

Report on an unannounced full follow-up
inspection of
HMP Leeds

3 – 12 March 2010

by HM Chief Inspector of Prisons

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Introduction

Leeds is a local prison that has had a patchy recent history. Progress made around the turn of the century had clearly stalled by the time of our 2005 inspection, and indeed there were serious concerns about staff culture, the overuse of force and an undercurrent of racism. There were some signs of improvement by the 2007 inspection, though outcomes for prisoners in three of our four key areas remained unsatisfactory or poor. It is pleasing to report that this unannounced follow-up visit charted further progress in all areas, as a result of close and effective management.

Safety at Leeds remained a concern. As at previous inspections, first night arrangements were good, but they were let down by poor induction processes and ongoing support after the first night. More prisoners than at comparator prisons said they had felt unsafe. They did not report high levels of victimisation, but systems to investigate and monitor alleged incidents were weak. A great deal of attention had been given to suicide prevention strategies and procedures, following a large number of self-inflicted deaths, and in general support arrangements had improved, with especially good support on B1 landing for prisoners with a range of vulnerabilities. Progress had been maintained in the segregation unit, and levels of use of force remained relatively low, but oversight of its use remained inadequate. The level of illicit drug use was high, and there was insufficient attention to supply reduction.

There had been a noticeable improvement in staff-prisoner relationships and considerable management attention to aspects of diversity, in particular race. Prisoners reported that the majority of staff treated them reasonably, though on all wings there were reports of a minority of staff who were dismissive or racist, and there was little proactive personal officer work. In spite of some effective work on race and religion, involving staff, prisoner representatives and outside agencies, black and minority ethnic, and in particular Muslim, prisoners continued to have much more negative perceptions of life at Leeds than other prisoners. There was widespread dissatisfaction with the food. Health services had improved, in particular mental health services, though there was no daycare provision and the inpatient regime was relatively poor.

There had been some improvements to the range and quality of provision, but there continued to be too little purposeful activity for men at Leeds. Allocation and assessment procedures were weak and resulted in some activity places being unfilled. The quality of educational provision had improved, but the quantity was insufficient, though participation was maximised through the use of part-time places. Much of the work available was mundane and wing-based, but there had been an increase in vocational training opportunities with good achievement of qualifications. Facilities in and access to PE were unsatisfactory, though further investment was planned. Time out of cell, though improved, was over-reported, and too many prisoners spent most of the day locked in cells.

Resettlement services were reasonably good, though they lacked effective strategic underpinning and needs analysis. All prisoners were seen at an early stage to identify need, but there were no tracking systems to ensure that needs were met, except for the minority of prisoners in scope of offender management. Some prisoners were able to benefit from accredited pre-release courses but a more coordinated approach to discharge arrangements was needed. There were, nevertheless, some good accommodation and finance services, good links with local job centres and excellent family support work through Jigsaw. Provision for those with drug problems was good and improving but, as in most other prisons, those with primary alcohol problems were poorly served.

Overall, this is an encouraging report on a prison that has had to grapple with some serious underlying problems. Improvements were evident in all three of the areas about which we had concerns last time: respect, safety and activity. It was particularly pleasing that relationships between staff and prisoners, a major concern at the last two inspections, had improved markedly, though a minority of staff continued to cause concern. It is a credit to managers and staff that progress has continued, in spite of the obvious limitations in a large, old prison with a transient population and insufficient activity places. Maintaining a safe and purposeful environment in such an environment is challenging, and Leeds will continue to need robust and effective management to sustain and continue its recent progress.

Anne Owers
HM Chief Inspector of Prisons

June 2010

Fact page

Task of the establishment

Leeds is a local prison holding prisoners remanded or sentenced by the courts in West Yorkshire. A key priority is to ensure prisoners are transferred or discharged, having had their resettlement needs assessed and, where appropriate, settled accommodation and employment arranged. The prison also focuses on providing health and lifestyle support to prisoners, including drug detoxification and prescribing programmes and delivering the short duration drugs programme.

Operational area

Yorkshire & Humberside area

Number held

1,128 (on 9 March 2010)

Certified normal accommodation

829

Operational capacity

1,154

Last full inspection

5 -14 December 2007

Brief history

Leeds has been serving the communities of West Yorkshire since 1847. The prison expanded in the 1990s with the construction of two additional residential units. B wing has recently re-opened following extensive refurbishment.

Short description of residential units

A wing Vulnerable prisoners

A1: Segregation unit – 23 single cells, two bio-hazard cells, a gated cell and two safer cells

B wing Convicted prisoners

B1: for up to 26 prisoners who require more intensive support to remain in the mainstream regime

C wing Mostly convicted but some unconvicted prisoners

D wing Induction

D1: first night centre

E wing Mostly convicted prisoners

F wing Remand prisoners

Health care centre

Healthy prison summary

Introduction

- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- | | |
|----------------------------|---|
| Safety | prisoners, even the most vulnerable, are held safely |
| Respect | prisoners are treated with respect for their human dignity |
| Purposeful activity | prisoners are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
 - **outcomes for prisoners are reasonably good against this healthy prison test.**
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
 - **outcomes for prisoners are not sufficiently good against this healthy prison test.**
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
 - **outcomes for prisoners are poor against this healthy prison test.**
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

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

- HP4 At the last inspection in December 2007, we found that Leeds was not performing sufficiently well against the healthy prison test of safety. We made 48 recommendations, of which 20 had been achieved, 11 had been partially achieved, 16 were not achieved and one was no longer relevant. We have made 30 further recommendations and three main recommendations.
- HP5 In December 2007, we found that Leeds was not performing sufficiently well against the healthy prison test of respect. We made 76 recommendations, of which 28 had been achieved, 18 had been partially achieved and 30 were not achieved. We have made 54 further recommendations and one main recommendation.
- HP6 In December 2007, we found that Leeds was performing poorly against the healthy prison test of purposeful activity. We made 16 recommendations, of which seven had been achieved, two had been partially achieved and seven were not achieved. We have made 13 further recommendations and two main recommendations.
- HP7 In December 2007, we found that Leeds was performing reasonably well against the healthy prison test of resettlement. We made 37 recommendations, of which 14 had been achieved, seven had been partially achieved, 15 were not achieved and one was no longer relevant. We have made 22 further recommendations and two main recommendations.

Safety

- HP8 A new reception building remained unsatisfactory, but prisoners no longer waited there very long. First night procedures were good, but there was no effective induction and little ongoing support during the early days in custody. The violence reduction strategy had improved, but monitoring of alleged bullies was poor. Some procedures for those at risk of suicide and self-harm were better, but daily monitoring entries were often just observational. The level of use of force was not high, but oversight was inadequate. The segregation unit and B1 landing provided some good care. The mandatory drug testing rate was high and there was insufficient attention to supply reduction. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP9 Most prisoners came from nearby local courts, but journeys were sometimes protracted, despite the short distances. Few prisoners received any information about the prison in advance. Prisoners transferring elsewhere were given sufficient notice. The reception building was still unsatisfactory, but prisoners no longer waited so long in holding rooms.
- HP10 There were some good support services on arrival. Most men were able to shower on the day they arrived and they were given credit to make a free telephone call. More prisoners than the comparator said they had felt safe on their first night. First night procedures were good and all men were interviewed in private. However, these good first night arrangements were not backed up by a well organised induction period to ensure that new arrivals received appropriate information and help during their early

days in custody. Induction arrangements were haphazard and many prisoners missed it completely and did not know how things worked in the prison. There was no formal induction programme for vulnerable prisoners.

- HP11 As at the last inspection, more than the comparator in our survey said they had felt unsafe in the prison at some time. However, fewer said they felt unsafe at the time of the survey and prisoners did not report high levels of victimisation by other prisoners. There was consultation with prisoner representatives at the safer prisons meeting, but there had been no recent wider internal survey to inform the violence reduction strategy. Reporting of violence-related incidents and potential bullying had improved, with a more focused strategy, but there were still no effective procedures to ensure that investigations took place promptly and that alleged bullies and their victims were monitored. Following criticism at a recent inquest, there was more attention to cell-sharing risk assessments and the need to keep them under review. Vulnerable prisoners on A wing said they felt safe there, but not when moving through the prison. B1 landing had developed as a specialist unit to help with more difficult and vulnerable prisoners and was working very effectively.
- HP12 Prisoners from some groups at high risk of suicide and self-harm were identified on their first night and monitored. A centralised safer prisons team provided more consistent case management of prisoners at risk. Initial assessments were generally good, but reviews were not always well planned to involve relevant people from different departments. Care plans were good and included prisoners' families in appropriate cases. Entries in monitoring booklets were often observational rather than demonstrating positive interaction, and entries at night were too regular. Listeners felt well supported by most staff, but some believed they were given too much responsibility to look after vulnerable prisoners who needed the support and care of staff. There had been a number of deaths in the prison in recent years and attention was given to reviewing previous recommendations from investigations and findings from inquests. The prison conducted its own investigations into near-fatal incidents.
- HP13 Physical security was sound. Approximately 500 security information reports were submitted each month, but it was not always clear that appropriate action was taken sufficiently quickly. Few prisoners had been placed on closed visits, but not all cases were appropriately linked to security information and risk associated with visits. Procedures to review closed visits decisions were good and decisions were often changed as a result.
- HP14 The segregation unit accommodation was good and prisoners had daily showers, telephone calls and opportunities to exercise, although the exercise yard was very stark. Most prisoners did not stay in segregation for long, but monitoring arrangements for those longer stayers were good and they had appropriate care plans with suitable targets. Segregation staff had received relevant training and interacted very well with prisoners.
- HP15 The number of formal disciplinary charges against prisoners was relatively low. Most records of adjudications showed they were satisfactorily conducted, although some did not include enough evidence to indicate that charges were fully investigated. Quality assurance of adjudications was good, but there was little analysis of data to identify any trends or action.
- HP16 The level of use of force was not high, but oversight was inadequate. Some of the records had documentation missing from incidents months earlier. Videos of planned

use of force were not reviewed and we saw some poor practice in some of those we viewed. Special accommodation was used only infrequently, but authorisation was not always obtained each time the 'biohazard' cell was used.

