stood it in good stead. However, although outcomes for prisoners remain reasonably good in most areas, this report identifies some significant concerns – particularly with regard to safety which has deteriorated sharply since our last inspection.

The prison has a serious drug problem. Almost half of prisoners told us that drugs were easy to obtain in the prison. The random mandatory drug tests had a positive rate of 16.5%. About one in six prisoners told us they had developed a drug problem while they were in the prison. Drug use and the debt with which it was associated was a significant factor in the high levels of bullying and violence. Thirty-six per cent of prisoners told us they had felt unsafe at some time in the prison and almost one in five told us they felt frightened at the time of the inspection – both of these figures were worse than when we last inspected the prison and worse than similar prisons.

Action to tackle the drug problem was not sufficiently rigorous. Testing was not consistently carried out with random and suspicion tests missed, particularly at weekends. Staff-prisoner relationships appeared to be mixed and inconsistent. Poor behaviour too often went unchallenged. The administration of medicines was ineffectively supervised with the risk that prisoners were being bullied for their medication. We saw unchecked bullying in food queues. The number of staff available to respond to security issues or carry out searches had been reduced. There was a strict offensive display policy, but it was not enforced. We found examples of security threats that were not promptly addressed. The incentives and earned privileges schemes, which was supposed to encourage good behaviour and discourage bad, was not understood by prisoners or staff and prisoners were sometimes downgraded on an arbitrary basis.

Not surprisingly, prisoners appeared to have little confidence that staff would deal with bullying. It appeared all too frequently that victims of bullying were placed on suicide and self-harm monitoring and moved to the segregation unit, which offered a bleak and punitive regime to those there for their own protection and as a punishment. There was little effort to reintegrate prisoners into the main regime and too many in the unit were transferred to other establishments. There was therefore a disturbing perception among prisoners and staff that victims of bullying were deliberately self-harming so that they would be placed on suicide and self-harm monitoring, moved to the segregation unit and then transferred out of the prison. We found examples that appeared to validate this perception.

Nevertheless, within mixed staff-prisoner relationships there were examples of staff providing excellent support to prisoners. The environment was generally good and clean. Diversity work was generally good and black and minority ethnic prisoners were much more positive about their treatment than in many other prisons. Health services were stretched but we were pleased to see mental health work was excellent.

Meal times were odd – even for a prison. Breakfast packs were distributed in the evening – which of course was when they were eaten. On Fridays, lunch was served at 11.15am and the

evening meal – a single roll, a packet of crisps and a piece of fruit – at 4.15pm. Prisoners were very negative about the meals and used kettles to heat up food they had bought in the canteen.

Most prisoners had good time out of cell with regular and predictable association. There were sufficient work, activity and training places available for prisoners, most of which was of good quality. However, we found one in five prisoners locked in their cells during the working part of the day. Prisoners might miss work because they said they were not required or had an appointment elsewhere in the prison; this was not checked. Others had not been allocated a job or had refused to take what was offered. The prison operated a 'no work, no pay, no gym' policy – and some prisoners were happy enough to opt out. On the other hand, recreational gym was scheduled during the working day which disrupted learning and work activities. Activities sometimes finished early – we saw staff leaving the prison in the evening earlier than would have been possible if activities had run to their scheduled time.

Resettlement activity had insufficient priority. Although the work of the offender management unit was reasonable and public protection arrangements were well managed, we had concerns about whether the work was sufficiently integrated across the prison and that some staff dealing with high-risk cases had insufficient training. Some resettlement services, particularly those around education and employment and finance and debt were well developed. However, funding had recently been withdrawn from some resettlement services provided by voluntary organisations and, at the time of the inspection, it was not possible to say whether any alternative arrangements would be adequate. Prisoners were not clear who to contact for help with their resettlement needs. The number of offending behaviour programmes was insufficient for the needs of the population and there was nothing to address alcohol misuse – a significant factor in the offending behaviour of Wealstun's population.

The change in Wealstun's role has been a significant challenge for the prison, yet despite this outcomes for prisoners remain reasonable in most areas. However, the prison is clearly slipping backwards. The deterioration in safety is the most obvious example but there is a disturbing sense of a lack of grip in many other areas too. The issues identified in this report need to be addressed quickly and effectively to prevent them from becoming even more serious.

**Nick Hardwick**  
**HM Chief Inspector of Prisons**

**November 2011**

# Fact page

## Task of the establishment

HMP Wealstun is a category C male adult training prison

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

Public

## Region/Department

Yorkshire and Humberside

## Number held

800

## Certified normal accommodation

810

## Operational capacity

832

## Date of last full inspection

December 2008

## Brief history

On 1 April 1995, HM Prisons Thorp Arch and Rudgate amalgamated to form HMP Wealstun. This was an historic development for the Prison Service, and had the effect of creating a category C (closed) side and category D (open) side within one establishment.

In 2008, the open prison closed and the prison underwent a conversion to provide additional category C places; the full prison commenced operation in May 2010.

## Short description of residential units

There are 10 residential units, and an assessment and separation unit (segregation unit).

Anderson (A) and Bell (B) units are the original 1960 remand centre buildings, which between them house 230 prisoners in a combination of single and double cells.

Curie (C) unit houses 180 prisoners in single cells and was opened in February 2004. It includes the first night centre, induction and safer cells. This wing also accommodates the majority of prisoners on the IDTS programme. The care suite, which is available for all prisoners, is also located within Curie unit.

Darwin (D) unit is a 1990s pre-fabricated single-cell accommodation unit, holding 120 prisoners.

A–D units all have their own exercise yards, accessed from within the units.

During 2009–10, Eddison (E), Fry (F), Herschel (H), Ibsen (I) and Jenner (J) units were converted from open category D accommodation to closed category C accommodation, as part of a £27 million conversion to make Wealstun a full closed category C prison. Between them, they hold 300 prisoners, with approximately 50 in each unit in single-cell accommodation.

**Escort contractor**

G4S

**Health service commissioner and providers**

Commissioner: NHS Leeds

Provider: Leeds Community Healthcare NHS Trust

**Learning and skills providers**

The Manchester College



# Healthy prison summary

## Introduction

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- 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:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | prisoners, even the most vulnerable, are held safely  |
| <b>Respect</b>             | prisoners are treated with respect for their human dignity  |
| <b>Purposeful activity</b> | prisoners are able, and expected, to engage in activity that is likely to benefit them                          |
| <b>Resettlement</b>        | prisoners are prepared for their release into the community and 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 2008 we found that Wealstun was performing reasonably well against the healthy prison test of safety. We made 43 recommendations, of which 20 had been achieved, one had been partially achieved and 22 were not achieved. We have made 24 further recommendations.
- HP5 In 2008 we found that Wealstun was performing reasonably well against the healthy prison test of respect. We made 86 recommendations, of which 38 had been achieved (including one main recommendation), 13 had been partially achieved, 34 were not achieved and one (a main recommendation) was no longer relevant. We have made 48 further recommendations.
- HP6 In 2008 we found that Wealstun was performing reasonably well against the healthy prison test of purposeful activity. We made 13 recommendations, of which four had been achieved, four had been partially achieved (including one main recommendation) and five were not achieved (including one main recommendation). We have made 14 further recommendations.
- HP7 In 2008 we found that Wealstun was performing well against the healthy prison test of resettlement. We made 28 recommendations, of which 11 had been achieved (including one main recommendation), seven had been partially achieved, eight were not achieved (including two main recommendations), and two were no longer relevant (including one main recommendation). We have made 20 further recommendations.

## Safety

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HP8 Reception procedures were generally satisfactory. First night accommodation was in a poor condition but other first night arrangements were good. Induction was brief and did not inform prisoners sufficiently well. Prisoner safety was compromised by a serious issue with drug-related bullying, which was not being adequately addressed. Suicide and self-harm arrangements were reasonably good but too many prisoners on open assessment, care in custody and teamwork (ACCT) documents had been located in the segregation unit. Use of segregation for those seeking protection was high and the segregation regime was unnecessarily punitive. Too many prisoners were transferred from the segregation unit to other establishments. The special cell was not fit for purpose and governance was poor. The abuse of illicit substances was high. The integrated drug treatment system arrangements needed improvement. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were not sufficiently good against this healthy prison test.

HP9 Most prisoners arrived following relatively short journeys but those arriving during lunchtime, when reception was closed, were left waiting in cellular vehicles for long periods. The reception area was adequate and generally well maintained. One holding room was dirty and contained graffiti. Hot food was not available to prisoners in reception, so many new receptions had to wait until the following day for a hot meal. Interactions between staff and prisoners in reception were good and prisoners were dealt with efficiently. All prisoners were required to leave one full set of clothing in reception, which meant that some unnecessarily had to wear prison clothing.

- HP10 All new arrivals were seen by a first night officer for a private interview to discuss their immediate needs. The trained reception orderly provided good support. The first night accommodation (C1 landing) was in poor condition and dirty, with broken furniture. With the exception of those arriving late on a Friday afternoon, prisoners were given an introductory talk by a member of staff shortly after arriving on C1. Association time and access to showers was available to all new arrivals, with the exception of those arriving late on a Friday. Not all prisoners could make a telephone call themselves on their first night.
- HP11 The core induction programme had been reduced from five days to one day, but in reality this had been further condensed to a two-hour presentation, given by a prisoner, and not all information was appropriate. Not all prisoners were given the same information and some of it was out of date. In our survey, fewer prisoners than at comparator establishments said that the induction course covered everything they needed to know about the prison.<sup>1</sup> Staff contact with prisoners during this time was minimal and prisoners were locked in their cells for long periods while waiting to attend the gym induction and for allocation to activities.
- HP12 The management of violence reduction was a cause for concern. In our survey, over a third of prisoners said they had felt unsafe in the prison at some time, and almost a fifth said that they currently felt unsafe. The violence reduction policy was excessively long and did not clearly define the three-stage approach to managing bullying. Both our safety survey and the prison's safety survey identified bullying as a serious issue, with drug debt being the primary causal factor. Prisoners in our safety survey reported a lack of confidence in staff being able to manage bullying issues. Staff did not have an adequate understanding of their role in tackling bullying. Links between safer custody, residential and security staff to ensure bullies are identified, challenged and consistently placed on an appropriate level of the anti-bullying procedures were not effective and safer custody did not appear to be fully sighted on all the safer custody indicators. There was insufficient analysis of data and that which was analysed did not always inform practice. Staff and prisoners alike described a culture of managing bullying by removing the victim to the segregation unit and, in many cases, subsequent transfer out of the prison. There was little active engagement with prisoners identified as bullies, and no support available for victims beyond an assertiveness course in the education department.
- HP13 Levels of self-harm were not high. The quality of assessment, care in custody and teamwork (ACCT) documentation was generally acceptable but some care maps

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<sup>1</sup> **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 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*.)

were weak. Attendance at reviews was generally good. Too many prisoners were moved to the segregation unit while on an open ACCT document, many on the basis of own protection, and there was a perception among staff and prisoners that being placed on an ACCT document could facilitate a move to the segregation unit and a subsequent transfer. The gated cell was inappropriately located on the segregation unit. The care suite had not been prepared for use for someone in crisis, and there was no central log to monitor its use.

- HP14 Security was generally appropriate. Intelligence was analysed but action was often dependent on available staffing. The main subjects of security information reports were bullying and unauthorised articles – mainly drugs and mobile telephones, of which there had been many finds. Too many prisoners were inappropriately subject to closed visits.
- HP15 The segregation unit was mainly clean and in good order, with the exception of cell doors that were damaged and covered in graffiti. The regime had not developed and continued to be over-punitive. Meals were served at cell doors, prisoners were allowed to shower only three times a week and there was no access to any regime outside the unit, other than for attendance at communal faith services, even for those there for their own protection. The exercise yards were bleak and used for single exercise only. There was little evidence of reintegration planning and neither reintegration care plans nor a reintegration policy were available. Too many prisoners located on the unit in 2011 had been transferred to other establishments.
- HP16 Use of force was low. Planned interventions were video-recorded but not subject to review. Use of force paperwork was completed well and all forms were quality checked by the deputy governor but there was insufficient analysis of use of force data at the use of force committee. The special cell was not fit for purpose. It had been used four times in 2011 and governance of its usage was poor.
- HP17 There was a lack of management and clinical leadership of the integrated drug treatment system (IDTS) but steps had been taken to remedy the situation with the temporary appointment of a new clinical lead. There had been high numbers of prisoners in treatment and, although this had reduced, the service remained under-resourced. Clinical reviews had restarted only recently and were not conducted jointly with the GP or counselling, assessment, referral, advice and throughcare (CARAT) staff. Clinical IDTS and CARAT services were not fully integrated.
- HP18 The availability and use of illicit drugs was a problem. In our survey, almost half of prisoners said that it was easy to get illegal drugs in the prison, and 17% of prisoners said that they had developed a problem while there. The random mandatory drug testing positive level averaged 16.5% in the previous six months, against a target of 13%. Weekend testing targets were not consistently met, and few suspicion and risk tests had been conducted in the previous six months.

## Respect

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- HP19 External areas around the prison were generally clean. The quality of accommodation, access to basic amenities and standards of cleanliness varied greatly across the prison and were generally better on the newer wings. Access to showers was good. Staff–prisoner relationships were mixed but prisoners were

generally positive about their personal officer. There were some serious frailties in the application of the incentives and earned privileges scheme. Prisoners were negative about the quality of food and some meals were served far too early. Diversity issues were generally well managed. Outcomes for black and minority ethnic and Muslim prisoners were generally good. There was a lack of support for foreign national prisoners. The chaplaincy team was well engaged and integrated. The complaints process was adequate but applications needed improving. The provision of health care had improved but further development was needed. Mental health provision was good. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.

- HP20 The external environment was pleasant and well maintained. Communal areas in the older units were dirty but in the newer wings were clean. Most cells were in a reasonable condition and well decorated but many prisoners lacked kettles, toilet screens and curtains. The offensive display policy was not enforced and there were large amounts of offensive materials on display in cells. All prisoners, except those on the basic regime or in the segregation unit, could wear their own clothing and there was good access to laundry facilities. Access to telephones was adequate but there were insufficient telephones on the newer wings. Access to showers was good but most were poorly ventilated and had mould on the ceiling, and some were not adequately screened.
- HP21 The comprehensive incentives and earned privileges (IEP) policy was not widely understood by staff or prisoners, and automatic trigger points for reviews were not actioned. Automatic downgrades of either one or two levels could result from adjudications, and there were some arbitrary demotions to the basic regime without a review being conducted. There were no behaviour-based individual action plans for prisoners on the basic level. Prisoners said that the difference between standard and enhanced levels was not an incentive for good behaviour. Those refusing to work were subject to the 'no work, no pay, no gym' regime. Little was done to encourage further engagement in activity and prisoners could refuse work and remain on the standard regime.
- HP22 Fewer prisoners than in similar establishments said that staff treated them with respect. Some staff provided excellent support to prisoners, while others were less helpful. We observed some disrespectful use of surnames and derogatory language.
- HP23 Most prisoners we spoke to were reasonably positive about their personal officers. Prisoner case notes and wing file entries by personal officers were mainly regular but, while some showed evidence of good engagement, many were functional or observational, and management checks did not always challenge the lack of detail.
- HP24 Prisoners reported negatively on the quality of the food, timing of meals and the lack of a hot evening meal. Some lunch meals were served far too early. The general quality of the food we tasted was acceptable, and Ramadan food very good. Most serveries were clean but supervising staff did not always wear protective clothing. The food queues were poorly supervised and incidents of bullying behaviour were not challenged by supervising staff.
- HP25 The prison did not have a detailed local diversity policy. Governance was through an effective quarterly diversity equality action team (DREAT) meeting, chaired by the governor and attended by prisoner representatives. Not all prisoners had easy access to the diversity representatives, who met equality officers monthly. The

representatives were positive about the response to issues they had raised and communication about equality issues.

- HP26 Prisoners from a black and minority ethnic background did not complain of unequal treatment, and their responses to our survey were more positive than those from white prisoners in relation to IEP, participation in activities and personal officers.
- HP27 Systematic monitoring and analysing of race equality treatment (SMART) monitoring was undertaken monthly and appropriate action taken. Racist complaints were investigated appropriately and a thorough set of quality checks was in place. There was a regular group for Gypsy and Traveller prisoners.
- HP28 The number of foreign national prisoners held had decreased. Despite a low number of foreign national prisoners who were identified on induction, the prison was not maintaining a reliable record of foreign national prisoners and we were not assured that their needs were being met. The UK Border Agency (UKBA) had not been to the prison in the previous 12 months and decisions from UKBA regarding intention to deport were not readily forthcoming and had delayed recategorisation decisions. There was no list of prisoners or staff willing to interpret available, and although a professional telephone interpreting service was available, it had not been used.
- HP29 We were not confident that all prisoners who considered themselves to have a disability were identified. Support was provided to those who were, but there were no structured care plans, and in our survey prisoners with disabilities reported more negatively than able-bodied prisoners on important aspects of the regime.
- HP30 The prison had a young population, with just 30 prisoners over the age of 50. There was an effective older prisoner policy describing how their needs would be met.
- HP31 A member of staff had been appointed to develop services for gay and bisexual prisoners. A piloted support group had not been successful but specialist publications were available.
- HP32 Prisoners reported positively about the chaplaincy. The two main communal worship areas had been equipped to meet the needs of the major faiths. There was a range of faith development courses for Christians, Sikhs, Buddhists and Muslims, and the Sycamore Tree victim awareness group was run throughout the year. Although there was no formal community chaplaincy scheme, some prisoners were supported to link with faith groups in their release area.
- HP33 Prisoner complaints were dealt with under a new pilot complaints process. The replies were prompt and all but a few were respectful, legible and addressed the issue raised. Applications were logged on the wing but staff did not consistently record response dates, and prisoners had to remind staff of outstanding applications.
- HP34 Staff detailed to provide legal services were not trained and the service was routinely dropped so that staff could cover other duties. The service was not well advertised and prisoners were generally unaware of its existence.
- HP35 Despite an extensive range of clinical services available, only 40% of prisoners considered the overall quality of health care as good or very good, and fewer than at comparator prisons rated the access to health professionals, including the doctor, nurse and dentist, as good. The newly converted health care centre had insufficient

space to deliver a high level of care. Nursing staffing levels were inadequate. Dental services were good but waiting lists were too long.

- HP36 Pharmacy services had improved but medicine administration and supervision were a cause for concern, and at times prisoner confidentiality was compromised. Overall, mental health services were good and well integrated within the establishment. Primary mental health nurse time was not ring fenced and they had insufficient time for clinics, group work and to develop the service. The mental health in-reach team provided excellent support, and more prisoners than at comparator prisons said that their mental health issues were being addressed.

## Purposeful activity

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- HP37 Most prisoners had adequate time out of cell each day at just over eight and a half hours. There was reasonable access to association and exercise, and there were sufficient activity places for the size of the population. However, non-attendance was not sufficiently monitored or challenged and we found a significant minority of prisoners not engaged in any activity and locked in their cells during the working part of the day. The supervision of exercise and engagement with prisoners during association was often poor. Nevertheless, the quality of learning and skills provision was good. Achievements in education were high. The range and level of vocational training were good and achievements high. The range of accredited training at work was generally satisfactory. The excellent library resource was underused. Access to recreational PE was good but needed to be rescheduled so it did not disrupt learning and skills sessions. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.
- HP38 The core day allowed for just over eight hours out of cell on a weekday for every prisoner. However, we found 21% of prisoners locked up during the working day and these prisoners had less than three hours a day out of their cells. Exercise was available during the association period. The quality of exercise yards was variable. There was inadequate supervision of yards, which took place from outside the enclosing fence or from the wing. There were inconsistencies in the range and quality of activities offered in association areas and we saw mixed amounts of interaction between staff and prisoners.
- HP39 The prison had a clear strategic vision for the development of the learning and skills provision, underpinned by an appropriate needs analysis. Operational management was effective. The levels and range of learning and skills provision were good and supported resettlement well. The weekly time available for purposeful activity had increased slightly. There were sufficient activity places, when fully utilised, to ensure that all prisoners were occupied but there was inadequate monitoring and challenging of attendance and too many prisoners were not engaged in purposeful activity. The allocation of prisoners to activities was fair, equitable and took into account sentence planning requirements. Waiting lists were generally short and managed effectively. Pay rates had been adjusted to ensure that prisoners were not financially disadvantaged when engaging in education.
- HP40 Achievements in education classes were high. Teaching and learning were good and tutors responded well to learners' individual needs. Courses were offered at a good

range of levels and many learners progressed well. Support for literacy and numeracy was good. Attendance and punctuality were satisfactory.

- HP41 The range and level of vocational training were good. Vocational training workshops were well resourced, with mostly good equipment and facilities. Achievement rates were high and many learners made good progress and developed good skills.
- HP42 A wide variety of work was available. All prisoners participated in a useful and well-run four-day preparation for work programme before being allocated work, and took accredited qualifications in health and safety and food hygiene. The range of accredited training available at work was satisfactory. A number of workshops offered level 2 qualifications linked to work. However, no accredited training was offered in the prison kitchen or assembly workshops. Most prisoners were occupied sufficiently and developed a good work ethic.
- HP43 All prisoners had access to some library facilities. The main library was spacious, well furnished and welcoming but underused.
- HP44 Access to recreational PE was good, with up to five sessions a week available for each prisoner, and the facilities were good. However, the scheduling of recreational gym during their working day had an adverse impact on the quality of some learning sessions. Prisoner learning mentors were deployed well to provide individual fitness programmes. The range of courses available was satisfactory but they were not run frequently enough. There was a good system of referral by health services staff for remedial gym.

## Resettlement

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- HP45 Resettlement had an insufficiently high profile across the prison. A resettlement strategy was in place but there was no active plan for the pathways. The work of the offender management unit was reasonable but there was insufficient contact between prisoners and their offender supervisor. Most prisoners had a sentence plan and had been involved in its development. Categorisation and home detention curfew reviews were appropriately managed but category D prisoners waited too long for transfer. Public protection arrangements were appropriate. Too many prisoners said that they did not know where to go for resettlement services. Good work was being undertaken on some pathways but others were at risk of closure. The use of release on temporary licence for maintaining family ties was good. On the basis of this full follow-up inspection, we considered that outcomes for prisoners in this establishment were reasonably good against this healthy prison test.
- HP46 A resettlement policy was in place but had not been informed by a recent needs analysis. Specific action plans for the resettlement pathways had not been developed. Governance arrangements were adequate but the minutes of the recent strategic meetings were not available. Gaps in resettlement provision persisted and other gaps were developing; for example, the SOVA worker no longer attended the prison and The Foundation Training Company (FTC) provision was due to end. Resettlement services as a whole tended to be reactive rather than proactive, and few prisoners said that they knew whom to contact in the prison for help across the pathways.



- HP47 The offender management unit (OMU) was not sufficiently integrated across the prison and communication with other departments was poor. All prisoners, even those out of scope, had been allocated an offender supervisor. The assessment of immediate resettlement needs, before the involvement of the offender supervisor, was not systematic and prisoners sometimes waited a considerable time for their first sentence planning boards. Offender management work had been hindered by the number of changes in the unit and the large number of prisoners arriving without an offender assessment system (OASys) assessment. Contact time between offender supervisors and prisoners beyond the planning stage was limited. Liaison with probation offender managers was generally good. More prisoners than in comparator prisons said that they had a sentence plan and felt involved in its development but too many prisoners complained about a lack of response to applications from the OMU.
- HP48 Categorisation reviews were managed effectively but category D prisoners faced unacceptably long delays to be transferred, owing to the lack of spaces in open establishments. Home detention curfew and release on temporary licence (ROTL) for maintaining family ties were used well but prisoners were not able to visit their family at weekends.
- HP49 All prisoners serving indeterminate sentences for public protection (IPP) were allocated a probation officer offender supervisor. IPPs were prioritised for offending behaviour programmes but there were few specific facilities for them and most were considerably beyond their tariff date.
- HP50 Public protection arrangements were sound. Prisoners were screened on arrival and monthly risk management meetings were effective.
- HP51 More prisoners than at comparator prisons and than at the time of the previous inspection said that they had had a housing problem on arrival. However, housing advice, provided by shelter, was limited to pre-release prisoners and there was a backlog in these applications. There was inadequate monitoring of the effectiveness of the housing advice service, making it impossible to see how many prisoners were released without suitable accommodation.
- HP52 The Foundation Training Company (FTC) offered an effective pre-release programme which supported prisoners to develop employability and job-seeking skills. The course provided links with partners supporting resettlement, including Jobcentre Plus and debt management advisers, and achieved 97% pass rates. Funding for the FTC programme had recently been withdrawn and replacement courses were planned. ROTL was not well used for employment or training opportunities.
- HP53 Jobcentre Plus provided support to prisoners on finance and benefits. An independent consultant also attended the prison for one day a week to provide individual advice on a range of subjects, including debts, fines and rent arrears.
- HP54 Bank accounts were available through Leeds Credit Union.
- HP55 Prisoners with drug problems had access to counselling, assessment, referral, advice and through-care (CARAT) services, although the service was stretched. The prison addressing substance related offending (P-ASRO) programme was well established and exceeding completion targets. A wing acted as the voluntary drug testing/drug support unit and prisoners valued the support offered. Alcohol services were still

inadequate; the CARAT remit excluded ongoing work with primary alcohol users and there was no alcohol programme.

- HP56 Prisoners were generally satisfied with visits provision. The visitors centre and visits hall were adequate and visitors were positive about the processes and the staff, although some complained of visits sessions starting late. Refreshments during visits were limited and on some days only unreliable vending machines were available. Prisoners could not wear their own clothes during visits, except on family days. These were provided about four times a year but lasted only two hours. Storybook Dads and Story Sacks provided creative ways of helping fathers interact with their children.
- HP57 The number of offending behaviour programme places was limited. When introduced, Controlling Anger and Learning to Manage it (CALM) would be a valuable addition to the programme but it was not yet running. Waiting times for the thinking skills programme (TSP) were too long, although there were some successful transfers to undertake courses at other establishments. Targets for TSP and P-ASRO were being met.

## Main concerns and recommendations

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- HP58 Concern: Many prisoners felt unsafe. Bullying, with drug debt as a causal factor, was evident. Violence reduction and anti-bullying measures were ineffective and not used sufficiently.

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

- HP59 Concern: Too many prisoners at risk of suicide or self harm, many the victims of bullying, were placed in the segregation unit and too many prisoners in the segregation unit were transferred out of the prison without any assessment of their problems or support to help them cope.

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

- HP60 Concern: The availability of illicit drugs in the prison was very high and efforts to reduce demand were poorly organised. Drug testing was insufficient, discipline officers did not always support those undergoing treatment and IDTS was not co-ordinated with the CARAT service.

**Recommendation: The prison should urgently review its drug supply reduction and substance abuse strategies. The mandatory drug testing program should**

be adequately resourced. The management, resourcing of and support for the Integrated Drug Treatment System (IDTS) should be reviewed to ensure they are adequate to meet the needs of the population. IDTS and CARAT should be integrated.

HP61 Concern: Resettlement services had an insufficiently high profile; a number were at risk of closure and too many prisoners did not know how to access resettlement services.

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

HP62 Concern: There were sufficient activity places available but they were not well used. Attendance was poor, too many prisoners were locked in their cells in the working part of the day, and there was insufficient time made available for activities.

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

# 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

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**MR1 The compliance drug testing scheme should be revamped to improve credibility and effectiveness. (HP49)**

**No longer relevant.** The establishment had stopped running the compliance drug testing programme one year earlier.

**MR2 Managers should put in place policies and procedures to improve staff–prisoner relationships further and support staff to demonstrate positive attitudes towards prisoners, including the use of preferred names. (HP50)**

**Achieved.** Policies and procedures had been put in place to improve staff–prisoner relationships, including a good personal officer scheme. Staff were encouraged to call prisoners by their preferred names but did not always do so (see section on personal officers).

**MR3 All prisoners should be unlocked during the core day and engaged in employment or leisure activities if retired. (HP51)**

**Not achieved.** In our two checks of the location of prisoners on Tuesday afternoon and Wednesday morning, we found 21% (164) and 21.7% (172) of prisoners, respectively, locked in their cells. Of these, around 50 were unemployed or refusing work and the others were sick, not required or had attended an appointment elsewhere; we calculated that this resulted in less than three hours out of cell. On closer examination, we found that there were sufficient activity places for all prisoners but there was not a sufficiently robust approach to ensuring that they all attended. We came across some prisoners who had told staff that they were not required but this had not been checked, and many who had attended an appointment but not subsequently been escorted to their activity. We also found a number who had not been allocated an activity for some time after arrival because of induction delays and some who had refused to take jobs that they considered were not suitable.

**See main recommendation HP62.**

**MR4 The time available for purposeful activity should be increased, particularly on Friday mornings. (HP52)**

**Partially achieved.** Since the previous inspection, the weekly time available for activities had increased by just one hour and purposeful activity time was still too low. Because of the unusually early lunchtime, on a Friday morning, prisoners were in activities between 9am and 11am, which was 30 minutes less than at the time of the previous inspection.

**See main recommendation HP62.**

# Progress on recommendations since the last report

## Section 1: Arrival in custody

### Courts, escorts and transfers

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#### 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 should not be expected to wait in cellular vehicles if they arrive at the establishment during the lunch hour. (1.7)

**Not achieved.** Reception was profiled to close between noon and 2pm. During the inspection, the escorting contractor, G4S, arrived shortly before this time and prisoners were taken off the vehicle and located on C wing until reception reopened, which was disruptive. G4S, reception staff and prisoners told us that when vehicles arrived during the two-hour closure, they were required to wait either outside the prison or outside reception until it reopened.

**We repeat the recommendation.**

- 1.2 Prisoners who pose a risk to others should be identified to reception staff by the escort staff. (1.8)

**Achieved.** Escorting staff made reception staff aware of prisoners who posed a risk to others, through verbal and written communication.

#### **Additional information**

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- 1.3 Approximately 25 prisoners were received each week, more than at the time of the previous inspection, as the open site had been converted to provide additional category C places, and the operational capacity had increased. Few prisoners underwent long journeys to the establishment. Staff reported and we observed good relationships between prison and G4S staff. A new escorting contract was due to start at the end of August 2011 and managers had made contact with the new providers.
- 1.4 The cellular vehicles we looked at were reasonably clean, although in our survey only 40% of prisoners, against the 54% comparator, said that the cleanliness of the van was good or very good. Cold drinks and sandwiches were provided. Escort staff were polite and respectful in their dealing with prisoners, although our survey showed that prisoners were less positive than at comparator prisons about being treated well or very well by staff.
- 1.5 Documentation was checked thoroughly before prisoners were accepted. In our survey, 90% of prisoners said that their property arrived with them, which was slightly worse than at the time of the previous inspection but in line with the comparator. We observed that all property arrived with prisoners on the days we inspected the reception process.

- 1.6 All the prisoners we spoke to had been given at least 24 hours' notice of their transfer to the prison. There were no facilities for video-link for court hearings. A supply of clothing was kept in reception for prisoners who needed it for court appearances. Prisoners were supplied with holdalls for their property on discharge.

## First days in custody

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### 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

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- 1.7 Risk assessments for all prisoners should be read before prisoners are located in holding rooms. (1.22)

**Achieved.** Staff were clear that they would always check all risk assessments for prisoners on their arrival. We observed that cell sharing risk assessments were separated from prisoner records and checked before new arrivals were taken off the vehicle and located in the holding room. Staff had good lines of sight to the holding room and ensured that prisoners were monitored regularly.

- 1.8 Wing staff should be informed of all high-risk and vulnerable prisoners when being located on the wings as an interim measure, and these prisoners should be monitored. (1.23)

**Achieved.** We observed that prisoners were located on the C1 landing during the lunchtime period, as an interim measure while reception was closed. Staff on C wing were aware of prisoners who posed a risk to others, and reception staff reported, and C wing staff confirmed, that they would inform C wing staff of any prisoners who were a risk to themselves.

- 1.9 When risk levels on cell sharing risk assessments are changed following location to the wings, an explanation should be recorded. (1.24)

**Achieved.** We checked the cell sharing risk assessments for all prisoners who had been reviewed in the three months before the inspection. When the risk level had changed, explanations had been recorded in all cases.

- 1.10 Managers should reaffirm to staff the importance of cell sharing risk assessments and their relevance in managing prisoners who pose a risk during periods when they associate with other prisoners. (1.25)

**Achieved.** Notices had been issued to staff to remind them of the importance of cell sharing risk assessments, and a 'Know Your Job' sheet, detailing what was required of staff in regard to these assessments, had been issued. A further notice had been issued in April 2011, when the cell sharing risk assessment process had changed. This had been further reinforced through staff briefings. Staff we spoke to were generally conversant with the risk assessment process, and a database of all prisoners requiring regular reviews was kept by the safer

custody team. This showed that reviews were carried out in a timely fashion – and more frequently, when individual circumstances warranted extra attention.