HP17 The integrated drug treatment system (IDTS) had only recently been introduced. It was operating reasonably well, but staff shortages meant clinical reviews did not always take place in line with IDTS timescales and only the most complex cases had joint reviews. Prescribing practice, which included the unusual use of morphine sulphate as an alternative to methadone or buprenorphine, needed to be kept under review. Controlled drugs were regularly administered by a single pharmacy technician, which was not good practice. With a random mandatory drug testing positive rate of approximately 18%, the level of illegal drug use appeared high and not enough attention was paid to supply reduction strategies. In the six months to January 2010, there had been no risk or frequent testing and very few suspicion tests completed.

Respect

HP18 Staff-prisoner relationships had improved, but personal officer work was not yet embedded. The prison was mostly clean. There was little satisfaction with the food and prisoners found the shop expensive. The incentives and earned privileges scheme was appropriately monitored. Applications were poorly managed, but complaints were better monitored. Prisoners had appropriate access to religious services. Wider diversity work was underdeveloped and identification of prisoners with disabilities was poor. Foreign national work was satisfactory. There were good race equality procedures, but perceptions of black and minority ethnic prisoners and other minority groups were poor. Health care had improved, including the development of primary mental health services but accommodation was poor. Outcomes for prisoners were reasonably good against this healthy prison test.

HP19 Relationships between staff and prisoners had improved. Although still not as good as comparator prisons, the number in our survey who said most staff treated them with respect and that they had a member of staff they could turn to for help had increased significantly. Prisoners in groups said most staff treated them reasonably, although they were not always willing to help them. They said some officers were very supportive, but that a minority of staff on all wings were actively hostile. Interactions we observed were mostly good, although there were some isolated examples of disrespectful behaviour by officers. There was better awareness of personal officers, but few examples of active support. Personal officer entries in the electronic case notes were very sparse.

HP20 The prison was generally clean and well kept both internally and externally. Many single cells continued to be shared and E and F wings had inadequate toilet screening. B wing had been refurbished and provided some better accommodation. Most prisoners were able to get toiletries and cell cleaning supplies, but there were problems with cell furniture. Men were usually able to shower daily.

HP21 There continued to be a high level of dissatisfaction with the food. The food was served hot, but some was tasteless. Serveries were not always well supervised to ensure prisoners got fair portions. Meals were served too early.

- HP22 Prisoners with cash when they arrived could buy an extra reception pack, but otherwise could wait up to two weeks for their next shop order. Wages were low and prisoners found the shop prices relatively expensive. There was still no opportunity to buy goods from catalogues.
- HP23 Few prisoners were on the basic regime of the incentives and earned privileges (IEP) scheme and, although there were many more negative than positive entries in case notes, the scheme did not operate as severely as before. A monitoring system to scrutinise IEP warnings before issue helped ensure fairness.
- HP24 Different religious faiths were appropriately catered for and prisoners had good access to religious services and faith classes. However, Muslim prisoners who worked full time could not shower before attending Friday prayers. Chaplains were accessible and gave good pastoral support, especially to the bereaved and other vulnerable groups.
- HP25 An overarching diversity and equality policy referred to most of the main areas of diversity, but did not set out fully what would be done under each strand to promote equality and challenge discrimination. The senior management board received regular reports on race, foreign nationals and disability, but other aspects of diversity such as age, religion and sexuality were not covered. In our survey, Muslim prisoners were more negative than others in a range of areas and reported disparaging remarks by officers. There was little recognition of the specific needs of older men. Some reasonable support was provided to men with disabilities, but there were no individual support plans. The prison had identified only six men with disabilities and the large discrepancy between this and the proportion of men in our survey who identified themselves as having disabilities suggested a problem with identification.
- HP26 Considerable efforts had been made to involve and consult black and ethnic minority prisoners, but many more black and minority ethnic prisoners than white prisoners in our survey indicated negative perceptions of their treatment. Prisoners said most staff respected their heritage and that senior managers were committed to eradicating discrimination, but also that a small number of staff were overtly racist and they did not believe this was tackled robustly enough. A full-time race equality officer thoroughly investigated racist incident reports, which were subject to effective scrutiny arrangements. Ethnic monitoring did not indicate any major problems and, while it was reasonably wide ranging, it did not drill in sufficient detail to provide reassurance that allocation to specific jobs was equitable.
- HP27 A detailed foreign nationals policy was adequately monitored by the race equality action team, but there was no dedicated management meeting to deal with specific foreign national issues. All foreign national prisoners were seen by the foreign national coordinator and there were established links with the UK Border Agency. Foreign national prisoners were supported through a regular forum and by the race representatives. Wing case notes indicated that staff were aware of their specific needs, but there was no routine independent immigration advice. There was a reasonable range of information in languages other than English and telephone interpreting was used regularly.
- HP28 Bail information officers saw all newly remanded men. Relatively few information reports were prepared, but with some success. Only one of the legal services officers and none of the bail information officers had received formal training, but prisoners were seen promptly and there was a good range of legal services materials.

- HP29 There was no system to track the progress of applications and prisoners said they constantly had to chase them up. Most replies to complaints were polite and relevant, although some were curt and did not address the issues raised. Regular management checks and a quarterly scrutiny panel helped ensure quality of replies.
- HP30 Many prisoners complained about delays in seeing the doctor and other health professionals. A health care representative scheme had been introduced and had led to some benefits in providing appropriate patient care, but much of the health care accommodation was of a poor standard. A new health needs assessment was due to take place and a designated group of primary care staff was beginning to offer a more appropriate range of services across the prison. Mental health services had improved, with an established primary team and good liaison with secondary mental health services. Some individual day services for men with mental health problems were provided, but there was no day care centre. A new team working across three prisons in the area provided specialist services to patients with life-long conditions. The dental suite was not fit for purpose, but the expected range of treatments was provided and the waiting list was reasonable. Inpatient provision was relatively poor. There was a generally satisfactory pharmacy service, but the in possession policy needed some clarification to implement it effectively. There was little active health promotion across the prison.

Purposeful activity

HP31 Time out of cell had improved, but too many prisoners continued to spend most of the day locked in their cells. The quality of learning and skills and work activities had improved, but opportunities for vulnerable prisoners were less good. PE provision was of good quality, but there was not enough to meet needs. More prisoners than previously were able to participate in activities through part-time arrangements, but overall there were activity places for only about half the population. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP32 Time out of cell had improved. The national system for reporting time out of cell gave a figure of just over seven hours, which was an unrealistic average as seven hours was the best case. Apart from an hour of association and exercise, unemployed men spent most of the day locked in their cells. Time out of cell on Saturdays was particularly poor. Most men got daily association and exercise, but full-time workers did not get much time in the open air.

HP33 There was a clear strategic direction for learning and skills and better partnership working within the prison. There had been planning and rationalisation of the provision to fit with other prisons in the area. The number of activity places was equivalent to about 572 full-time places, many of which were part time. This allowed more men to participate in activities, but overall there was insufficient provision to meet needs. Opportunities for vulnerable prisoners were limited. Allocation to activities was ineffective and the information, advice and guidance service was unsatisfactory, although beginning to improve.

HP34 The education curriculum was satisfactory and, although some teaching was mundane, achievement was good and had improved. Initial assessment of literacy and numeracy and English for speakers of other languages needs was satisfactory when completed, but about 40% of prisoners did not undertake initial assessments.

There was little support for those involved in distance learning and funding for higher levels was no longer available.

- HP35 There was a reasonable range of vocational courses for a local prison, but a large number of jobs were wing based and many jobs, such as cleaners, did not fully occupy prisoners. The overall quality of work had improved and attendance was good. Prison workshop activities included packing, textiles and IT production and accredited courses were also available for kitchen workers. Around 50% of prisoners took a useful preparation course before starting work in the prison. Achievement of qualifications at work was good. Workshops were well run and prisoners gained some skills, but not all were formally recognised. Vocational training had improved with the addition of a multi-skills construction workshop, and the prison provided useful work experience for prisoners in the painting and decorating workshop. Progression from the IT vocational workshop to the prison IT production workshop was good and provided opportunities for men to gain higher level qualifications. Pay rates were low, but did not act as a disincentive to attending education.
- HP36 The two libraries were closed for refurbishment, but appeared generally satisfactory. Prisoners had been able to borrow up to eight books to cover the closure and temporary arrangements had been made for them to access relevant Prison Service Orders and legal materials.
- HP37 PE facilities were mostly unchanged. Planned further investment to improve showers, free weights and outside facilities were at an advanced stage, but not yet assured. A range of accredited PE courses was run by well qualified instructors and achievements were good. The gym was open every day, but only 39% of prisoners used it and it is was not clear that access arrangements from each wing were equitable. There were good links between PE and health care to help promote healthy lifestyles.

Resettlement

- HP38 There was an insufficiently strategic approach to resettlement and no underpinning needs analysis to help development and identify gaps in provision. Sentence planning and offender management work was reasonably good. All prisoners had needs assessed against the pathways, but outcomes were not systematically tracked. Some good services were provided in accommodation and finance and to promote and support family contact, although it was difficult to get through to the visits booking line. There were no formal discharge arrangements. Drug services were good, but there was little for men with alcohol problems. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP39 The resettlement strategy was based on the resettlement pathways, but there were no clear strategic targets other than to meet the Prison Service key performance targets. A good amount of statistical information was collected, but there was no clear needs analysis. There were named pathway leads, but no pathway meetings or action plans linked to the strategy. The resettlement policy board met quarterly, but meetings were poorly attended. Monthly meetings with voluntary sector practitioners were better attended and voluntary sector provision was well coordinated, but did not feed into the strategic overview. An effective and helpful community chaplaincy project was run. The lack of a local needs analysis meant there was no assessment

of gaps in provision to meet offending behaviour needs and no accredited courses were run other than the short duration drugs programme.