### **Additional information**

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- 1.11 The reception area was generally clean and well maintained, apart from one holding room which was dirty and contained graffiti. There was a large amount of information for prisoners, in English, on the walls and televisions in both holding rooms. Even with the increase in the operational capacity, reception was still of sufficient size to accommodate the number of prisoners passing through it. Staff were proactive in finding out the details of prisoners who were to be transferred to the establishment and undertook a large amount of preparation work before their arrival, to speed up the reception process.
- 1.12 Prisoners' perceptions of their treatment in reception were poorer than at comparator prisons. We observed a good interaction between staff and new receptions. Processes were carried out in a business-like manner but with good humour and with few delays. The prisoner orderly was a trained prisoner information desk (PID) worker and met all new receptions. He provided refreshments and was able to give prisoners information about the establishment while they waited to be seen by staff.
- 1.13 Prisoners were seen in private by health services staff and had a private interview with first night staff, who discussed their immediate needs (although this did not result in any referrals being made to appropriate services), and explained the rules and entitlements to letters and telephone calls and the monitoring of these. All were given a free letter and visiting order and £2 PIN telephone credit. All prisoners passing through reception were strip-searched in a private room, and in our survey 79%, in line with the comparator, said that this had been carried out respectfully. The body orifice security scanner (BOSS) chair was not in use at the time of the inspection. Those who arrived at lunch time were provided with cold food, which meant that they could often go a further day before having a hot meal, owing to the changes in the prison catering provision (see section on catering).
- 1.14 Prisoners' stored property was kept in reception, and the storage area was tidy. They were able to access their belongings by application. All prisoners were required to leave one full set of clothing in reception, which meant that some had to wear prison clothing unnecessarily. In our survey, 25% of prisoners said that they could get their stored property if they needed to, which was worse than at the time of the previous inspection and than the comparator. There were few outstanding applications for property in reception, although prisoners sometimes had to wait until the following weekend for their application to be dealt with.

#### **Further recommendations**

- 1.15 The body orifice security scanner (BOSS) chair should be brought into use, to support the strategy to reduce the amount of illicit drugs at the establishment.
- 1.16 Prisoners should be given hot food in reception when it is necessary to provide them with a meal.
- 1.17 Prisoners should be able to retain their own clothing if permitted to do so under the incentives and earned privileges scheme.

## Housekeeping point

- 1.18 The reception holding room should be cleaned and graffiti removed.

## First night

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- 1.19 **Prisoners should be permitted to make a free telephone call as part of the first night procedures. (1.26)**

**Not achieved.** Not all prisoners were able to make a telephone call on their first night if their PIN accounts had not been activated. This was a particular problem for those arriving from prisons contracted out to private companies, as transfers of funds and PIN accounts from such prisons could take several days. Staff made telephone calls on behalf of prisoners when they did not have PIN telephone access.

**We repeat the recommendation.**

- 1.20 **The poor perceptions of black and minority ethnic (BME) and Muslim prisoners about their safety on their first night should be explored and action taken accordingly. (1.27)**

**Achieved.** Managers had undertaken focus groups with black and minority ethnic and Muslim prisoners and had analysed violence reduction data to ascertain any issues about first night safety. In these groups, prisoners reported that they had felt safe on their first night. Prisoner diversity representatives met prison staff monthly (see section on diversity), and in our survey prisoners in general were slightly less negative about their perceptions of safety on their first night than at the time of the previous inspection. Black and minority ethnic and Muslim prisoner in our groups did not report feeling unsafe on their first night, and new receptions that we spoke to said that they had felt safe.

- 1.21 **Arrangements should be made for prisoners who arrive after canteen sheets have been submitted to order goods. (1.28)**

**Not achieved.** Prisoners were offered a basic smoker's or non-smoker's pack on reception. Additional packs could not be purchased and some prisoners had to wait three weeks to receive their first full shop order if they left their previous prison on the day that they were due to receive their most recent shop order there. Prisoners arriving from Tuesday to Friday waited 10 days for their first order to arrive.

**We repeat the recommendation.**

## Additional information

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- 1.22 All newly arrived prisoners were located on the C1 landing. We saw some positive interactions between new arrivals and first night and induction staff on this wing. However, information about the location of new arrivals was available on a T card system in the wing office and was not easily accessible to night staff. There were no enhanced observations in place for prisoners on their first night and this was not included in the induction policy. First night accommodation was dirty and in a poor condition, with broken and missing furniture.
- 1.23 Prisoners were given an introductory talk in a group after arriving on C1, although staff said that those arriving late on a Friday afternoon might not be given this talk, owing to time constraints. In some cases, this was done by a PID worker and at other times by staff. The purpose was to reinforce the information given in reception and in the written leaflets.



- 1.24 Most new receptions were able to have a shower on their first night but those arriving on a Friday were likely to be locked up without having access to a shower.

#### Further recommendation

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

## Induction

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- 1.26 The text of the lesson plans for the induction programme should be re-written so that it is more accessible. (1.29)

**Not achieved.** Although the induction programme lesson plans had been reviewed and rewritten, they were still long and complicated, and not easy to understand. Some information given to prisoners was out of date. The written information given to prisoners was appropriate but not presented in an easily readable format (see further recommendation 1.33).

- 1.27 The induction programme should fully occupy prisoners throughout the day, and prisoners should be given an induction timetable. (1.30)

**Not achieved.** The length of the induction programme had been reduced from five days to one day. Prisoners were locked up during the afternoon and for considerable periods while waiting for their gym induction, which took place only on Mondays. Once the preparation for work course and health and safety courses had been completed, prisoners were locked up during the core day while waiting for allocation to activities (see further recommendation 1.33).

- 1.28 The information from the induction evaluation forms should be analysed and relevant comments acted on. (1.31)

**Not achieved.** The induction evaluation forms had not been used for several months. Those that had been completed had not been analysed (see further recommendation 1.33).

#### Additional information

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- 1.29 There was a detailed induction policy, clearly stating the aims of the induction process and the roles and responsibilities of all staff involved with it.

- 1.30 Most of the induction process was carried out by prisoners, and we observed that staff contact with prisoners during induction was minimal. The main presentation was given by a prisoner and we observed that not all prisoners were given the same information. Some prisoners were encouraged by the PID worker to lie to get allocated to activities quickly, and this was not challenged by the staff member present. The programme did not run according to the published programme, and was completed within two hours, whereas the programme stated that it would take a whole day. Prisoners were locked up once the presentation had been completed and they had been seen by a counselling, assessment, referral, advice and throughcare (CARAT) worker. They remained locked up during the afternoon.

- 1.31 Prisoners were seen by staff from a variety of departments in the days after their initial induction presentation, including a member of the chaplaincy team, who saw all new arrivals in private within 24 hours. In our survey, fewer prisoners than at comparator prisons said that the

induction course covered everything they needed to know about the prison. No record was kept of which elements of the induction programme prisoners had completed, despite this being a requirement of the policy.

- 1.32 Once prisoners had undertaken the induction programme they were moved from the C1 landing either to another landing on C wing or to another wing. Staff tried to accommodate prisoners' wishes to move to particular wings, provided that a risk assessment deemed it safe for them to do so and that spaces were available. Most moved quickly from C1 to other locations, often within a day of arrival.

#### **Further recommendation**

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

# Section 2: Environment and relationships

## Residential units

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### 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

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**2.1 The B, C and D wing association areas should be redecorated. (2.24)**

**Achieved.** The association areas had been redecorated and were in a better condition than at the time of the previous inspection.

**2.2 Screening should be provided for in-cell toilets and toilet seats fitted. (2.25)**

**Partially achieved.** Not all cells had been provided with toilet screens and prisoners told us that they 'bought' them from prisoners who were being released, by swapping them for shop items. Most cells had toilet seats fitted, and covers had been provided in the newer accommodation, where moulded toilets had been fitted.

**We repeat the following part of the recommendation: Screening should be provided for in-cell toilets.**

**2.3 Kettles should be provided for all prisoners. (2.26)**

**Not achieved.** Many prisoners on A to D wings complained that they did not have kettles and many had 'bought' them from prisoners who were being released, by swapping them for shop items such as tobacco. Wing staff told us that there were insufficient kettles to issue them to cells that did not have them. All of the cells on E to I wings contained kettles.

**We repeat the recommendation.**

**2.4 The electronic cell call bell recording system for C and D wings should be utilised by residential managers to ensure timely responses to cell bell alarms. A different management check should be instituted for A and B wings. (2.27)**

**Not achieved.** Although we were told that management checks had been instituted, we were not shown evidence of these.

**We repeat the recommendation.**

**2.5 An additional telephone should be installed on A wing. (2.28)**

**Achieved.** An additional telephone had been installed and there were now sufficient telephones on A wing.

**2.6 Appropriate privacy hoods should be fitted to improve privacy. (2.29)**

**Partially achieved.** Telephones on the newer wings (E to I) were in booths and some telephones on other wings had been fitted with hoods. A number of telephones still had no privacy hoods fitted. See further recommendation 2.29.

- 2.7 Broken laundry equipment should be mended or replaced, with C wing as the priority. (2.30)

**Achieved.** All wings had laundry equipment that was in good working order.

- 2.8 The showering facilities on B wing should undergo extensive refurbishment. (2.31)

**Partially achieved.** The shower facilities on B wing had been refurbished but were dirty and poorly ventilated, with mould on the ceiling.

#### Housekeeping point

- 2.9 Shower areas should be better ventilated and kept clean and free of mould.

- 2.10 The ventilation in all the residential showering areas should be improved. (2.32)

**Not achieved.** The majority of showers across all the wings were poorly ventilated and had mould on the ceilings (see housekeeping point 2.9).

- 2.11 Prisoners should be able to shower with a reasonable degree of privacy. (2.33)

**Partially achieved.** Some showers were well screened but some still lacked sufficient privacy. The shower for those with disabilities on J wing had two additional showers for able-bodied prisoners in the same room; none of these showers was screened, and the shower for those with disabilities was visible from the landing.

**We repeat the recommendation.**

- 2.12 Curtains should be provided in all cells, and prisoners allowed their own curtains under the incentives and earned privileges (IEP) scheme. (2.34)

**Partially achieved.** Prisoners were allowed to have their own curtains under the incentives and earned privileges scheme. Curtains were not provided in all cells where prisoners were not in possession of their own.

**We repeat the following part of the recommendation: Curtains should be provided in all cells.**

- 2.13 Outdoor furniture should be provided for external areas. (2.35)

**Partially achieved.** Some exercise yards had had seating installed. Additional seating had been purchased for other yards but had not yet been fitted.

#### Housekeeping point

- 2.14 Seating should be fitted in all exercise yards.

- 2.15 The offensive display policy should be enforced. (2.36)

**Not achieved.** We saw a large number of cells in which prisoners openly displayed offensive material, as described in the offensive display policy, and had not been challenged by staff.

**We repeat the recommendation.**

## **Additional information**

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- 2.16 The external environment was pleasant, with well-maintained gardens and little litter.
- 2.17 Since the previous inspection, the open side of the prison had been converted into category C accommodation. There was a mix of residential accommodation, comprising older (A and B wings) and newer (C to J wings) units. A and B wings had poor sight lines. Cellular accommodation on A to D wings was reasonable, although communal areas on B wing were dirty. The cells on the newer wings were in good condition. All prisoners had privacy keys to their cells.
- 2.18 Association areas on the newer wings were cleaner than those on the older wings. Furniture in association rooms and on the landings was in a poor condition on most wings. Most prisoners did not have lockable cupboards, which was a particular problem for the small number in shared accommodation. There was a wide range of information displayed on all wings.
- 2.19 Reasonable adjustments had been made for a number of prisoners with disabilities and there were two cells and a shower designed for such prisoners on J wing (see section on diversity).
- 2.20 We observed cell call bells being responded to swiftly, and in our survey, 40% of prisoners said that their cell call bell was normally answered within five minutes, which was similar to the comparator.
- 2.21 Prisoner representatives met relevant staff monthly and were consulted about routines and facilities. However, the minutes did not always show that the issues raised were followed up.
- 2.22 There were no restrictions on the number of letters that prisoners could send and receive. The email-a-prisoner scheme was well established and prisoners reported favourably about this during the inspection. A team of operational support grade staff was located in the correspondence office, close to the security department. Mail was sorted and delivered to prisoners on the day of arrival. Outgoing mail was collected from the wings by night staff.
- 2.23 There were sometimes delays in prisoners receiving money from friends and relatives. Delays arose when mail room staff could not identify who had sent in the money or when amounts over £200 had been sent in. We considered such delays to be proportionate and in such cases the money was not credited to a prisoner's account until details of the sender had been clarified or the security department was satisfied that the larger sums of money had been received legitimately.
- 2.24 Legally privileged mail was dealt with appropriately and a log was kept of the few occasions when it was opened in error or not labelled properly. Five per cent of mail was monitored and staff undertook monitoring of all mail for those on Prison Service Order 4400 (harassment charges) and others who had been identified as needing monitoring for security reasons.
- 2.25 There were sufficient telephones on A to D wings but the newer wings had only one telephone per 25 prisoners. Access to telephones was good and they were switched on at all times when prisoners were out of their cells during the core day.

### **Further recommendations**

- 2.26 Communal areas on all wings should be kept clean.

- 2.27 Broken furniture on landings and in association areas should be replaced.
- 2.28 Prisoners should be provided with lockable cupboards.
- 2.29 Additional telephones should be installed on E to J wings and all telephones should have privacy hoods.

## Clothing and possessions

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 2.30 Prisoners were allowed to wear their own clothing, according to privilege level, although they all had to leave some clothing in their stored property (see section on reception). They had access to adequate prison-issue clothing.
- 2.31 Prisoners had good access to laundry facilities at least once a week, through orderlies. All laundry equipment was in good repair. Prison clothing and bedding was changed weekly.
- 2.32 Prisoners' property was held securely in reception (see section on reception).

## Hygiene

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 2.33 In our survey, 63% of respondents said that they normally got cell cleaning materials every week, which was worse than the comparator. Staff said that cleaning materials sometimes ran short towards the end of the month and that new systems had been introduced to ensure consistent access for prisoners.
- 2.34 In our survey, 95% of prisoners said that they were able to have a shower every day (with the exception of those on the segregation unit and on the basic level of the incentives and earned privileges (IEP) scheme), which was better than the 92% comparator. Prisoners reported easy access to showers throughout the day, although access had been inappropriately restricted on D wing.
- 2.35 Prisoners were allowed their own bedspreads and duvets on the standard and enhanced levels of the IEP scheme. New fire regulations meant that by November 2011, many prisoners would have to replace their own bedding, at a considerable cost to themselves.

## Staff–prisoner relationships

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### 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.

**2.36 Managers should ensure that staff mix with prisoners during association and encourage participation with the activities available to them. (2.47)**

**Partially achieved.** Staff on some wings were distant during association, observing from corridors outside association rooms. On B wing, staff were virtually surrounded by prisoners making requests in the staff office at these times; there were no staff out on the landings on that wing on the two occasions we observed association. On C wing, we observed first night staff offering considerable support to new arrivals during evening association. Engagement on the newer wings was easier and better, due to the layout of the wings. Staff on these wings engaged more actively with prisoners during association. In our survey, 26% of prisoners said that staff normally spoke to them most or all of the time on association, which was better than the comparator and a considerable improvement on our findings at the previous inspection..  
**We repeat the recommendation.**

**Additional information**

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**2.37** In our survey, 65% of prisoners, compared with 74% in similar establishments, said that staff treated them with respect. Our observations of staff–prisoner relationships were mixed, with some staff providing excellent support to prisoners, including returning calls to concerned families and ensuring that family contact was maintained under difficult circumstances. In other cases, staff were less helpful (see also recommendation MR2).

## Personal officers

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Expected outcomes:

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

**2.38 Regular changes of personal officers for individual prisoners should be avoided. (2.54)**

**Not achieved.** In a large proportion of the 50 prisoner case records we looked at, prisoners had had regular changes of personal officer, sometimes without an explanation as to why the change had taken place.

**We repeat the recommendation.**

**2.39 Wing history file entries should be made at least weekly. (2.55)**

**Achieved.** In most cases, entries in wing history files were made weekly.

**2.40 Staff should use preferred names for prisoners. (2.56)**

**Not achieved.** Few staff called prisoners by their preferred or first names. We observed some disrespectful use of surnames and use of derogatory language when calling prisoners to collect meal trolleys from the kitchen, and this was not challenged by wing managers. Cell cards contained a space for first or preferred names to be recorded but few had these written on them.

**We repeat the recommendation.**

**2.41 Management checks of history sheets should routinely include assessments of quality and include checks from managers above senior officer level. (2.57)**

**Not achieved.** There were regular management checks indicated on the P-Nomis files. Although the majority just noted 'management check', some commented on the frequency of entries made. Few managerial checks commented on the quality of entries made by staff. There were inappropriate comments in four of the files we looked at. We found little evidence of checks made by more senior managers.  
**We repeat the recommendation.**

**Additional information**

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**2.42** All prisoners we spoke to knew who their personal officer was. Our survey responses about personal officers were similar to the comparator, and prisoners generally said that personal officers were helpful.

**2.43** The personal officer scheme detailed the responsibilities of staff and managers and gave clear information about what was required under the scheme. The level of engagement with the scheme was generally good. Of the 30 files analysed by our researchers for personal officer entries, 83% included comments made by a personal officer. In most files, at least a brief entry was made weekly and there was evidence of relief personal officers making entries when the allocated personal officer was on leave. Comments were mainly observational, with some functional and few indicating generally interactive comments from the personal officer.



# Section 3: Duty of care

## Bullying and violence reduction

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### 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 The recommendations from the establishment's safety survey should be implemented and progress reviewed. (3.13)

**Not achieved.** A further safety survey had been carried out in 2011 but it was not clear if or how the recommendations would be implemented.  
We repeat the recommendation.

- 3.2 Managers should explore the poor perceptions of Muslim prisoners about their safety at the prison. (3.14)

**Not achieved.** Staff said that they could recall a meeting taking place with Muslim prisoners, who expressed surprise at safety perceptions being poor. However, they were unable to locate any minutes of the meeting or a resulting action plan. In our survey, although Muslim prisoners reported more positively than non-Muslim prisoners about current feelings of safety (9% against 21% felt unsafe), they reported more negatively than non-Muslim prisoners about victimisation from staff and other prisoners because of their ethnic origin and religious beliefs. Black and minority ethnic prisoners reported similarly negatively in the same areas.

### Further recommendation

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

- 3.4 The safer prisons reports should clearly outline the actions that wing managers have taken regarding reported incidents of bullying, so that any trends can be identified and the responses by wing managers across the different wings can be monitored. (3.15)

**Achieved.** All of the safer prison reports we looked at contained detail of the actions taken by wing managers. Each report was sent to the safer custody officer, who quality checked the report to ensure that outcomes were included. A list of reports, including details of victims and perpetrators, was compiled and included in the monthly safer custody meeting.

- 3.5 The low use of the anti-bullying measures should be addressed and all suspected perpetrators of bullying should be placed on at least stage one of the anti-bullying measures. (3.16)

**Not achieved.** Safer prison reports were completed by staff whenever there was an incident falling under the violence reduction strategy (for example, bullying, assault, taxing (increasing the repayment for items borrowed by up to 100%) or threats). According to safer custody data,

240 safer prison reports had been generated since January 2011. However, at the time of inspection only three prisoners were subject to formal anti-bullying measures. It was not possible to ascertain the total number of prisoners who had been placed on formal measures since the beginning of the year, as record keeping had lapsed (see additional information). See main recommendation HP58.

**3.6 The violence reduction strategy should clearly outline the arrangements for stage three of the anti-bullying measures. (3.17)**

**Partially achieved.** The violence reduction strategy was excessively long, and did not clearly define the three-stage approach to managing bullying. However, it identified stage three of the anti-bullying measures as including the removal of a prisoner to the segregation unit (under good order or discipline (GOOD)), recategorisation and transfer or general transfer. However, it did not outline how prisoners would be managed while in the segregation unit and reintegrated into the prison. See main recommendation HP58.

**3.7 Where there have been repeat instances of bullying by named perpetrators, they should be progressed through the anti-bullying measures available. (3.18)**

**Not achieved.** Instances of repeat bullying were identified through the database kept by the safer custody team (however, see also recommendation 3.5). See main recommendation HP58.

**3.8 The violence reduction plans should be routinely checked by the safer custody coordinator and monitored at the safer custody meeting. (3.19)**

**Not achieved.** Some checking of violence reduction plans was undertaken by the safer custody officer, and we saw this in two of the three plans that were active during the inspection. However, staff told us that, due to resource issues, it was not possible routinely to check all plans. This was a concern, particularly given that the two plans we saw had been initiated two weeks earlier but the paperwork had been misplaced for one, and wing staff thought that the other had been closed. The result was that neither plan had any entries by wing staff in the intervening fortnight. See main recommendation HP58.

**3.9 Formal interventions should be available, both for victims and for perpetrators of bullying. (3.20)**

**Not achieved.** A 'stage two/stage three violence reduction support work' study pack had been developed to assist identified bullies to reflect on and change their negative patterns of behaviour. This would entail prisoners completing an individual study pack, with support and guidance from staff, over two days, beginning and ending with a half-hour one-to-one session. However, use of the pack had not been implemented and staff were not aware of an implementation date. There were no interventions available for victims beyond an assertiveness course in the education department. See main recommendation HP58.

### **Additional information**

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**3.10** The management of violence reduction was a cause for concern. In our survey, 36% of prisoners said that they had felt unsafe in the prison at some time, and 19% said that they currently felt unsafe, both figures being considerably worse than the comparator and than those at the time of the previous inspection. However, prisoners we spoke to on the wings did not express concerns about safety, and, overall the prison did not feel like an inherently dangerous place.

- 3.11 The prison had undertaken a safety survey between 17 January and 17 February 2011, in which 22.6% of respondents identified bullying as an issue. Drug debts were the most frequently reported reason for bullying behaviour, with 79.5% of participants endorsing this option. Tobacco debts were the second most frequently reported reason, with endorsement by 72.3% of respondents. In our own safety interviews with prisoners, the top issue, identified by 75% of prisoners interviewed, was the ready availability of drugs. Of these, many stated that drugs were freely available across the entire prison, and that their availability was not confined to any one wing in particular. One prisoner said: *'It's on every wing. There are constantly parcels coming over the fence'*. In reference to accruing debts in the prison, another said: *'One of the worst jails I've been in for getting into debt – for drugs and alcohol, for example. Bullies threaten people they owe money to'*.
- 3.12 Of further concern was the 40% of prisoners in our interviews who reported a lack of confidence in the ability of staff to tackle bullying, with many feeling that staff would not be aware of any bullying taking place. Examples of comments included: *'No one will tell the staff. I think that things will get worse if you tell staff. I deal with it myself'*. These comments were ratified by a number of staff we spoke to, who said that prisoners did not tell anyone they were being bullied until it had reached crisis point and their safety was seriously compromised. Staff and prisoners described a culture of managing bullying by moving the victim to the segregation unit and, in many cases, subsequently transferring him out of the prison (see main recommendation HP59). We were concerned that staff did not recognise bullying in all its various forms, or initiate formal measures as early as possible, to prevent the situation from progressing. For example, most staff we spoke to did not consider threats to prisoners as a result of drug debt as bullying, which may have accounted for the low number of prisoners on formal anti-bullying measures, despite the large number of safer prison reports being generated (see recommendation 3.5). Although, at the previous inspection, the head of residence had said that more work had been done with staff to improve prisoners' perceptions of the way that staff handled reports of bullying, there remained no evidence that this had been achieved (see main recommendation HP58).
- 3.13 The safer custody team consisted of one full-time dedicated officer, with some non-dedicated administrative support. The work undertaken by the officer was comprehensive and wide ranging. The volume of data collected and collated by the team for the safer custody meeting was impressive, although it was not clear if or how managers used the data to inform strategic planning or shape practice. However, we were not convinced that safer custody staff were fully sighted on all safer custody matters. The incident data collected by the security department did not tally with that collected by safer custody staff, and indicated that in a number of cases wing staff submitted a security information report (SIR) to the security department but not a safer prison report to the safer custody team. In addition, the range of different paperwork available for different incidents had led to the production of inaccurate data. For example, according to the unexplained injury/non-accidental injury database, only 22 such incidents had occurred since August 2007. However, we saw several recent examples of safer prison reports which had been generated after wing staff had encountered prisoners with unexplained injuries.

#### Further recommendation

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

#### Housekeeping points

- 3.15 Removal of the victim to the segregation unit should not routinely form part of the management approach to bullying.

3.16 All violence reduction data collected by the safer custody team should tally with corresponding data collected by the security department.

## Vulnerable prisoners

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3.17 There was no vulnerable prisoner accommodation. Integral to the management of any prisoner presenting as vulnerable was relocation to the segregation unit pending transfer. We were told by prisoners and staff that this almost pre-determined response was often used by prisoners to effect a transfer via the segregation unit (see main recommendation HP59).

3.18 Although a large proportion of the segregation unit population were recorded as being on Rule 45 (segregation for own protection), there was no guidance to staff in relation to the management of vulnerable prisoners. The segregation unit policy referred only to the completion of the safety algorithm and a brief outline of the regime, which was the same for anyone on Rule 45, whether for own protection or under GOOD.

## Self-harm and suicide

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### 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.

3.19 The terms of reference and membership of the safer custody meeting should be re-issued and attendance should be monitored. (3.34)

**Achieved.** The terms of reference had been reviewed and reissued with a revised suicide prevention and self-harm management policy, and attendance at the meeting was monitored by the head of residence. When we looked at the minutes for the meetings held in the previous six months, we noted that security staff had attended only once in that time. This was of particular concern, given that the meeting also covered violence reduction and the inconsistencies in the recording of violent incidents (see paragraph 3.13).

### Further recommendation

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

3.21 The at-risk hotline should be made available to prisoners. (3.35)

**Achieved.** The hotline was available to prisoners on the PIN telephone system. We left a message after calling the hotline late one evening, and received a call back from a member of the safer custody team by early the next morning.

3.22 The use of the care suite should be recorded. (3.36)

**Not achieved.** The suicide prevention self-harm management policy stated that use of the care suite should be evidenced in the support suite log located on C wing. However, staff were unable to locate the log, and some were unaware that it existed, while others confirmed that the suite had been used without the log being completed. When we looked at the suite, which had not been used recently, it was extremely dirty and being used to house dirty bed linen. **We repeat the recommendation.**

**3.23 All night staff should be assessment, care in custody and teamwork (ACCT) trained. (3.37)**

**Achieved.** All night staff had been ACCT trained.

**3.24 All staff should carry anti-ligature knives. (3.38)**

**Not achieved.** While most staff carried anti-ligature knives, we spoke to a small number who did not carry one, and never had. Of more concern was the discussion with a permanent member of night staff who had been in post for over a year and not been issued with an anti-ligature knife.

**We repeat the recommendation.**

**3.25 Managers should take steps to address the low confidence in Listeners among prisoners. (3.39)**

**Achieved.** During the inspection, prisoners and staff spoke positively about the 14 Listeners in the prison. The scheme was well used, with 105 callouts in the previous six months, which did not include what Listeners referred to as informal consultations. The Samaritans, who provided ongoing and effective training and support to the Listeners, reported no issues of concern regarding low confidence in the scheme. We met a group of Listeners, who were committed to their role and said that they had full access to prisoners and had no concerns.

**3.26 Near-death incidents should be reported, an action plan devised and points of learning should be acted on at the safer custody meeting. (3.40)**

**Achieved.** The suicide prevention and self-harm management policy contained a statement on near-death incidents, setting out a requirement for an investigation. Action plans were overseen by the safer custody officer, and near-death incidents were a standing agenda item on the safer custody meeting agenda.

**Additional information**

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**3.27** The suicide prevention and self-harm management policy was long but helpful, in that it clearly defined the role and responsibilities of different departments and staff across the prison. A monthly safer custody meeting was chaired by the head of residence. The meeting was conducted in two parts. In the first part, Listeners, supported by the Samaritans, provided feedback about their callouts and any related issues; in part two, which the Listeners and Samaritans were not permitted to attend, specific cases were discussed, and the safer custody coordinator presented a detailed monthly report. The report recorded the number of ACCT documents opened and closed during the preceding month, with a brief summary of each case, including the reason for the ACCT being opened and the location of the prisoner.

**3.28** There had been 84 acts of self-harm since the beginning of 2011. There had been 101 ACCT documents opened in the year to date, and at the time of the inspection, there were five documents open. The quality of documentation was generally acceptable but we saw some

poor care maps, which had been signed off by managers. Attendance at reviews by a range of staff was generally good. All ACCTs were kept open for a minimum of 72 hours, following a recommendation from the Prisons and Probation Ombudsman (PPO). There were 18 ACCT assessors in the prison, and three ACCT trainers. Staff had attended the ACCT foundation training but attendance on the three-year refresher programme had lapsed, owing to other training commitments.

- 3.29 A database was kept of all prisoners on ACCTs past and present, which included their location when the ACCT was opened and closed. From this, we were able to identify that at least eight prisoners since the beginning of 2011 had been transferred to the segregation unit while on an open ACCT (see main recommendation HP59). The actual figure was likely to be higher, given that some prisoners would have gone to the segregation unit but returned to a wing before the ACCT was closed. Staff suggested that the transfers to this unit may have taken place because the prisoners required constant supervision. However, the gated cell, which was dirty and inappropriately located on the segregation unit, had been used in only one of the eight cases (see further recommendation 7.38). We looked at documentation for three of the eight cases, and discovered that the prisoners had self-harmed and then requested a move to segregation unit for their own protection. In addition, there was a perception among staff and prisoners that being placed on an ACCT could facilitate a move to the segregation unit and subsequent transfer (see also section on discipline). There therefore appeared to be a link between the bullying issues detailed above and self-harm as a means of escaping it.
- 3.30 In our safety interviews, 35% of the prisoners we spoke to reported a lack of help/support from staff to prevent prisoners from feeling isolated or low. Many of them were aware of support networks in the prison and felt that staff were not always aware of prisoners who just stayed in their cell and did not associate with others. Examples of comments included: *'If it's recognised, they do something about it. But, they mostly wouldn't recognise if someone changed or stayed in their cell.'*
- 3.31 There had been four deaths in custody since the previous inspection, two of which were from natural causes, one a suicide and the other was still being investigated by the PPO. Although we saw previous PPO recommendations included in the senior management team meeting minutes, and subsequently in the safer custody action plans, the more recent recommendations were yet to be added and we saw no evidence that they had been discussed at the safer custody meeting under the PPO standing agenda item. However, the PPO's recommendations had been implemented.

#### Further recommendations

- 3.32 All staff should receive ACCT refresher training.
- 3.33 The gated cell should not be located on the segregation unit.
- 3.34 An action plan should be devised and acted on promptly as a result of an investigation into an apparent self-inflicted death.

# Applications and complaints

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## 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.

- 3.35 The quality of replies to prisoners' complaints should be better monitored to check the appropriateness of the reply, and any inappropriate or dismissive replies should be dealt with. (3.91)

**Achieved.** All complaint replies were quality checked by the audits and performance manager. Any unacceptable replies were forwarded to the line manager of the member of staff responsible, for discussion and redrafting. All responses were typed, and, of the 60 we looked at, almost all were respectful and addressed the issue raised.

- 3.36 The high number of complaints should be investigated to ensure that prisoners are not submitting multiple complaints owing to the complaint not being appropriately responded to. (3.92)

**Achieved.** A monthly log of multiple users of the complaints system was kept, which made it possible to ascertain if multiple complaints were submitted on the same issue.

- 3.37 Staff should be encouraged to deal with low-level complaints informally. (3.93)

**Achieved.** Most staff we spoke to expressed a willingness to deal with low-level complaints as quickly and informally as possible, and the number of low-level formal complaints was not high. Some prisoners we spoke to said that they felt more confident that action would be taken if the complaint was submitted in writing.

- 3.38 The evaluation forms should be analysed and any key issues acted on to improve the complaints system. (3.94)

**Achieved.** The evaluation forms had been analysed and a brief feedback report written. As a result, a governor's notice to prisoners had been issued on 1 April 2010, outlining specific actions to be taken – for example, ensuring that all responses were typed, and therefore legible.

## **Additional information**

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- 3.39 Prisoners submitted applications in the morning, which gave wing staff the opportunity to deal with those they were able to address themselves and refer the rest to other departments on the same day. Application forms were located in wing offices, so were not freely available to prisoners, and staff were encouraged to explore the reasons why prisoners were accessing an application form, to ensure that the issue could not be dealt with by wing staff. In our survey, 85% of respondents said that it was easy or very easy to get an application form, which was worse than the 90% comparator.