- HP40 Offender assessments and sentence plans were largely up to date. Initial assessments against the resettlement pathways were completed for all prisoners, including those on remand, but there was no central tracking to ensure that assessed needs were met. There were almost 250 prisoners in scope for formal offender management procedures and most had regular contact with offender supervisors and offender managers, the latter helped by the fact that most prisoners were from the local area. Those in scope usually had multidisciplinary sentence plan boards, but others mostly involved just the offender supervisor and the prisoner. A number of home detention cases had been delayed, but the backlog was beginning to be tackled. Appropriate attention was paid to public protection arrangements.
- HP41 There were 36 prisoners serving indeterminate sentences for public protection (IPP) and 23 life-sentenced prisoners, nine of whom had been recalled. A trained lifer team explained the implications of the life and indeterminate sentences to new prisoners and actively tried to arrange suitable transfers. Most category C IPP prisoners were able to progress reasonably quickly, but it was more difficult to arrange transfers to category B prisons. Four of the IPP prisoners were past tariff and urgently needed to progress. Some were delayed because of the parole process and the difficulty of moving once a hearing was planned.
- HP42 All prisoners were seen on the first night centre to assess housing need and few prisoners were recorded as leaving without accommodation. New prisoners were also seen by JobCentre Plus workers who dealt with benefit issues. Good finance and debt advice was provided by a Leeds Credit Union worker, but services were very stretched. Despite this, many prisoners had been helped to open bank accounts. Only prisoners taking part in a pre-release course could benefit from a money management course. Discharge arrangements for most prisoners were not well developed, including in health care where there had been little focus on the health care resettlement pathway.
- HP43 There was an information, advice and guidance service for prisoners before release and some were able to benefit from an accredited pre-release course to help put together a curriculum vitae, make job applications and develop job search skills. JobCentre Plus provided a good service and specialist probation champions had been developed at many local Job Centres to support prisoners who had just been released. Most prisoners were discharged to West Yorkshire, but there had been no analysis to identify employment needs in the area and there were few established links with employers.
- HP44 Some family work had been developed in conjunction with the Jigsaw charity, which ran the visitors' centre and provided some excellent support and services to visitors and families. A range of family and children's days was run and prisoners could attend parenting and relationship courses. A family support worker saw all new arrivals and helped with any family issues. Visitors had problems getting through to the visits booking line. The visits room had uncomfortable fixed furniture and prisoners had to wear identifying bibs even though photographs and biometrics were used. The play area in visits was open only at weekends. Telephones on wings could not be used in private.

HP45 The counselling, assessment, referral, advice and throughcare (CARAT) team provided a good service and ran courses to help fill the gap caused by the lack of the full IDTS psycho-social programme. Many prisoners in our survey said they had an alcohol problem and prisoners could attend Alcoholics Anonymous groups, but no other alcohol programmes were run. The short duration drugs course was appropriate for many and valued by those who participated. Links to local drug intervention programme (DIP) services were very good.

Main recommendations

- HP46 The reception building should be replaced or fully remodelled to provide an appropriately safe and respectful environment for new arrivals at the prison.
- HP47 A strategy for the early days in custody should be developed to ensure that the first night arrangements are sustained and backed up by effective ongoing support and induction.
- HP48 Effective procedures should be introduced to ensure that alleged bullies are appropriately monitored by wing staff.
- HP49 A new disability strategy should be developed to include improved identification procedures and to set out how the individual needs of prisoners with disabilities will be met.
- HP50 Further work should be undertaken with black and minority ethnic and Muslim prisoners to address the relatively negative perceptions of their treatment and feelings of safety and to ensure that any inappropriate language or behaviour by staff is dealt with robustly.
- HP51 Sufficient work and education places should be provided to allow all prisoners the opportunity to participate in purposeful activity.
- HP52 All prisoners should have the opportunity for at least one hour of association and one hour of exercise every day including at weekends.
- HP53 The prison's resettlement strategy should be based on an objective and up-to-date assessment of the resettlement needs of the population and should specify services and target outcomes for the different groups of prisoners, including remand, indeterminate-sentenced, short-term convicted and vulnerable and recalled prisoners.
- HP54 A suitably sized and appropriately equipped visits facility should be provided to meet the needs of prisoners and their visitors.

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	To the governor
MR1	<p>The reception building should be replaced or fully remodelled to provide an appropriately safe and respectful environment for new arrivals at the prison. (HP41) Not achieved. Reception was mostly unchanged and still cramped, even though part of the large reception desk had been removed. Some holding rooms were poorly supervised and had limited facilities. Funding for a new reception had been approved, but there was no decision on when work would start. (See section on first days in custody.) See main recommendation HP46.</p>
MR2	<p>Effective bullying and violence reduction strategies should be developed, which ensure that all alleged incidents of violence and bullying are reported, and investigated and monitored by senior managers. (HP42) Not achieved. A centralised safer prisons team now investigated violent incidents and case managed prisoners involved in bullying or violent incidents. More incidents were referred, but investigations were not completed promptly. There were no systems on the wings to ensure that prisoners were monitored and their cases reviewed. (See section on bullying and violence reduction.) See main recommendation HP48.</p>
MR3	<p>The overall management of safer custody procedures should be improved to ensure good quality assessment, review, interventions, monitoring and engagement with all prisoners potentially at risk. (HP43) Partially achieved. A safer prisons team provided more consistent case management of prisoners subject to assessment, care in custody and teamwork (ACCT) procedures. Initial assessments had improved. Some reviews involved staff from other disciplines, but many still involved only wing staff. There was a reasonable range of interventions, but entries in the on-going record were mostly observations rather than reflecting regular interaction. (See section on self-harm and suicide.)</p>
MR4	<p>Managers should develop a clear strategy to deal with the underlying negative staff culture and improve relationships between staff and prisoners, including the development of an effective personal officer scheme. (HP44) Partially achieved. A number of initiatives had begun aimed at improving staff culture, including some workshops for managers and the re-launch of the personal officer scheme. It was not entirely clear that these amounted to a single coherent strategy, but there were some indicators that relationships between staff and prisoners and general staff culture had improved. (See section on staff-prisoner relationships.)</p>
MR5	<p>Black and minority ethnic and Muslim prisoners' negative perception of some aspects of their treatment should be examined and discussed at regular specific consultation meetings with these groups of prisoners in order to understand and tackle the underlying causes. (HP45) Partially achieved. In our survey, a significant percentage of black and minority ethnic and</p>

Muslim prisoners said they did not feel they were treated as well as white prisoners. Efforts made to improve perceptions among black and minority ethnic prisoners included extensive consultation with them when completing impact assessments. Each wing also had a prisoner race representative trained and supported by the diversity team. They met formally as the race relations advisory group, which was also attended by the diversity manager, the race equality officer and staff from health care and education. Race representatives said the governor and senior managers were committed to eliminating racial discrimination and improving the treatment of black and minority ethnic prisoners, citing the racist incidents scrutiny panel and the regular formal and informal consultation with managers as examples of this. They said most staff respected their heritage, but that a minority were overtly racist and this was not tackled sufficiently robustly. (See main recommendation at HP50 and section on race equality.)

MR6 A full assessment of the mental health service provision should be undertaken and appropriate primary and secondary mental health services provided to meet identified needs. (HP46)

Partially achieved. There was now a primary mental health and well being service. The service specification and delivery plan detailed its aims and outcomes and how it would, where possible, reflect services in the community. Secondary mental health services saw prisoners with severe and enduring mental health problems and the team also served the local magistrates court and four approved premises in the area. The teams appeared to work well together. The latest health needs assessment (HNA) had taken place 18 months previously, but, while it made some reference to mental health services, it did not include a full assessment. Another HNA was due to be completed shortly after the inspection. (See section on health services.)

MR7 Sufficient work and education places should be provided to allow all prisoners the opportunity to participate in purposeful activity. (HP47)

Not achieved. The introduction of a free flow line route had enabled more remand and convicted prisoners to access the full range of purposeful activity. While the range and number of activity places had increased, they remained insufficient to meet the needs of the population. The provision of work for vulnerable prisoners was still limited, but slightly improved in education. (See section on learning and skills and work activities.)

See main recommendation HP50.

MR8 The amount of time prisoners spent out of their cell should be increased, particularly at weekends, and all prisoners should have the opportunity for at least one hour of association and one hour of exercise every day. (HP48)

Not achieved. Prisoners could have exercise, which was split on all wings into 30 minutes in the mornings and 30 minutes in the afternoons. Full-time and part-time workers could not, therefore, have a full hour of exercise on weekdays. All prisoners had one hour of association every weekday, but on Saturdays it was still limited to prisoners on the enhanced regime. (See section on time out of cell.)

See main recommendation HP51.

MR9 All prisoners, including those serving under 12 months, should have a written plan setting out how their resettlement needs will be met. (HP49)

Partially achieved. The resettlement passport had been discontinued and replaced by a pathways document, by which all prisoners were assessed for resettlement needs such as housing, finance, benefit and debt and substance misuse. However, there was no monitoring to ensure their needs were met. (See section on offender management and planning.)

MR10 A senior manager should review all aspects of visits and contact arrangements to ensure that there are good and suitable arrangements to encourage men to remain in

contact with their children, partners and families, that families are involved as appropriate and that all staff understand the importance of such contact in terms of safety and good resettlement outcomes. (HP50)

Achieved. The visits process had been formally reviewed in 2008 with published terms of reference and set objectives. Prisoners, visitors and staff had been consulted. A published action plan included lead responsibilities for implementing recommendations and target completion dates, although the 'actual completion date' column was blank. Changes made included the introduction of family forums and some training for visits staff. (See section on resettlement pathways.)

MR11 **A new or refurbished visits facility should be provided to accommodate the volume of visits required, with access for people with disabilities, a supervised play area, refreshment facilities and more private closed, social and legal visit booths. The environment should be made welcoming and suitable for children. (HP51)**

Not achieved. The visits room could still take only up to 24 visitor groups so not all prisoners could have weekly visits. Seating was fixed, uncomfortable and regimented. A play area had been created, but was open only at weekends and during school holidays. The area above the main visits room was used for legal visits and children's days, but remained inaccessible to some people with disabilities. Neither the closed visits nor the legal visits booths offered sufficient privacy. (See section on resettlement pathways.)

See main recommendation HP53.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners who have completed court appearances in the morning should be brought to the prison during the day. (1.6)

Partially achieved. Some prisoners did not arrive until late afternoon or early evening, having waited long hours in court cells or because the van had picked up prisoners from different courts on the way. Prisoners who arrived during a roll count were also delayed when the van was held in a sterile area until the count was correct.

Further recommendations

- 1.2 All prisoners should be brought to the prison with the minimum of delay.

- 1.3 Prisoners should not have to wait in vans due to an incorrect roll count.