- 3.40 The general application system comprised carbon copy application forms, allowing the prisoner to retain a copy so that it could be tracked. There was also a wide range of specialist application forms which prisoners could obtain from staff. Staff logged applications but did not

consistently record response dates, and it was therefore not possible to determine the length of time that it took to process applications. Prisoners told us that they had to remind staff to chase outstanding applications. In our survey, fewer prisoners than at the time of the previous inspection said that they felt that applications were dealt with promptly (39% against 66%).

- 3.41 Complaint forms and confidential access envelopes were readily available on the wings. In our survey, 85% of respondents said that it was easy or very easy to get a complaint form, which was worse than at the time of the previous inspection (92%). The complaints boxes were emptied by the night orderly. Complaints with a racist element were referred to the race equality officer. Separate forms to apply to see the Independent Monitoring Board (IMB) were available alongside the complaint forms, and there was a separate box emptied only by the IMB. In our survey, fewer prisoners than at comparator prisons said that it was easy or very easy to see a member of the IMB, although we received a response to our application on the day after it was posted in the box.
- 3.42 A new pilot complaints system had been introduced from 1 May 2011, which was well advertised on the wings. The key differences from the previous system were there were now two stages to the internal process instead of three, and that the three-day target for replies had been abolished. Prisoners were required to receive a response within a maximum of five working days but an interim reply (to either stage 1 or stage 2 complaints) could be regarded as meeting this target. In our survey, only 29% of prisoners said that they felt that complaints were dealt with in a timely fashion, which was worse than the comparator and than at the time of the previous inspection. However, since the beginning of the pilot, all but two complaints had been responded to within five days.
- 3.43 A total of 1,172 stage 1 complaints had been submitted between January and June 2011. In the previous three months, there had been a large increase in the number of complaints about home detention curfew (HDC) and release on temporary licence (ROTL).

#### Further recommendation

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

## Legal rights

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#### Expected outcomes:

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

- 3.45 The services available to provide legal information should be better advertised to prisoners. (3.101)

**Not achieved.** There was little or no information on the wings about access to legal information and legal rights officers. None of the prisoners we spoke to were aware of the officers or that they could make an application to see one. See further recommendation 3.51.

- 3.46 The legal rights officers should complete appropriate training for the role. (3.102)



**Not achieved.** Staff who were detailed to deliver legal services told us that they had not received any training for the role. See further recommendation 3.51.

**3.47 Recalled prisoners should be quickly informed of the reasons and avenues for appeal. (3.103)**

**Achieved.** The number of recalled prisoners had doubled since 2009, to a total of 68 at the time of the inspection. The delay in receiving recall paperwork had reduced, so prisoners were generally informed about the reasons and appeal procedures before arriving at the establishment.

**Additional information**

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**3.48** Services to provide prisoners with legal information remained underdeveloped. There was no information about legal rights officers in the induction programme, and it was not surprising that prisoners were largely unaware of the service. Officers on D wing were detailed to provide legal services on Wednesday and Friday mornings. However, as it was a flexible task, we were told that it was consistently dropped so that staff could cover other duties.

**3.49** HDC and end of custody licence were administered by the offender management group, and offender supervisors were responsible for responding to requests for early release information, and liaising with the prisoners concerned. They were also responsible, along with probation and discharging officers, for ensuring that licence conditions were fully explained.

**3.50** In our survey, 58% of prisoners said that it was easy for them to attend legal visits, which was better than the comparator. There were five legal visits booths for this purpose.

**Further recommendation**

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

## Faith and religious activity

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**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.

**3.52 The prison should recruit an additional Muslim chaplain to increase provision for the Muslim prisoner population and to provide cover for the existing Muslim chaplain. (5.43)**

**Achieved.** There were two Muslim chaplains in post, one working 20 hours a week and the other 14 hours. They told us that the time available for prayers and classes was adequate and that they were able to participate in the wider pastoral duties of the chaplaincy team.

**3.53 Muslim prisoners attending services in the multi-faith area should have an adequate ablutions area nearby. (5.44)**

**Not achieved.** A multi-faith room in the newly built world faith centre had good ablutions facilities but the multi-faith room was too small for the number of Muslim prisoners attending prayers on Fridays. The chapel on B wing continued to be used for prayers, and the ablution

area was not adequate. Prisoners were able to shower and prepare themselves on their wings to a level acceptable to the Imam but he told us that his preference would be for an improved ablution area next to the chapel and that a bid for finance to improve the facility had been submitted.

**We repeat the recommendation.**

**3.54 The chaplaincy team should have an office and equipment suitable for the size and work of the team. (5.45)**

**Achieved.** With the building of the world faith centre, more accommodation had been provided for the chaplaincy team, with a computer terminal. This was used by the coordinating chaplain, which left the office and computer terminal in the office on B wing available for use by the rest of the team, which was adequate for their needs.

**3.55 Prisoners in the segregation unit should be able to attend corporate worship, subject to individual risk assessment. (5.46)**

**Achieved.** There were no prisoners from the segregation unit attending corporate worship at the time of the inspection. However, there was no automatic bar on segregated prisoners attending worship, and any applications from them were risk assessed. The coordinating chaplain told us that some Muslim prisoners had recently been allowed to attend prayers from the segregation unit.

**3.56 Members of the chaplaincy team should be able to escort small groups to the chapel. (5.47)**

**Achieved.** Chaplaincy staff were issued with radios and could escort up to 15 prisoners to worship and classes. This facility was required for the return of prisoners after evening groups and when the lined route was not operating when prisoners were attending for worship.

**Additional information**

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**3.57** The Anglican coordinating chaplain led a core team of five. From discussion with chaplains and evidence from chaplaincy team meeting minutes, we judged that members of the chaplaincy team worked closely together, regardless of their denomination or faith background, to meet prisoners' needs.

**3.58** The team was well integrated into the prison regime. A team member visited the segregation unit daily and attended segregation reviews, saw new receptions daily, contributed weekly to induction and visited those on ACCT documents if requested. The team was also represented on important governance groups, including safer prison, diversity and the weekly communications meeting.

**3.59** In the prison population at the time of the inspection there were 415 prisoners (52%) who declared a Christian faith, 100 (12.5%) who declared a Muslim faith, five Sikhs, seven Buddhists and one Jewish prisoner. Sessional faith leaders were available to meet the needs of those whose faith was not represented in the chaplaincy team, and volunteers assisted with administration, classes and pastoral care.

**3.60** The main religious services were Muslim prayers on Friday afternoons, Roman Catholic Mass and a Sikh meeting on Saturday mornings and a Christian service on Sunday mornings. On alternate Thursday mornings there was a Buddhist meeting. All prisoners' declared faith was recorded and those who wished to attend religious services or prayers were required to

register on their wing at least the day before. This did not cause problems of access for prisoners, and regular attenders were automatically forwarded to each week's list.

- 3.61 In our survey, 52% of prisoners said that they had met a chaplain or religious leader within the first 24 hours, which was better than the 45% comparator and than the figure at the time of the previous inspection (47%). A similar number to the comparator and to the figure at the time of the previous inspection said that they could easily speak with a faith leader in private.
- 3.62 Some prayer mats had recently been purchased, which the Imam told us made the chapel on B wing suitable for Muslim religious observance. As well as the requirement for ablutions to be improved in this area (see recommendation 3.53), there was a lack of storage for footwear. This chaplaincy area also included a useful meeting room, used for classes and groups, and an office. There was a good range of faith development classes for Christian, Muslim, Sikh and Buddhist prisoners. The Christian Fellowship provided the Sycamore Tree victim awareness programme for 20 prisoners, three times a year.
- 3.63 Religious festivals of all major faiths were celebrated and promoted around the prison. At the time of the inspection, Ramadan was being observed and the Imam told us of the effort made to ensure that all aspects, including diet, access to prayers and staff awareness, were correctly addressed in consultation with him.
- 3.64 There was no designated community chaplain with a responsibility for linking prisoners on release to faith groups in their area but we found prisoners who had been helped individually to contact Christian and Muslim groups. For one prisoner, this had been extended to practical help in resettlement by faith group members in the area to which he was being released. Some external groups visited the prison to lead worship, contribute to groups and meet prisoners, notably a church from the nearby village of Boston Spa, the Life Destiny Church and West Yorkshire Community Chaplaincy.

#### Housekeeping point

- 3.65 Shoe racks should be provided for prisoners attending Muslim prayers.

## Substance use

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### 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

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- 3.66 Prescribing regimes for substance-dependent prisoners should be flexible, based on individual need and adhere to national guidance. (3.111)

**Partially achieved.** Out of the 105 prisoners in treatment at the end of July 2011, half were on methadone maintenance and half on reduction regimes. Suboxone was available to complete detoxification, and four prisoners were being prescribed this treatment at the time of the inspection. One prisoner had started a naltrexone regime before release. Lofexidine had not

yet been introduced. Clinical reviews had been introduced only recently (see also additional information).

**3.67 The prison should develop secondary detoxification provision. (3.112)**

**Achieved.** Following the completion of screening and assessment, prisoners could access treatment, which consisted of symptomatic relief medication or a low level of methadone. During the previous three months, 30 prisoners who had used illicit opiates had been assessed and treated. All had been referred to the counselling, assessment, referral, advice and throughcare (CARAT) team. The drug strategy group planned to locate these prisoners on a designated spur on A wing in the future (see also additional information).

## Drug testing

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 3.68** In our survey, 36% of prisoners said that they had had a drug problem on arrival, compared with 29% at the time of the previous inspection and the 20% comparator. The number of prisoners being prescribed methadone had been as high as 161 in May, and 146 in June 2011 and the establishment had found it challenging to provide this level of treatment safely. After putting a temporary halt on transfers, the number had reduced to a more manageable 98 in August, and at the time of the inspection, the establishment had started to accept prisoners receiving methadone treatment again.
- 3.69** The clinical substance misuse service had suffered from a lack of management and clinical leadership. Since May 2011, a band 7 integrated drug treatment system (IDTS) lead nurse had been based at Wealstun on a full time basis as a temporary measure. She had developed a clinical specification and introduced clinical reviews for prisoners. The only other specialist input consisted of one GP and one pharmacist session per week, and this lack of resources made it difficult to provide a consistent, good quality service to all prisoners requiring treatment under the IDTS (see main recommendation HP60).
- 3.70** Methadone and Suboxone were administered by an insufficient number of staff, none of whom had undertaken Royal College of General Practitioners level 1 training. Facilities on both C wing (the main IDTS wing) and G wing afforded prisoners little privacy (see section on health services). We also received complaints that discipline staff had a poor attitude towards those in drug treatment; this had also been raised in an IDTS focus group (see main recommendation HP60).
- 3.71** Prisoners' care was not well coordinated with the CARAT service, and the teams' location at opposite ends of the large site did not aid communication. CARAT staff rarely attended treatment reviews and the groups were not jointly facilitated (see main recommendation HP60).
- 3.72** The establishment's random mandatory drug testing (MDT) positive rate over the previous six months averaged 16.5%; the annual target had been set at 13%. The required amount of weekend testing did not consistently take place; only 20 suspicion tests and two risk tests had been carried out in the previous six months, and during that time 79 MDT sessions had been cancelled. There was no frequent testing programme in operation (see main recommendation HP60).

- 3.73** In our survey, 45% of respondents said that it was easy or very easy to get illegal drugs in the prison, against the 32% comparator; the percentages were highest for A wing, the drug support unit (62%), and for C wing, the main IDTS unit (56%). Seventeen per cent of prisoners reported developing a drug problem while at the establishment, compared with 9% at the time of the previous inspection and the 9% comparator.
- 3.74** Test results and finds pointed to Subutex as the main drug of use, followed by unauthorised medication and cannabis. Prisoners returning from ROTL, incoming mail, visits and parcels thrown over the fence were all identified as supply routes. The establishment worked closely with the local search team, which had resulted in a good level of drug finds, and joint operations with the police were undertaken regularly. A supply reduction strategy from March 2010 was due to be updated. The security department was represented at drug strategy meetings and the CARAT manager attended security meetings.

#### **Further recommendations**

- 3.75** Discipline officers should receive integrated drug treatment system (IDTS) awareness training, and negative staff attitudes towards prisoners in relation to drug treatment should be challenged robustly.
- 3.76** Clinical substance misuse and the counselling, assessment, referral, advice and throughcare (CARAT) services should work jointly and offer integrated care.
- 3.77** The establishment should ensure that the mandatory drug testing programme is appropriately staffed to undertake the required level of weekend 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

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#### 4.1 All staff should receive regular, updated diversity training. (3.51)

**Not achieved.** Training in the 'Challenge It, Change It' course had been delivered to 63% of staff. There had also been limited training in faith awareness and the Traveller culture but updated prisoner diversity training was not delivered to all staff.

**We repeat the recommendation.**

### Additional information

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- 4.2 The prison did not have a current local diversity policy but a statement of commitment to implement the recent Prison Service Instruction 32/2011, Ensuring Equality, had been published. The equality action plan was dominated by staff issues and had not identified any pressing issues of prisoner inequality which required action.
- 4.3 There were two full-time equality officers, who had previously had the posts of race equality officer and disability liaison officer. They were assisted by officers in other roles who had taken additional responsibility for foreign national prisoners and for sexual orientation issues.
- 4.4 Governance of equality was through a quarterly diversity equality action team (DREAT) meeting, chaired by the governor. The team included the deputy governor, functional heads, and representatives from the chaplaincy, counselling, assessment, referral, advice and throughcare (CARAT) team and the Independent Monitoring Board. Two prisoner representatives attended from the equality representatives team. The minutes of meetings showed that community guests attended occasionally but community organisations were not established team members. Attendance at the meetings was reasonable and the range of issues covered was appropriate, including systematic monitoring and analysing of race equality treatment (SMART) monitoring of representation of ethnic groups in the prison regime (with appropriate actions resulting from any out of range data), equality complaints, reports from equality officers, feedback from prisoner representatives and progress with the equalities action plan.
- 4.5 The DREAT team was supported by a group of 12 prisoner equality representatives. The identity of DREAT staff and prisoner representatives was well publicised throughout the prison by notices, with photographs attached. The prisoner representatives were not located on all wings, so access to them for some prisoners could be difficult. The representatives did not routinely visit all wings regularly or hold regular surgeries to meet those who might wish to speak to them and there was no representative with a trusted orderly role who had free access across the prison. The equality representatives we met told us that they felt valued and supported by the prison. They had received training in equality issues and met equality officers monthly to facilitate consultation, discuss issues raised by prisoners and review complaints.

- 4.6 There was no programme of impact assessments. Through a consultation group, including prisoners, the prison had considered whether assessments were required and had identified only one (see recommendation 4.35). There did not appear to be adequate monitoring information available for this process, to identify if there were concerns about the representation of all diversity strands in the regime. Our survey identified concerns from prisoners with a declared disability which were considerably worse than those from prisoners who did not consider themselves to have a disability. These included more negative reporting about the incentives and earned privileges (IEP) scheme, use of force, early days in custody and safety, among others.

#### Further recommendations

- 4.7 The prison should develop a diversity policy and action plan which outline how the needs of the diverse range of prisoners held will be met locally.
- 4.8 The work of prisoner representatives should be managed, to ensure that prisoners on all wings have good access to them.
- 4.9 A programme of impact assessments of regime policies, covering all strands of diversity, should be implemented.
- 4.10 The representation in the regime of prisoners from all diversity strands should be monitored and remedial action taken to address inequalities.

## Race equality

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- 4.11 **Assistant race equality officers on wings should have adequate facility time to undertake this work. (3.66)**

**Not achieved.** Assistant race equality officers were not given sufficient time to make a meaningful contribution to the work of the equality officers. They were chosen from a limited pool of staff with some experience of the task, for one afternoon a week but some of this time was taken up with lining routes during prisoner free flow, and they were often diverted to other duties. During the inspection, the officer allocated to provide assistance to the equality officers was required elsewhere.

**We repeat the recommendation.**

- 4.12 **Engagement with other agencies able to contribute to race equality at the establishment should be progressed, and the race equality action plan updated accordingly. (3.67)**

**Not achieved.** Although there had been some visits from outside organisations and individuals to promote understanding of racial diversity, no external organisation had been engaged to contribute. The equality action plan did not refer to engagement with other agencies.

**We repeat the recommendation.**

### Additional information

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- 4.13 There were 163 prisoners from a black and minority ethnic background, representing 20% of the establishment population. Recording of prisoners from a Traveller or Gypsy background had started but was not reflected in the population statistics. In our survey, 4% of respondents



declared themselves to be from a Gypsy/Traveller background, extrapolating to approximately 32 prisoners.

- 4.14 Survey responses from prisoners from a black and minority ethnic background were more positive than those from white prisoners in important respects of the regime, including IEP, respect for their religious beliefs, access to the regime and employment. Prisoners we spoke to did not identify problems with racial discrimination and reported that staff challenged any racially abusive language or behaviour.
- 4.15 Relationships between prisoners from a black and minority ethnic background and white prisoners appeared relaxed. In our survey, fewer prisoners (2%) than at comparator prisons (4%) reported victimisation by other prisoners because of their race or ethnic origin. Equality officers received reports of any racist bullying and attended the safer custody meeting.
- 4.16 Prisoners with a history of racist behaviour were identified and monitored. Equality officers interviewed and advised them about their conduct and contributed to the risk management of such prisoners through the interdepartmental risk management group.
- 4.17 Racist incident report forms (RIRFs) had been incorporated into a wider equality complaints process, known as discrimination incident report forms (DIRFs) approximately three months before the inspection.
- 4.18 Although there had been a variation in the number of RIRFs submitted over the previous two years, this was due to changes in the prison population while a refurbishment was being carried out. In 2009, with a lower population, there had been 68 submitted and in 2010, when the population had increased to the current level in the second quarter of the year, there had been 103. In the first half of 2011, there had been only 42 submitted, which could be projected to a lower total than in the previous year, but there was no ready explanation for this decrease and whether it was a positive indication of better relationships.
- 4.19 All racist complaints were monitored by the governor, except when she was not available, when the deputy governor undertook the task. The responses to complaints which we examined were respectful and fair and gave full accounts of the findings, and investigations were thorough. With the introduction of the new system of equality complaints, responses would be dealt with by operational staff rather than the equality officers, who were experienced in complaint investigation.
- 4.20 We saw evidence that staff submitted appropriate reports of discriminatory behaviour by prisoners and were advised how to challenge them by the equality officer. One incident which had been reported concerned a prisoner making racist remarks in graffiti in his cell; this had been communicated to safer custody officers. We also found examples of complaints against staff which had been investigated appropriately and advice given where required.
- 4.21 External scrutiny of complaints was undertaken by a panel serving three other Yorkshire prisons which met every three months. Membership included equality managers from all the prisons, prisoner representatives and a community group. The minutes of the meeting we examined showed that the forum was constructively critical and provided guidance for improvement of practice. This was appropriate because the governor who provided internal scrutiny and the equality managers who investigated complaints were present to learn from the discussion.

- 4.22 Celebration of ethnic diversity through events including Black History Month and Gypsy Traveller Month was appreciated by prisoners. There was a Traveller group, which met every four to six weeks and was open to other prisoners who wanted to learn about this culture.

## Religion

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 4.23 Our survey showed that prisoners did not experience religious discrimination or victimisation. Only 2%, in line with the comparator, reported that they had been victimised by another prisoner because of their religious beliefs and only 1% that they had been victimised by a member of staff for this reason, which was better than the 3% comparator. Muslim prisoners reported more positively than non-Muslim prisoners on the IEP system, safety and access to the regime.
- 4.24 Staff, including instructors, had received some religious awareness training and sessions of Ramadan awareness, to help them to manage prisoners observing the festival.
- 4.25 The prison did not have a system for monitoring the representation of prisoners from different religious backgrounds in the regime and there were no consultation processes directly with prisoners from different religions, although it was expected that prisoner equality representatives would pick up any such concerns.

## Foreign nationals

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- 4.26 **The prison should hold regular peer support meetings for foreign national prisoners. (3.76)**

**Not achieved.** No peer support groups were held for foreign national prisoners. We were told that services had not been developed because foreign national prisoners were not held for long periods before being transferred to the nearby specialist prison. However, we found that individual prisoners had been held for up to nine months.

**We repeat the recommendation.**

- 4.27 **The foreign nationals coordinator and assistant should have facility time to undertake this role effectively. (3.77)**

**Not achieved.** There was no facility time associated with the role of foreign nationals coordinator. The job had been undertaken by the senior officer responsible for the offender management unit as an additional task when the number of foreign national prisoners received had decreased because of allocation to specialist prisons (also see additional information). See further recommendation 4.33.

- 4.28 **In consultation with the Legal Services Commission, foreign national prisoners' need for independent specialist legal advice should be addressed. (3.78)**

**Not achieved.** There was no structured system for ensuring that foreign national prisoners had access to independent specialist legal advice, either from solicitors or independent immigration advice services. See further recommendation 4.33.

**4.29 The prison should liaise with the UK Border Agency (UKBA) to ensure timely and understandable notification relevant to deportation and detention. (3.79)**

**Not achieved.** UKBA did not visit the prison regularly and had not attended in the previous 12 months. Notification to foreign national prisoners was in the standard form, as we had found at the time of the previous inspection, and was not readily understandable. Although the prison provided the information required by UKBA, we found no evidence that strenuous efforts were made to elicit prompt replies. We met one foreign national prisoner who told us that a copy of his passport had been submitted three months earlier but he had still not been formally notified of whether UKBA intended to seek deportation.  
**We repeat the recommendation.**

**4.30 The prison should liaise with UKBA to ensure prompt and understandable contributions to risk assessment for recategorisation. (3.80)**

**Not achieved.** Foreign national prisoners' applications for recategorisation were considered but could not be completed because of the failure of UKBA to notify the prison of a decision about the intention to deport. We found no evidence that decisions were actively pursued to progress prisoners' recategorisation.  
**We repeat the recommendation.**

**Additional information**

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**4.31** It was not clear how many foreign national prisoners there were at the prison at the time of the inspection; the database kept by the senior officer listed seven but this did not include two who were listed on the electronic prison record as having been born outside the UK.

**4.32** The senior officer dealt with management of foreign national prisoners' immigration and deportation matters but little effort was made to meet their wider needs. He did not meet foreign national prisoners on arrival at the prison, to assess their support needs, and little attention was paid to ensuring that they understood the regime. There was no list of prisoners or staff willing to interpret available, and although a professional telephone interpreting service was available, it had not been used.

**Further recommendations**

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

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

**Disability and older prisoners**

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**4.35 The establishment should conduct an impact assessment to improve facilities and policies affecting people with disabilities. (3.52)**

**Not achieved.** A workshop involving prisoner representatives had been held to identify aspects of the regime at risk of operating in a disproportionate way for prisoners with protected characteristics. This had identified the need to examine, as a priority, access to the gym for

prisoners over 35 years of age.  
**We repeat the recommendation.**

**4.36 Work on care mapping should be further built on and integrated into the personal officer scheme. (3.53)**

**Not achieved.** There was evidence that the emerging needs of prisoners with disabilities were being met but there were no recorded plans following an initial assessment which were reviewed regularly. The diversity equality officer interviewed all prisoners who declared a disability, and liaised with residential and health services staff to provide for their needs. The disability policy outlined the responsibility of personal officers but the personal officer policy did not specify a requirement for their involvement in planning.

**We repeat the recommendation.**

**4.37 There should be adapted sanitary facilities, close to the cells, for prisoners with mobility problems. (3.54)**

**Achieved.** There were two adapted cells on J wing, one of which was being occupied by the only prisoner with mobility problems at the time of the inspection. The toilet in his cell had been adapted to meet his needs but was not screened (see recommendation 2.2). Shower facilities were located across the corridor and had been adapted, with a wide door to allow wheelchair access, a wet room cubicle and a chair. This prisoner told us that he was allowed out during the working day to take a shower when he requested one.

**4.38 Staff should be appointed to assist prisoners with a personal evacuation plan in the event of an emergency. (3.55)**

**Not achieved.** Evacuation plans were in place which identified prisoners requiring assistance, and the nature of their disability. The plans did not clearly identify a member of staff responsible for ensuring that the evacuation was carried out.

**We repeat the recommendation.**

### **Additional information**

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**4.39** It was not clear how many prisoners had a disability, despite appropriate efforts to identify them. In our survey, 14% of respondents declared themselves to have a disability, which could be extrapolated to a total of 112 prisoners. The P-Nomis electronic system recorded 45 prisoners with a disability but the equality manager told us that this was inaccurate because of the misrecording in previous establishments.

**4.40** In our survey, prisoners who declared a disability reported more negatively than those who did not. The prison did not have a system for monitoring the representation of such prisoners in the regime and there were no consultation processes directly with them, although it was expected that prisoner equality representatives would pick up their concerns. Arrangements were made to assign peer support but there was no formal arrangement to reward the prisoners carrying out the role.

**4.41** All newly received prisoners completed an equality questionnaire, and those who declared a disability were interviewed by the diversity equality officer, who liaised with residential staff to agree adjustments to meet their needs. There was no formal care plan but adjustments were recorded in some wing records.

- 4.42 The diversity equality officer was responsive to requests for reasonable adjustments, and examples included providing aids for a prisoner disabled by a stroke, provision of a table lamp for an epileptic prisoner whose fitting could be triggered by cell lights, and an alarm clock for a prisoner with a sleep disorder. There were some adjustments made to ensure that prisoners could access the regime, including ramps to the A wing library and to exercise yards. Prisoners with learning difficulties were assessed by the careers, information and advice service, and educational provision was adapted for them. The prison fire officer was notified of prisoners with disabilities and made an assessment of their evacuation needs but the resulting evacuation plans did not identify how assistance would be rendered.
- 4.43 There was only one prisoner with a disability who was not able to work, and he told us that he was able to be unlocked during the day when required. He said that he was supported well and his abilities were being monitored so that he could be provided with appropriate employment when he was able. We found examples of other prisoners who were provided with employment adjusted to meet their physical abilities.
- 4.44 Release arrangements for prisoners with disabilities were managed by their offender supervisor, who contacted social services when required.
- 4.45 At the time of the inspection, the prison held a young population, with only 30 over the age of 50 (3.7% of the population), the oldest being 70, and there was a separate policy describing how the needs of older prisoners would be met. The 70-year-old prisoner was the only prisoner who did not work because of his age. When we visited him during the working day, he was unlocked and staff told us that this was normal practice, but he told us that on some days he was locked in his cell, depending on which staff were on duty. Although he was required to pay for his television, retired prisoners received sufficient pay to ensure that, even after this reduction, they received the equivalent of half the pay of an employed prisoner.
- 4.46 The prison did not have a system for monitoring the representation of older prisoners in the regime and there were no consultation processes directly with older prisoners, although it was expected that prisoner equality representatives would pick up their concerns.
- 4.47 There was little special provision for older prisoners because most of them participated in the general regime but there were specific gym sessions for prisoners aged 35 and over.

#### Further recommendations

- 4.48 A reliable process for identifying prisoners who consider themselves to have a disability should be developed.
- 4.49 Personal emergency and evacuation plans should clarify how assistance is provided to prisoners identified as requiring help in an emergency.

#### Housekeeping point

- 4.50 Older prisoners who do not work should be consistently unlocked during the working day.

## Gender and sexual orientation

*No recommendations were made under this heading at the previous inspection.*

## **Additional information**

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- 4.51 In our survey, 2% of respondents declared that they were gay or bisexual, which was less than the 4% comparator. This extrapolated to 16 prisoners, more than had been identified in the equality interview and recorded by the prison.
- 4.52 A member of staff had been appointed to meet the needs of gay and bisexual prisoners, and during induction newly arrived prisoners were informed of her services. She had introduced a support group for gay and bisexual prisoners but this had not been successful because of the reluctance of prisoners to disclose their sexual orientation. Gay newspapers and magazines were available for purchase.
- 4.53 The prison did not have a system for monitoring the representation of gay and bisexual prisoners in the regime and there were no consultation processes directly with them, although it was expected that prisoner equality representatives would pick up their concerns.
- 4.54 The prison did not hold any transgender prisoners at the time of the inspection. The National Offender Management Service (NOMS) policy and template compact were available for the management of any transsexual prisoners they received.

## 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

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- 5.1 The prison should encourage the PCT to undertake a cross-infection audit of all healthcare areas within the prison and ensure that cross-infection measures are in place and adhered to. (4.57)

**Achieved.** Leeds Community Healthcare (LCH) NHS Trust had completed an infection control audit in May 2011. A subsequent action plan had been implemented, with timelines.

- 5.2 Local healthcare policies should be reviewed and updated. (4.58)

**Achieved.** A full range of primary care trust (PCT) policies and procedures were available to staff on the NHS Trust intranet.

- 5.3 Regular health promotion activities, such as well-man clinics and 'health fairs', should be delivered by health services staff. Health promotion should be available in languages other than English. (4.59)

**Partially achieved.** The health care unit delivered a wide range of clinics and health promotion. There had not been any health fairs in recent years, owing to low staffing levels, and there was a limited amount of health literature available in other languages.

### Further recommendation

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

- 5.5 A named health worker should be identified as the focus for older prisoners and those with disabilities. (4.72)

**Achieved.** A named nurse had recently been assigned responsibility for the management of older prisoners and those with disabilities.

### Additional information

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- 5.6 LCH NHS Trust was responsible for the delivery of health services at two other prisons as well as Wealstun. A comprehensive health needs analysis had been completed in March 2010. There was a good relationship between prison and health services staff and there was evidence of effective joint working.

- 5.7 Although we were assured that the level of health care provided was equivalent to that found in the community, prisoners appeared to be dissatisfied with health services. In our survey, fewer prisoners than at comparator prisons said that it was easy or very easy to see the doctor, nurse, dentist, optician and pharmacist; fewer said that the quality of health services delivered by the dentist and the optician was good or very good, and that the overall quality of health services was good or very good (40%, against the 45% comparator), and there had been no improvement since the previous inspection. However, when talking to prisoner groups, there was little mention of health services being poor. We observed prisoners being treated professionally and with respect.
- 5.8 Health care facilities were spread across the prison. There were two health care rooms in reception, which were basic but adequate for the needs of staff assessing new arrivals. The main department was a converted single-storey building with offices, treatment areas and consulting rooms. The accommodation was unable to cope with the volume of prisoners and the need for clinics and treatment areas; as a result, there were delays in running some clinics. The GP surgery was located opposite the waiting room and was outside the secure area, leaving doctors isolated from the main department. This building was clean, well maintained and had suitable access for prisoners with disabilities. A contract cleaner cleaned all health care areas daily but the design and current condition of some of the wing treatment rooms were unacceptable.
- 5.9 There were five wing treatment rooms. Prisoners in the newer part of the prison (E to J wings) used one treatment area; those in the older section (B to F wings) used the other wing treatment rooms. Most treatment rooms were used to deliver medicines only, with most health care services being delivered in the main health care department. Many of the rooms were in a poor state of decoration and unfit for purpose. Some of the rooms had plastic sheeting on the medicine hatches, which compromised confidentiality and made it difficult for prisoners to discuss issues with health services staff. In others, prisoners received their medication through barred gates.
- 5.10 Health promotion was under development and lacked focus. Health information boards had been obtained but were yet to be installed.
- 5.11 Prisoners were given written information on health care services during the reception screening. Those with long-term and other health conditions had appropriate care plans in place.
- 5.12 As a result of the increase in the number of prisoners at the establishment, the amount of emergency equipment throughout the prison was inadequate. There were currently five defibrillators covering the prison. A named nurse had responsibility for the management of emergency equipment, and weekly checks were made and documented. Discipline staff had not been trained to use the defibrillator.

#### Further recommendations

- 5.13 The health care manager and staff should undertake dedicated consultation with prisoners to identify the cause of prisoners' dissatisfaction with health services in general and to work together to rectify their concerns.
- 5.14 The gate in the health care corridor should be moved, to ensure that the GP office is in a secure area.



- 5.15 The physical condition of wing treatment rooms should be reviewed, with particular emphasis on infection control matters. A programme of repainting some of the areas should be implemented.
- 5.16 The plastic sheeting on wing medicine hatches should be removed, to improve confidentiality for prisoners speaking with health services staff.
- 5.17 A review of emergency equipment and its location, involving specialist advice, should be undertaken, to ensure that there are sufficient staff trained in defibrillation and that emergency equipment is located strategically across the prison, so that health services staff are able to respond to medical emergencies as swiftly as possible.

## Clinical governance

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- 5.18 **Emergency protocols and equipment should be reviewed, and equipment required to attend an emergency should be as portable as possible. (4.63)**

**Partially achieved.** Emergency procedures and equipment were reviewed regularly and all health services staff had completed defibrillator training in the previous 12 months. Colour-coded grab bags were in use and defibrillators were located in designated areas throughout the prison.

- 5.19 **The healthcare manager or representative should introduce a dedicated healthcare forum to allow direct contact for prisoners with a senior member of staff to discuss generic healthcare issues. The meetings should be minuted. (4.64)**

**Achieved.** A Trust representative met the prisoner health representatives monthly to discuss generic health issues. The meeting was minuted.

- 5.20 **The healthcare manager should introduce a system whereby nurses work in designated areas for a period of time, thus allowing prisoners and staff to develop a working relationship. (4.65)**

**Partially achieved.** In principle, nurses were allocated to designated wings. In reality, this was not always achievable, owing to staffing issues.

**We repeat the recommendation.**

- 5.21 **Selected nurses should be trained to undertake simple eye tests to determine the urgency of requests to see the optician. (4.68)**

**Not achieved.** The optician held regular clinics and normally attended the prison weekly. However, operational and other clinical issues sometimes restricted the number of prisoners seen. At the time of the inspection, the waiting time was up to nine weeks, which was too long. No nurses had been trained to carry out the simple eye tests.

**We repeat the recommendation.**

## Additional information

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- 5.22 The health services staffing structure was under constant review. The generic health services team included seven whole time-equivalent nursing staff. The grading structure was good but there was only one health care assistant. There were three primary registered mental health

nurses (RMNs), who also undertook generic duties. The skill mix was good and included a wide range of professional qualifications, including nurse prescribers. Two administrative staff supported all health care functions. We found all health services staff to be committed, well trained and motivated. Clinical supervision was in place for all nursing staff and strongly supported by managers.

- 5.23 GP services were provided by a local GP practice, which had been associated with the prison for several years. Several GPs from the practice attended the prison, holding six sessions a week, and the waiting time to see a GP was up to 48 hours. Many of the GPs had an interest in specialist medical areas, including substance use, sexual health, diabetes and musculoskeletal conditions. The practice provided excellent support to the prison.
- 5.24 Specialist medical equipment was sourced through the LCH NHS Trust.
- 5.25 All clinical records, including care plans, were held on SystmOne. Old paper records were stored securely externally. The records and care plans we reviewed were well documented.
- 5.26 Health care complaints were recorded on the prison system but dealt with by health services staff at a weekly meeting. They were answered by health services staff and the response was returned to the prisoner. If the prisoner was dissatisfied with the answer, the complaint could be escalated to the Patient Advice and Liaison Service. The system was under review by the LCH NHS Trust.
- 5.27 Chronic disease was well managed by in-house and visiting specialist nurses, who covered all specialist areas. Sexual health was managed in-house and in partnership with community services. Chlamydia screening was offered routinely and prisoners were encouraged to participate. A nurse managed the hepatitis C clinic and had good contacts with the community sexual health team. Prisoners needing to see the sexual health consultant attended external clinics.
- 5.28 Prisoners were asked to give permission for health services staff to share appropriate clinical information with selected agencies. Translating services were used where necessary, with no restrictions.

#### Further recommendation

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

## Primary care

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- 5.30 **Chronic disease management should be formalised to ensure that such patients are regularly reviewed. (4.67)**

**Achieved.** The management of prisoners with lifelong conditions, such as diabetes, cardiovascular disease, asthma and liver disease, was excellent. Such conditions were managed by the community-wide team from Wetherby Healthcare Centre. Specialist trained nurses attended the prison regularly to manage these prisoners. Patients were reviewed regularly and followed up if they did not attend. Diabetic patients were seen by the podiatrist regularly and retinopathy was carried out annually. Extra food rations were also available.

**5.31 Prisoners should be given more than 24 hours' notice of clinic appointments. (4.79)**

**Not achieved.** Prisoners received notification of their health appointments on the night before the appointment, and a list of prisoners attending the health care unit was given to wing staff. However, the 'did not attend' rate was unacceptably long for some clinics. There was no reason why prisoners could not be informed well in advance of their appointment and, if necessary, they could be reminded on the day before.

**We repeat the recommendation.**

**Housekeeping points**

- 5.32 Internal appointment slips should be given to prisoners at least 48 hours before their appointment time.
- 5.33 All prisoners failing to attend should be seen by a member of the health team and reminded of their responsibility to attend.

**Additional information**

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- 5.34 A wide range of clinical services was available. All new prisoners were seen in reception by a member of the health services team on arrival and a comprehensive health assessment was undertaken. Where appropriate, prisoners were referred to other health specialists through a 'tasking' process on SystemOne. Before leaving reception, prisoners were given a booklet containing information on all health care functions and how to access them. Once on the wings, access to various clinics was through an application system. Dedicated health care application forms were available on all wings and contained information in text and pictorial style. Completed applications were placed in locked health care boxes and collected by nurses every morning. The applications were then processed by nursing staff, who placed prisoners' names on the list for the appropriate clinic. Dental applications were dealt with by the dental team.
- 5.35 Nurses ran several clinics, including nurse triage. Some algorithms were in use and more were being developed. Not all nurses had received triage training but core competencies were being developed. Specialist clinics, including sexual health, hepatitis B and measles, mumps and rubella (MMR) were run regularly. Well-man clinics were being developed. Blood-borne virus screening was available on request. Eligible prisoners were offered the 'flu jab' annually.
- 5.36 Barrier protection was available through the health care department and reception. Appropriate related health promotion was offered.
- 5.37 The recent change in the prison regime had impacted on clinic times, and some clinical time had been lost. Senior staff were looking at innovative ways to maximise clinic availability.
- 5.38 Nursing staff visited the segregation unit every day, and the GP visited three times a week. The relationship between segregation and health services staff was good. Health services staff made an entry into the records of all prisoners they had contact with. We reviewed some records and found them to be appropriate.

## Pharmacy

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- 5.39 Requisitions for controlled drugs should have a doctor's signature before a supply is made. (4.73)

**No longer relevant.** Requisitions were no longer relevant, as all controlled drugs were ordered directly by the pharmacy and supplied from the wholesaler to the prison.

- 5.40 A new controlled drug register should be ordered which complies with the new regulations introduced in February 2008. (4.74)

**Not achieved.** The controlled drug registers in the pharmacy and on C wing did not comply with the regulations instigated in February 2008.

**We repeat the recommendation.**

- 5.41 The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews for the prison population. (4.75)

**Partially achieved.** The pharmacist from HMP Leeds provided substance misuse clinics. A technician reviewed patients' medication at the time of administration, and this had proved to be a positive exercise; for example, a recent check had highlighted that a patient should no longer have been on a certain medicine. There were no other generic pharmacy clinics or medicine reviews. There were plans to introduce pharmacy reviews and for the technician to review all in-possession medication.

- 5.42 The medicines and therapeutics committee should meet regularly, at least four times a year, and all stakeholders should attend. (4.76)

**Achieved.** The medicines and therapeutics committee met quarterly and the most recent meeting had been in June 2011. A representative from the PCT and a member of the pharmacy team attended the meeting.

- 5.43 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.77)

**Partially achieved.** The installation of SystemOne had facilitated the collection of prescribing data but the information had not been used since June 2010.

**We repeat the recommendation.**

- 5.44 Patient group directions should be reviewed, and comply with Department of Health guidance and the relevant legislation. (4.78)

**Achieved.** A review of patient group directions (PGDs) had taken place and another was planned for 2012.

- 5.45 The protocol for the management of minor ailments such as headaches should be reviewed. (4.66)

**Achieved.** Over-the-counter remedies and PGDs were in place, to allow prisoners easier access to certain medications. Prisoners were able to access up to 16 paracetamol tablets; this would be recorded on their prescription and administration charts.

## Additional information

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- 5.46 Pharmacy services were developing well and a new pharmacy had just opened in the main health care centre. In-house pharmacy staff included a full-time pharmacist and two registered pharmacy technicians. The team attended the prison from Monday to Friday and occasionally at the weekend. They assisted with medicine administration on Saturdays, which also gave prisoners the opportunity to ask about their medicines. A further two registered pharmacy technicians and an HCA were involved in the administration of medication, including methadone on the integrated drug treatment system (IDTS) unit and on C wing. Standard operating policies (SOPs) were in place, although some were missing (for example, balance checks of controlled drug registers). There was no evidence that pharmacy policies or SOPs had been read or signed by staff.
- 5.47 Where appropriate, medicines were given in possession, following a risk assessment. Medicines to be administered were given twice daily; as a result, medicines to be taken in the evening were given in possession. At the medicine administration session we observed, methadone was administered by a sole registered nurse. We brought this to the attention of senior staff, who swiftly ensured that staff did not repeat this action. Prisoners could reorder their medication. There was no out-of-hours policy for the supply of medication prescribed by the on-call service. There was a good system for auditing the return of medicines from the wings.
- 5.48 On some wings, prisoners could not speak to health services staff sufficiently confidentially. Discipline staff normally supervised waiting prisoners but in some areas did not challenge other prisoners for standing too near prisoners receiving medication. There was also a possibility of patients being bullied for their medication. We had concerns that drugs with the potential for abuse (for example, mirtazepine) were given in possession, despite being on the high security list. Prescriptions and administration records were well managed.
- 5.49 IDTS equipment used to administer and supply methadone was cleaned regularly, and this was recorded. Controlled drugs were stored appropriately and could be accessed only by health services staff.
- 5.50 Controlled drug records were either electronic or paper based. The electronic register did not appear to enable staff to ascertain when controlled drugs had been received into the prison, which rendered the records inadequate.

### Further recommendations

- 5.51 Contemporaneous standard operating policies for controlled drugs should be in place, to cover all aspects of the handling of controlled drugs. Staff should read and sign the adopted procedures.
- 5.52 The timing of medication administration should be reviewed, to reduce the requirement for single in-possession doses.
- 5.53 Controlled drugs should be checked by two members of health services staff, one of whom should be qualified to do so.
- 5.54 A policy to allow the administration of out-of-hours medicines should be developed.

- 5.55 The management of medication queues should be reviewed to ensure that only one prisoner is at the hatch at any one time. A demarcation line should be installed, to prevent prisoners from gathering around the hatch. Waiting prisoners should be closely observed by discipline staff.
- 5.56 A review of prescribing regimes, such as in-possession mirtazepine, should be considered.
- 5.57 The controlled drug registers should comply with new regulations introduced in February 2008.

## Dentistry

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- 5.58 **Additional dental sessions should be introduced to reduce the waiting list as soon as possible. (4.69)**

**Partially achieved.** The dental team provided four sessions a week. The fourth session was one of an extra 26 sessions provided by NHS Leeds Community Dental Services since May 2011. Because of the increase in the prison population and changes to the prison regime, even with the extra sessions, the dental team was still struggling to meet the needs of the prisoners. The current wait for an initial dental assessment was approximately two months, with some patients waiting for up to 26 weeks for ongoing treatment.

### Further recommendation

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

- 5.60 **A protocol for dealing with medical emergencies in the dental surgery should be developed to ensure that dental staff are aware of prison procedures to deal with an emergency. (4.70)**

**Achieved.** All dental staff had been trained in the use of the defibrillator, and emergency drugs and equipment were checked by dental staff, who received mandatory resuscitation training through the Community Dental Services.

- 5.61 **The prison should encourage the PCT to introduce a written protocol to manage out-of-hours dental emergencies. (4.71)**

**Achieved.** A Service Level Agreement for the provision of dental services had been agreed and included guidance on how to manage dental emergencies. Patients requiring emergency treatment were seen by health services staff and, where necessary, the GP. If appropriate, antibiotics and pain relief were prescribed and the patient was seen at the next dental clinic. Patients needing specialist orthodontic intervention were referred to local NHS dental facilities.

### Additional information

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- 5.62 The dental team comprised a clinical director, three dental officers, four dental nurses, a therapist and an administrator. Prisoners accessed the service through the application system. Following receipt of an application, a medical questionnaire was sent to the prisoner for completion. Dental staff managed the waiting list.

- 5.63 At each session, the team normally saw up to nine prisoners in the morning and six in the afternoon, depending on the level of treatment needed. We were told that the change in the prison regime had caused some problems, and that this, in addition to the long distances that some prisoners had to walk to get to the surgery, had reduced the number of prisoners seen.
- 5.64 Oral health promotion was encouraged and a dedicated oral health session was held on alternate weeks. Up to 15 prisoners were seen and were given free dental items.
- 5.65 Prisoners were able to receive an equitable dental service to that found in the community. Dental equipment appeared to be in good condition.

## Inpatient care

*No recommendations were made under this heading at the previous inspection.*

### Additional information

- 5.66 There was no inpatient facility at Wealstun.

## Secondary care

*No recommendations were made under this heading at the previous inspection.*

### Additional information

- 5.67 External appointments were managed effectively by one of the administrators. Only two prisoners were able to attend hospital each day from Monday to Thursday, and only one on Fridays, and this number had not increased with the rise in the prison population. Prisoners often arrived from other prisons with existing appointments and administration staff made efforts to honour these appointments. We were told that some such prisoners refused to attend the appointment, and that administration staff were only told about this after the event, owing to poor communication between the wings and the health care department.

### Further recommendation

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

## Mental health

- 5.69 **The primary mental health registered nurse (RMN)'s time should be ring fenced for mental health duties. Additional RMN time should be ring fenced to provide a comprehensive primary mental health service. (4.60)**

**Partially achieved.** The three primary mental health nurses' time was not totally ring fenced and they spent a great deal of time administering medicines, screening newly arrived prisoners and performing other necessary duties. Each held a caseload of approximately 18 patients, whom they reviewed as necessary.

**We repeat the recommendation.**

- 5.70 **The need for counselling services should be assessed to ensure that prisoners receive appropriate support. (4.61)**

**Not achieved.** Counselling services were limited and there were no specialist counselling services.

**We repeat the recommendation.**

**5.71 Day care services should be introduced to support those prisoners who find it difficult to cope with life on the wings. (4.62)**

**Not achieved.** There was no capacity, in terms of accommodation or staff, to deliver day services for older prisoners or those unable to cope with life on the wings (see also additional information).

**We repeat the recommendation.**

**Additional information**

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**5.72** Mental health services were good. In our survey, more prisoners than at comparator prisons said that their mental health issues were being addressed by the mental health in-reach team (MHIRT) (54% versus 32%) and by a counsellor (23% versus 10%) but fewer said that these needs were being addressed by the GP services (23% versus 32%).

**5.73** Prisoners arriving with existing mental health concerns were referred to either the primary mental health team (PMHT) or the MHIRT. RMNs were notified about referrals through the SystemOne tasking system. The referral would be triaged and an appointment made for the prisoner. The two teams met weekly to discuss patients' ongoing management. The PMHT caseload was approximately 30 prisoners. The RMNs saw patients as required, either in the health care centre or on the wings, and entries were made on patients' clinical record. There was good liaison between the RMNs and the GP, who also reviewed such prisoners' medication. If appropriate, RMNs also made entries in the patient's wing file, advising staff on the ongoing management of the patient. They also provided verbal advice to wing staff. Where appropriate, one of the RMNs attended assessment, care in custody and teamwork (ACCT) reviews. They also maintained good links with the offender management unit, and one of the RMNs attended safer custody meetings.

**5.74** A new service, 'improving access to psychological therapies' (IAPT), had recently been introduced. A small team of mental health practitioners, including therapists, provided well-being therapy and cognitive behavioural therapy. Members of this team felt that the new regime had created a barrier to therapy because of decreased access to prisoners. There was also a shortage of appropriate accommodation for providing this service. Access to the service was through the primary mental health nurses but other access routes were being introduced as the service developed. Clinical records were made on SystemOne, so that other health professionals could follow prisoners' progress. Local prisoners could continue therapy on release.

**5.75** Secondary mental health services were provided by the Criminal Justice Mental Health Team, which comprised a full-time senior RMN, another senior RMN working two days a week and a health care support worker working two days a week at the establishment. A consultant psychiatrist held one session every two weeks. There was no psychiatrist in the team. A part-time administrator provided clerical support. The senior RMNs also had access to other team assets, such as a social worker, housing worker and learning disability nurse.

**5.76** The IAPT team operated an open referral system, which allowed any prison staff to make referrals. New and existing clients, as well as the provision of clinical supervision, were discussed at the team meeting. The team had established excellent relationships with wing



and departmental staff, sharing appropriate information where necessary. Resettlement, counselling, assessment, referral, advice and throughcare (CARAT), chaplaincy and workshop staff all worked well with the team.

- 5.77 The current caseload was approximately 34 and all new referrals were normally seen within seven days of referral. Urgent referrals were seen as soon as possible. Prisoners remained on the caseload for as long as was necessary. Prisoners on medication and refusing to take it were followed up immediately.
- 5.78 There was no group work or specialist one-to-one work in place but self-harm, anxiety and vulnerable prisoner groups were planned for the future.
- 5.79 Transfers to secure units were rare, with only one prisoner needing secondary inpatient services in the previous year. Prisoners who caused concern could be transferred to HMP Leeds for assessment in their inpatient unit. There was a good relationship between the mental health teams in the two prisons.
- 5.80 The senior RMN had offered to provide mental health awareness training for officers but the offer had been declined; education and CARAT staff had welcomed the opportunity to access this training.

#### Further recommendation

- 5.81 Officers should receive mental health awareness training.



# Section 6: Activities

## Time out of cell

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### 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.

- 6.1 The process of reconciling the roll should be reviewed and delays kept to a minimum, and prisoners unlocked during roll checks should be supervised. (5.54)

**Achieved.** Our check of the control room log for the previous three months showed that there had been no stand-down roll checks preventing prisoners from attending activities, and staff told us that they rarely occurred. When the number of prisoners received at activities did not correspond with the roll, this did not immediately lead to a stand-down roll check and they remained supervised in their activities. The number of prisoners at each activity was reported to the training allocation unit, which reconciled the roll by locating individual prisoners who might have gone to the wrong activity or remained on the wing.

- 6.2 Alternative activities should be provided for those whose regular activities are cancelled. (5.55)

**Not achieved.** We found that prisoners not required at their activities were locked in their cells. We repeat the recommendation.

- 6.3 Equipment for association areas should be equitable and in good condition. The existing broken items should be mended or replaced. (5.56)

**Not achieved.** Equipment in association areas varied in range and quality from wing to wing. While some prisoners had access to fully operational pool, snooker, table tennis and darts facilities, in other association areas pool tables were broken or ripped and there was a shortage of games equipment. We repeat the recommendation.

- 6.4 Prisoners should be provided with appropriate clothing for inclement weather. (5.57)

**Not achieved.** No clothing was available to provide to prisoners in inclement weather; outdoor clothing was provided only to prisoners who had outdoor work. We repeat the recommendation.

### Additional information

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- 6.5 The prison recorded a weekday average of around 8 hours out of cell for every prisoner. This was consistent with the finding in our survey, where only 8% of respondents said that they spent 10 or more hours out of their cell on a weekday, which was worse than the 15% comparator (see recommendation MR4). The process for recording actual times from activities and residential units was appropriate. The core day, which was widely publicised on residential units, allowed for a full-time employed prisoner to be unlocked on Monday to Thursday for eight hours and 45 minutes but this reduced to six hours on a Friday, when there was no evening association.

- 6.6 Association was available on four weekday evenings for almost two hours (which included the evening meal), up to 6.40pm, and was provided reliably, with cancellation being rare. However, on one evening during the inspection, we found all prisoners locked away by 6.40pm, indicating that activities had ceased earlier than the advertised time, and we saw staff leaving the prison earlier than they could have done if they had kept to the published lock-up time.
- 6.7 Supervision of association and the interaction of staff with prisoners was variable (see recommendation 2.36) but at times inadequate. Prisoners' cells were unlocked during association and they were able to associate in them.
- 6.8 Exercise was available during the association period, and prisoners were given an opportunity to come back into the unit, but could not move freely between association and outdoor exercise. Exercise areas were variable. The one serving A wing was the worst, being too small for the number of prisoners wishing to use it and bare except for a single fixed bench (see housekeeping point 2.14). Two yards had grassed areas but they were caged, to prevent contraband 'throwovers' from outside the wall. The exercise areas for the refurbished units were spacious and had several benches but little else to improve the environment.
- 6.9 Supervision of exercise was inadequate. In the older area of the prison, we saw just one officer standing outside the yards observing prisoners, which provided no assurance that staff could intervene swiftly in the event of an assault or disturbance. In the large yards in the new area, we saw prisoners with no obvious supervision other than staff being able to observe them from the wing.

#### Further recommendations

- 6.10 The exercise areas should be large enough for the prisoners using them.
- 6.11 Association and exercise should be supervised effectively at all times on all wings.

#### Housekeeping point

- 6.12 The prison should adhere strictly to the published timetable.

## Learning and skills and work activities

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### 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

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- 6.13 The arrangements to identify and share good learning and skills practice across the prison should be improved. (5.22)

**Partially achieved.** Effective arrangements to identify and share good practice had been

implemented. Tutors had adopted best practice in many areas. However, this had not resulted in consistently effective target setting or individual planning of learning on all programmes.

#### Further recommendation

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

6.15 The use of data to promote improvements should be improved. (5.23)

**Partially achieved.** Since the previous inspection, the collection and use of data had been enhanced and was satisfactory overall. Managers made insufficient use of data to identify trends to inform decision making.

**We repeat the recommendation.**

#### Additional information

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6.16 The head of learning and skills was responsible for education, libraries, training and production workshops, gardens, the gym and activity allocation. In addition, since January 2009 she had also acquired responsibility for the kitchen and recycling/sustainability. The prison had a clear strategic vision for the development of learning and skills. The levels and range of provision were good and supported resettlement effectively. A needs analysis appropriately supported developments. Internal communication and partnership working between the different delivery agencies were good. However, links with external employers to support resettlement were underdeveloped. Learning resources were satisfactory, and often good.

6.17 Since the previous inspection, the pay rates had been adjusted to ensure that prisoners were not financially disadvantaged when engaging in education. The allocation of prisoners to activities was fair, equitable and took into account sentence planning requirements. Waiting lists were generally short and managed effectively.

6.18 Since the previous inspection, the weekly time available for purposeful activity had been increased by one hour. The prison had enough places to ensure that all prisoners were engaged in purposeful activity but attendance was insufficiently monitored and absence not challenged effectively. Too many prisoners allocated to activities remained locked in their cells (see main recommendation HP62). Prisoners' attendance for recreational gym during the core day had an adverse impact on the quality of some learning sessions.

6.19 Quality assurance arrangements, including self-assessment, were adequate to secure improvement. Operational management was generally good. Safeguarding arrangements were satisfactory, as was equality of opportunity. All but two workshops were accessible to prisoners with restricted mobility, and alternative arrangements to accommodate these prisoners were satisfactory.

6.20 Induction was good and learners were introduced effectively to the full range of education, training and work opportunities available. Only prisoners who had no evidence of their literacy and numeracy skills were assessed. Tutors recorded the level of learners' skills on their individual learning plans and used this to monitor their progress. All tutors regularly reviewed learners' progress. The careers, information and advice service (CIAS) was provided by Working Links. Communication between CIAS and learning and skills staff was good.

### Further recommendations

- 6.21 The number and range of links with external employers should be increased.
- 6.22 Attendance at recreational gym sessions should be reorganised so that prisoners attend at times that do not clash with learning and skills sessions.

## Work

*No recommendations were made under this heading at the previous inspection.*

### Additional information

- 6.23 There were 415 workshop places. The prison also offered 88 wing cleaner, 13 wing painter and 27 orderly jobs. Work included data entry for Durham County Council, tailoring, three contract workshops, clothing stores, Prisons Information Communication Technology Academy (PICTA) work, breakfast packing, laundry, sewing machine repair, dismantling of televisions and sewing machines, kitchen, gardens and waste management. Fork-lift truck training was offered in the last three months of a prisoner's sentence and most also undertook the Construction Skills Certification Scheme. Prisoners who applied for cleaning jobs all undertook an accredited qualification in cleaning. Before being allocated to work, prisoners participated in a useful and well-run four-day day preparation for work programme and accredited level 2 qualifications in health and safety and food hygiene.
- 6.24 The range of accredited training available at work had increased. Level 2 qualifications were offered in the laundry, computing, sewing machine repair and fork-lift truck training. Qualifications from stages 1 to 3 were available in industrial cleaning. There were plans to introduce further qualifications in contract workshops. Most work areas allowed prisoners to gain accreditation in the wider key skill of improving their own performance, although take-up was generally low. Catering qualifications had previously been offered in the prison kitchen but had been suspended during a period of refurbishment. There were plans to introduce accredited training in other work areas, such as waste management and contract services.
- 6.25 Achievement of qualifications was good. However, in horticulture, the small number of learners taking a level 1 qualification was making slow progress. In contract workshops such as tailoring, sewing machine repair, waste management and laundry, prisoners developed good work skills and progressed to more complex tasks and levels of responsibility. In most work areas, prisoners were occupied sufficiently and developed a good work ethic. In waste management, prisoners contributed well to reducing prison costs through effective recycling. In horticulture, the produce grown supplemented the main and vocational training kitchen. However, in two contract workshops, delays in the supply of parts and components from the contractor were causing some inactivity.

### Further recommendations

- 6.26 More prisoners should undertake the wider key skill in improving their own performance.
- 6.27 The prison should introduce accredited qualifications in the kitchen, horticulture, all contract workshops and waste management in a reasonable time.

## Vocational training

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- 6.28 **Provision to level two in construction should be developed, along with provision beyond level two for literacy and numeracy and computer repair. (5.24)**

**Achieved.** The prison provided construction skills training at levels 1 and 2, which offered a satisfactory progression route for learners to develop skills and industry-recognised qualifications that supported employment on release. The increase in provision beyond level 2 for literacy and numeracy and computer repair was no longer applicable.

### **Additional information**

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- 6.29 There were 116 vocational training places. There were plans to open two further workshops in warehousing and interior fitting, creating a further 30 places. The range and level of vocational training was good. In addition to construction skills training (see recommendation 6.28), level 2 diplomas in brickwork, bench joinery, plastering, tiling, and painting and decorating were available.
- 6.30 Vocational training workshops were well resourced, with good equipment and facilities. Portfolios of evidence were well organised. In brickwork, good use was made of photographic evidence to demonstrate and record skill development. Achievement rates were high and many learners made good progress. Learning sessions were generally well planned. Learner behaviour was good and tutors sensitively managed the few disruptive learners. The tiling workshop failed to meet some newer learners' needs and practical tuition was often limited. Staff cover for annual leave absence in catering and computer repair was not always adequate.

### **Further recommendations**

- 6.31 Tiling workshop tutors should plan sessions to meet all learners' needs and provide appropriate practical tuition.
- 6.32 Alternative sessions for prisoners should be provided when staff are absent.

## Education

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- 6.33 **The use of information and communications technology to support learning should be improved. (5.25)**

**Partially achieved.** Staff had been trained in the use of interactive white boards and many used them effectively in their teaching. Trainers in the sewing machine workshop made good use of the technology to deliver induction. However, the lifelong learning centre did not have interactive white boards. The information communications equipment in the gym was not in use.

**We repeat the recommendation.**

### **Additional information**

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- 6.34 The education provider was The Manchester College, which offered 112 places in the morning and afternoon from Monday to Thursday, and on Friday morning. At the time of the inspection,

91 places were filled by both full- and part-time learners. Courses included literacy, numeracy, information and communications technology (ICT), personal and social development programmes, art, and business studies and enterprise. The five learners on Open University programmes were provided with two sessions of support each week.

- 6.35 Teaching and learning were good. Lessons were well planned and managed. Tutors responded well to learners' individual needs and provided them with appropriately challenging and engaging activities. Courses were offered across a good range of levels in literacy, numeracy and ICT. Most learners progressed well.
- 6.36 Achievements were high, and particularly good in ICT. Most learners who completed their programme achieved the qualification. The standard of learners' work on most courses was satisfactory and some produced work beyond the level required by their qualification. They demonstrated high levels of motivation and enjoyed their work. Accommodation was good. Staff managed behaviour sensitively and effectively, and the atmosphere in the education department was relaxed and respectful. Attendance and punctuality were satisfactory.

## Library

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6.37 **Access to the main library should be improved. (5.26)**

**Achieved.** The main library opening hours had been extended and included the core day hours from Monday to Thursday. In addition, four small satellite libraries were available on Monday to Thursday evenings for prisoners located on residential wings other than A and B. However, the main library was underused.

### Further recommendation

6.38 Use of the main library should be improved.

6.39 **Resources for prisoners who are speakers of other languages should be improved. (5.27)**

**Achieved.** Effective loan arrangements, to provide an adequate amount of written material in languages other than English, were in place to meet prisoners' needs.

### Additional information

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- 6.40 The library was provided by Leeds Library and Information Service (LLIS) and staffed by two librarians and two library assistants, supported by four prison orderlies. All staff were part time, with hours worked equating to 1.5 whole-time-equivalent posts. The main library was situated next to the education block and was readily available for use by prisoners from A and B wings and those participating in education. It was well maintained and welcoming.
- 6.41 Arrangements to borrow books through the LLIS inter-library loan service were adequate. All library stock was managed effectively, providing a wide range and variety of resources. Updated Prison Service Orders were available, as well as up-to-date legal texts. The access to computers to support learning and skills was satisfactory.
- 6.42 The library provision was based on regular surveys of library users' needs. Approximately two-thirds of the prison population were registered users. However, the library management



system for the collection and analysis of library usage data was inadequate for monitoring purposes.

- 6.43 The library continued to support the Storybook Dads scheme and Dads' Days and promoted literacy and learning. Library staff managed the monthly reading group and creative workshops. A magazine group produced an in-house quarterly prisoner magazine that had gained a highly commended Koestler Award certificate in the previous year.

#### Further recommendation

- 6.44 An effective library management system should be introduced.

## Physical education and health promotion

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#### 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.

- 6.45 The frequency with which accredited PE programmes are offered should be increased. (5.37)

**Not achieved.** The range of PE programmes was satisfactory but the frequency remained insufficient for the population's demands, at two groups of programmes running annually, catering for a maximum of 24 prisoners.

**We repeat the recommendation.**

#### Additional information

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- 6.46 PE was staffed by one acting senior officer PE instructor and eight PE instructors, and had one staff vacancy. Staff were well qualified and provided a safe training environment. They were supported by four orderlies and six learning mentors. The facilities were good, consisting of a large sports hall, a well-equipped cardiovascular suite and free weights area in the main gym area and an additional well-equipped cardiovascular suite and weights rooms situated in an annex. In the main gym, the shower area was in poor condition. The broken urinals and one toilet were insufficient to meet the needs of up to 50 prisoners using the facilities at any one time. By contrast, the showering facilities in the annex fitness suite were modern and fit for purpose. An outside grassed pitch was used for football and a remedial session, 'walk to fitness'. Two well-equipped classrooms were available in each gym.
- 6.47 The main gym was open from Monday to Thursday in the morning, afternoon and evening, and on Friday in the morning and afternoon. The annex gym was open in the morning and afternoon from Monday to Thursday and on Tuesday and Thursday evenings. Both gyms were open from 9am until 11.30am and 1.30pm until 4pm at weekends. Prisoners had good access to recreational PE, with two sessions in the core day, one in the evening and two at the weekend. Many used their full allocation of five sessions each week. In our survey, more prisoners than at comparator prisons attended the gym.

- 6.48 Applications to attend the gym were managed well by PE staff. All prisoners attended an induction to PE, usually within a week of arriving at the prison. Their health and well-being were screened by gym staff, who referred prisoners back to the health care centre if they had concerns. PE staff (including peer mentors) provided a wide range of additional sessions to meet prisoners' specific health needs. There was a good system of referral by health services staff for remedial gym. Separate sessions were held for prisoners on the detoxification unit and the prison addressing substance related offending (P-ASRO) course, and for older prisoners. Links with the community were good.
- 6.49 The range of courses available was satisfactory and included the British Weight Lifting Award, community sports leaders award, level 2 gym instructors award and a level 3 nutrition award. However, these courses did not run frequently enough or meet the needs of the prison population. Clean gym kit was provided, although many prisoners chose to wear their own gym clothes. The small number of accidents and incidents were appropriately recorded and investigated.

#### **Further recommendation**

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

# Section 7: Good order

## Security and rules

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### 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

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- 7.1 Strip searching should be carried out only after a risk assessment indicates that it is necessary. (6.11)

**Not achieved.** Despite the local policy indicating otherwise, all prisoners arriving or leaving the prison were strip-searched, regardless of any perceived risk. Any prisoner being located overnight in the segregation unit was also strip searched.