- 1.4 Information about what to expect on arrival at Leeds should be provided at courts. (1.7)

Not achieved. Although the action plan said information leaflets were available at local courts, none of the men we spoke to had received any written or verbal information before their arrival. **We repeat the recommendation.**

Additional information

- 1.5 Most prisoners arrived by 7pm. Some prisoners involved in lengthy trials said they could not shower before leaving for court in the morning or sometimes even on their return. In a recent six-month period, an average of 506 prisoners had attended court each month while 117 had used the video link. Prisoners were given 24 hours notice of planned transfers.

Further recommendation

- 1.6 Prisoners involved in trials should be able to shower irrespective of the time they return.

First days in custody

Expected outcomes:

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

1.7 Prisoners in reception should be given information about the reception process and provided with refreshments. (1.27)

Partially achieved. Information about reception and first night procedures was available in numerous languages, but the leaflets were not automatically given to prisoners who needed them or displayed in holding rooms. Reception staff did not give specific verbal information to new arrivals beyond answering questions. Prisoners arriving from court in the late afternoon or evening could now help themselves to hot drinks, but those going to court or transferred in the mornings were not offered anything to eat or drink.

Further recommendation

1.8 New arrivals should be given information about reception and first night procedures.

Housekeeping point

1.9 Men going to court or being transferred should be able to get a hot drink in reception.

1.10 The prison, through the court users group, should emphasise the importance of ensuring all relevant information available in court travels with the prisoner to assist staff completing first night assessments. (1.28)

Achieved. Relevant information arrived with prisoners.

1.11 There should be improved access to the police national computer to establish prisoners' previous convictions where these have not arrived from court. (1.29)

Not achieved. Officers completing cell-sharing risk assessments (CSRAs) still did not have access to the police national computer and therefore relied on information arriving with the prisoner or given by him. There were no systems to check the records of men who had been in the prison before.

We repeat the recommendation.

1.12 Prisoners should spend no longer than an hour in the holding room after the reception processes have been completed and managers should monitor this. (1.30)

Achieved. Prisoners did not spend a long time in reception and a free-flow system ensured they moved more quickly from reception to the first night centre.

1.13 All new prisoners should be told on their first night about the use of the emergency cell bells and the routine to expect for the first 24 hours in custody and asked about their reaction to imprisonment. (1.31)

Achieved. The use of cell bells and what to expect on the first evening and following day was explained to new arrivals. They were also asked if they understood what had happened to them in court and how they were feeling.

- 1.14 **An Insiders scheme should be developed and new prisoners given the opportunity to meet with peer supporters, including Listeners, in reception and before they are moved from the first night centre. (1.32)**

Partially achieved. While there were no Insiders, Listeners were based in reception and on the first night centre, but did not actively engage with new arrivals and their existence and role were not always explained. In our survey, 31% of prisoners, more than the comparator but fewer than in 2007, said they had met a Listener in their first 24 hours. Listeners were also based on D wing to meet new arrivals, but there was nothing to ensure that they gave prisoners consistent information and not all prisoners went to D wing from the first night centre.

Further recommendation

- 1.15 Listeners should actively engage with all new arrivals to provide positive support and explain their role.

- 1.16 **Night staff on the first night centre should be made aware of prisoners who may be at heightened risk or need additional reassurance, such as those in prison for the first time, and be watchful of them. (1.33)**

Partially achieved. The handover sheet in the first night centre recorded details such as prisoners new to custody or recalled to prison. Night staff were aware of this sheet, but could not tell us the status of individual prisoners.

Further recommendation

- 1.17 Night staff on the first night centre should be aware of the status of individual prisoners.

- 1.18 **Better facilities should be provided for agencies and departments interviewing prisoners on their first morning in custody. (1.34)**

Achieved. Private interview booths had been provided on the first night centre.

- 1.19 **All prisoners, particularly those in custody for the first time or withdrawing from drugs, should receive an induction that meets their needs. (1.35)**

Not achieved. In our survey, 60% of prisoners, significantly fewer than the comparator of 76%, said they had attended induction. On one day of the inspection, only around 50% of those listed to attend actually did so. More prisoners appeared to attend the first day of induction, which was an education assessment, than later sessions. Many said they found out about the prison from other prisoners. There was no effective system to ensure that all prisoners attended and some prisoners had been at Leeds for several weeks or months without completing induction. Induction sessions were delivered simultaneously to different groups of prisoners at opposite ends of a large room, which was distracting and could be noisy. There was no formal induction for vulnerable prisoners.

Further recommendation

- 1.20 All prisoners should receive a quality structured induction starting on the first full working day after reception and delivered in a quiet room free of interruption.

- 1.21 **The prisoner information booklet should be updated and clearly describe the induction process. (1.36)**

Not achieved. The prisoner information booklet mentioned induction, but did not describe its

structure, who should attend or when it was delivered.
We repeat the recommendation.

1.22 Prisoners should be able to get money credited to their telephone account within 24 hours. (1.37)

Not achieved. Many prisoners complained to us about delays in activating telephone credit. Although the clerk responsible did not have any outstanding applications, the application system did not work sufficiently well to ensure they reached the clerk quickly. All new arrivals were given a telephone list to complete on the first night centre, but some said it took too long to get a personal identification number (PIN) and to get the listed numbers approved.
We repeat the recommendation.

Additional information

Reception

- 1.23** The holding rooms at the back of reception were not routinely supervised by officers or closed-circuit television and prisoners clearly smoked while held there. Prisoners in the holding rooms by the reception desk were not locked in and could help themselves to a hot drink. Only one holding room had access to a toilet and nothing was provided to help pass the time. Prisoners were not asked if they wanted to get numbers from their mobile telephones. Officers were relaxed and friendly, but addressed prisoners by surname alone. In our survey, more than the comparator and than in 2007 said they had been searched respectfully in reception and the same as the comparator but fewer than in 2007 said they had been well treated.

First night

- 1.24** All new arrivals spent their first night on the first night centre, where procedures were very good and the atmosphere was relaxed and supportive. In our survey, almost three-quarters of prisoners said they had felt safe on their first night, which was better than the comparator, but not as good as previously. Black and minority ethnic and Muslim prisoners were less positive. Cells were properly prepared, but cell toilets were dirty. All new arrivals could shower and make a telephone call and each was given £4 telephone credit, of which £2 was free. Officers made a call on a prisoner's behalf if there were identified public protection issues. Smoker's and non-smoker's packs were offered. These sometimes had to last some weeks (see section on prison shop), but prisoners arriving with more than £10 could buy bigger packs. The cost of packs and repayment arrangements were not always explained.
- 1.25** New arrivals were interviewed in private on the first night centre, with particular attention paid to men new to custody and others such as licence recalls, those receiving long sentences or with serious offences against a partner or family member. Interviews were relaxed and prisoners could ask questions. They were asked if they minded sharing with unconvicted or convicted prisoners before being allocated a cell and signed compacts about behaviour, in-cell television and telephone use. Information was recorded electronically and accessible to wing staff. Prisoners were not asked about any children or other dependants.
- 1.26** All prisoners were given a hot meal. They were not locked in their cell, but could talk to staff, other prisoners or Listeners on the wing. All shared a cell on their first night unless a risk assessment indicated otherwise. Most were seen by a chaplain on their first evening and by a JobCentre Plus worker and drugs worker the following morning. They were also seen by a

resettlement officer to complete a pathways interview (see section on strategic management of resettlement).

- 1.27 Prisoners generally stayed on the first night centre for only one night. They were then supposed to move upstairs to D wing, but in practice went wherever there was space in the prison so the good first night support was not continued through the induction period.

Induction

- 1.28 Apart from the education assessment (see above), there was a two-hour presentation, which was delivered in a relaxed way and prisoners were encouraged to ask questions. However, some officers assumed that all prisoners were literate and did not read aloud the information on the screen. Some subjects, such as race equality, were not covered in enough depth. Apart from a short talk by a probation worker, there were no presentations from other departments. Evaluation forms were handed out, but the comments made were not analysed. Sentenced prisoners were also seen by an observation, classification and allocation officer, told about their categorisation and advised about a transfer if this was planned. In our survey, similar to the comparator and more than in 2007 said the induction programme had covered everything they needed to know.

Further recommendations

- 1.29 All areas of reception should be effectively supervised.
- 1.30 Prisoners should be asked if they have caring responsibilities for children or other dependants.

Housekeeping points

- 1.31 Prisoners should be asked if they want to get numbers from mobile telephones before these are placed in stored property.
- 1.32 In-cell toilets on the first night centre should be deep cleaned.
- 1.33 Prisoners should be informed about the cost of reception packs and repayment arrangements.
- 1.34 Induction evaluation questionnaires should be analysed to inform the development of the programme.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 Cells should be refurbished and decorated as part of a rolling programme, with those in worst condition identified for priority. (2.14)
Partially achieved. At least one prisoner on every wing was employed as a painter, but some painted cells on request from prisoners and not all followed a clear system to ensure cells in the worst condition were prioritised.

Further recommendation

- 2.2 All wings should have a staff supervised system for prioritising cells for repainting.
- 2.3 Single cells should not be used to accommodate two prisoners. (2.15)
Not achieved. Most single cells were still occupied by two prisoners.
We repeat the recommendation.
- 2.4 All prisoners should have a lockable cupboard. (2.16)
Not achieved. There were no lockable cupboards on any wing.
We repeat the recommendation.
- 2.5 Convicted and remand prisoners should not have to share cells. (2.17)
Not achieved. F wing had been designated a remand wing, which had gone a considerable way to addressing this issue, but some convicted and remand prisoners continued to share. Few staff we spoke to were aware this should be avoided.
We repeat the recommendation.
- 2.6 Prisoner consultation groups should be held regularly and minutes posted on all wings. (2.18)
Partially achieved. Prisoner consultation groups were held quarterly, but minutes were not posted on wings. Minutes indicated that prison managers genuinely tried to engage with prisoners and, where appropriate, implement suggestions and alter practices.
- 2.7 Emergency cell call bells should be answered within five minutes and managers should check this regularly. (2.19)
Not achieved. During the inspection, a number of cell bells were not answered within five minutes and in one case the wait was 13 minutes. The duty manager activated only one cell bell every Saturday and timed the response, which was not a sufficient management check. In our survey, 24% of prisoners, significantly worse than the comparator of 36%, said their cell bell was normally answered within five minutes.
We repeat the recommendation.

- 2.8 **In-cell toilets should be fully and appropriately screened. (2.20)**
Partially achieved. In-cell toilets on A, B, C and D wings were appropriately screened, but those on E and F wings were not screened at all.

Further recommendation

- 2.9 Toilets on E and F wings should be appropriately screened.

- 2.10 **There should be at least one telephone to every 20 prisoners on each wing and all should be in privacy booths. (2.21)**
Partially achieved. Additional telephones had been installed. Not all had privacy hoods and, while there were volume controls on the newer telephones, there was often considerable background noise on the wings.

Further recommendation

- 2.11 Some telephones on each wing should be placed in booths.

- 2.12 **Prisoners should be able to make calls home at times convenient to families who work. (2.22)**
Partially achieved. Only prisoners in full-time employment had evening association and others found it difficult to make calls when friends and family were most likely to be available. Some, but not all, staff tried to facilitate calls for prisoners if approached.

Further recommendation

- 2.13 All staff should allow reasonable requests from prisoners not in full-time employment to make telephone calls to families during the evening.

- 2.14 **All showers should be used, with equal access for all prisoners. (2.23)**
Partially achieved. Apart from one shower on A wing used to store cell furniture, all showers could be used by any prisoner on association. However, six on A wing, two on D wing and four on E wing were broken and had been for some time.

Further recommendation

- 2.15 Showers should not be used as store rooms and broken showers should be repaired quickly.

- 2.16 **At a minimum, all unconvicted prisoners should be allowed to wear their own clothing without unnecessary restrictions, including being allowed to mix with prison clothing. (2.24)**
Achieved. Unconvicted prisoners could wear their own clothes and were offered the option of doing so on arrival by reception staff.

Additional information

- 2.17 Most cells contained two cupboards, a table and a chair. Much of the furniture was in poor condition, with broken doors on cupboards and backs missing off chairs. Cells were in reasonable condition except that many toilets had seats and lids missing. All residential areas and cells were warm, but prisoners and staff said the four older wings (see fact page) had little ventilation in the summer months. Unlike at the last inspection, none of the cell observation panels were blocked or covered. The offensive displays policy was not consistently enforced on the wings.

Hygiene, clothing and possessions

- 2.18 Apart from the exercise yard shared by E and F wings (see section on time out of cell), external areas were generally clean. Wings were also clean and there was no sign of the mould and damp found at the last inspection. Most cells were clean and had Velcro fastening curtains.
- 2.19 Prisoners had easy access to toiletries except on A wing, where there were limited supplies. Cell cleaning materials were also available on all wings, but only 55% of prisoners in our survey, significantly fewer than the comparator of 62%, said they had weekly access to them. Some prisoners said they had never been told such supplies were available and several landing staff said it was up to prisoners to ask for them.
- 2.20 Unconvicted and enhanced regime prisoners could wear their own clothes and there were laundry facilities on each wing. Those wearing prison-issue clothes could change them and bedding once a week. In our survey, significantly more prisoners than the comparator said they were offered enough clean suitable clothes for the week. Only prisoners on the enhanced regime could have duvets.

Further recommendations

- 2.21 Cell furniture should be maintained in good condition.
- 2.22 The wing routine and regime, including how to access toiletries and cleaning supplies, should be explained to all prisoners when moving to a new wing.

Housekeeping points

- 2.23 The offensive displays policy should be consistently applied on all wings.
- 2.24 Minutes from consultation meetings should be displayed on all wings.

Staff-prisoner relationships

Expected outcomes:

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

and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.25 Regular open forums and consultation meetings should be held with prisoners to identify what improvements could be made to facilitate better relationships, and regular feedback provided to all staff and prisoners. (2.31)**

Partially achieved. There were now regular well attended meetings of wing representatives. Action points were well recorded and followed up at subsequent meetings, which indicated to prisoners that the points they made were taken seriously. The meetings had the incidental effect of helping to improve relationships, but there was no direct discussion about how relationships between prisoners and staff could be improved and no general open forums had been held with prisoners about this.

Further recommendation

- 2.26 Prisoners' views should be sought about how to improve relationships with staff and the effective operation of the personal/support officer scheme.**

- 2.27 All complaints about staff should be reviewed by a member of the senior management team. (2.32)**

Achieved. Complaints about staff were now appropriately handled (see also section on applications and complaints).

- 2.28 Prisoners should be addressed by their first name or title and surname according to preference. (2.33)**

Not achieved. Most officers continued to address or refer to prisoners using surnames alone. **We repeat the recommendation.**

Additional information

- 2.29** Prisoners in groups were more positive than at the last inspection about relationships with officers on the wings. Most agreed that the majority of officers treated them reasonably well, if on a relatively superficial level, but that some did not make much effort when asked for help or about prison matters. Some prisoners said they were often 'fobbed off' when seeking information on issues such as progress on applications, but they mostly all agreed that there was at least one member of staff they could rely on for help on their wings. Many said most officers were supportive and some were exceptionally so. However, all groups agreed that a small number of individual officers on each wing deliberately made life difficult for prisoners and were confrontational. They were concerned that the poor attitude of these staff appeared to go unchecked by other officers and wing managers.

- 2.30** Interactions we observed were mostly positive and relaxed, although there were isolated examples of disrespectful references to prisoners and we witnessed an officer shouting and swearing at a prisoner. Generally, staff were out and about on the wings, with little indication that staff and prisoners were reluctant to engage with each other, although the number of prisoners in our survey who said that staff usually spoke to them during association was relatively low.

- 2.31** A measuring the quality of prison life (MQPL) survey carried out in November 2009 had demonstrated some progress, and scores for the relationships and respect dimensions were now in the typical range for a local prison where previously they had been far below. In the

MQPL survey, most prisoners agreed they got on well with the officers on their wing and that they were treated fairly, but many fewer agreed that relationships between staff and prisoners were good. Only 28% said they trusted officers.

- 2.32 In our survey, 64%, fewer than the comparator but significantly improved from 2007, said most staff treated them with respect. The proportion who said they had a member of staff they could turn to for help if they had a problem had also increased from 62% to 70%. These figures indicated a generally improved position so that the quality of relationships at Leeds was now more closely aligned with those of other local prisons. There was still much scope for improvement and more prisoners than the comparator reported victimisation by staff in a number of areas.
- 2.33 A range of initiatives had taken place to address issues to do with staff culture and the subject had clearly been given senior management attention. The prison's business plan for 2009/10 included a number of actions aimed at improvements in this area, such as improving staff-prisoner interaction and communication and building interpersonal skills. The plan set out why these things were necessary, but not how they would be achieved. However, a useful MQPL action plan and booklet set out a number of achievements during the previous 12 months and encouraged prisoners and staff to come forward with other ideas. The psychology department had made a proposal for interventions to help improve staff-prisoner relationships, but the strand involving prisoners had not yet been implemented. Most managers had attended workshops during 2009 aimed at culture change led by the head of the department of psychology at Leeds Trinity University College, a chartered occupational psychologist. Some work entitled 'towards a decency strategy' was under way.

Further recommendations

- 2.34 Residential managers should ensure that all officers on wings treat prisoners fairly and respectfully and challenge immediately any unacceptable behaviour or language.
- 2.35 Work undertaken and in progress to improve the culture and relationships at Leeds should form part of a coherent strategy with an action plan and timed targets.

Personal officers

Expected outcomes:

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

- 2.36 All personal officers should introduce themselves to prisoners, get to know their personal circumstances and record contact in wing files regularly to build up an accurate chronological account of a prisoner's time at Leeds and any significant events affecting him. (2.38)
Not achieved. There was little evidence of this from entries in prisoners' records.
We repeat the recommendation.
- 2.37 Men with specific care needs such as older prisoners and those with disabilities should have regularly monitored care plans as part of their wing files. (2.39)
Not achieved. There were no specific care plans.
We repeat the recommendation.

Additional information

- 2.38 In our survey, almost half of prisoners, similar to the previous inspection but better than the comparator, said they had a personal officer. The proportion of these who said their personal officer was helpful had increased significantly and was now similar to the comparator.
- 2.39 The personal officer scheme had been re-launched and renamed as a support officer scheme in November 2009. Managers accepted that it was not yet embedded or operating effectively. A number of the elements set out in the policy document had not been implemented. This included the development of specialist department support surgeries on the wings to provide advice and information to prisoners to supplement that of residential support officers and prisoner information desk workers.
- 2.40 The names of two support officers allocated to each cell were listed above the cell doors. Most prisoners in groups said they knew who their support officer was, but that the scheme meant little to them except that they relied on support officers for reports if they wanted to progress to the enhanced regime. They said support officers, who they still called personal officers, rarely introduced themselves and seldom came to speak to them, with the onus on prisoners to seek them out. Prisoners raised many relatively minor issues with inspectors on wings that should have been sorted out easily by effective personal officers. Many simple applications had to be pursued, which also did not suggest that the scheme was working as envisaged.
- 2.41 Officers were expected to enter comments in the electronic case note system on P-NOMIS, the new Prison Service data system, at least once a fortnight. Our review of case notes and additional sampling showed that such regular entries were rare and some had significant gaps. Few indicated that the officer had introduced themselves to the prisoners they were responsible for and most contained little useful information other than short comments about behaviour or notes about events. Some case notes had management checks recording the absence of entries, but these appeared to have had little effect and it was doubtful that the officers responsible ever read them.

Further recommendation

- 2.42 Managers making checks on personal/support officer entries in wing files should ensure that this is brought to the attention of the individual officer.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

3.1 The safer custody management structure should be simplified, including clarifying the role of the safer custody unit, to develop a more cohesive and holistic approach. (3.15)
Achieved. Roles were clear. The safer prisons team was responsible for violence reduction, cell-sharing risk assessments and suicide prevention. A primary mental health and well being team managed by the primary care trust provided primary mental health services including relaxation and counselling (see section on health services).

3.2 A full survey of prisoners' perceptions and experiences of bullying by other prisoners and staff should be completed to identify where prisoners feel most unsafe and compare the experiences of different prisoner groups. The results should be used to inform development of the strategy. (3.16)
Partially achieved. The prison had not conducted a full survey, but had compared the experiences of vulnerable prisoners on A wing and remand prisoners on F wing in June 2009. This found no statistically significant differences in prisoners' perceptions of safety.