**We repeat the recommendation.**

- 7.2 Photographs of banned visitors should be removed from public view. (6.12)

**Achieved.** Photographs of banned visitors were no longer openly displayed in the visits search area.

### Rules

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*No recommendations were made under this heading at the previous inspection.*

### Additional information

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- 7.3 Physical security was proportionate. There had been a number of areas fenced in as a response to contraband being thrown over the fence into prisoner areas, and some of the exercise yards had netting to catch items thrown in. Drug detection dog teams were provided by the Yorkshire Area Support Team and were available for most visits sessions and also to assist in cell and area searching.
- 7.4 Following a recent staff reallocation process, the number of staff available to respond to security issues had been reduced. Additionally, a review of staffing resource data showed that searching hours were regularly lost when staff were diverted to other duties.
- 7.5 The number of security information reports (SIRs) had increased against the previous year, from 3,535 in 2010 to a projected 5,700 in 2011, although some of this increase could have been attributed to the increase in the size of the prison's population.
- 7.6 A small team of analysts worked hard to identify key threats and to bring them to managers' attention. When available, staff were identified to respond to security issues but there were often instances when only the highest priority issues could be addressed, particularly at weekends. For example, we found evidence of a potential tool loss on a Friday which was not addressed until after the weekend.

- 7.7 The main issues identified in SIRs were bullying, drugs and mobile telephones. There had been 91 reported finds of illicit items since the beginning of 2011; some had involved the recovery of multiple mobile telephones and large amounts of drugs.
- 7.8 The monthly security meeting was mostly well attended and reviewed a large amount of data, producing monthly security objectives which were then disseminated to the wider staffing group. There were links to the offender management group and the safer custody team, with an effective two-way flow of information but this could have been further enhanced with security attendance at safer custody meetings. Links with the police liaison officer were also effective and had resulted in a number of joint prison/police operations.
- 7.9 At the time of the inspection, there were 49 prisoners subject to closed visits, mostly as a response to poor behaviour, with only a few as a result of visits-based intelligence or incidents. There were three visitors subject to bans. All visits restrictions were reviewed monthly, although sanctions were usually imposed for a minimum of three months.
- 7.10 General and local prison rules were explained during the induction process and were reinforced on wing noticeboards throughout the prison. The rules appeared to be applied equitably across the prison.

#### Further recommendations

- 7.11 Security systems should be resourced to ensure an appropriate amount of provision at all times.
- 7.12 Visits restrictions should not be imposed for non-visits-related incidents.

## Discipline

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### 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

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- 7.13 **Managers should investigate the reasons for the high number of adjudications and whether staff should be encouraged to use the incentives and earned privileges (IEP) scheme in appropriate cases. (6.30)**
- Achieved.** The quarterly adjudication standardisation and monitoring meeting reviewed the quality of adjudication reports, considered the appropriateness of the use of the disciplinary system and took action to reinforce the IEP scheme where necessary.
- 7.14 **Formal monitoring systems should be introduced for adjudications, and standardisation meetings should take place. (6.31)**
- Achieved.** There was a monthly standardisation meeting, which reviewed adjudications data and took action to amend the punishment guidelines in response to trends of poor behaviour.

- 7.15 **Adjudicators should ensure that appropriate referrals for support are made when prisoners reveal that they are the subject of bullying or require assistance with drug or alcohol misuse. (6.32)**

**Achieved.** Referrals to both drug and alcohol services and to the safer custody team were regularly made when prisoners revealed the need for support. When bullying was a feature of the adjudication, the adjudicators remanded the hearing for an investigation by the safer custody team.

- 7.16 **Records of adjudication hearings should be comprehensive and reflect all the evidence that has been considered and a full investigation of the charges heard. (6.33)**

**Achieved.** All adjudication paperwork we reviewed and the adjudications we observed demonstrated an appropriate level of enquiry and recording.

### **Additional information**

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- 7.17 The number of adjudications was not high, with an average in the year to date of around four per day, and only around 12 for the monthly visit of the independent adjudicator.
- 7.18 Most adjudications concerned unlawful possession (mainly drugs and mobile telephones), disobeying orders and fighting.
- 7.19 The adjudications room was austere and formal, with the prisoner and the adjudicator seated at opposite ends of a long table. Prisoners were given the opportunity to take part in each stage of the process, and witnesses and assistance were generally allowed when requested.

### **The use of force**

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- 7.20 **The senior management team should continue to monitor and analyse the use of force and the reasons for the ongoing increase in incidents. (6.34)**

**Not achieved.** A review of the minutes of use of force meetings showed little analysis beyond the basic number of incidents and year-on-year comparisons. Attendance at the meeting was mixed, despite the records of minutes highlighting the need for the presence of staff from particular areas of the prison.

**We repeat the recommendation.**

- 7.21 **The video-recording policy should be updated to include the routine examination of recordings of planned interventions to ensure adherence to correct procedures and that any lessons are learned. (6.35)**

**Not achieved.** There was an updated section in the interventions policy to provide guidance to staff on the use of video-recordings in planned interventions but there was no instruction or guidance for the reviewing of the recordings, to inform training needs. Although almost all planned interventions were video-recorded, recordings were not reviewed at the bimonthly use of force meetings.

**We repeat the recommendation.**

## Additional information

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- 7.22 Use of force was low, with only 58 recorded incidents in 2011 to date. The deputy governor reviewed all use of force paperwork, and the sample (20%) that we reviewed showed a good level of reporting. However, in too many cases the supervising officer was also the certifying officer. Good order or discipline (GOOD) reviews were held regularly, and wherever possible ample notice was provided to ensure good levels of attendance. There was evidence of staff attempting to de-escalate incidents as soon as possible and handcuffs were not routinely used when transporting prisoners over the long distance from some of the wings to the segregation unit.
- 7.23 The special cell was not fit for purpose. It did not contain a bed and observation points were limited. It had been used four times in 2011 and the quality of some of the recording paperwork was poor. There had been one use of a body belt for a prisoner who had been violently attempting to self-harm; the written recording of this incident had been good and evidenced that the body belt had been used as a last-resort attempt to prevent serious self-harm.

### Further recommendations

- 7.24 The supervising officer for use of force incidents should not routinely be the certifying officer.
- 7.25 Use of force videos should be routinely reviewed.
- 7.26 The special cell should be made fit for purpose before any further use.

## Segregation unit

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- 7.27 **The role of the segregation unit should be clearly defined, with supporting policies and procedures developed and implemented to include: an improved regime on the unit, individual assessments for access to regimes by prisoners held there, care plans for those remaining there for more than 30 days, the setting of realistic targets to challenge poor behaviour, the format of prisoner reviews and a formal monitoring group for all aspects of segregation. (6.36)**

**Not achieved.** A revised segregation unit policy was available but the regime continued to be restrictive. There were no care plans or individual targets in place for any of the prisoners on the unit. There were no off-unit activities other than for faith observance, and on-unit activity consisted of a shower three times a week, access to the small unit library, weekly-issued basic literacy and numeracy worksheets, and daily access to the PIN telephone system and exercise (which was carried out singly, regardless of risk assessment) on the bare exercise yards. Meals were served at cell doors on all occasions. There was no current segregation monitoring and review group (SMARG) to monitor performance and provide data to the senior management team, governor and regional manager.

**We repeat the recommendation.**

- 7.28 **The staff selection policy for the segregation unit should be adhered to and specific training provided to staff. (6.37)**

**Partially achieved.** There was a published staff selection policy, which was being used for new members of the segregation team. However, a review of training documentation showed a

lack of specific training for segregation staff beyond the annual basic control and restraint refresher course.

**7.29 Visitors to the unit, including health services staff and Independent Monitoring Board members, should record their visits in the daily log. (6.38)**

**Not achieved.** The daily log was not routinely completed by visitors to the unit. Some specific visitors were listed, such as the duty governor, the chaplain, health services staff and Independent Monitoring Board members but, even though we saw these and others visiting regularly, the log remained blank in many cases.

**We repeat the recommendation.**

**7.30 In-cell electricity should be provided on the segregation unit. (6.39)**

**Not achieved.** There was no in-cell electricity in any of the segregation unit cells.

**We repeat the recommendation.**

**7.31 Toilets and showers on the segregation unit should be cleaned and toilets screened. (6.40)**

**Not achieved.** Toilets in the segregation unit were not screened. Most were badly stained and some showed signs of damage that had not been addressed for some time. Showers were cleaned regularly but not appropriately screened.

**We repeat the recommendation.**

**Additional information**

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**7.32** The 17-cell segregation unit was known locally as the assessment and separation unit. The unit was full or nearly full for almost the entire duration of the inspection. Many of the prisoners on the unit were refusing to return to normal location and were waiting to be transferred. A review of the segregation records showed that over 66% of prisoners placed on GOOD (including for their own protection) had been transferred to other prisons. There was a perception among staff and prisoners that those who effected a move to the segregation unit would get a transfer out of the prison (see also section on self-harm and suicide and main recommendation HP59).

**7.33** The unit was mostly clean and in good order, but there were some significant exceptions. Some of the toilets were damaged and all were heavily tea stained. Most cell doors were badly dented and covered in (sometimes racist) offensive graffiti that appeared to have been in place for a long time. One of the cells served as the constant observation gated cell. This cell was dirty, with graffiti on the walls; although this was pointed out to staff, it remained dirty throughout the inspection.

**7.34** Despite its name, the unit continued to offer a poor and punitive regime, with little or no integration planning or action (see recommendation 7.27). Regular staff and managers (including a senior manager) were unable to provide a copy of the reintegration policy. Prisoners were given written information about why they had been located on the unit but there was no statement of purpose displayed anywhere on the unit.

**7.35** Staff-prisoner interactions on the unit were good, with some excellent communication techniques being demonstrated to calm down some difficult prisoners. All of the staff on the unit displayed a good knowledge of the prisoners in their care and always appeared to be willing to open cell doors to discuss issues face to face with prisoners.

- 7.36 A 'sub-IEP' system was operated on the unit, with three levels, dependent on behaviour. Any prisoner undergoing a period of cellular confinement was subject to a regime that was below what would be provided to a prisoner on even the basic level of the IEP scheme on the wings. Not all staff were aware of how the system operated and there were differing applications of the few privileges allowed. No prisoners were allowed to wear their own clothing on the unit, regardless of their IEP status.

#### Further recommendations

- 7.37 A multidisciplinary staff group should monitor performance, policies and the segregation regime.
- 7.38 The gated cell should be kept clean and prepared for occupation.
- 7.39 The establishment's IEP scheme should apply to all prisoners including those located in the segregation unit.

## Incentives and earned privileges

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#### 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 The incentives and earned privileges (IEP) scheme should be overhauled and arrangements improved for those on basic. (6.51)

**Partially achieved.** Despite being reviewed annually, the regime for those on basic remained unchallenging, with no specific behavioural targets set. There was an almost automatic assumption by staff and prisoners alike that anyone on basic would be so for at least a month and our observations confirmed this.

**We repeat the recommendation.**

- 7.41 The IEP scheme should be applied consistently to prisoners on all regime levels. (6.52)

**Achieved.** Reviews of IEP case notes across the prison and discussions with staff and prisoners did not identify any inconsistencies of application of the scheme.

- 7.42 The 'no work, no pay, no gym' element should be removed. (6.53)

**Not achieved.** The choice of opting out of work remained, with 13 prisoners on the 'no work, no pay, no gym' regime. Little was done to encourage these prisoners to engage in activity and most (12 of 13) were able to retain their standard IEP level.

**We repeat the recommendation.**

- 7.43 Reviews should take place when trigger points are reached. (6.54)

**Not achieved.** The policy stated that prisoners would be reviewed at six-month intervals. However, in practice this happened only if the prisoner requested it or a member of staff made



a recommendation for a review.  
**We repeat the recommendation.**

**7.44 Individual, specific targets should be set to encourage prisoners who need to improve their behaviour. (6.55)**

**Not achieved.** A general basic regime compact was issued to prisoners on demotion to the basic regime. This had a standardised set of targets but did not have any individual targets included. Copies of the compact were not always available in wing offices and many wing staff were not aware of any targets for prisoners (see paragraph 7.39).

**Additional information**

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- 7.45** The IEP policy was reviewed every year and updated as required. Despite the main points being displayed in the main corridor, prisoners and most staff we spoke to were unclear about many of the key elements of the policy. Prisoners told us that the differences between the levels of the scheme were not an incentive for good behaviour. This was echoed in our survey, with only 40% reporting that the levels encouraged improved behaviour.
- 7.46** The policy included a protocol for automatic downgrade of either one or two levels following a serious offence under the disciplinary system. We also observed some arbitrary demotions by senior officers outside of any formal review process. One prisoner on C wing had been instantly demoted when it was discovered that he had stolen some coffee from the staff office; he had only recently been promoted to standard following a long period on basic following another non-review downgrade after gaining access to a 'secured' cell.
- 7.47** Observations of IEP case notes showed that most entries reflected negative behaviour. In addition, in some cases there was little or no follow-up activity after a negative comment in relation to IEP sanctions, and some of the case notes showed long gaps between entries. Management comments were basic and consisted mostly of the comment: 'management check'.

**Further recommendations**

- 7.48** Prisoners should be consulted over their poor perceptions of the incentives and application of the IEP system.
- 7.49** Prisoners should not be automatically downgraded in the IEP system without a formal review of status.
- 7.50** There should be regular entries made in IEP files/case notes.



# Section 8: Services

## Catering

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### 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 Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm. (7.8)

**Not achieved.** The lunchtime meal was served as early as 11.15am on Fridays and at 11.45am during the weekend. The evening meal was served at 4.15pm on a Friday and at 4.45pm during the weekend.

**We repeat the recommendation.**

- 8.2 Prisoners should be able to dine in association at least some of the time. (7.9)

**Partially achieved.** There was some facility on the newer wings to dine in association; however, this was limited to around 16 of the population of each wing at any one time because of insufficient furniture.

- 8.3 Prisoners routinely washing up receptacles and utensils in their cells should be provided with a suitable detergent. (7.10)

**Not achieved.** Washing-up liquid was not always available for issue, so prisoners often had to purchase detergent from the prison shop.

**We repeat the recommendation.**

- 8.4 Breakfast should be served on the morning it is eaten. (7.11)

**Not achieved.** Breakfast packs were issued at wing serveries on the day before they were to be consumed. Prisoners told us that they regularly ate their breakfast in the evening, to supplement their evening meal, which usually consisted of a single filled roll, a packet of crisps and a piece of fruit.

**We repeat the recommendation.**

- 8.5 Kitchen ceiling tiles should be secured in the interests of safety and hygiene. (7.13)

**Achieved.** The problems with the kitchen ceiling had been addressed and tiles sealed. There was an ongoing issue with the cleaning of the tiles that required contract cleaners attention.

- 8.6 Designated utensils for halal food should be used. (7.14)

**Achieved.** Colour-coded utensils had been provided for the kitchen workers to use and were also available for use in wing serveries.

- 8.7 Prisoners should have the means of making a hot drink after evening lock-up. (7.15)

**Partially achieved.** Kettles were available on most wings where the electricity supply could

provide sufficient power. When this was not the case (and in the segregation unit), flasks were provided. Wing staff reported having difficulty in obtaining replacement kettles; this could leave prisoners without the means to make a hot drink on the newer wings that did not have communal boilers.

#### 8.8 Prisoners should have some opportunity to cater for themselves. (7.16)

**Partially achieved.** Toasters and grills were available for communal use by prisoners on most wings. We observed prisoners eating food purchased from the prison shop, such as baked beans on toast, to supplement the evening meal. It was standard practice for prisoners to heat up food in kettles in their cells.

#### **Additional information**

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- 8.9 The kitchen was in full working order, and the catering manager praised the prison's maintenance team for their expeditious response to breakdowns. During our night visit we found the kitchen to be secure, clean and all foodstuffs to be appropriately stored.
- 8.10 Prisoners in the kitchen could achieve a basic level of food handling certificate but there was no facility to gain any vocational qualifications (see further recommendation 6.27).
- 8.11 There had not been a prisoner survey since 2009 but prisoners' views were discussed at the monthly prisoner forum, and kitchen staff placed food articles in the prison's newspaper, *The Wealstun Waffle*, which was well received by prisoners. In our survey and during the inspection, prisoners reported negatively on the quality of food, timing of meals and the lack of a hot evening meal. The general quality of the food we tasted was acceptable, and prisoners partaking in Ramadan told us that their food was very good.
- 8.12 There had been only 14 official food complaints in the previous seven months and all applications to the catering department were logged and replied to.
- 8.13 The current core day dictated that food trolleys were sometimes collected over an hour before the point of service, which had a detrimental effect on the quality of the food.
- 8.14 Most serveries were clean, although some food trolleys, notably on C wing and the segregation unit, were dirty, with baked-on food evident in each heating bay. Prisoners and supervising staff did not always wear full protective clothing when serving/supervising the serving of food. The food queues were poorly supervised and we observed incidents of bullying behaviour which went unchallenged by supervising staff.

#### **Further recommendations**

- 8.15 Prisoners' poor perceptions of the quality of the food should be explored.
- 8.16 Food trolleys should be cleaned and inspected daily.
- 8.17 Staff supervision of serveries should be constant and poor behaviour should be challenged.

#### **Housekeeping point**

- 8.18 The time that food is kept in heated trolleys should be reduced.

# Prison shop

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## 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.

### 8.19 The shop list should reflect the diversity of the population. (7.26)

**Achieved.** The shop list was amended regularly following consultation with prisoners, and this included ethnicity requirements. Prisoners we spoke to were content with the arrangements and aware of the process for requesting changes. However, in our survey, fewer black and minority ethnic prisoners than their white counterparts said that the shop provided a wide enough range to meet their needs.

### 8.20 Surveys should be conducted every six months regarding prisoners' views about the shop provision and, where appropriate, findings should be acted upon. (7.27)

**Partially achieved.** An annual survey was conducted by DHL/Booker which informed provision, and quarterly amendments were made to the list, dependent on forum feedback.

### 8.21 Prisoners should not be charged an administrative fee for placing catalogue orders. (7.28)

**Not achieved.** A standard £1 fee was added to each catalogue order.  
**We repeat the recommendation.**

## **Additional information**

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8.22 The prison shop was run by DHL/Booker under the national contract. There were around 350 items on the list, which included a range of healthy options, as well as some products for black and minority ethnic prisoners.

8.23 Prisoners arriving from other establishments could purchase a smoker's or non-smoker's pack in reception, in addition to receiving a PIN telephone advance credit of £2, the cost of which was recovered from future earnings/private cash.

8.24 Shop order forms were issued on Mondays and handed in on Tuesday morning. For prisoners arriving on a Tuesday, this could mean a wait of up to 10 days for their first order (see recommendation 1.21).

8.25 The amount available to spend was indicated on each individual's shop order form, and we saw some prisoners reporting errors which left them unable to purchase goods. Staff acknowledged these to be errors but told us that they could not get the sheets amended, and that the prisoners would have to put in a complaint to get their account corrected.

8.26 Prices were set in line with the national contract but regular price increases were not mitigated by increases in prisoner pay. We saw the price of some goods increasing by as much as 25% from one week to the next.



# Section 9: Resettlement

## Strategic management of resettlement

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### 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 Further analysis should be carried out to identify any specific needs of black and minority ethnic and Muslim prisoners. (8.6)

**Partially achieved.** A needs analysis had been undertaken in 2009 but had not been repeated since (see main recommendation HP61). It had analysed the needs of black and minority ethnic and Muslim prisoners but not across every pathway.

- 9.2 The resettlement service should be better advertised, with regular drop-in sessions or surgeries offered. (8.7)

**Partially achieved.** An area between A and B wings was designated as the resettlement corridor but plans to develop it had only just begun. The area remained bare and uninviting, lacking facilities or information. There were no drop-in sessions or surgeries available. There were plans for offender supervisors to begin attending residential wing forums, with a view possibly to introducing surgeries in the future. A quarterly newsletter was produced and a leaflet was available to promote services. However, we saw little promotion of services on wing noticeboards. Four prisoners were appointed as prisoner information desk workers (see also section on first days in custody), to provide support, advice and signposting. Some other basic information was given during induction. Overall, the profile of resettlement services remained low, with few prisoners saying that they knew whom to contact for help. The system relied on prisoners applying for help, rather than receiving proactive support. See main recommendation HP61.

### Additional information

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- 9.3 The resettlement policy for 2011/12 was out of date in parts – for example, referring to the planned opening of a visitors centre in 2010. The targets in the policy were lower than those being worked to by the thinking skills programme (TSP) team. The policy did not contain specific action plans for the resettlement pathways (see main recommendation HP61). The minutes of the recent strategic meetings were not available for us to view.

- 9.4 The absence of specific action plans for each pathway made it difficult to monitor progress. There was also a lack of detailed management data to monitor timeliness or the quality of work, or to map the prisoner profile. A pilot project was in operation to identify the number of prisoners receiving resettlement services before release but not enough was being done to determine the needs of prisoners on arrival and during sentence. The pilot project would support the business case for hiring a resettlement coordinator, to drive up the effectiveness and type of resettlement services provided. This role would also enable the development of pre-release boards, to interview and plan for the release of all prisoners, as this was not currently sufficiently systematic.

- 9.5 There were some gaps in resettlement services, and these were set to get worse with the ending of the Foundation Training Company contract on 1 September 2011 and the SOVA contract in December 2011.

#### Further recommendation

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

## Offender management and planning

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### 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

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- 9.7 A resettlement needs assessment should be introduced for all prisoners serving sentences of less than 12 months. (8.21)

**Not achieved.** The number of prisoners serving less than 12 months had fallen over the previous two years but the establishment still held a small number of such prisoners and there were 21 at the time of the inspection. The first night officer completed a checklist on all new arrivals, which covered some basic resettlement issues and was sent to the offender management unit (OMU), but there was no formal or systematic assessment of their immediate individual needs on arrival.

**We repeat the recommendation.**

- 9.8 All prisoners should be seen monthly by their offender supervisor or personal officer to discuss progress in meeting their sentence planning targets, or review relevant behaviours and attitudes. (8.22)

**Not achieved.** While all prisoners were allocated an offender supervisor, the amount of contact time was limited and prisoners sometimes waited too long for their first sentence planning boards. The expectation was for high risk of harm prisoners to be seen every month but we were told that this was rarely possible. Other prisoners were not generally seen between their offender assessment system (OASys) reviews. We saw examples of prisoners serving indeterminate sentences for public protection (IPP) being prioritised for contact but this was still limited in terms of structure and focus. Psychology staff had previously provided one-to-one work but this had ended following restructuring. There was inadequate exchange of information between personal officers, offender supervisors and other departments. The OMU was not seen as the hub of the organisation, and offender supervisors were sometimes omitted from key aspects of the sentence. For example, they were not routinely invited to assessment, care in custody and teamwork (ACCT) reviews. Personal officer entries in case records focused on behaviour on the wing and not the sentence plan.

**We repeat the recommendation.**

- 9.9 Offender assessment system (OASys) assessments should be up to date, including completion before any sentence planning meeting. (8.23)



**Not achieved.** Over the previous six months, 154 prisoners had arrived at the establishment without a current initial OASys assessment. This meant that the OMU had had to allocate resources to the completion of initial assessments that should have been completed before the transfer from the previous establishment. A further 68 assessments and reviews were late but the full size of the backlog was difficult to evidence, as those completed by the external offender manager were not monitored for timeliness. The review of OASys assessments continued to be undertaken at the same time as the sentence planning board, owing to time constraints on community-based offender managers.'

#### Further recommendation

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

9.11 **The delivery and sequencing of interventions should be dictated by agreed sentence plans. (8.24)**

**Partially achieved.** Some prioritisation and sequencing was given to the delivery of objectives – for example, prisoners had to attend the education department before starting a programme. However, delays in starting the TSP or prison addressing substance related offending (P-ASRO) programmes, or in transferring elsewhere to do a programme, hindered the ability to deliver all objectives as planned.

9.12 **Prisoner transfers and movements should be managed from within the offender management group. (8.25)**

**Achieved.** The model had been reviewed and adequate resources allocated to enable observation, classification and allocation to be managed from within the offender management group.

#### Additional information

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9.13 A new head of reducing reoffending had taken up post in March 2011. A total of 323 prisoners were in scope of the offender management model and 468 were out of scope, and being managed by offender supervisors. The OMU had experienced considerable staff changes over the previous couple of years, in addition to the growth in the prisoner population from 500 to over 800. Resources allocated to the OMU had increased to reflect the additional work. Caseloads were reasonable, at about 60, but this varied during the year, depending on staff absences and the number of new receptions. Offender supervisors and case administrators worked in three small teams and covered all the different aspects of offender management. Cross-deployment of uniformed offender supervisors had previously been a problem but the situation had improved over recent months.

9.14 The probation offender supervisors managed IPP prisoners; they also mentored uniformed offender supervisors and checked the quality of their assessments. Uniformed offender supervisors managed high risk of harm cases without formal training in the assessment and management of risk of harm to others, and they had not been able to attend the national offender supervisor training event. Quality assurance of OASys assessments was undertaken but feedback was not always given to the individual offender supervisors.

- 9.15 Responses to our survey showed that more prisoners than at comparator prisons (73% versus 68%) had a sentence plan and more (62% versus 57%) had felt involved in developing it. Most prisoners (85%) said that they would be able to achieve some or all their targets at the establishment, against the 69% comparator. Links with offender managers were good and most contributed to sentence planning boards by telephone. There was a video conference facility but it was not yet in use. Personal officers and other specialist resettlement staff did not generally attend sentence planning boards. Many prisoners complained to us about the lack of communication with the OMU, and of responses to applications.
- 9.16 In the previous six months, 93 releases on temporary licence (ROTLs) had been undertaken. Those we spoke to who had been on ROTL spoke positively about it, in terms of strengthening family ties. However, no ROTLs were granted for external employment or for over a weekend. The home detention curfew (HDC) assessment process started 10 weeks before the eligibility date. Some delays in completion occurred. Of 114 HDCs applied for in the previous six months, 59 had been approved.

#### Further recommendations

- 9.17 Prisoners presenting a high risk of harm to others should be managed by appropriately trained offender supervisors.
- 9.18 Personal officers and other specialist resettlement staff should be more actively involved in the sentence planning processes.
- 9.19 Communication between offender management unit staff, other establishment-wide staff and prisoners should be improved to address the negative views.

#### Housekeeping point

- 9.20 Feedback on the quality assurance of OASys assessments should be provided to offender supervisors.

## Categorisation

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- 9.21 **Categorisation reviews should be completed within prescribed timescales. (6.13)**

**Achieved.** Reviews were scheduled to be undertaken within the required timescale. There had been a backlog of reviews but the OMU had worked hard to address this, and at the time of the inspection the work was mainly up to date.

- 9.22 **Appeals of recategorisation decisions should be considered by a person other than the one making the original decision. (6.14)**

**Achieved.** The processes had been reviewed and amended, so that the head of reducing reoffending reviewed appeals, and the board was chaired by the head of offender management.

#### Additional information

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- 9.23 Prisoners could submit a written report for consideration by the recategorisation board, and were informed in writing of the outcome and how to appeal. At the time of the inspection, there

were 752 category C and 40 category D prisoners. A total of 371 reviews had been held in the previous six months, and category D status had been granted in 93 of them. Category D prisoners waited too long for transfer, and those we spoke to were frustrated by the delays. Most of the category D prisoners were waiting for a place at HMP Hatfield but we were told that no places had been available since April.

- 9.24 E wing had been designated as the wing for category D prisoners. However, the regime and conditions of the wing did not provide any extra facilities and prisoners we spoke to could not see the benefit of achieving category D status, other than the possibility of getting ROTL in order to promote family ties.

#### Further recommendations

- 9.25 The delays in transferring category D prisoners to an open prison should be addressed.
- 9.26 E wing regime for category D prisoners should provide additional benefits.

### Public protection

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*No recommendations were made under this heading at the previous inspection.*

#### Additional information

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- 9.27 Prisoners were screened on reception to identify any public protection issues. Public protection arrangements were well established and the monthly inter-departmental risk management team (IDRMT) meetings facilitated the exchange of information, and assessed, managed and reviewed all prisoners who presented a risk to children or others. The meetings were chaired by the senior probation officer and were well attended, including by the police liaison officer. The minutes were thorough, and monitoring arrangements were appropriate and reviewed regularly. Communication about the nature and type of restrictions to other functions around the prison was good. The role of the IDRMT was reviewed twice a year by the public protection policy review committee. The contribution by the IDRMT team to multi-agency public protection arrangements (MAPPA) was sufficient, with OMU staff attending level 3 meetings in the community and a written report being submitted to level 2 meetings.

### Indeterminate-sentenced prisoners

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- 9.28 **A needs analysis should be carried out to ensure that the resettlement needs of indeterminate prisoners are appropriately met. (8.26)**

**Partially achieved.** Needs analyses were not completed regularly. One had been completed in 2009 but it was not known when it would be repeated.

**We repeat the recommendation.**

- 9.29 **A regular forum for indeterminate prisoners to meet with staff and discuss relevant issues should be facilitated. (8.27)**

**Not achieved.** IPP prisoners were located across the prison and did not have access to a specific consultation forum. Some of the offender supervisors aimed to meet them one morning a week but this was not standard practice.

**We repeat the recommendation.**

## Additional information

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- 9.30 The establishment did not hold life-sentenced prisoners but had 55 IPP prisoners, who were managed by experienced probation officers.
- 9.31 The needs analysis (see recommendation 9.28) had shown that IPP prisoners were far more likely than other prisoners to have a problem with alcohol and have committed a violent offence but neither of these issues was addressed by accredited programme provision, and the counselling, assessment, referral, advice and throughcare (CARAT) service did not include alcohol misuse (see also recommendation 9.49). However, we saw a couple of examples of transfers to another establishment to facilitate attendance on a programme. While IPP prisoners were prioritised for attendance on offending behaviour programmes, there were few specific facilities for them and most were well beyond their tariff date.

### Further recommendation

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

## Resettlement pathways

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### 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

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#### Accommodation

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- 9.33 Sufficient specialist accommodation support should be available to see all prisoners individually on arrival at the prison and pre-discharge. (8.42)

**Not achieved.** The prison employed a full-time accommodation adviser but she had been absent for several weeks before the inspection. While temporary cover had started the week before the inspection, it was for only two days a week. There was a large backlog of applications to see the housing adviser. Some prisoners had applied several times and still not been seen. The system was disorganised and not responsive to prisoner needs. The temporary worker was prioritising the work, interviewing about 12 people a week, and aimed to interview each prisoner on the waiting list.

**We repeat the recommendation.**

## **Additional information**

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- 9.34 In the month before the inspection, 33 applications for housing advice had been received. Due to the lack of data, it was impossible to tell how many prisoners had been released without receiving help or how many without suitable accommodation. Feedback from prisoners was negative about the service provided. More prisoners (22%) than at comparator prisons (17%) and than at the time of the previous inspection (14%) said that they had had a housing problem on arrival at the establishment. Only 25% knew whom to contact for help, against the 39% comparator and 33% at the time of the previous inspection. The support provided by Shelter was restricted to pre-release issues only and many requests for assistance relating to other areas, such as ending tenancy agreements, remained unmet.

### **Further recommendations**

- 9.35 The effectiveness of the housing advisory service should be monitored more closely, including the number being released without suitable accommodation. Appropriate action should be taken to address any issues identified on arrival.
- 9.36 Prisoners should know whom to contact to get help with accommodation.

## **Education, training and employment**

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

*No recommendations were made under this heading at the previous inspection.*

## **Additional information**

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- 9.37 The Foundation Training Company (FTC) offered an effective pre-release programme which supported learners to develop good employability and job-seeking skills. The course provided links with partners supporting resettlement, including Jobcentre Plus, which established links with learners' home areas, and debt management advisers. FTC staff facilitated action to address prisoners' resettlement needs. The course achieved 97% pass rates. Funding for the FTC programme had recently been withdrawn and replacement courses were planned.
- 9.38 The prison maintained links with a satisfactory range of providers and voluntary organisations to support resettlement. Careers, information and advice service (CIAS) staff responded effectively to prisoners' needs and provided them with good advice and guidance throughout their programme, and particularly on their re-entry into the job market. Learners in the laundry workshop who achieved the relevant qualification were guaranteed an interview for related employment. ROTL was not well established; only one prisoner at the time of the inspection had been granted ROTL, to enable him to manage the gardens external to the prison.

### **Further recommendation**

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

## **Mental and physical health**

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*No recommendations were made under this heading at the previous inspection.*

### **Additional information**

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- 9.40 Health care release procedures were well established. All prisoners were seen before release and given a letter for their GP, detailing their health care while in prison. Sufficient medicines were provided to allow enough time for the prisoner to see their GP. Those not registered with a GP were advised how to do so.
- 9.41 Prisoners under the care of the mental health in-reach team (MHIRT) and subject to the care programme approach were reviewed six weeks before release. Community mental health teams (CMHTs) were invited to this review. If necessary, the MHIRT met the CMHTs, to ensure that the handover of the patient was managed appropriately. Other relevant departments, such as resettlement, also attended the reviews where appropriate. The prisoner was given the telephone number of the MHIRT, in case they needed to speak to the team after release. A member of the MHIRT also attended post-release reviews where possible.
- 9.42 Palliative care policies were in place through Leeds NHS and there were excellent links with local community palliative care teams. Terminally ill prisoners were transferred to HMP Leeds if 24-hour care was needed.