Further recommendation

3.3 A survey of prisoners' perceptions of safety should be conducted across all residential units.

3.4 Interventions should be developed for perpetrators and victims of bullying. (3.17)
Not achieved. Support plans were initiated for victims and perpetrators, but there were no specific interventions and support plans were not regularly reviewed. Perpetrators were mainly managed through sanctions under the incentives and earned privileges (IEP) scheme or by moving prisoners to a different wing.
We repeat the recommendation.

3.5 Vulnerable prisoners should be held only on A wing or exceptionally for short periods in the segregation unit. (3.18)
Achieved. No vulnerable prisoners had been held on units other than A wing for around six months and they were rarely held in the segregation unit.

Additional information

3.6 The head of residence was the senior manager responsible for violence reduction and suicide and self-harm prevention. The safer prisons team met monthly. Meetings were usually chaired by the head of residence and attended by representatives from a range of departments. There was good representation and consultation with prisoners and a comprehensive standing agenda. The meeting was followed by a multidisciplinary safer prisons subgroup that looked in detail at the care of individual prisoners. The violence reduction policy and strategy document

had not been reviewed since April 2008 and did not reflect current practice, particularly the development of a centralised safer prisons team and the role of B1 landing caring for a small number of vulnerable prisoners.

- 3.7 Information coming into the prison about prisoners about whom there was concern was well recorded and disseminated. Families and visitors could email the safer prisons team or use a dedicated telephone line to report concerns about bullying. There were established protocols for sharing information between the switchboard, censors and the safer prisons team, and an information sharing agreement had been set up between the prison and the primary care trust.
- 3.8 The safer prisons team included three senior officers and a principal officer supported by two officers detailed daily to complete assessment, care in custody and teamwork (ACCT) assessments, quality check documents and scan wing observation books for any incidents of violence or self-harm. They had good administrative support. Senior officers from the team were responsible for the first night centre on most evenings. Safer prisons liaison officers had been established on each wing and 20 safer prisons representatives had been identified. Their role included completing a brief weekly report on their perceptions of safety on the wing, which helped to identify underlying tensions. The psychology department produced a detailed monthly report of indicators of safety, covering any recent trends in indicators of violence, levels of self-harm, ACCT procedures and cell-sharing risk assessments.
- 3.9 In our survey, more prisoners than the comparator said they had felt unsafe in the prison at some time, but significantly fewer said they felt unsafe at the time of the survey. They did not report high levels of victimisation by other prisoners, but black and minority ethnic prisoners reported feeling much more unsafe than white prisoners. The number of black and minority ethnic prisoners involved in violent incident reports or who had had force used on them by staff was monitored and was within or below projected ranges.
- 3.10 The safer prisons team was responsible for investigating violent incidents. Sixty-seven incidents involving 126 suspected perpetrators and victims had been referred between 19 December 2009 and 3 March 2010. Details were entered on a violence reduction database. Twenty-six of these had not been investigated and there were often gaps of several weeks between referral and investigation. Where support or intervention plans had been instigated, many of the scheduled reviews were late. Support and intervention plans were reasonable, with set targets or action points. Some commented on the need for wing staff to monitor individuals, but there was no established mechanism for this. (See main recommendations.)
- 3.11 There was no clear measure of the effectiveness of the current strategy. The number of reported violent incidents had risen from 97 in 2007 to 272 in 2008 and 400 in 2009. The annual safer prisons report (April 2009) attributed this to the introduction of the service-wide violence reduction strategy and a simpler method of reporting. In the previous four months, 70 incidents were reported as verbal aggression, 39 as physical aggression and six as property, theft or sexual aggression. The number of serious assaults had ranged from 12 to 18 between 2006 and 2009, with an average of about 16 a year. In our survey, more prisoners than the comparator said they had been hit, kicked or assaulted by another prisoner. There was little evidence of gang-related violence but, as in many local prisons, staff and prisoners said drugs-related conflict was the cause of some of the verbal and physical violence. In our survey, 9% of prisoners, against a comparator of 4%, said they had been victimised because of drugs.
- 3.12 Staff were generally aware of the importance of completing cell-sharing risk assessments (CSRAs) and relevant alert forms and pre-convictions were usually received. Violent incident report forms prompted staff to review CSRAs. Concerns raised at recent inquests about the quality and implementation of CSRAs had led to better focus on this area. Training in

completing CSRAs and violent incident referral forms had been delivered to around 200 staff in the previous 18 months. It was therefore a surprise that in one case we saw, staff had not considered the CSRA before asking an Asian Listener to share a cell with a known racist, and a potentially dangerous situation had been avoided only because the Listener had refused to share.

- 3.13 A vulnerable prisoner procedures policy had been published in May 2008 and last reviewed in April 2009. Use of C wing as an overflow for vulnerable prisoners when A wing was full had stopped at around the same time as a vulnerable prisoner on C wing had committed suicide in August 2009. Additional spaces had since been created on A wing by managing more non-sex offenders on the main wings. Sex offenders were still accommodated on the first night centre with other prisoners until it was formally agreed they needed the protection of the vulnerable prisoner regime. Vulnerable prisoners generally felt safe on A wing, but not when moving off the wing, particularly through C wing, to the health care centre or the gym. Officers rarely used the external route, which would have avoided this.
- 3.14 B1 landing had been developed as a specialist unit to help with a small number of more difficult prisoners and those who found it difficult to cope with prison life, with the aim of reintegrating them to one of the main residential wings. It usually held between 10 and 15 men who had previously spent a long time in segregation or who were vulnerable by nature of their personality or mental health. There was good support from the mental health in-reach team. Prisoners ate meals together and there was an emphasis on developing social skills and confidence, although there were relatively few opportunities for constructive activity. Fifty-three prisoners had moved through B1 in the last 18 months.

Further recommendations

- 3.15 The violence reduction policy and strategy document should be updated to reflect current practice.
- 3.16 Cell-sharing risk assessments should always be taken into account before asking any prisoner, including Listeners, to share with another. In view of the seriousness, disciplinary action should be considered in cases where this does not happen.
- 3.17 The use of C wing as a route for vulnerable prisoners should be avoided wherever possible.

Good practice

- 3.18 *The development of the specialist regime on B1 for prisoners who found it difficult to cope with life in the prison provided a supportive and caring environment that helped them return to accommodation on the main wings.*

Self-harm and suicide

Expected outcomes:

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

vulnerability issues, are appropriately trained and have access to proper equipment and support.

3.19 Findings from previous inquests should be examined and taken into account in reviews into deaths in custody. (3.38)

Achieved. Findings were incorporated in action plans from investigations into deaths in custody.

3.20 Interviews with prisoners recalled on licence should begin the day after recall to ensure any immediate concerns are addressed. (3.39)

Not achieved. Prisoners recalled on licence were identified by the first night officer and interviewed by a senior officer to provide an additional assessment of risk. A database of recalled prisoners was kept and the safer prisons team aimed to complete an in-depth licence interview within 28 days of reception, by when it was believed that prisoners would have received information about their recall. This meant that some immediate concerns could be missed. Few interviews were completed within the target timescale and 40 were awaiting completion.

We repeat the recommendation.

3.21 In cooperation with the primary care trust, all serious or near-fatal incidents of self-harm should be investigated to establish what lessons can be learned and promote good practice. (3.40)

Achieved. A log was kept of serious or near-fatal incident investigations. Twelve incidents had been recorded in 2009. Most investigations were reasonably thorough, although some had taken several months to complete and two of the prisoners involved had been released before they were interviewed. Action plans were completed and, where appropriate, recommendations were included in a continuous improvement plan.

Further recommendation

3.22 Incidents of serious self-harm should be investigated promptly.

3.23 Staff from a range of disciplines and departments, including the safer custody unit, should be involved in assessment, care in custody and teamwork (ACCT) procedures through initial assessments and participation in reviews. (3.41)

Partially achieved. More staff from other disciplines were involved in ACCT procedures and around 20% of assessors were from non-uniformed grades. More staff from other disciplines attended ACCT reviews, although many reviews were still attended by wing staff only (see below).

3.24 ACCT procedures should ensure more consistency of case manager, sufficient notice of reviews and more considered care maps. Management checks should comment on the frequency and quality of entries in the on-going daily record and the level of engagement with prisoners. (3.42)

Partially achieved. The centralised safer prisons team provided more consistent case management. Wing managers completed initial reviews, but senior officers from the safer prisons team chaired subsequent reviews. This had led to improved care maps, but risked wing managers feeling less ownership of cases. Many potential participants in reviews were still given insufficient notice and this had been raised by health care staff at the safer prisons meetings. Management checks were often cursory, with most recording only 'management check' and signature and few commenting on quality.

Further recommendations

3.25 ACCT reviews should be planned and sufficient notice given to departments that have a contribution to make.

3.26 Management checks should comment on the frequency and quality of entries in ACCT records.

3.27 **Accurate and up to date records of staff that have completed ACCT training should be held. (3.43)**

Not achieved. ACCT foundation training was run monthly. Records of who had completed training were poor, but we were told that there was relatively little take-up.

We repeat the recommendation.

3.28 **All staff should support the Listener scheme and adhere to the protocol on the use of Listeners. (3.44)**

Not achieved. Listeners said most staff supported the scheme, but gave some examples where the protocol had not been followed.

We repeat the recommendation.

3.29 **All observation panels should be clear and all officers should carry a ligature knife. (3.45)**

Achieved. Records were kept of all officers issued with a ligature knife. Control and restraint refresher training took place weekly and was used as an opportunity to check that staff carried their knives and that they had viewed the training video on its use.

Additional information

3.30 A comprehensive policy, last reviewed in October 2009, described the roles of staff in the strategy and included many protocols to support safer custody procedures.

3.31 Leeds had experienced more self-inflicted deaths in custody in the previous eight years than any other prison in England and Wales. Five of these had taken place since the last inspection. Two investigations had been suspended due to ongoing police investigations. Previous recommendations from investigations of deaths and findings from inquests were reviewed by a new group chaired by the head of performance monitoring. This met monthly to review progress of action plans and had included a review of actions previously thought to have been completed. The safer prisons team's wider continuous improvement plan was reviewed monthly.

3.32 New arrivals were well supported by staff and Listeners and the first night centre information booklet outlined the help available for prisoners who were feeling low.

3.33 The ACCT database indicated that an average of 55 ACCTs had been opened each month in 2009. ACCT assessments were generally good. Care plans were mostly of a good standard and relevant to the prisoner, and some included support from health care and a counsellor. Activity packs to provide distraction were available for prisoners at risk and PE staff encouraged prisoners on open ACCTs to attend the gym. Several prisoners' families had participated in ACCT reviews and wing managers could use 'welfare' telephone credit to allow prisoners without credit to contact relatives for support.

- 3.34 Ongoing daily entries in monitoring booklets were often observational rather than demonstrating positive interaction and entries at night were too regular. Officers on the safer prisons team completed ACCT quality checks and reported back to the safer custody manager. Progress and areas for improvement were fed back through a bi-weekly newsletter published on the prison intranet. There were good systems for sharing information about prisoners at risk and the offender management unit emailed the probation service details of those who had been subject to ACCT procedures at Leeds.
- 3.35 The Listener scheme was well established. There were 28 Listeners, fewer than usual, and 100 prisoners had applied to attend the next training course, but only two Listeners were from black and minority ethnic backgrounds and few could speak languages other than English. No member of the safer prisons team and no Listeners were directly involved in the induction programme. Listeners were based on each wing and most of their cells contained an extra bed to enable overnight support. Staff had been given comprehensive guidance on the operation of the Listener scheme, but some Listeners said they were given too much responsibility to look after vulnerable prisoners who needed the support and care of staff. Listeners were not always unlocked for association to allow prisoners informal access to them. Listeners met formally with Samaritans every month and had additional support through weekly visits. Portable telephones with a direct line to the Samaritans were available and had been used.
- 3.36 There were 40 safer cells in appropriate locations, including the first night centre, segregation, health care and B1 landing. A protocol for their use and maintenance was included in the local policy. Two prisoners subject to constant supervision during the inspection were supervised appropriately. Clear guidelines for officers allowed prisoners to participate in activities. There was no evidence that strip clothing had been used for prisoners at risk.
- 3.37 There were established radio codes alerting staff to emergencies, but no procedures to ensure sufficient first aid-trained staff were on duty at any one time. Night patrols were locked on the wings they were supervising and there had been occasions when access by back-up staff to a prisoner who had self-harmed had been delayed as a result. These arrangements had changed from previously, when gates onto the wings were open. This compromised prisoner safety and risked fatal delays.

Further recommendations

- 3.38 Ongoing daily records in ACCT documents should indicate active staff interaction with prisoners and enquiries about their well-being.
- 3.39 More Listeners from black and minority ethnic backgrounds should be recruited.
- 3.40 A member of the safer custody team and Listeners should contribute to the induction programme.
- 3.41 To ensure that there is ready access to prisoners in an emergency, the previous arrangements where gates onto wings were left open should be resumed.

Applications and complaints

Expected outcomes:

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

- 3.42 **The application system should incorporate target timescales for responses, which managers should monitor. (3.97)**
Not achieved. Prisoners got applications forms from the prisoner information desk, were helped to complete them and advised where to send them. Application forms were not logged and there was no system to check the timeliness of replies or to monitor them. A number of applications had not been adequately dealt with and prisoners said they often had to chase them up.
We repeat the recommendation.
- 3.43 **Management checks of at least 10% of complaint responses should be undertaken every month and an analysis included in management reports. (3.98)**
Achieved. Managers checked a random sample of all complaint responses each month. Checks were analysed by the head of psychology, who reported to the senior management board, and detailed written positive and negative feedback was given to each respondent by their line manager. The focus of the feedback was on respect and clarity.
- 3.44 **Where interim responses are given to complaints, final response times should also be monitored. (3.99)**
Achieved. Interim responses were no longer given and staff were instructed to meet the initial complaint deadlines.
- 3.45 **The database of prisoner complaints should not include sensitive and individually identifiable information. (3.100)**
Achieved. Prisoners who made complaints against staff were no longer identified on the complaints database.
- 3.46 **Complaints against staff should automatically be included in the complaints monitored by the senior management team and the scrutiny panel. (3.101)**
Achieved. All complaints against staff were answered by their head of function and monitored by the head of performance, who was a member of the senior management team (SMT). Allegations of assault were monitored by the deputy governor. It was reported that 5% of complaints against staff were reviewed by the scrutiny panel, but meeting minutes did not detail the type of complaint scrutinised so this could not be verified.
- 3.47 **An agreed timescale for the collation, evaluation and management of the full range of data on complaints should be agreed and monitored through the senior management team. (3.102)**
Achieved. Monthly data were collated by the head of psychology and a report was presented to the SMT. The nature of complaints and the quality of responses were examined and SMT minutes reflected a concerted effort to improve the complaints system. The SMT's main concerns were that responses did not always address the issue raised and that a significant number of respondents did not see the complainant (see below).

Additional information

- 3.48 The complaints policy instructed staff to deal with a complaint informally wherever possible, but wing staff and prisoners said most complaints were directed straight to the formal process. Complaints boxes were opened daily by administrative staff and forms were sent to the appropriate respondent together with the date they should be returned. Records of the key information were kept and allowed senior managers to scrutinise patterns and trends. The quarterly scrutiny panel, which included prisoner representatives, rigorously examined a small sample of complaints (see section on race equality).
- 3.49 There were between 270 and 400 formal complaints a month, about 95% of which were recorded as being answered within the defined timescales. However, only 25% of prisoners in our survey, significantly fewer than the comparator of 35%, said complaints were dealt with promptly. The top subject of complaint was health care, with finance and property also featuring highly.
- 3.50 Most responses to complaints were clear, respectful and relevant, but a few were curt and did not address the issue raised. None of the forms we saw indicated that staff had spoken to the prisoner concerned to discuss the complaint and prisoners said some issues remained unresolved for too long. Some prisoners preferred to use racist incident forms even when an incident was not race-related because they knew the race equality officer would actually speak to them. In our survey, only 33% of prisoners, similar to the comparator, said complaints were dealt with fairly.

Further recommendation

- 3.51 Whenever possible, respondents to complaints should aim to resolve them by speaking to the complainant and recording the outcome of their discussion on the complaints form.

Legal rights

Expected outcomes:

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

- 3.52 The prison should ensure appropriate training for all bail support and legal services staff. (3.110)
Not achieved. Only one of the six officers providing legal services had received formal training. Some locally devised training was delivered to officers who were learning the task and shadowing an experienced officer. There had been no formal training for bail support officers. **We repeat the recommendation.**

Additional information

- 3.53 Legal services officers were available daily and prisoners were seen promptly. Records were kept of prisoners seen and the action taken. Most work was generated through appeals, licence recall procedures and the lodging of existing fines. A good range of legal information

was available and some legal services officers used the internet to research issues raised. There was good liaison with the foreign national coordinator and the probation department.

- 3.54 A probation service officer and a prison officer provided bail support services on weekdays and occasionally on a Saturday. They saw all new unconvicted remands on the day after reception, which amounted to around 180 a month. On average, five bail information reports were prepared each month, with a success rate of about 60% in a recent six-month period.
- 3.55 Legal visits could be booked by telephone or email and in our survey, significantly more than the comparator said it was easy or very easy to attend legal visits. The 11 adjacent booths were not enclosed so provided little privacy.

Faith and religious activity

Expected outcomes:

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

- 3.56 **Information about the West Yorkshire Community Chaplaincy should be widely advertised across the prison. (5.34)**
Achieved. Details of the West Yorkshire Community Chaplaincy were available on all prisoner information desks and wing notice boards. Information was also held by the chaplaincy and the resettlement team, who referred to the project. (See also section on resettlement pathways.)

Additional information

- 3.57 The small chaplaincy team was led by a part-time coordinator supported by two full-time Christian chaplains, one part-time Muslim chaplain and a number of sessional chaplains representing a wide range of faiths. Visiting chaplains from minority faiths attended when required. The chaplaincy team said they felt valued and were integrated into prison life. They attended appropriate senior management meetings. Chaplains had good links with wing staff, who were quick to advise them of particularly vulnerable prisoners. The chaplaincy coordinator was a trained bereavement counsellor and he and the team supported prisoners who experienced loss.
- 3.58 Prisoners were seen by chaplains within 24 hours of arrival and access to services, faith groups and chaplains was explained. In our survey, 63% of prisoners, significantly more than the comparator said they could see a religious leader of their faith.
- 3.59 Almost half of prisoners said they were Christian and about 100 attended the weekly separate Church of England, Seventh Day Adventist and Roman Catholic Sunday services. A number of prayer and faith study groups were held during the week and were well attended. There were about 132 Muslim prisoners, three-quarters of whom attended Muslim prayers on Friday afternoons. Prisoners said they valued the opportunity to practise their faith regularly and some said their interest in religion had been revived while in prison. In our survey, 62% of prisoners, significantly higher than the comparator, said their religious beliefs were respected and Muslim prisoners were particularly positive about this.
- 3.60 Prisoners wanting to attend services gave their names to chaplains and, once on the chaplaincy list, could attend without renewing their application. Services did not clash with

regime activities, but some prisoners said they occasionally missed a service because they were waiting for medication. Chaplains said wing staff tried to ensure that prisoners arrived at services and faith groups on time, but employed prisoners attending Muslim Friday prayers did not have time to shower beforehand. There were some ablution facilities in the multi-faith room, but these did not fully meet the needs of this group.

- 3.61 The multi-faith chapel could hold about 110 people. There was a smaller group room and a shared office for chaplains. Access for prisoners with limited mobility was poor and prisoners with disabilities often attended services in the health care unit. Chaplains conducted prayers and worship in the cells of individual prisoners who could not attend services.
- 3.62 All the main religious and cultural festivals were celebrated. Prisoners and staff were informed of the meaning and significance of each festival and prisoners were allowed time off work on the days of their own religious festival.

Further recommendation

- 3.63 Prisoners who attend Muslim prayers on Friday afternoons should be allowed to shower beforehand.

Substance use

Expected outcomes:

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

- 3.64 **Prisoners on all wings should be able to access the safer custody detoxification programme as soon as required. (3.125)**
No longer relevant. The integrated drug treatment system (IDTS) superseded the safer custody detoxification programme and prisoners could access secondary detoxification as required.
- 3.65 **The roles of the CARAT, substance misuse service and safer custody teams and general health care nurses should be clearly defined and delineated and protocols between each established. (3.126)**
Achieved. The introduction of IDTS had achieved a realignment and definition of roles, with protocols detailing the level of integration required.