### **Finance, benefit and debt**

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- 9.43 **All prisoners should be individually assessed for any finance, benefit and debt issues during induction and pre-release and, if appropriate, seen by a specialist worker. (8.43)**

**Achieved.** A check of needs was completed during the first night procedures and prisoner information desk workers gave information during induction. However, not enough was done to address immediate needs on arrival. Specialist provision was available through an independent consultant, who provided individual advice on a range of subjects, including debts, fines and rent arrears, one day a week. She had provided support to 70 prisoners since April 2011, enabling them to resolve or avoid the accumulation of debts. Jobcentre Plus provided other advice and support on claiming benefits on release and applying for community care grants, and also reviewed prisoners' needs a few weeks before release, to provide further support.

#### **Further recommendation**

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

- 9.45 **A budgeting and money management course should be offered. (8.44)**

**Partially achieved.** There was no course available through the education department but one was planned to start later in the year. The chaplaincy had delivered a one-day session looking at money management and planned to run this again.

## Additional information

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- 9.46 Our survey results showed that more prisoners (22%) than at comparator prisons (15%) had money problems on arrival. Only 16% knew whom to contact in the prison for help with money/finances on release, which was considerably lower than at comparator prisons (27%). Only 30% of prisoners knew whom to contact for advice on claiming benefits, compared with 39% at comparator establishments and 37% at the time of the previous inspection.
- 9.47 Bank accounts were available through Leeds Credit Union. However, far fewer prisoners (19%) than at the time of the previous inspection (33%) said that they knew whom to contact in the prison to get help opening a bank account.

### Further recommendation

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

## Drugs and alcohol

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- 9.49 **The establishment should address the currently insufficient level of services for prisoners with alcohol problems. (8.55)**

**Not achieved.** The establishment had conducted a needs analysis in 2010, which clearly demonstrated the need for alcohol interventions, but the CARAT team's remit still excluded ongoing work with primary alcohol users and there was no structured programme to address the needs of this population. Current service provision consisted of an alcohol awareness module run by the education department, and Alcoholics Anonymous (AA) groups met fortnightly.

**We repeat the recommendation.**

- 9.50 **Prisoners receiving methadone treatment on the IDTS programme should be allowed to take part in offending behaviour programmes. (8.56)**

**Achieved.** Acceptance criteria for the P-ASRO programme had changed in the previous year and, on average, a third of all programme participants were prescribed methadone. Before starting the course, the health care department assessed candidates' suitability and provided the P-ASRO team with relevant information.

- 9.51 **Voluntary drug testing should be introduced. (8.57)**

**Achieved.** Voluntary drug testing (VDT) was available to participants of the P-ASRO programme and also to prisoners on A wing, the drug support unit. All 68 prisoners located there were tested 1.5 times a month by wing officers. The programme was run appropriately, in a non-punitive way, and was not linked to the incentives and earned privileges scheme. Positive results were considered by a review panel, which included an A wing officer and a CARAT worker. A third positive test led to automatic removal from the VDT programme.

- 9.52 **The CDT facilities should be refurbished and cleanliness maintained to create an adequate testing and waiting environment. (8.58)**

**Achieved.** The compliance drug testing suite had been relocated. Facilities, which consisted of a waiting area, a testing room and an office, were clean.

### **Additional information**

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- 9.53 The head of reducing reoffending chaired quarterly substance misuse strategy meetings in her role as establishment drug coordinator. An interventions/drug strategy manager facilitated monthly operational meetings, attended by the relevant service providers. The substance misuse treatment and support strategy policy was out of date and had no annual action plan with performance measures.
- 9.54 A subgroup, which was also attended by peer supporters, actively planned for the development of A wing into a drug recovery unit. Currently designated as the prison's voluntary drug testing/drug support unit, it was envisaged that a gated area would be set aside for prisoners undergoing detoxification, and drug support officers and peer supporters were already based there. AA and Narcotics Anonymous meetings took place, access to additional gym sessions were available and future plans included a designated workshop for prisoners located on this wing.
- 9.55 The CARAT service consisted of a manager and 5.5 workers from Lifeline, as well as two officers. The team provided daily induction input, and prisoners were seen within three days of arrival. With as many as 20 assessments per month, an active caseload of 153 clients and another 104 files suspended, the service was stretched and some prisoners complained that they did not see their CARAT worker often enough. The service had not developed a mechanism for service user feedback and consultation.
- 9.56 In addition to one-to-one work, prisoners could access integrated drug treatment system group work modules, two of which were offered each month, irrespective of location. The CARAT team currently provided no regular input on either C or A wing but prisoners residing on G wing undertaking methadone reduction regimes could attend a weekly support group, and peer supporters were also available on this unit. However, there was no structure to train and supervise the peer supporters on either A or G wing.
- 9.57 Prisoners were given pre-release relapse prevention and harm reduction advice on a one-to-one basis. The CARAT team had established good links with local drug intervention programme teams and two prison link workers visited weekly.
- 9.58 Prisoners with drug or drug and alcohol problems could access the P-ASRO programme, which was well established and well managed by a treatment manager and four facilitators. Close links had been established between this programme, the CARAT service and the OMU. Over the previous 12 months, 80 prisoners had completed P-ASRO (see also section on attitudes, thinking and behaviour). Participants could access two designated gym sessions per week, and file checks showed good quality care plans, progress and post-programme reviews.
- 9.59 In our survey, a large number of prisoners (84%) said that they had received help with their drug/alcohol problem, against the 79% comparator and 75% at the time of the previous inspection. However, 33% (against the 21% comparator and 23% at the time of the previous inspection) thought that they would have a problem with drugs when they left the prison, and 25% a problem with alcohol (against the 16% comparator and 14% at the time of the previous inspection).



### Further recommendations

- 9.60 The substance misuse strategy document should be updated and contain detailed action plans and performance measures.
- 9.61 The counselling, assessment, referral, advice and throughcare (CARAT) team should develop a mechanism for service user feedback, to inform future service provision.
- 9.62 The establishment should provide an appropriate structure for peer supporters for prisoners with drug/alcohol problems which includes training for the role and regular supervision.

### Good practice

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- 9.63 *The establishment was developing the role of its drug support unit with input from prisoners.*

### Children and families of offenders

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- 9.64 **Formal pathway meetings should take place regularly, with a view to developing a comprehensive children and families policy. (8.74)**

**Partially achieved.** Pathway meetings were held but there was no specific action plan for the children and families of offenders pathway.

### Further recommendation

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

- 9.66 **Visits should start at the published times. (8.75)**

**Partially achieved.** The visit session we observed started on time but delays in getting all visitors into the hall meant that some visits were considerably shorter than advertised. The family day we observed started much later than the published time, which frustrated the visitors concerned.

**We repeat the recommendation.**

- 9.67 **The visitors' centre should be improved and the centre on the open site brought into use in the interim period. (8.76)**

**Achieved.** A new centre had opened in 2010 and provided much improved facilities. However, the children's play area was small. Volunteers were available to supervise the area on family days but not for other visit sessions.

- 9.68 **Additional space should be provided for the dog handlers to carry out searches and drug detection procedures. (8.77)**

**Achieved.** There was adequate space outside the new visits hall to complete the searches.

**9.69 Additional rooms for closed visits should be built. (8.78)**

**Achieved.** The number of closed visit spaces had increased from two to five. Staff said that the number of booths was adequate and that they did not experience problems in booking them.

**9.70 Prisoners using the toilet during visits should not be routinely strip searched. (8.79)**

**Achieved.** Prisoners were not routinely strip-searched after using the toilet.

**9.71 There should be a system for visitors to provide feedback about visits. (8.80)**

**Not achieved.** There had not been a visitors survey undertaken in the current year and there was no comments book in the visitors centre.

**We repeat the recommendation.**

**9.72 Release on temporary licence should be considered for suitable prisoners wishing to maintain family ties. (8.81)**

**Achieved.** ROTL was frequently used to support family ties.

**Additional information**

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**9.73** The number of visit sessions had increased, to accommodate the increase in the prison population. Visits were available every day, with two sessions being held on six days. This provided for about 325 visits a week. While this was low in comparison with the size of the population, we received no complaints from prisoners or visitors about access. On checking the booking log, a visit was available within a couple of days but weekend slots tended to be booked up quickly. There were no evening visits. The telephone booking system was efficient and easily accessible.

**9.74** Adequate information was provided to visitors, although insufficient information leaflets were available in the visitors centre. The visitors centre opened one hour before the start of the session. It had a refreshments counter and staff were welcoming and helpful. The order of entry to visits was on a first-come, first-served basis. Public transport to the prison was adequate, with buses stopping directly outside the prison.

**9.75** The visits hall was bright and spacious. Furniture was adequate but seating was fairly close together. Staff were aware of prisoners presenting a risk of harm to children and considered these issues when seating prisoners in the visits hall. The refreshments bar in the visits hall was not always open and the vending machines did not provide healthy options.

**9.76** Staff provided adequate supervision of visits, and closed-circuit television was constantly in use. The drug dog searching procedure was undertaken sensitively and a closed visit was offered if the drug dog indicated the need. Prisoners could not wear their own clothes during visits, except on family days.

**9.77** The parenting course previously delivered through Leeds Family Services funding had ended and been replaced with the Story Sack project; this and Storybook Dads provided creative ways of promoting family links. There was an active approach to family liaison work and fathers were able to be contacted in the prison at important times in their child's life or when important events occurred.

- 9.78 Family days were provided about four times a year, with additional events for those completing the Story Sack course. The visits hall was set out more informally at these times than during normal visits sessions and some activities were provided. The length of family days was limited, at only two hours per session, and the one we observed started late.
- 9.79 Families were invited to attend the post-programme review following the TSP but were not involved in other important events during the prisoner's sentence – for example, sentence planning boards. No relationship counselling was provided.

#### Further recommendations

- 9.80 Refreshments and healthy snacks should always be available during visiting times.
- 9.81 Prisoners should be able to wear their own clothes during domestic visits.
- 9.82 The length of family days should be reviewed, to maximise contact time.
- 9.83 Families should be invited to attend events during the prisoner's sentence, such as sentence planning boards.
- 9.84 Relationship counselling should be provided.

### Attitudes, thinking and behaviour

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- 9.85 **The area manager should ensure that a range of accredited interventions are available to meet the current needs of the prisoner population, at the appropriate time and place. (8.88)**

**No longer relevant.** The population had changed considerably since 2009, increasing by over 300 prisoners (see recommendation 9.86).

- 9.86 **The area manager should ensure that an appropriate range of accredited offending behaviour courses, with sufficient places, are available to meet the demands of the prison's expansion. (8.89)**

**Not achieved.** While the number of completions for TSP and P-ASRO had increased slightly, the overall provision of accredited offending behaviour courses remained limited. The completion target for P-ASRO was 62, and that for TSP was 72, providing a total of 144 places. Controlling Anger and Learning to Manage it (CALM) was not yet in place, in spite of it being a priority for some prisoners, and was unlikely to start until the following year. The lack of staff to complete suitability assessments for the CALM programme was hindering transfer of prisoners to other establishments to undertake the programme. There was no programme for alcohol misuse, which was the second highest offending related factor.

#### Further recommendation

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

## **Additional information**

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- 9.88 The Sycamore Tree programme focused on promoting victim awareness and was delivered three times a year by the chaplaincy but long waiting lists were reported. An average wait for the TSP was still too long, at approximately 10 months, with some prisoners waiting longer; sixty-four prisoners were on the waiting list at the time of the inspection.
- 9.89 Links between the offender behaviour programmes and the OMU were reported and some of the offender supervisors provided support following completion of the TSP, by organising and chairing the post-programme review meetings.
- 9.90 Insufficient staff awareness training events had been held over the previous year. The involvement of offender managers during and after the TSP was reasonable. An interview with the prisoner before starting the TSP enabled diversity issues to be identified and addressed by the facilitators. The role of the offender supervisor in motivating and preparing the prisoner for the TSP was insufficiently developed.

### **Further recommendation**

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

# 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 Violence reduction, and particularly anti-bullying processes, should be strengthened and used effectively so that prisoners are and feel safer. There should be effective links between safer custody, residential and security staff to ensure bullies are identified, challenged and consistently placed on an appropriate level of the anti-bullying procedures. Victims should receive effective and consistent support. Action should be taken to ensure staff have a common understanding of what constitutes bullying and their role in tackling it. (HP58)
- 10.2 The role and governance of the segregation unit should be urgently reviewed. Prisoners subject to ACCT procedures should only be held in the segregation unit in exceptional circumstances. The underlying causes behind problems or vulnerable behaviour should be effectively and appropriately addressed and options for prisoners' safe reintegration back into the main prison or transfer should be identified. (HP59)
- 10.3 The prison should urgently review its drug supply reduction and substance abuse strategies. The mandatory drug testing program should be adequately resourced. The management, resourcing of and support for the Integrated Drug Treatment System (IDTS) should be reviewed to ensure they are adequate to meet the needs of the population. IDTS and CARAT should be integrated. (HP60)
- 10.4 Following a needs analysis which considers the needs of prisoners across all diversity strands, the prison should develop its resettlement service and provide action plans for the delivery of each of the resettlement pathways. Resettlement services should be signposted effectively to prisoners. (HP61)
- 10.5 All prisoners should have the opportunity and be expected to be purposefully occupied in a full day of education training or work unless unable to do so because of age or ill health. Attendance at activity should be monitored and non attendance challenged. More time should be available for activity – particularly on Fridays. (HP62)

## Recommendation

To the Deputy Director of Custody

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

**Courts, escorts and transfers**

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

**First days in custody: reception**

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- 10.8 The body orifice security scanner (BOSS) chair should be brought into use, to support the strategy to reduce the amount of illicit drugs at the establishment. (1.15)
- 10.9 Prisoners should be given hot food in reception when it is necessary to provide them with a meal. (1.16)
- 10.10 Prisoners should be able to retain their own clothing if permitted to do so under the incentives and earned privileges scheme. (1.17)

**First days in custody: first night**

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- 10.11 Prisoners should be permitted to make a free telephone call as part of the first night procedures. (1.19)
- 10.12 Arrangements should be made for prisoners who arrive after canteen sheets have been submitted to order goods. (1.21)
- 10.13 Night staff should know the locations of all new arrivals and carry out enhanced observations on those prisoners. (1.25)

**First days in custody: induction**

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

**Residential units: accommodation and facilities**

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- 10.15 Screening should be provided for in-cell toilets. (2.2)
- 10.16 Kettles should be provided for all prisoners. (2.3)
- 10.17 The electronic cell call bell recording system for C and D wings should be utilised by residential managers to ensure timely responses to cell bell alarms. A different management check should be instituted for A and B wings. (2.4)
- 10.18 Prisoners should be able to shower with a reasonable degree of privacy. (2.11)
- 10.19 Curtains should be provided in all cells. (2.12)
- 10.20 The offensive display policy should be enforced. (2.15)

- 10.21 Communal areas on all wings should be kept clean. (2.26)
- 10.22 Broken furniture on landings and in association areas should be replaced. (2.27)
- 10.23 Prisoners should be provided with lockable cupboards. (2.28)
- 10.24 Additional telephones should be installed on E to J wings and all telephones should have privacy hoods. (2.29)

### **Staff–prisoner relationships**

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

### **Personal officers**

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- 10.26 Regular changes of personal officers for individual prisoners should be avoided. (2.38)
- 10.27 Staff should use preferred names for prisoners. (2.40)
- 10.28 Management checks of history sheets should routinely include assessments of quality and include checks from managers above senior officer level. (2.41)

### **Bullying and violence reduction**

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- 10.29 The recommendations from the establishment's safety survey should be implemented and progress reviewed. (3.1)
- 10.30 Managers should consult Muslim and black and minority ethnic prisoners to identify issues of bullying and victimisation. (3.3)
- 10.31 Staff should have an agreed and common understanding of what constitutes bullying, and recognise that this includes threats as a result of debt. (3.14)

### **Self-harm and suicide**

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- 10.32 Safer custody meetings should be routinely attended by a security representative. (3.20)
- 10.33 The use of the care suite should be recorded. (3.22)
- 10.34 All staff should carry anti-ligature knives. (3.24)
- 10.35 All staff should receive ACCT refresher training. (3.32)
- 10.36 The gated cell should not be located on the segregation unit. (3.33)
- 10.37 An action plan should be devised and acted on promptly as a result of an investigation into an apparent self-inflicted death. (3.34)

### **Applications and complaints**

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

### **Legal rights**

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

### **Faith and religious activity**

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

### **Substance use: drug testing**

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- 10.41 Discipline officers should receive integrated drug treatment system (IDTS) awareness training, and negative staff attitudes towards prisoners in relation to drug treatment should be challenged robustly. (3.75)
- 10.42 Clinical substance misuse and the counselling, assessment, referral, advice and throughcare (CARAT) services should work jointly and offer integrated care. (3.76)
- 10.43 The establishment should ensure that the mandatory drug testing programme is appropriately staffed to undertake the required level of weekend and target testing. (3.77)

### **Diversity**

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- 10.44 All staff should receive regular, updated diversity training. (4.1)
- 10.45 The prison should develop a diversity policy and action plan which outline how the needs of the diverse range of prisoners held will be met locally. (4.7)
- 10.46 The work of prisoner representatives should be managed, to ensure that prisoners on all wings have good access to them. (4.8)
- 10.47 A programme of impact assessments of regime policies, covering all strands of diversity, should be implemented. (4.9)
- 10.48 The representation in the regime of prisoners from all diversity strands should be monitored and remedial action taken to address inequalities. (4.10)

### **Diversity: race equality**

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



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

### **Diversity: foreign nationals**

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- 10.51 The prison should hold regular peer support meetings for foreign national prisoners. (4.26)
- 10.52 The prison should liaise with the UK Border Agency (UKBA) to ensure timely and understandable notification relevant to deportation and detention. (4.29)
- 10.53 The prison should liaise with UKBA to ensure prompt and understandable contributions to risk assessment for recategorisation. (4.30)
- 10.54 The support needs of all foreign national prisoners should be identified on arrival and adequate arrangements put in place to make sure their needs are met, including independent specialist legal advice. (4.33)
- 10.55 Interpreting services should be developed locally with the help of staff and prisoners, and formal interpreting services should be used as required when dealing with confidential matters. (4.34)

### **Diversity: disability and older prisoners**

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- 10.56 The establishment should conduct an impact assessment to improve facilities and policies affecting people with disabilities. (4.35)
- 10.57 Work on care mapping should be further built on and integrated into the personal officer scheme. (4.36)
- 10.58 Staff should be appointed to assist prisoners with a personal evacuation plan in the event of an emergency. (4.38)
- 10.59 A reliable process for identifying prisoners who consider themselves to have a disability should be developed. (4.48)
- 10.60 Personal emergency and evacuation plans should clarify how assistance is provided to prisoners identified as requiring help in an emergency. (4.49)

### **Health services: general**

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- 10.61 The health care unit should work closely with other departments, such as the gym and resettlement, to organise health fairs involving community health workers. (5.4)
- 10.62 The health care manager and staff should undertake dedicated consultation with prisoners to identify the cause of prisoners' dissatisfaction with health services in general and to work together to rectify their concerns. (5.13)
- 10.63 The gate in the health care corridor should be moved, to ensure that the GP office is in a secure area. (5.14)

- 10.64 The physical condition of wing treatment rooms should be reviewed, with particular emphasis on infection control matters. A programme of repainting some of the areas should be implemented. (5.15)
- 10.65 The plastic sheeting on wing medicine hatches should be removed, to improve confidentiality for prisoners speaking with health services staff. (5.16)
- 10.66 A review of emergency equipment and its location, involving specialist advice, should be undertaken, to ensure that there are sufficient staff trained in defibrillation and that emergency equipment is located strategically across the prison, so that health services staff are able to respond to medical emergencies as swiftly as possible. (5.17)

#### **Health services: clinical governance**

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- 10.67 The healthcare manager should introduce a system whereby nurses work in designated areas for a period of time, thus allowing prisoners and staff to develop a working relationship. (5.20)
- 10.68 Selected nurses should be trained to undertake simple eye tests to determine the urgency of requests to see the optician. (5.21)
- 10.69 Staffing levels should be reviewed in light of the population increase. Emphasis should be placed on nursing and administrative staff. (5.29)

#### **Health services: primary care**

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

#### **Health services: pharmacy**

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- 10.71 A new controlled drug register should be ordered which complies with the new regulations introduced in February 2008. (5.40)
- 10.72 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (5.43)
- 10.73 Contemporaneous standard operating policies for controlled drugs should be in place, to cover all aspects of the handling of controlled drugs. Staff should read and sign the adopted procedures. (5.51)
- 10.74 The timing of medication administration should be reviewed, to reduce the requirement for single in-possession doses. (5.52)
- 10.75 Controlled drugs should be checked by two members of health services staff, one of whom should be qualified to do so. (5.53)
- 10.76 A policy to allow the administration of out-of-hours medicines should be developed. (5.54)
- 10.77 The management of medication queues should be reviewed to ensure that only one prisoner is at the hatch at any one time. A demarcation line should be installed, to prevent prisoners from gathering around the hatch. Waiting prisoners should be closely observed by discipline staff. (5.55)

- 10.78 A review of prescribing regimes, such as in-possession mirtazepine, should be considered. (5.56)
- 10.79 The controlled drug registers should comply with new regulations introduced in February 2008. (5.57)

#### **Health services: dentistry**

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- 10.80 The dental service should reduce the waiting time for appointments to no more than four weeks. (5.59)

#### **Health services: secondary care**

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

#### **Health services: mental health**

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- 10.82 The primary mental health registered nurse (RMN)'s time should be ring fenced for mental health duties. Additional RMN time should be ring fenced to provide a comprehensive primary mental health service. (5.69)
- 10.83 The need for counselling services should be assessed to ensure that prisoners receive appropriate support. (5.70)
- 10.84 Day care services should be introduced to support those prisoners who find it difficult to cope with life on the wings. (5.71)
- 10.85 Officers should receive mental health awareness training. (5.81)

#### **Time out of cell**

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- 10.86 Alternative activities should be provided for those whose regular activities are cancelled. (6.2)
- 10.87 Equipment for association areas should be equitable and in good condition. The existing broken items should be mended or replaced. (6.3)
- 10.88 Prisoners should be provided with appropriate clothing for inclement weather. (6.4)
- 10.89 The exercise areas should be large enough for the prisoners using them. (6.10)
- 10.90 Association and exercise should be supervised effectively at all times on all wings. (6.11)

#### **Learning and skills and work activities: leadership and management**

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- 10.91 The quality of target setting and planning of learning across the provision should be improved. (6.14)
- 10.92 The use of data to promote improvements should be improved. (6.15)
- 10.93 The number and range of links with external employers should be increased. (6.21)

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

### **Learning and skills and work activities: work**

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- 10.95 More prisoners should undertake the wider key skill in improving their own performance. (6.26)
- 10.96 The prison should introduce accredited qualifications in the kitchen, horticulture, all contract workshops and waste management in a reasonable time. (6.27)

### **Learning and skills and work activities: vocational training**

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- 10.97 Tiling workshop tutors should plan sessions to meet all learners' needs and provide appropriate practical tuition. (6.31)
- 10.98 Alternative sessions for prisoners should be provided when staff are absent. (6.32)

### **Learning and skills and work activities: education**

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

### **Learning and skills and work activities: library**

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- 10.100 Use of the main library should be improved. (6.38)
- 10.101 An effective library management system should be introduced. (6.44)

### **Physical education and health promotion**

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- 10.102 The frequency with which accredited PE programmes are offered should be increased. (6.45)
- 10.103 The shower and toilet area in the main gym should be refurbished. (6.50)

### **Security and rules**

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- 10.104 Strip searching should be carried out only after a risk assessment indicates that it is necessary. (7.1)
- 10.105 Security systems should be resourced to ensure an appropriate amount of provision at all times. (7.11)
- 10.106 Visits restrictions should not be imposed for non-visits-related incidents. (7.12)

### **Discipline: the use of force**

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

- 10.108 The video-recording policy should be updated to include the routine examination of recordings of planned interventions to ensure adherence to correct procedures and that any lessons are learned. (7.21)
- 10.109 The supervising officer for use of force incidents should not routinely be the certifying officer. (7.24)
- 10.110 Use of force videos should be routinely reviewed. (7.25)
- 10.111 The special cell should be made fit for purpose before any further use. (7.26)

### **Discipline: segregation unit**

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- 10.112 The role of the segregation unit should be clearly defined, with supporting policies and procedures developed and implemented to include: an improved regime on the unit, individual assessments for access to regimes by prisoners held there, care plans for those remaining there for more than 30 days, the setting of realistic targets to challenge poor behaviour, the format of prisoner reviews and a formal monitoring group for all aspects of segregation. (7.27)
- 10.113 Visitors to the unit, including health services staff and Independent Monitoring Board members, should record their visits in the daily log. (7.29)
- 10.114 In-cell electricity should be provided on the segregation unit. (7.30)
- 10.115 Toilets and showers on the segregation unit should be cleaned and toilets screened. (7.31)
- 10.116 A multidisciplinary staff group should monitor performance, policies and the segregation regime. (7.37)
- 10.117 The gated cell should be kept clean and prepared for occupation. (7.38)
- 10.118 The establishment's IEP scheme should apply to all prisoners including those located in the segregation unit. (7.39)

### **Incentives and earned privileges**

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- 10.119 The incentives and earned privileges (IEP) scheme should be overhauled and arrangements improved for those on basic. (7.40)
- 10.120 The 'no work, no pay, no gym' element should be removed. (7.42)
- 10.121 Reviews should take place when trigger points are reached. (7.43)
- 10.122 Prisoners should be consulted over their poor perceptions of the incentives and application of the IEP system. (7.48)
- 10.123 Prisoners should not be automatically downgraded in the IEP system without a formal review of status. (7.49)
- 10.124 There should be regular entries made in IEP files/case notes. (7.50)

## **Catering**

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- 10.125 Lunch should be served between noon and 1.30pm and dinner between 5 and 6.30pm. (8.1)
- 10.126 Prisoners routinely washing up receptacles and utensils in their cells should be provided with a suitable detergent. (8.3)
- 10.127 Breakfast should be served on the morning it is eaten. (8.4)
- 10.128 Prisoners' poor perceptions of the quality of the food should be explored. (8.15)
- 10.129 Food trolleys should be cleaned and inspected daily. (8.16)
- 10.130 Staff supervision of serveries should be constant and poor behaviour should be challenged. (8.17)

## **Prison shop**

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

## **Strategic management of resettlement**

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

## **Offender management and planning: sentence planning and offender management**

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- 10.133 A resettlement needs assessment should be introduced for all prisoners serving sentences of less than 12 months. (9.7)
- 10.134 All prisoners should be seen monthly by their offender supervisor or personal officer to discuss progress in meeting their sentence planning targets, or review relevant behaviours and attitudes. (9.8)
- 10.135 Prisoners presenting a high risk of harm to others should be managed by appropriately trained offender supervisors. (9.17)
- 10.136 Personal officers and other specialist resettlement staff should be more actively involved in the sentence planning processes. (9.18)
- 10.137 Communication between offender management unit staff, other establishment-wide staff and prisoners should be improved to address the negative views. (9.19)

## **Offender management and planning: categorisation**

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

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

### **Offender management and planning: indeterminate-sentenced prisoners**

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

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

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

### **Resettlement pathways: accommodation**

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

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

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

### **Resettlement pathways: education, training and employment**

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

### **Resettlement pathways: finance, benefit and debt**

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

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

### **Resettlement pathways: drugs and alcohol**

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

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

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

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

### **Resettlement pathways: children and families of offenders**

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

10.154 Visits should start at the published times. (9.66)

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

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

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

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

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

10.160 Relationship counselling should be provided. (9.84)

### **Resettlement pathways: attitudes, thinking and behaviour**

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

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

## **Housekeeping points**

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### **First days in custody: reception**

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10.163 The reception holding room should be cleaned and graffiti removed. (1.18)

### **Residential units: accommodation and facilities**

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10.164 Shower areas should be better ventilated and kept clean and free of mould. (2.9)

10.165 Seating should be fitted in all exercise yards. (2.14)

### **Bullying and violence reduction**

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10.166 Removal of the victim to the segregation unit should not routinely form part of the management approach to bullying. (3.15)



10.167 All violence reduction data collected by the safer custody team should tally with corresponding data collected by the security department. (3.16)

### **Faith and religious activity**

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10.168 Shoe racks should be provided for prisoners attending Muslim prayers. (3.65)

### **Diversity: disability and older prisoners**

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10.169 Older prisoners who do not work should be consistently unlocked during the working day. (4.50)

### **Health services: primary care**

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10.170 Internal appointment slips should be given to prisoners at least 48 hours before their appointment time. (5.32)

10.171 All prisoners failing to attend should be seen by a member of the health team and reminded of their responsibility to attend. (5.33)

### **Time out of cell**

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10.172 The prison should adhere strictly to the published timetable. (6.12)

### **Catering**

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10.173 The time that food is kept in heated trolleys should be reduced. (8.18)

### **Offender management and planning: sentence planning and offender management**

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10.174 Feedback on the quality assurance of OASys assessments should be provided to offender supervisors. (9.20)

## **Good practice**

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### **Resettlement pathways: drugs and alcohol**

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10.175 The establishment was developing the role of its drug support unit with input from prisoners.(9.63)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Alison Perry	Team leader
Paul Rowlands	Inspector
Andrew Rooke	Inspector
Karen Dillon	Inspector
Sandra Fieldhouse	Inspector
Beverley Alden	Inspector
Michael Calvert	Inspector (observer)

Laura Nettleingham	Senior researcher
Rachel Murray	Researcher
Adam Altoft	Researcher
Amy Summerfield	Researcher
Chloe Flint	Researcher

### **Specialist inspectors**

Bridget McEvilly	Health services inspector
Sigrid Engelen	Drugs inspector
Helen Jackson	Pharmacist
Nigel Bragg	Ofsted inspector
Sheila Willis	Ofsted inspector
Sandra Summers	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	18-20-year-olds	21 and over	%
Sentenced		732	91.5
Recall		68	8.5
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees			
Other			
<b>Total</b>		<b>800</b>	<b>100</b>

Sentence	18-20-year-olds	21 and over	%
Unsentenced		2	0.3
Less than 6 months		11	1.4
6 months to less than 12 months		10	1.3
12 months to less than 2 years		84	10.5
2 years to less than 3 years		125	15.6
3 years to less than 4 years		100	12.5
4 years to less than 10 years		396	49.5
10 years and over (not life)		28	3.5
ISPP			
Life		44	5.5
<b>Total</b>		<b>800</b>	<b>100</b>

Age	Number of prisoners	%
Minimum age; 21		
21 years to 29 years	418	52.3
30 years to 39 years	246	30.8
40 years to 49 years	106	13.3
50 years to 59 years	28	3.5
60 years to 69 years	1	0.1
70 plus years	1	0.1
Under 21	0	
Maximum age; 76		
<b>Total</b>	<b>800</b>	<b>100</b>

Nationality	18-20-year-olds	21 and over	%
British	0	782	97.8
Foreign nationals	0	12	1.5
Not stated	0	6	0.8
<b>Total</b>	<b>0</b>	<b>800</b>	<b>100</b>

Security category	18–20-year olds	21 and over	%
Category A exceptional			
Category A high risk			
Category A provisional			
Category A standard			
Category B			
Category C		762	95.2
Category D		38	4.8
Other			
Uncategorised sentenced			
Uncategorised unsentenced			
Unclassified			
Unsentenced			
YOI closed (21-year-old)			
YOI open			
<b>Total</b>		<b>800</b>	<b>100</b>

Religion	18–20-year-olds	21 and over	%
Baptist		1	0.1
Buddhist		7	0.9
Church of England		194	24.3
Hindu		0	0
Jewish		1	0.1
Muslim		100	12.5
No religion		264	33
Not stated		2	0.3
Other		4	0.5
Roman Catholic		186	23.3
Sikh		5	0.6
Other Christian denominations		36	4.5
<b>Total</b>		<b>800</b>	<b>100</b>

Ethnicity	18–20-year-olds	21 and over	%
White			
British		614	76.8
Irish		1	0.1
Other white		22	2.8
<b>Total</b>		<b>637</b>	<b>79.6</b>
Asian or Asian British			
Bangladeshi		5	0.6
Indian		13	1.6
Other		13	1.6
Pakistani		62	7.8
<b>Total</b>		<b>93</b>	<b>11.6</b>
Black or black British			
African		1	0.1
Caribbean		17	2.1
Other black		14	1.8
<b>Total</b>		<b>32</b>	<b>4.0</b>

Chinese or other ethnic group			
Chinese			
<b>Total</b>		<b>0</b>	<b>0</b>
Mixed			
African		1	0.1
Asian		6	0.8
Caribbean		22	2.8
Other mixed		8	1.0
<b>Total</b>		<b>37</b>	<b>4.6</b>
Not stated, code missing		1	0.1
<b>Total</b>		<b>1</b>	<b>0.1</b>
<b>Total</b>		<b>800</b>	<b>100</b>

**Sentenced prisoners only**

Length of stay	18–20-year-olds		21 and over	
	Number	%	Number	%
1 month to 3 months			158	19.8
1 year to 2 years			143	17.9
2 years to 4 years			29	3.6
3 months to 6 months			172	21.5
4 years or more				
6 months to 1 year			208	26.0
Less than 1 month			90	11.3
<b>Total</b>			<b>800</b>	<b>100</b>

# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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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

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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 2 August 2011, the prisoner population at HMP Wealstun was 804. The sample size was 201. Overall, this represented 25% of the prisoner population.

### Selecting the sample

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Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a P-Nomis 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. Five respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, three respondents were interviewed.

## Methodology

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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;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- 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

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In total, 186 respondents completed and returned their questionnaires. This represented 23% of the prison population. The response rate was 93%. In addition to the five respondents who refused to complete a questionnaire, seven questionnaires were not returned and three were returned blank.

## Comparisons

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The following details the results from the survey. Data from each establishment were 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 training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Wealstun in 2008.
- 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 the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between the old site (A, B, C and D wings) and the new site (E, F, G, H, I and J wings).

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, 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 those 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

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In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. 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.



# Summary of prisoner survey results

## Section 1: About you

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	1 (1%)
	<i>21 - 29</i> .....	104 (56%)
	<i>30 - 39</i> .....	55 (30%)
	<i>40 - 49</i> .....	18 (10%)
	<i>50 - 59</i> .....	7 (4%)
	<i>60 - 69</i> .....	1 (1%)
	<i>70 and over</i> .....	0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	168 (91%)
	<i>Yes - on recall</i> .....	17 (9%)
	<i>No - awaiting trial</i> .....	0 (0%)
	<i>No - awaiting sentence</i> .....	0 (0%)
	<i>No - awaiting deportation</i> .....	0 (0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b>Not sentenced</b> .....	0 (0%)
	<i>Less than 6 months</i> .....	6 (3%)
	<i>6 months to less than 1 year</i> .....	7 (4%)
	<i>1 year to less than 2 years</i> .....	10 (5%)
	<i>2 years to less than 4 years</i> .....	65 (36%)
	<i>4 years to less than 10 years</i> .....	80 (44%)
	<i>10 years or more</i> .....	3 (2%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	11 (6%)
	<i>Life</i> .....	0 (0%)
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b>Not sentenced</b> .....	0 (0%)
	<i>6 months or less</i> .....	69 (42%)
	<i>More than 6 months</i> .....	97 (58%)
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	9 (5%)
	<i>1 to less than 3 months</i> .....	22 (12%)
	<i>3 to less than 6 months</i> .....	26 (14%)
	<i>6 to less than 12 months</i> .....	56 (31%)
	<i>12 months to less than 2 years</i> .....	43 (23%)
	<i>2 to less than 4 years</i> .....	20 (11%)
	<i>4 years or more</i> .....	7 (4%)
<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>	
	<i>Yes</i> .....	7 (4%)
	<i>No</i> .....	179 (96%)
<b>Q1.8</b>	<b>Is English your first language?</b>	
	<i>Yes</i> .....	175 (96%)
	<i>No</i> .....	8 (4%)

**Q1.9 What is your ethnic origin?**

<i>White - British</i> .....	135 (75%)	<i>Asian or Asian British - Bangladeshi</i> .....	2 (1%)
<i>White - Irish</i> .....	4 (2%)	<i>Asian or Asian British - Other</i> .....	2 (1%)
<i>White - Other</i> .....	1 (1%)	<i>Mixed Race - White and Black Caribbean</i> .....	6 (3%)
<i>Black or Black British - Caribbean</i> .....	4 (2%)	<i>Mixed Race - White and Black African</i> .....	1 (1%)
<i>Black or Black British - African</i> ....	0 (0%)	<i>Mixed Race - White and Asian</i> ...	3 (2%)
<i>Black or Black British - Other</i> .....	2 (1%)	<i>Mixed Race - Other</i> .....	0 (0%)
<i>Asian or Asian British - Indian</i> ....	3 (2%)	<i>Chinese</i> .....	0 (0%)
<i>Asian or Asian British - Pakistani</i>	18 (10%)	<i>Other ethnic group</i> .....	0 (0%)

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

<i>Yes</i> .....	7 (4%)
<i>No</i> .....	174 (96%)

**Q1.11 What is your religion?**

<i>None</i> .....	54 (29%)	<i>Hindu</i> .....	0 (0%)
<i>Church of England</i> .....	54 (29%)	<i>Jewish</i> .....	2 (1%)
<i>Catholic</i> .....	41 (22%)	<i>Muslim</i> .....	24 (13%)
<i>Protestant</i> .....	3 (2%)	<i>Sikh</i> .....	1 (1%)
<i>Other Christian denomination</i> ....	2 (1%)	<i>Other</i> .....	4 (2%)
<i>Buddhist</i> .....	0 (0%)		

**Q1.12 How would you describe your sexual orientation?**

<i>Heterosexual/straight</i> .....	180 (98%)
<i>Homosexual/gay</i> .....	0 (0%)
<i>Bisexual</i> .....	3 (2%)
<i>Other</i> .....	0 (0%)

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

<i>Yes</i> .....	26 (14%)
<i>No</i> .....	159 (86%)

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

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
42 (23%)	26 (14%)	58 (32%)	58 (32%)

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

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
18 (10%)	149 (81%)	17 (9%)

**Q1.16 Do you have any children under the age of 18?**

<i>Yes</i> .....	112 (60%)
<i>No</i> .....	74 (40%)

## 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?	12 (7%)	60 (34%)	22 (12%)	57 (32%)	18 (10%)	9 (5%)	1 (1%)
Your personal safety during the journey?	19 (11%)	85 (49%)	32 (18%)	22 (13%)	9 (5%)	7 (4%)	1 (1%)
The comfort of the van?	4 (2%)	27 (15%)	9 (5%)	70 (39%)	64 (36%)	3 (2%)	1 (1%)
The attention paid to your health needs?	5 (3%)	52 (29%)	42 (24%)	40 (23%)	23 (13%)	7 (4%)	8 (5%)
The frequency of toilet breaks?	3 (2%)	13 (7%)	37 (21%)	36 (20%)	62 (35%)	5 (3%)	23 (13%)

**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>
54 (30%)	85 (47%)	34 (19%)	6 (3%)	3 (2%)

**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>
17 (9%)	93 (51%)	48 (26%)	14 (8%)	5 (3%)	6 (3%)

**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?	167 (91%)	14 (8%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	61 (34%)	116 (64%)	5 (3%)
When you first arrived here did your property arrive at the same time as you?	163 (90%)	17 (9%)	2 (1%)

## 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>	45 (27%)	<i>Money worries.....</i>	29 (17%)
<i>Loss of property .....</i>	20 (12%)	<i>Feeling depressed or suicidal.....</i>	68 (40%)
<i>Housing problems.....</i>	36 (21%)	<i>Health problems.....</i>	96 (57%)
<i>Contacting employers .....</i>	17 (10%)	<i>Needing protection from other prisoners.....</i>	22 (13%)
<i>Contacting family .....</i>	73 (43%)	<i>Accessing phone numbers.....</i>	64 (38%)
<i>Ensuring dependants were being looked after .....</i>	22 (13%)	<i>Other.....</i>	2 (1%)

**Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**

<i>Didn't have any problems.....</i>	58 (36%)	<i>Money worries.....</i>	36 (22%)
<i>Loss of property .....</i>	19 (12%)	<i>Feeling depressed or suicidal.....</i>	25 (16%)
<i>Housing problems.....</i>	36 (22%)	<i>Health problems.....</i>	41 (25%)

Contacting employers .....	8 (5%)	Needing protection from other prisoners.....	9 (6%)
Contacting family .....	34 (21%)	Accessing phone numbers.....	38 (24%)
Ensuring dependants were looked after.....	7 (4%)	Other.....	2 (1%)

**Q3.3 Please answer the following questions about reception:**

	Yes	No	Don't remember
Were you seen by a member of health services?	167 (91%)	14 (8%)	3 (2%)
When you were searched, was this carried out in a respectful way?	142 (79%)	31 (17%)	6 (3%)

**Q3.4 Overall, how well did you feel you were treated in reception?**

Very well	Well	Neither	Badly	Very badly	Don't remember
24 (13%)	93 (51%)	42 (23%)	18 (10%)	3 (2%)	3 (2%)

**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.....	95 (52%)
Information about what support was available for people feeling depressed or suicidal.....	91 (50%)
Information about how to make routine requests.....	85 (47%)
Information about your entitlement to visits.....	97 (54%)
Information about health services .....	115 (64%)
Information about the chaplaincy .....	99 (55%)
<b>Not offered anything</b> .....	36 (20%)

**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 .....	172 (94%)
The opportunity to have a shower.....	78 (43%)
The opportunity to make a free telephone call.....	55 (30%)
Something to eat.....	110 (60%)
<b>Did not receive anything</b> .....	4 (2%)

**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 .....	92 (52%)
Someone from health services.....	127 (71%)
A Listener/Samaritans.....	59 (33%)
<b>Did not meet any of these people</b> .....	31 (17%)

**Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**

Yes.....	17 (9%)
No.....	165 (91%)

**Q3.9 Did you feel safe on your first night here?**

Yes.....	150 (82%)
No.....	30 (16%)
Don't remember .....	2 (1%)

**Q3.10 How soon after your arrival did you go on an induction course?**

<b>Have not been on an induction course</b> .....	14 (8%)
Within the first week.....	109 (60%)

More than a week ..... 54 (30%)  
 Don't remember ..... 5 (3%)

**Q3.11 Did the induction course cover everything you needed to know about the prison?**  
**Have not been on an induction course**..... 14 (8%)  
 Yes ..... 98 (55%)  
 No ..... 49 (27%)  
 Don't remember ..... 18 (10%)

## Section 4: Legal rights and respectful custody

**Q4.1 How easy is to?**

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	19 (11%)	59 (34%)	30 (17%)	37 (21%)	12 (7%)	17 (10%)
Attend legal visits?	21 (12%)	78 (46%)	27 (16%)	14 (8%)	5 (3%)	25 (15%)
Obtain bail information?	2 (1%)	23 (15%)	34 (22%)	27 (18%)	12 (8%)	54 (36%)

**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** ..... 23 (13%)  
 Yes ..... 82 (46%)  
 No ..... 72 (41%)

**Q4.3 Please answer the following questions about the wing/unit you are currently living on:**

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	94 (53%)	63 (35%)	9 (5%)	13 (7%)
Are you normally able to have a shower every day?	170 (94%)	9 (5%)	0 (0%)	1 (1%)
Do you normally receive clean sheets every week?	136 (76%)	28 (16%)	4 (2%)	10 (6%)
Do you normally get cell cleaning materials every week?	112 (63%)	60 (34%)	4 (2%)	1 (1%)
Is your cell call bell normally answered within five minutes?	73 (41%)	83 (47%)	17 (10%)	5 (3%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	104 (59%)	70 (40%)	1 (1%)	2 (1%)
Can you normally get your stored property, if you need to?	44 (25%)	70 (40%)	49 (28%)	14 (8%)

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
2 (1%)	22 (12%)	27 (15%)	61 (34%)	68 (38%)

**Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?**  
**Have not bought anything yet**..... 1 (1%)  
 Yes ..... 77 (43%)  
 No ..... 102 (57%)

<b>Q4.6</b>	<b>Is it easy or difficult to get:</b>						
		<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?	66 (37%)	86 (48%)	8 (4%)	12 (7%)	1 (1%)	6 (3%)
	An application form?	59 (33%)	92 (52%)	7 (4%)	13 (7%)	3 (2%)	4 (2%)
<b>Q4.7</b>	<b>Have you made an application?</b>						
	Yes.....						158 (88%)
	No.....						22 (12%)
<b>Q4.8</b>	<b>Please answer the following questions concerning applications:</b> (If you have not made an application please tick the 'not made one' option.)						
				<b>Not made one</b>	<b>Yes</b>	<b>No</b>	
	Do you feel <i>applications</i> are dealt with fairly?			22 (12%)	84 (47%)	71 (40%)	
	Do you feel <i>applications</i> are dealt with promptly? (Within seven days)			22 (13%)	59 (34%)	94 (54%)	
<b>Q4.9</b>	<b>Have you made a complaint?</b>						
	Yes.....						103 (57%)
	No.....						78 (43%)
<b>Q4.10</b>	<b>Please answer the following questions concerning complaints:</b> (If you have not made a complaint please tick the 'not made one' option.)						
				<b>Not made one</b>	<b>Yes</b>	<b>No</b>	
	Do you feel <i>complaints</i> are dealt with fairly?			78 (44%)	32 (18%)	67 (38%)	
	Do you feel <i>complaints</i> are dealt with promptly? (Within seven days)			78 (44%)	29 (16%)	71 (40%)	
	Were you given information about how to make an appeal?			46 (28%)	53 (32%)	68 (41%)	
<b>Q4.11</b>	<b>Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?</b>						
	<b>Not made a complaint</b> .....						78 (44%)
	Yes.....						22 (12%)
	No.....						77 (44%)
<b>Q4.12</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>						
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	
	55 (32%)	8 (5%)	37 (21%)	41 (24%)	18 (10%)	14 (8%)	
<b>Q4.13</b>	<b>What level of the IEP scheme are you on now?</b>						
	<b>Don't know what the IEP scheme is</b> .....						2 (1%)
	<b>Enhanced</b> .....						98 (54%)
	<b>Standard</b> .....						77 (42%)
	<b>Basic</b> .....						3 (2%)
	<b>Don't know</b> .....						2 (1%)
<b>Q4.14</b>	<b>Do you feel you have been treated fairly in your experience of the IEP scheme?</b>						
	<b>Don't know what the IEP scheme is</b> .....						2 (1%)
	Yes.....						99 (56%)
	No.....						66 (37%)
	<b>Don't know</b> .....						11 (6%)

**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 ..... 70 (40%)  
 No ..... 89 (51%)  
 Don't know ..... 12 (7%)

**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)?	8 (4%)	173 (96%)
In the last six months have you spent a night in the segregation/care and separation unit?	20 (11%)	161 (89%)

**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?	101 (57%)	23 (13%)	54 (30%)
Are you able to speak to a religious leader of your faith in private if you want to?	103 (59%)	14 (8%)	57 (33%)

**Q4.18 Can you speak to a Listener at any time if you want to?**

	Yes	No	Don't know
	96 (53%)	10 (6%)	74 (41%)

**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?	124 (70%)	54 (30%)
Do <b>most</b> staff treat you with respect?	111 (65%)	60 (35%)

## Section 5: Safety

**Q5.1 Have you ever felt unsafe in this prison?**  
 Yes ..... 66 (36%)  
 No ..... 115 (64%)

**Q5.2 Do you feel unsafe in this prison at the moment?**  
 Yes ..... 35 (19%)  
 No ..... 145 (81%)

**Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)**

<i>Never felt unsafe</i> .....	115 (67%)	<i>At mealtimes</i> .....	10 (6%)
<i>Everywhere</i> .....	17 (10%)	<i>At health services</i> .....	7 (4%)
<i>Segregation unit</i> .....	2 (1%)	<i>Visit's area</i> .....	9 (5%)
<i>Association areas</i> .....	21 (12%)	<i>In wing showers</i> .....	20 (12%)
<i>Reception area</i> .....	5 (3%)	<i>In gym showers</i> .....	9 (5%)
<i>At the gym</i> .....	16 (9%)	<i>In corridors/stairwells</i> .....	13 (8%)
<i>In an exercise yard</i> .....	17 (10%)	<i>On your landing/wing</i> .....	21 (12%)
<i>At work</i> .....	11 (6%)	<i>In your cell</i> .....	10 (6%)
<i>During movement</i> .....	29 (17%)	<i>At religious services</i> .....	6 (4%)
<i>At education</i> .....	6 (4%)		

- Q5.4 Have you been victimised by another prisoner or group of prisoners here?**  
 Yes ..... 38 (21%)  
 No..... 142 (79%)      **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.)**
- |   |          |  |        |
|---|----------|--|--------|
| <i>Insulting remarks (about you or your family or friends).....</i> | 22 (12%) | <i>Because of your sexuality.....</i>                              | 1 (3%) |
| <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>             | 3 (2%) |
| <i>Because of your race or ethnic origin .....</i>                  | 4 (2%)   | <i>Because of your age .....</i>                                   | 1 (1%) |
| <i>Because of drugs.....</i>  | 7 (4%)   | <i>Being from a different part of the country than others.....</i> | 6 (3%) |
| <i>Having your canteen/property taken .....</i>                     | 12 (7%)  | <i>Because of your offence/ crime..</i>                            | 1 (1%) |
| <i>Because you were new here.....</i>                               | 9 (5%)   | <i>Because of gang related issues .</i>                            | 7 (4%) |
- Q5.6 Have you been victimised by a member of staff or group of staff here?**  
 Yes ..... 38 (22%)  
 No..... 138 (78%)      **If No, go to question 5.8**
- 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> | 15 (9%) | <i>Because you have a disability .....</i>                         | 2 (1%) |
| <i>Physical abuse (being hit, kicked or assaulted).....</i>         | 4 (2%)  | <i>Because of your religion/religious beliefs .....</i>            | 2 (1%) |
| <i>Sexual abuse.....</i>  | 1 (1%)  | <i>Because of your age.....</i>                                    | 2 (1%) |
| <i>Because of your race or ethnic origin .....</i>                  | 6 (3%)  | <i>Being from a different part of the country than others.....</i> | 6 (3%) |
| <i>Because of drugs.....</i>  | 8 (5%)  | <i>Because of your offence/ crime.....</i>                         | 6 (3%) |
| <i>Because you were new here.....</i>                               | 6 (3%)  | <i>Because of gang related issues ....</i>                         | 1 (1%) |
| <i>Because of your sexuality.....</i>                               | 0       |  |        |
- Q5.8 If you have been victimised by prisoners or staff, did you report it?**  
**Not been victimised** ..... 114 (68%)  
 Yes ..... 19 (11%)  
 No..... 34 (20%)
- Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?**  
 Yes ..... 43 (24%)  
 No..... 136 (76%)
- Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?**  
 Yes ..... 32 (18%)  
 No..... 146 (82%)
- 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> |
| 51 (28%)         | 30 (17%)    | 14 (8%)        | 7 (4%)           | 8 (4%)                | 69 (39%)          |



## Section 6: Health services

<b>Q6.1</b>	<b>How easy or difficult is it to see the following people:</b>					
	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	17 (9%)	15 (8%)	42 (23%)	25 (14%)	57 (32%)	24 (13%)
The nurse	16 (9%)	20 (11%)	77 (44%)	22 (13%)	28 (16%)	12 (7%)
The dentist	20 (11%)	4 (2%)	7 (4%)	9 (5%)	47 (27%)	89 (51%)
The optician	58 (34%)	5 (3%)	13 (8%)	20 (12%)	26 (15%)	50 (29%)
<b>Q6.2</b>	<b>Are you able to see a pharmacist?</b>					
Yes.....						77 (48%)
No.....						85 (52%)
<b>Q6.3</b>	<b>What do you think of the quality of the health service from the following people:</b>					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	29 (16%)	19 (11%)	58 (33%)	23 (13%)	30 (17%)	19 (11%)
The nurse	23 (13%)	29 (16%)	76 (43%)	16 (9%)	18 (10%)	16 (9%)
The dentist	55 (31%)	9 (5%)	38 (22%)	15 (9%)	17 (10%)	41 (23%)
The optician	80 (47%)	6 (3%)	24 (14%)	27 (16%)	16 (9%)	19 (11%)
<b>Q6.4</b>	<b>What do you think of the overall quality of the health services here?</b>					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	16 (9%)	12 (7%)	53 (30%)	28 (16%)	49 (28%)	19 (11%)
<b>Q6.5</b>	<b>Are you currently taking medication?</b>					
Yes.....						89 (49%)
No.....						93 (51%)
<b>Q6.6</b>	<b>If you are taking medication, are you allowed to keep possession of your medication in your own cell?</b>					
<i>Not taking medication</i> .....						93 (52%)
Yes.....						69 (38%)
No.....						18 (10%)
<b>Q6.7</b>	<b>Do you feel you have any emotional wellbeing/mental health issues?</b>					
Yes.....						40 (22%)
No.....						140 (78%)
<b>Q6.8</b>	<b>Are your emotional wellbeing/mental health issues being addressed by any of the following? (Please tick all that apply to you.)</b>					
<i>Do not have any issues/not receiving any help</i> .....						148 (85%)
<i>Doctor</i> .....						8 (5%)
<i>Nurse</i> .....						4 (2%)
<i>Psychiatrist</i> .....						4 (2%)
<i>Mental health in-reach team</i> .....						19 (11%)
<i>Counsellor</i> .....						8 (5%)
<i>Other</i> .....						1 (1%)
<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>					
		<i>Yes</i>	<i>No</i>			
Drugs		64 (36%)	112 (64%)			
Alcohol		38 (25%)	114 (75%)			

<b>Q6.10</b>	<b>Have you developed a problem with drugs since you have been in this prison?</b>			
	Yes .....	30	(17%)	
	No.....	149	(83%)	
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....	77	(43%)	
	No.....	10	(6%)	
	<b>Did not/do not have a drug or alcohol problem</b> .....	91	(51%)	
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?</b>			
	Yes .....	73	(41%)	
	No.....	14	(8%)	
	<b>Did not/do not have a drug or alcohol problem</b> .....	91	(51%)	
<b>Q6.13</b>	<b>Was the intervention or help you received, whilst in this prison, helpful?</b>			
	Yes .....	56	(32%)	
	No.....	15	(9%)	
	<b>Did not have a problem/have not received help</b> .....	105	(60%)	
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>			
		Yes	No	Don't know
	Drugs	22 (13%)	117 (67%)	36 (21%)
	Alcohol	9 (6%)	122 (75%)	31 (19%)
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes .....	44	(25%)	
	No.....	23	(13%)	
	N/A .....	107	(61%)	

## Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>				
	Prison job .....	117	(66%)		
	Vocational or skills training.....	29	(16%)		
	Education (including basic skills).....	46	(26%)		
	Offending behaviour programmes.....	30	(17%)		
	<b>Not involved in any of these</b> .....	26	(15%)		
<b>Q7.2</b>	<b>If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?</b>				
		<b>Not been involved</b>	Yes	No	Don't know
	Prison job	20 (14%)	56 (40%)	52 (37%)	11 (8%)
	Vocational or skills training	30 (26%)	61 (54%)	14 (12%)	9 (8%)
	Education (including basic skills)	27 (20%)	74 (56%)	21 (16%)	10 (8%)
	Offending behaviour programmes	26 (20%)	68 (52%)	25 (19%)	13 (10%)
<b>Q7.3</b>	<b>How often do you go to the library?</b>				
	<b>Don't want to go</b> .....			34 (20%)	

Never.....	35 (20%)
Less than once a week.....	34 (20%)
About once a week.....	58 (34%)
More than once a week.....	6 (3%)
Don't know.....	5 (3%)

**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
35 (20%)	17 (10%)	5 (3%)	27 (15%)	76 (43%)	13 (7%)	2 (1%)

**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
20 (12%)	17 (10%)	52 (30%)	45 (26%)	36 (21%)	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.)**

Less than 2 hours.....	20 (12%)
2 to less than 4 hours.....	20 (12%)
4 to less than 6 hours.....	32 (18%)
6 to less than 8 hours.....	49 (28%)
8 to less than 10 hours.....	25 (14%)
10 hours or more.....	13 (8%)
Don't know.....	14 (8%)

**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
4 (2%)	3 (2%)	7 (4%)	11 (7%)	133 (79%)	11 (7%)

**Q7.8 How often do staff normally speak to you during association time?**

<b>Do not go on association</b> .....	5 (3%)
Never.....	33 (19%)
Rarely.....	40 (23%)
Some of the time.....	49 (29%)
Most of the time.....	31 (18%)
All of the time.....	13 (8%)

## Section 8: Resettlement

**Q8.1 When did you first meet your personal officer?**

<b>Still have not met him/her</b> .....	45 (26%)
In the first week.....	66 (38%)
More than a week.....	47 (27%)
Don't remember.....	17 (10%)

**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>	Very helpful	Helpful	Neither	Not very helpful	Not at all helpful
45 (26%)	34 (20%)	41 (24%)	21 (12%)	16 (9%)	13 (8%)

**Q8.3 Do you have a sentence plan/OASys?**

<b>Not sentenced</b> .....	0 (0%)
Yes.....	127 (73%)
No.....	47 (27%)

<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>				
	<i>Do not have a sentence plan/OASys</i> .....				47 (27%)
	<i>Very involved</i> .....				30 (17%)
	<i>Involved</i> .....				48 (28%)
	<i>Neither</i> .....				11 (6%)
	<i>Not very involved</i> .....				24 (14%)
	<i>Not at all involved</i> .....				13 (8%)
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>				
	<i>Do not have a sentence plan/OASys</i> .....				47 (27%)
	<i>Yes</i> .....				106 (62%)
	<i>No</i> .....				19 (11%)
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>				
	<i>Do not have a sentence plan/OASys</i> .....				47 (27%)
	<i>Yes</i> .....				40 (23%)
	<i>No</i> .....				86 (50%)
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>				
	<i>Not sentenced</i> .....				0 (0%)
	<i>Yes</i> .....				59 (34%)
	<i>No</i> .....				116 (66%)
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>				
	<i>Yes</i> .....				31 (18%)
	<i>No</i> .....				143 (82%)
<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>				
	<i>Yes</i> .....				87 (49%)
	<i>No</i> .....				85 (48%)
	<i>Don't know</i> .....				5 (3%)
<b>Q8.10</b>	<b>Have you had any problems getting access to the telephones?</b>				
	<i>Yes</i> .....				49 (28%)
	<i>No</i> .....				122 (70%)
	<i>Don't know</i> .....				3 (2%)
<b>Q8.11</b>	<b>Did you have a visit in the first week that you were here?</b>				
	<i>Not been here a week yet</i> .....				2 (1%)
	<i>Yes</i> .....				48 (27%)
	<i>No</i> .....				120 (69%)
	<i>Don't remember</i> .....				5 (3%)
<b>Q8.12</b>	<b>How many visits did you receive in the last week?</b>				
	<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>
	2 (1%)	99 (58%)	68 (40%)	2 (1%)	0 (0%)
<b>Q8.13</b>	<b>How are you and your family/friends usually treated by visits staff?</b>				
	<i>Not had any visits</i> .....				26 (15%)
	<i>Very well</i> .....				27 (15%)
	<i>Well</i> .....				58 (33%)
	<i>Neither</i> .....				25 (14%)
	<i>Badly</i> .....				10 (6%)

Very badly ..... 10 (6%)  
 Don't know ..... 20 (11%)

**Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**  
 Yes ..... 61 (36%)  
 No ..... 107 (64%)

**Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)**

<i>Don't know who to contact</i> .....	93 (60%)	<i>Help with your finances in preparation for release</i> .....	25 (16%)
<i>Maintaining good relationships</i> ...	26 (17%)	<i>Claiming benefits on release</i> .....	46 (30%)
<i>Avoiding bad relationships</i> .....	18 (12%)	<i>Arranging a place at college/continuing education on release</i> .....	27 (18%)
<i>Finding a job on release</i> .....	34 (22%)	<i>Continuity of health services on release</i> .....	28 (18%)
<i>Finding accommodation on release</i> .....	38 (25%)	<i>Opening a bank account</i> .....	29 (19%)

**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> .....	62 (37%)	<i>Help with your finances in preparation for release</i> .....	45 (27%)
<i>Maintaining good relationships</i> ...	17 (10%)	<i>Claiming benefits on release</i> .....	44 (26%)
<i>Avoiding bad relationships</i> .....	22 (13%)	<i>Arranging a place at college/continuing education on release</i> .....	24 (14%)
<i>Finding a job on release</i> .....	75 (45%)	<i>Continuity of health services on release</i> .....	22 (13%)
<i>Finding accommodation on release</i> .....	59 (35%)	<i>Opening a bank account</i> .....	51 (31%)

**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?**

*Not sentenced* ..... 0 (0%)  
 Yes ..... 97 (57%)  
 No ..... 74 (43%)

**Thank you for completing this survey**

Main comparator and comparator to last time



Prisoner survey responses HMP Wealstun 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

		HMP Wealstun 2011	Cat. C trainer comparator	HMP Wealstun 2011	HMP Wealstun 2008
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<b>Number of completed questionnaires returned</b>		<b>186</b>	<b>4764</b>	<b>186</b>	<b>103</b>
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	1%	2%	1%	1%
3a	Are you sentenced?	100%	100%	100%	100%
3b	Are you on recall?	9%	11%	9%	12%
4a	Is your sentence less than 12 months?	7%	5%	7%	2%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	7%	6%	2%
5	Do you have six months or less to serve?	42%	38%	42%	34%
6	Have you been in this prison less than a month?	5%	7%	5%	8%
7	Are you a foreign national?	4%	12%	4%	8%
8	Is English your first language?	96%	90%	96%	88%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	23%	27%	23%	27%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%	4%	
11	Are you Muslim?	13%	11%	13%	22%
12	Are you homosexual/gay or bisexual?	2%	4%	2%	0%
13	Do you consider yourself to have a disability?	14%	15%	14%	12%
14	Is this your first time in prison?	23%	34%	23%	27%
15	Have you been in more than five prisons this time?	9%	14%	9%	10%
16	Do you have any children under the age of 18?	60%	52%	60%	57%
<b>SECTION 2: Transfers and escorts</b>					
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?	40%	54%	40%	45%
1b	Was your personal safety during the journey good/very good?	59%	62%	59%	58%
1c	Was the comfort of the van good/very good?	17%	18%	17%	15%
1d	Was the attention paid to your health needs good/very good?	32%	32%	32%	22%
1e	Was the frequency of toilet breaks good/very good?	9%	12%	9%	8%
2	Did you spend more than four hours in the van?	3%	8%	3%	5%
3	Were you treated well/very well by the escort staff?	60%	66%	60%	53%
4a	Did you know where you were going when you left court or when transferred from another prison?	91%	83%	91%	83%
4b	Before you arrived here did you receive any written information about what would happen to you?	34%	17%	34%	32%
4c	When you first arrived here did your property arrive at the same time as you?	90%	88%	90%	93%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 3: Reception, first night and induction</b>				
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:			
<b>1b</b>	12%	14%	12%	14%
<b>1c</b>	22%	19%	22%	20%
<b>1d</b>	10%	10%	10%	8%
<b>1e</b>	43%	43%	43%	52%
<b>1f</b>	13%	11%	13%	14%
<b>1g</b>	17%	15%	17%	14%
<b>1h</b>	41%	46%	41%	53%
<b>1i</b>	57%	58%	57%	58%
<b>1j</b>	13%	17%	13%	16%
<b>1k</b>	38%	35%	38%	36%
<b>2</b>	When you first arrived:			
<b>2a</b>	64%	61%	64%	65%
<b>2b</b>	12%	16%	12%	19%
<b>2c</b>	22%	17%	22%	14%
<b>2d</b>	5%	4%	5%	8%
<b>2e</b>	21%	23%	21%	20%
<b>2f</b>	4%	5%	4%	5%
<b>2g</b>	22%	15%	22%	19%
<b>2h</b>	16%	14%	16%	20%
<b>2i</b>	26%	21%	26%	24%
<b>2j</b>	6%	5%	6%	3%
<b>2k</b>	24%	22%	24%	20%
<b>3a</b>	91%	89%	91%	96%
<b>3b</b>	79%	78%	79%	79%
<b>4</b>	64%	70%	64%	75%
<b>5</b>	On your day of arrival, were you offered information about any of the following:			
<b>5a</b>	52%	52%	52%	58%
<b>5b</b>	50%	46%	50%	50%
<b>5c</b>	47%	42%	47%	52%
<b>5d</b>	54%	46%	54%	54%
<b>5e</b>	64%	59%	64%	66%
<b>5f</b>	55%	52%	55%	55%

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	94%	83%	94%	91%
<b>6b</b>	The opportunity to have a shower?	43%	39%	43%	51%
<b>6c</b>	The opportunity to make a free telephone call?	30%	48%	30%	48%
<b>6d</b>	Something to eat?	60%	77%	60%	69%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	52%	45%	52%	47%
<b>7b</b>	Someone from health services?	71%	76%	71%	87%
<b>7c</b>	A Listener/Samaritans?	33%	29%	33%	21%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	9%	19%	9%	12%
<b>9</b>	Did you feel safe on your first night here?	82%	83%	82%	82%
<b>10</b>	Have you been on an induction course?	92%	93%	92%	88%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	59%	64%	59%	74%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	45%	48%	45%	52%
<b>1b</b>	Attend legal visits?	58%	53%	58%	64%
<b>1c</b>	Obtain bail information?	16%	17%	16%	26%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	42%	46%	43%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	53%	59%	53%	66%
<b>3b</b>	Are you normally able to have a shower every day?	95%	92%	95%	95%
<b>3c</b>	Do you normally receive clean sheets every week?	77%	79%	77%	86%
<b>3d</b>	Do you normally get cell cleaning materials every week?	63%	74%	63%	78%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	41%	39%	41%	40%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	59%	70%	59%	67%
<b>3g</b>	Can you normally get your stored property if you need to?	25%	28%	25%	35%
<b>4</b>	Is the food in this prison good/very good?	13%	28%	13%	30%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	46%	43%	41%
<b>6a</b>	Is it easy/very easy to get a complaints form?	85%	85%	85%	92%
<b>6b</b>	Is it easy/very easy to get an application form?	85%	90%	85%	86%
<b>7</b>	Have you made an application?	88%	89%	88%	93%



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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	54%	60%	54%	75%
8b	Do you feel applications are dealt with promptly (within seven days)?	39%	51%	39%	66%
9	Have you made a complaint?	57%	54%	57%	62%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	32%	33%	32%	32%
10b	Do you feel complaints are dealt with promptly (within seven days)?	29%	39%	29%	54%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	22%	25%	22%	13%
10c	Were you given information about how to make an appeal?	32%	30%	32%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	26%	35%	26%	28%
13	Are you on the enhanced (top) level of the IEP scheme?	54%	57%	54%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	55%	56%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	40%	48%	40%	
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?	11%	10%	11%	
13a	Do you feel your religious beliefs are respected?	57%	54%	57%	46%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	58%	59%	56%
14	Are you able to speak to a Listener at any time if you want to?	53%	60%	53%	51%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	73%	70%	66%
15b	Do most staff, in this prison, treat you with respect?	65%	74%	65%	71%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	36%	31%	36%	27%
2	Do you feel unsafe in this prison at the moment?	19%	14%	19%	14%
4	Have you been victimised by another prisoner?	21%	19%	21%	15%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	12%	9%	12%	11%
5b	Hit, kicked or assaulted you?	7%	5%	7%	6%
5c	Sexually abused you?	1%	1%	1%	2%
5d	Victimised you because of your race or ethnic origin?	2%	4%	2%	4%
5e	Victimised you because of drugs?	4%	2%	4%	3%
5f	Taken your canteen/property?	7%	4%	7%	2%
5g	Victimised you because you were new here?	5%	4%	5%	6%
5h	Victimised you because of your sexuality?	1%	1%	1%	2%
5i	Victimised you because you have a disability?	2%	2%	2%	1%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	3%
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	3%	5%	3%	8%
5m	Victimised you because of your offence/crime?	1%	4%	1%	6%
5n	Victimised you because of gang related issues?	4%	3%	4%	

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	22%	23%	22%	23%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	9%	10%	9%	7%
<b>7b</b>	Hit, kicked or assaulted you?	2%	3%	2%	1%
<b>7c</b>	Sexually abused you?	1%	1%	1%	1%
<b>7d</b>	Victimised you because of your race or ethnic origin?	3%	5%	3%	2%
<b>7e</b>	Victimised you because of drugs?	5%	3%	5%	6%
<b>7f</b>	Victimised you because you were new here?	3%	5%	3%	2%
<b>7g</b>	Victimised you because of your sexuality?	0%	1%	0%	0%
<b>7h</b>	Victimised you because you have a disability?	1%	2%	1%	3%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	1%	3%	1%	2%
<b>7j</b>	Victimised you because of your age?	1%	2%	1%	
<b>7k</b>	Victimised you because you were from a different part of the country?	3%	4%	3%	4%
<b>7l</b>	Victimised you because of your offence/crime?	3%	4%	3%	2%
<b>7m</b>	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	36%	39%	36%	38%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	24%	21%	24%	20%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	18%	20%	18%	18%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	45%	32%	45%	40%
<b>SECTION 6: Health services</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	32%	38%	32%	46%
<b>1b</b>	Is it easy/very easy to see the nurse?	55%	61%	55%	62%
<b>1c</b>	Is it easy/very easy to see the dentist?	6%	14%	6%	5%
<b>1d</b>	Is it easy/very easy to see the optician?	11%	18%	11%	16%
<b>2</b>	Are you able to see a pharmacist?	48%	53%	48%	48%
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:					
<b>3a</b>	The doctor?	52%	52%	52%	54%
<b>3b</b>	The nurse?	68%	65%	68%	62%
<b>3c</b>	The dentist?	39%	45%	39%	9%
<b>3d</b>	The optician?	33%	47%	33%	29%
<b>4</b>	The overall quality of health services?	40%	45%	40%	47%

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<b>Health services continued</b>					
5	Are you currently taking medication?	49%	43%	49%	46%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	79%	87%	79%	82%
7	Do you feel you have any emotional wellbeing/mental health issues?	22%	25%	22%	32%
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	23%	36%	23%	24%
8b	A doctor?	23%	32%	23%	40%
8c	A nurse?	11%	17%	11%	12%
8d	A psychiatrist?	11%	16%	11%	24%
8e	The mental health in-reach team?	54%	32%	54%	32%
8f	A counsellor?	23%	10%	23%	12%
9a	Did you have a drug problem when you came into this prison?	36%	20%	36%	29%
9b	Did you have an alcohol problem when you came into this prison?	25%	14%	25%	19%
10a	Have you developed a drug problem since you have been in this prison?	17%	9%	17%	9%
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	89%	89%	89%	89%
12	Have you received any help or intervention while in this prison?	84%	79%	84%	75%
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	79%	78%	79%	65%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	33%	21%	33%	23%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	25%	16%	25%	14%
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?	66%	59%	66%	74%

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<b>SECTION 7: Purposeful activity</b>					
<b>1</b>	Are you currently involved in any of the following activities:				
<b>1a</b>	A prison job?	66%	62%	66%	67%
<b>1b</b>	Vocational or skills training?	16%	20%	16%	21%
<b>1c</b>	Education (including basic skills)?	26%	30%	26%	33%
<b>1d</b>	Offending Behaviour Programmes?	17%	17%	17%	18%
<b>2ai</b>	Have you had a job while in this prison?	86%	87%	86%	
For those who have had a prison job while in this prison:					
<b>2aii</b>	Do you feel the job will help you on release?	47%	46%	47%	
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	74%	77%	74%	
For those who have had vocational or skills training while in this prison:					
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	73%	66%	73%	
<b>2ci</b>	Have you been involved in education while in this prison?	80%	83%	80%	
For those who have been involved in education while in this prison:					
<b>2cii</b>	Do you feel the education will help you on release?	71%	68%	71%	
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	80%	76%	80%	
For those who have been involved in offending behaviour programmes while in this prison:					
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	64%	60%	64%	
<b>3</b>	Do you go to the library at least once a week?	37%	47%	37%	43%
<b>4</b>	On average, do you go to the gym at least twice a week?	66%	53%	66%	69%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	47%	51%	47%	42%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	8%	15%	8%	11%
<b>7</b>	On average, do you go on association more than five times each week?	79%	76%	79%	84%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	26%	19%	26%	19%
<b>SECTION 8: Resettlement</b>					
<b>1</b>	Do you have a personal officer?	74%	76%	74%	71%
For those with a personal officer:					
<b>2</b>	Do you think your personal officer is helpful/very helpful?	60%	62%	60%	62%
For those who are sentenced:					
<b>3</b>	Do you have a sentence plan?	73%	68%	73%	79%
For those with a sentence plan?					
<b>4</b>	Were you involved/very involved in the development of your plan?	62%	57%	62%	65%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	85%	69%	85%	88%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	32%	37%	32%	29%
For those who are sentenced:					
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	34%	32%	34%	32%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	18%	18%	18%	18%
<b>9</b>	Have you had any problems with sending or receiving mail?	49%	40%	49%	34%
<b>10</b>	Have you had any problems getting access to the telephones?	28%	24%	28%	17%
<b>11</b>	Did you have a visit in the first week that you were here?	27%	22%	27%	22%
<b>12</b>	Did you receive one or more visits in the last week?	41%	30%	41%	43%

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<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	57%	51%	57%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	36%	37%	36%	36%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	17%	17%	17%	14%
15c	Avoiding bad relationships?	12%	13%	12%	12%
15d	Finding a job on release?	22%	36%	22%	36%
15e	Finding accommodation on release?	25%	39%	25%	33%
15f	With money/finances on release?	16%	27%	16%	20%
15g	Claiming benefits on release?	30%	39%	30%	37%
15h	Arranging a place at college/continuing education on release?	18%	25%	18%	22%
15i	Accessing health services on release?	18%	27%	18%	19%
15j	Opening a bank account on release?	19%	27%	19%	33%
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%	10%
16c	Avoiding bad relationships?	13%	12%	13%	10%
16d	Finding a job?	45%	44%	45%	44%
16e	Finding accommodation?	35%	38%	35%	31%
16f	Money/finances?	27%	32%	27%	25%
16g	Claiming benefits?	26%	27%	26%	24%
16h	Arranging a place at college/continuing education?	14%	21%	14%	17%
16i	Accessing health services?	13%	17%	13%	21%
16j	Opening a bank account?	31%	31%	31%	27%
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?	57%	55%	57%	54%

Diversity Analysis - Disability



**Key questions (disability analysis) HMP Wealstun 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		
<b>Number of completed questionnaires returned</b>		<b>26</b>	<b>159</b>
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	4%	4%
1.8	Is English your first language?	96%	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)?	17%	24%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	3%
1.11	Are you Muslim?	4%	15%
1.14	Is this your first time in prison?	15%	24%
2.1d	Was the attention paid to your health needs good/very good?	22%	34%
2.3	Were you treated well/very well by the escort staff?	69%	59%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	80%	93%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	35%	45%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	57%	38%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	61%	57%
3.2a	Did you have any problems when you first arrived?	79%	61%
3.3a	Were you seen by a member of health care staff in reception?	88%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	78%	80%
3.4	Were you treated well/very well in reception?	64%	64%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	58%	74%
3.9	Did you feel safe on your first night here?	73%	84%
3.10	Have you been on an induction course?	77%	95%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	47%

## 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?	46%	54%
4.3b	Are you normally able to have a shower every day?	85%	96%
4.3e	Is your cell call bell normally answered within five minutes?	38%	42%
4.4	Is the food in this prison good/very good?	8%	14%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	45%
4.6a	Is it easy/very easy to get a complaints form?	73%	88%
4.6b	Is it easy/very easy to get an application form?	73%	87%
4.9	Have you made a complaint?	69%	55%
4.13	Are you on the enhanced (top) level of the IEP scheme?	43%	56%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	48%	57%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	17%	44%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	12%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	15%	10%
4.17a	Do you feel your religious beliefs are respected?	38%	60%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	50%	61%
4.18	Are you able to speak to a Listener at any time if you want to?	54%	54%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	70%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	65%	65%
5.1	Have you ever felt unsafe in this prison?	54%	34%
5.2	Do you feel unsafe in this prison at the moment?	31%	18%
5.4	Have you been victimised by another prisoner?	31%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	1%
5.5i	Victimised you because you have a disability?	12%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.6	Have you been victimised by a member of staff?	15%	22%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	3%
5.7h	Victimised you because you have a disability?	4%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	1%

## 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?	43%	21%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	16%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	54%	43%
6.1a	Is it easy/very easy to see the doctor?	36%	31%
6.1b	Is it easy/ very easy to see the nurse?	68%	54%
6.2	Are you able to see a pharmacist?	41%	49%
6.5	Are you currently taking medication?	85%	43%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	38%	20%
7.1a	Are you currently working in the prison?	39%	70%
7.1b	Are you currently undertaking vocational or skills training?	13%	17%
7.1c	Are you currently in education (including basic skills)?	30%	26%
7.1d	Are you currently taking part in an offending behaviour programme?	9%	18%
7.3	Do you go to the library at least once a week?	41%	37%
7.4	On average, do you go to the gym at least twice a week?	35%	71%
7.5	On average, do you go outside for exercise three or more times a week?	26%	50%
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.)	4%	8%
7.7	On average, do you go on association more than five times each week?	77%	79%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	18%	27%
8.1	Do you have a personal officer?	77%	74%
8.9	Have you had any problems sending or receiving mail?	61%	48%
8.10	Have you had any problems getting access to the telephones?	27%	28%



## Diversity Analysis



### Key question responses (ethnicity and religion) HMP Wealstun 2011

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>41</b>	<b>140</b>	<b>24</b>	<b>161</b>
1.3	Are you sentenced?	100%	100%	100%	100%
1.7	Are you a foreign national?	5%	4%	0%	4%
1.8	Is English your first language?	83%	100%	71%	99%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			100%	11%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%	0%	4%
1.11	Are you Muslim?	59%	0%		
1.12	Do you consider yourself to have a disability?	10%	14%	4%	16%
1.13	Is this your first time in prison?	17%	25%	26%	23%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	38%	31%	25%	33%
2.3	Were you treated well/very well by the escort staff?	62%	59%	63%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	93%	92%	91%	91%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	38%	45%	26%	46%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	35%	42%	17%	44%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	58%	52%	58%
3.2a	Did you have any problems when you first arrived?	56%	66%	60%	65%
3.3a	Were you seen by a member of health care staff in reception?	90%	91%	87%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	82%	79%	74%	81%
3.4	Were you treated well/very well in reception?	68%	63%	61%	65%
3.7b	Did you have access to someone from health care within the first 24 hours?	58%	76%	61%	73%
3.9	Did you feel safe on your first night here?	74%	85%	71%	84%
3.10	Have you been on an induction course?	95%	92%	96%	92%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	45%	44%	42%	45%

## Diversity Analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	55%	58%	52%
4.3b	Are you normally able to have a shower every day?	95%	95%	91%	95%
4.3e	Is your cell call bell normally answered within five minutes?	46%	39%	39%	41%
4.4	Is the food in this prison good/very good?	15%	12%	13%	14%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	31%	46%	34%	44%
4.6a	Is it easy/very easy to get a complaints form?	90%	85%	91%	84%
4.6b	Is it easy/very easy to get an application form?	90%	84%	91%	84%
4.9	Have you made a complaint?	57%	58%	58%	57%
4.13	Are you on the enhanced (top) level of the IEP scheme?	79%	48%	84%	49%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	57%	57%	56%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	38%	54%	38%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	5%	4%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	12%	4%	12%
4.17a	Do you feel your religious beliefs are respected?	71%	53%	78%	54%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	72%	56%	79%	56%
4.18	Are you able to speak to a Listener at any time if you want to?	58%	52%	42%	55%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	69%	66%	70%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	68%	65%	65%	65%
5.1	Have you ever felt unsafe in this prison?	41%	36%	42%	36%
5.2	Do you feel unsafe in this prison at the moment?	16%	20%	9%	21%
5.4	Have you been victimised by another prisoner?	21%	22%	25%	21%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	1%	9%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	2%	4%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	0%	9%	1%
5.6	Have you been victimised by a member of staff?	27%	20%	34%	20%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	11%	1%	9%	3%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	3%	0%	4%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	1%	4%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	24%	25%	29%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	16%	18%	17%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	37%	48%	42%	46%
6.1a	Is it easy/very easy to see the doctor?	31%	32%	25%	33%
6.1b	Is it easy/ very easy to see the nurse?	57%	56%	54%	56%
6.2	Are you able to see a pharmacist?	54%	46%	55%	46%
6.5	Are you currently taking medication?	44%	51%	46%	49%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	18%	24%	13%	24%
7.1a	Are you currently working in the prison?	76%	64%	79%	65%
7.1b	Are you currently undertaking vocational or skills training?	21%	15%	25%	15%
7.1c	Are you currently in education (including basic skills)?	34%	25%	29%	26%
7.1d	Are you currently taking part in an offending behaviour programme?	21%	16%	13%	18%
7.3	Do you go to the library at least once a week?	31%	38%	25%	39%
7.4	On average, do you go to the gym at least twice a week?	84%	62%	74%	65%
7.5	On average, do you go outside for exercise three or more times a week?	56%	45%	55%	46%
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.)	17%	5%	22%	5%
7.7	On average, do you go on association more than five times each week?	72%	81%	63%	81%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	27%	26%	38%	24%
8.1	Do you have a personal officer?	87%	70%	84%	73%
8.9	Have you had any problems sending or receiving mail?	39%	53%	25%	53%
8.10	Have you had any problems getting access to the telephones?	31%	28%	38%	27%

## Wing analysis



### Prisoner survey responses (wing analysis) HMP Wealstun 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	A, B, C & D wings	E, F, G, H, I & J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		114	70
<b>SECTION 1: General information</b>			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	10%	7%
4a	Is your sentence less than 12 months?	10%	3%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	6%
5	Do you have six months or less to serve?	49%	32%
6	Have you been in this prison less than a month?	7%	1%
7	Are you a foreign national?	5%	3%
8	Is English your first language?	97%	94%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	27%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%
11	Are you Muslim?	11%	16%
12	Are you homosexual/gay or bisexual?	1%	1%
13	Do you consider yourself to have a disability?	11%	19%
14	Is this your first time in prison?	18%	32%
15	Have you been in more than five prisons this time?	7%	13%
16	Do you have any children under the age of 18?	57%	66%
<b>SECTION 2: Transfers and escorts</b>			
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?	40%	41%
1b	Was your personal safety during the journey good/very good?	59%	62%
1c	Was the comfort of the van good/very good?	17%	19%
1d	Was the attention paid to your health needs good/very good?	31%	34%
1e	Was the frequency of toilet breaks good/very good?	8%	10%
2	Did you spend more than four hours in the van?	2%	6%
3	Were you treated well/very well by the escort staff?	56%	67%
4a	Did you know where you were going when you left court or when transferred from another prison?	92%	91%
4b	Before you arrived here did you receive any written information about what would happen to you?	33%	35%
4c	When you first arrived here did your property arrive at the same time as you?	93%	84%

## Wing analysis

### Key to tables

	Any percentage highlighted in green is significantly better	A, B, C & D wings	E, F, G, H, I & J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction</b>			
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:		
<b>1b</b>	Problems with loss of property?	12%	13%
<b>1c</b>	Housing problems?	23%	20%
<b>1d</b>	Problems contacting employers?	10%	11%
<b>1e</b>	Problems contacting family?	47%	38%
<b>1f</b>	Problems ensuring dependants were looked after?	11%	17%
<b>1g</b>	Money problems?	16%	20%
<b>1h</b>	Problems of feeling depressed/suicidal?	39%	42%
<b>1i</b>	Health problems?	57%	57%
<b>1j</b>	Problems in needing protection from other prisoners?	12%	15%
<b>1k</b>	Problems accessing phone numbers?	37%	40%
<b>2</b>	When you first arrived:		
<b>2a</b>	Did you have any problems?	70%	54%
<b>2b</b>	Did you have any problems with loss of property?	9%	16%
<b>2c</b>	Did you have any housing problems?	29%	13%
<b>2d</b>	Did you have any problems contacting employers?	6%	3%
<b>2e</b>	Did you have any problems contacting family?	26%	14%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	5%	3%
<b>2g</b>	Did you have any money worries?	31%	10%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	16%	16%
<b>2i</b>	Did you have any health problems?	30%	18%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	7%	3%
<b>2k</b>	Did you have problems accessing phone numbers?	26%	19%
<b>3a</b>	Were you seen by a member of health services in reception?	93%	87%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	78%	82%
<b>4</b>	Were you treated well/very well in reception?	61%	68%
<b>5</b>	On your day of arrival, were you offered information about any of the following:		
<b>5a</b>	What was going to happen to you?	50%	56%
<b>5b</b>	Support was available for people feeling depressed or suicidal?	49%	51%
<b>5c</b>	How to make routine requests?	49%	43%
<b>5d</b>	Your entitlement to visits?	57%	47%
<b>5e</b>	Health services?	63%	63%
<b>5f</b>	The chaplaincy?	56%	51%

## Wing analysis

### Key to tables

	Any percentage highlighted in green is significantly better	A, B, C & D wings	E, F, G, H, I & J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction continued</b>			
<b>6</b>	On your day of arrival, were you offered any of the following:		
<b>6a</b>	A smokers/non-smokers pack?	96%	91%
<b>6b</b>	The opportunity to have a shower?	39%	49%
<b>6c</b>	The opportunity to make a free telephone call?	29%	31%
<b>6d</b>	Something to eat?	56%	68%
<b>7</b>	Within the first 24 hours did you meet any of the following people:		
<b>7a</b>	The chaplain or a religious leader?	52%	52%
<b>7b</b>	Someone from health services?	74%	67%
<b>7c</b>	A Listener/Samaritans?	33%	33%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	5%	15%
<b>9</b>	Did you feel safe on your first night here?	81%	84%
<b>10</b>	Have you been on an induction course?	94%	90%
For those who have been on an induction course:			
<b>11</b>	Did the course cover everything you needed to know about the prison?	60%	58%
<b>SECTION 4: Legal rights and respectful custody</b>			
<b>1</b>	In terms of your legal rights, is it easy/very easy to:		
<b>1a</b>	Communicate with your solicitor or legal representative?	40%	52%
<b>1b</b>	Attend legal visits?	53%	66%
<b>1c</b>	Obtain bail information?	13%	23%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	46%	46%
<b>3</b>	For the wing/unit you are currently on:		
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	54%	52%
<b>3b</b>	Are you normally able to have a shower every day?	95%	96%
<b>3c</b>	Do you normally receive clean sheets every week?	78%	73%
<b>3d</b>	Do you normally get cell cleaning materials every week?	59%	72%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	37%	49%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	63%
<b>3g</b>	Can you normally get your stored property, if you need to?	21%	30%
<b>4</b>	Is the food in this prison good/very good?	11%	18%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	45%
<b>6a</b>	Is it easy/very easy to get a complaints form?	83%	88%
<b>6b</b>	Is it easy/very easy to get an application form?	84%	86%
<b>7</b>	Have you made an application?	85%	92%

## Wing analysis

### Key to tables

	Any percentage highlighted in green is significantly better	A, B, C & D wings	E, F, G, H, I & J wings
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 4: Legal rights and respectful custody continued</b>			
For those who have made an application:			
<b>8a</b>	Do you feel applications are dealt with fairly?	51%	59%
<b>8b</b>	Do you feel applications are dealt with promptly (within seven days)?	40%	36%
<b>9</b>	Have you made a complaint?	53%	62%
For those who have made a complaint:			
<b>10a</b>	Do you feel complaints are dealt with fairly?	30%	34%
<b>10b</b>	Do you feel complaints are dealt with promptly (within seven days)?	30%	27%
<b>11</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	20%	24%
<b>10c</b>	Were you given information about how to make an appeal?	32%	31%
<b>12</b>	Is it easy/very easy to see the Independent Monitoring Board?	23%	32%
<b>13</b>	Are you on the enhanced (top) level of the IEP scheme?	45%	69%
<b>14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	60%
<b>15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	47%
<b>16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	5%	1%
<b>16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	12%	8%
<b>13a</b>	Do you feel your religious beliefs are respected?	56%	58%
<b>13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	58%	59%
<b>14</b>	Are you able to speak to a Listener at any time if you want to?	50%	58%
<b>15a</b>	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	69%	72%
<b>15b</b>	Do most staff in this prison treat you with respect?	62%	69%
<b>SECTION 5: Safety</b>			
<b>1</b>	Have you ever felt unsafe in this prison?	40%	29%
<b>2</b>	Do you feel unsafe in this prison at the moment?	22%	15%
<b>4</b>	Have you been victimised by another prisoner?	20%	21%
<b>5</b>	Since you have been here, has another prisoner:		
<b>5a</b>	Made insulting remarks about you, your family or friends?	11%	13%
<b>5b</b>	Hit, kicked or assaulted you?	9%	3%
<b>5c</b>	Sexually abused you?	1%	0%
<b>5d</b>	Victimised you because of your race or ethnic origin?	2%	1%
<b>5e</b>	Victimised you because of drugs?	6%	1%
<b>5f</b>	Taken your canteen/property?	7%	6%
<b>5g</b>	Victimised you because you were new here?	7%	1%
<b>5h</b>	Victimised you because of your sexuality?	0%	0%
<b>5i</b>	Victimised you because you have a disability?	0%	3%
<b>5j</b>	Victimised you because of your religion/religious beliefs?	2%	1%
<b>5k</b>	Victimised you because of your age?	1%	0%
<b>5l</b>	Victimised you because you were from a different part of the country?	4%	1%
<b>5m</b>	Victimised you because of your offence/crime?	1%	0%
<b>5n</b>	Victimised you because of gang related issues?	3%	4%

## Wing analysis

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<b>SECTION 5: Safety continued</b>			
<b>6</b>	Have you been victimised by a member of staff?	22%	22%
<b>7</b>	Since you have been here, has a member of staff:		
<b>7a</b>	Made insulting remarks about you, your family or friends?	6%	13%
<b>7b</b>	Hit, kicked or assaulted you?	4%	0%
<b>7c</b>	Sexually abused you?	0%	1%
<b>7d</b>	Victimised you because of your race or ethnic origin?	3%	4%
<b>7e</b>	Victimised you because of drugs?	4%	6%
<b>7f</b>	Victimised you because you were new here?	3%	4%
<b>7g</b>	Victimised you because of your sexuality?	0%	0%
<b>7h</b>	Victimised you because you have a disability?	1%	1%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	1%	1%
<b>7j</b>	Victimised you because of your age?	2%	0%
<b>7k</b>	Victimised you because you were from a different part of the country?	5%	1%
<b>7l</b>	Victimised you because of your offence/crime?	3%	4%
<b>7m</b>	Victimised you because of gang related issues?	0%	1%
For those who have been victimised by staff or other prisoners:			
<b>8</b>	Did you report any victimisation that you have experienced?	29%	45%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	19%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	20%	15%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	46%	43%
<b>SECTION 6: Health services</b>			
<b>1a</b>	Is it easy/very easy to see the doctor?	32%	33%
<b>1b</b>	Is it easy/very easy to see the nurse?	57%	52%
<b>1c</b>	Is it easy/very easy to see the dentist?	6%	8%
<b>1d</b>	Is it easy/very easy to see the optician?	9%	13%
<b>2</b>	Are you able to see a pharmacist?	45%	51%
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:			
<b>3a</b>	The doctor?	51%	53%
<b>3b</b>	The nurse?	72%	60%
<b>3c</b>	The dentist?	36%	46%
<b>3d</b>	The optician?	33%	34%
<b>4</b>	The overall quality of health services?	38%	43%



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<b>Health services continued</b>			
<b>5</b>	Are you currently taking medication?	47%	50%
For those currently taking medication:			
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	77%	82%
<b>7</b>	Do you feel you have any emotional wellbeing/mental health issues?	24%	18%
For those with emotional wellbeing/mental health issues, are these being addressed by any of the following:			
<b>8a</b>	Not receiving any help?	17%	30%
<b>8b</b>	A doctor?	26%	21%
<b>8c</b>	A nurse?	9%	21%
<b>8d</b>	A psychiatrist?	13%	9%
<b>8e</b>	The mental health in-reach team?	57%	50%
<b>8f</b>	A counsellor?	22%	30%
<b>9a</b>	Did you have a drug problem when you came into this prison?	40%	30%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	29%	19%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	16%	15%
For those with drug or alcohol problems:			
<b>11</b>	Do you know who to contact in this prison for help?	91%	84%
<b>12</b>	Have you received any help or intervention while in this prison?	85%	81%
For those who have received help or intervention with their drug or alcohol problem:			
<b>13</b>	Was this intervention or help useful?	82%	79%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	41%	19%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	32%	14%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	63%	69%

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<b>SECTION 7: Purposeful activity</b>			
<b>1</b>	Are you currently involved in any of the following activities:		
<b>1a</b>	A prison job?	70%	63%
<b>1b</b>	Vocational or skills training?	13%	21%
<b>1c</b>	Education (including basic skills)?	29%	20%
<b>1d</b>	Offending Behaviour Programmes?	18%	15%
<b>2ai</b>	Have you had a job while in this prison?	87%	87%
For those who have had a prison job while in this prison:			
<b>2aii</b>	Do you feel the job will help you on release?	44%	53%
<b>2bi</b>	Have you been involved in vocational or skills training while in this prison?	70%	80%
For those who have had vocational or skills training while in this prison:			
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	72%	72%
<b>2ci</b>	Have you been involved in education while in this prison?	77%	86%
For those who have been involved in education while in this prison:			
<b>2cii</b>	Do you feel the education will help you on release?	71%	68%
<b>2di</b>	Have you been involved in offending behaviour programmes while in this prison?	78%	85%
For those who have been involved in offending behaviour programmes while in this prison:			
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	63%	68%
<b>3</b>	Do you go to the library at least once a week?	38%	34%
<b>4</b>	On average, do you go to the gym at least twice a week?	62%	72%
<b>5</b>	On average, do you go outside for exercise three or more times a week?	43%	54%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	6%	11%
<b>7</b>	On average, do you go on association more than five times each week?	78%	82%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	24%	30%
<b>SECTION 8: Resettlement</b>			
<b>1</b>	Do you have a personal officer?	73%	78%
For those with a personal officer:			
<b>2</b>	Do you think your personal officer is helpful/very helpful?	59%	63%
For those who are sentenced:			
<b>3</b>	Do you have a sentence plan?	71%	75%
For those with a sentence plan?			
<b>4</b>	Were you involved/very involved in the development of your plan?	61%	65%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	88%	83%
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	28%	37%
For those who are sentenced:			
<b>7</b>	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	35%	31%
<b>8</b>	Do you feel that any member of staff has helped you to prepare for release?	20%	14%
<b>9</b>	Have you had any problems with sending or receiving mail?	46%	56%
<b>10</b>	Have you had any problems getting access to the telephones?	24%	36%
<b>11</b>	Did you have a visit in the first week that you were here?	30%	25%
<b>12</b>	Did you receive one or more visits in the last week?	42%	41%

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<b>Resettlement continued</b>			
For those who have had visits:			
<b>13</b>	How are you and your family/ friends usually treated by visits staff? (Very well/well)	<b>55%</b>	<b>61%</b>
<b>14</b>	Have you been helped to maintain contact with family/friends while in this prison?	<b>35%</b>	<b>39%</b>
<b>15</b>	Do you know who to contact within this prison to get help with the following:		
<b>15b</b>	Maintaining good relationships?	<b>20%</b>	<b>12%</b>
<b>15c</b>	Avoiding bad relationships?	<b>13%</b>	<b>9%</b>
<b>15d</b>	Finding a job on release?	<b>23%</b>	<b>21%</b>
<b>15e</b>	Finding accommodation on release?	<b>23%</b>	<b>28%</b>
<b>15f</b>	With money/finances on release?	<b>16%</b>	<b>18%</b>
<b>15g</b>	Claiming benefits on release?	<b>34%</b>	<b>24%</b>
<b>15h</b>	Arranging a place at college/continuing education on release?	<b>19%</b>	<b>14%</b>
<b>15i</b>	Accessing health services on release?	<b>20%</b>	<b>16%</b>
<b>15j</b>	Opening a bank account on release?	<b>21%</b>	<b>16%</b>
<b>16</b>	Do you think you will have a problem with any of the following on release from prison?		
<b>16b</b>	Maintaining good relationships?	<b>13%</b>	<b>6%</b>
<b>16c</b>	Avoiding bad relationships?	<b>15%</b>	<b>11%</b>
<b>16d</b>	Finding a job?	<b>52%</b>	<b>32%</b>
<b>16e</b>	Finding accommodation?	<b>41%</b>	<b>24%</b>
<b>16f</b>	Money/finances?	<b>29%</b>	<b>23%</b>
<b>16g</b>	Claiming benefits?	<b>35%</b>	<b>11%</b>
<b>16h</b>	Arranging a place at college/continuing education?	<b>18%</b>	<b>8%</b>
<b>16i</b>	Accessing health services?	<b>16%</b>	<b>5%</b>
<b>16j</b>	Opening a bank account?	<b>33%</b>	<b>24%</b>
For those who are sentenced:			
<b>17</b>	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	<b>53%</b>	<b>65%</b>