Additional information

- 3.66 IDTS had gone live on 9 February 2010 as a third wave prison, which did not include funding for the IDTS 28-day psychosocial programme. Most (301) of the 327 prisoners receiving methadone treatment were on maintenance doses. Fifty-four were receiving buprenorphine (Subutex), 29 were on diazepam and 11 were receiving MXL (morphine sulphate). A further 147 prisoners were receiving alcohol detoxification treatment. We were told that the prisoners receiving MXL were intolerant of methadone or buprenorphine. However, MXL is not licensed for use as an opiate substitute and is not part of IDTS prescribing guidelines.

- 3.67 IDTS nurses started drug information record (DIR) assessments in reception. Counselling, assessment, referral, advice and throughcare (CARAT) workers began comprehensive substance misuse assessments (CSMA) as needed and within five days. Prisoners were taken directly to the stabilisation unit for their first night and were able to receive prescribed drugs on their first night.
- 3.68 Controlled drugs were regularly administered to prisoners by a single pharmacy technician in contravention of the prison's own policy, which required two people, one of whom had to be a registered nurse, to be present.
- 3.69 Clinical reviews were not conducted regularly and routinely in line with IDTS guidelines. Only the most complex cases received three-way reviews (prisoner, doctor/nurse and CARAT worker), but these were not always delivered on time. One of the two in-house doctors had been on sick leave, so only four three-way clinical reviews had been held since the start of IDTS. Nursing staff shortages were also cited as a contributing factor.
- 3.70 Where a prisoner had not detailed a secondary detoxification need on the clinic application form, but had then disclosed to the GP during the consultation, the GP did not always automatically refer him to IDTS. In some cases, treatment had therefore been instigated without any other IDTS support. Nurses said they sometimes administered prescriptions for methadone to prisoners who were not on the IDTS list.
- 3.71 The average random positive mandatory drug testing (MDT) rate was 16.9% for the six months from August 2009 to January 2010. MDT figures for at least the last 12 months were under review as there were concerns that some positive tests consistent with medication had been included. Health care confirmations of medication were not consistently provided, nor were they always appropriately applied. Serious staffing shortages for MDT meant it was often a struggle to achieve the target for monthly random tests. Staff shortages had also meant that only one suspicion test and one frequent test had been conducted in the six months to January 2010. From April 2009 to the end of January 2010, only 10 suspicion tests had been completed. Of those, only six were positive, giving a positive suspicion test rate of 60%. In our survey, 29% of prisoners, significantly better than the 45% in 2007 and similar to the comparator, said it was easy to get illegal drugs in the prison. The supply reduction strategy included use of drug, hooch and telephone dogs from the Yorkshire Area Search Team.
- 3.72 The MDT holding cells were dirty, information boards were broken and there were no drug information posters or leaflets.

Further recommendations

- 3.73 The prescribing of MXL (morphine sulphate), which is not licensed for opiate substitution, should be reviewed and clinically justified.
- 3.74 Controlled drugs should be administered with two people present, one of whom should be a registered nurse or pharmacist
- 3.75 Clinical reviews for substance users should be conducted in accordance with national IDTS guidelines.
- 3.76 Secondary detoxification presentations to GP clinics should be referred to IDTS.

3.77 The mandatory drug testing programme should be adequately resourced to undertake the required level of weekend and target (suspicion) testing within identified timescales and without gaps in provision.

Housekeeping point

3.78 Mandatory drug testing holding cells should be cleaned to create an adequate waiting environment and include information on the dangers of drug use.

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.

- 4.1 Diversity monitoring should be introduced to examine the extent to which older prisoners, prisoners with disabilities and prisoners from other minority groups have fair access to the regime. (3.56)

Not achieved. There was no monitoring of prisoners with disabilities or gay, bisexual and transgender prisoners. Access to regimes by prisoners from different faiths was also not monitored. Prisoners over the age of 60 were monitored only to assess their access to work. We repeat the recommendation.

- 4.2 The diversity policy should set out how the needs of different minority groups will be met, based on an analysis of these needs in consultation with prisoners. (3.57)

Not achieved. The diversity and equality policy covered all aspects of diversity. The equal opportunities policy related only to staff. Neither policy was based on a needs analysis or set out in any detail how the needs of different minority groups would be met in consultation with prisoners.

We repeat the recommendation.

- 4.3 The disability liaison officer should be supported by designated residential wing staff who are given the remit of improving awareness about disability and other diversity issues on the wings. (3.58)

Not achieved. There were no designated wing staff to improve awareness and care of prisoners with disabilities.

We repeat the recommendation.

- 4.4 All staff should be trained in diversity issues. (3.59)

Not achieved. Approximately 140 staff had attended the Prison Service diversity course 'Challenge It, Change It' in the previous 12 months. The disability and foreign national coordinator had also delivered a disability awareness and a foreign nationals course to 58 staff in 2009. However, most staff had received no recent training in diversity issues.

We repeat the recommendation.

Race equality

- 4.5 Interventions should be introduced to tackle issues raised in racist incidents, and should include structured mediation. (3.71)

Not achieved. The prison had attempted to use mediation techniques to resolve issues between prisoners, but found they were ineffective unless used immediately. Race representatives said they occasionally tried to mediate between prisoners, but there was no formal structure to this and not all representatives attempted to address conflict. There were no arrangements to address racist incidents arising out of conflict between staff and prisoners.

We repeat the recommendation.

- 4.6 All relevant information should be shared between the violence reduction coordinator and race equality staff and others as relevant. (3.72)

Achieved. The REO and violence reduction coordinator shared information on all incidents and jointly monitored the violence reduction database. All incidents involving violence and racism were forwarded to both parties. The REO attended the safer prisons meeting.

4.7 There should be more events to celebrate racial, ethnic and cultural diversity and raise awareness of the work being done. (3.73)

Achieved. An impressive range of racial, religious and cultural festivals and diversity events was celebrated. A calendar had been produced showing the dates of festivals and events and these were advertised on wings and in written information to staff and prisoners. As part of the celebration of Ramadan, staff had been given information packs outlining its meaning and importance to Muslims and what action they needed to take to ensure prisoners could participate fully.

Additional information

- 4.8** The race relations policy was managed by the head of diversity and the REO and overseen by the bi-monthly race equality action team (REAT), chaired by the governor. REAT meetings were reasonably well attended, but community representatives and some internal departments were not always consistently represented.
- 4.9** A comprehensive race equality action plan for 2009-10 was based on the issues arising from impact assessments. Impact assessments we saw were thorough, involved wide consultation with prisoners and contained detailed action points. The progress of the action plan was monitored through the REAT.
- 4.10** Ethnic monitoring covered a range of areas and black and ethnic minority prisoners were mostly within the acceptable range indicated within the SMART monitoring system. The only area consistently out of range was the low number of complaints made by black and minority ethnic prisoners, which could have reflected a lack of confidence in the complaints system. Work was under way to understand this. Asian men on one wing said they were discriminated against in employment and that all the good jobs went to white prisoners. However, ethnic monitoring did not drill down sufficiently to reassure prisoners that the allocation of specific favoured jobs was equitable.
- 4.11** The REO was responsible for the investigation of all formal racist incident reports and saw complainants quickly. Complaints were thoroughly investigated and recorded and replies were respectful, clear and comprehensive. All completed investigations were countersigned by a senior manager, usually the deputy governor. A racist incident scrutiny panel, made up of internal staff and managers and personnel from external organisations including the police and prisoner race representatives met every six weeks. The panel robustly scrutinised randomly selected cases and commented on the quality and appropriateness of the REO's responses as well as raising important issues arising from the complaint. Minutes of the scrutiny panel were discussed at the REAT.
- 4.12** Prisoner race representatives held regular meetings with prisoners on their wings, but these were not minuted or attended by staff or managers.

Further recommendations

- 4.13** All departments should be regularly represented at race equality action team meetings.

- 4.14 Ethnic monitoring should be expanded to cover areas of concern to prisoners, such as allocation to specific areas of work.
- 4.15 The race equality officer or diversity manager should attend race consultation groups and meetings should be minuted to record issues raised and action taken.

Religion

Additional information

- 4.16 There was no separate policy or action plan describing how the religious needs of prisoners would be met. The chaplaincy coordinator or a member of the chaplaincy team attended all REAT meetings, but there was no indication that religious diversity was discussed or monitored. In our survey, Muslim prisoners were significantly more negative than others in a range of areas, including safety and respect. Muslim men said some staff made disparaging remarks about their faith and form of worship and reported comments such as 'we have too many Muslims on this wing' and 'we can't trust your kind'. Some Muslim men felt uneasy about openly discussing their faith.

Further recommendations

- 4.17 A policy based on a needs assessment should describe how the religious needs of prisoners will be met and monitored.
- 4.18 The experiences and perceptions of Muslim prisoners should be discussed with them and action taken to address any identified concerns.

Foreign nationals

- 4.19 **The prison should increase contact with independent immigration advice agencies to assist immigration detainees and foreign national prisoners. (3.85)**
Achieved. The prison had a comprehensive list of legal representatives and independent immigration advice agencies that prisoners could contact for advice. However, there were no independent advice services with sufficient resources to attend regularly and prisoners needing advice had to go on a waiting list.
- 4.20 **Foreign national support groups should be established and foreign national representatives appointed to provide peer support. (3.86)**
Achieved. A foreign national support group met in the multi-faith room after the monthly surgeries with the UK Border Agency (UKBA). All foreign national prisoners could attend and interpreters were available. The meetings discussed a wide range of issues, including the causes of friction between some national groups, access to work, staff awareness of their needs and access to immigration advice. Race representatives also acted as foreign national representatives. They said this worked well and that they got excellent support from the foreign national coordinator.
- 4.21 **Foreign national prisoners should be given free monthly international telephone calls automatically and should be able to make calls at times to suit their home country's time zone. (3.87)**

Achieved. A list of foreign national prisoners was given to the visits team and each was automatically issued a free £5 telephone card every 28 days. This also applied to prisoners who were not foreign nationals, but who did not get visits because their families lived abroad. The system was monitored by the foreign national coordinator. Foreign nationals could make telephone calls to suit their home country's time zone.

4.22 Entries in wing files should demonstrate that staff are aware of and meet the individual distinct needs of foreign national prisoners. (3.88)

Achieved. Foreign nationals were identified as such in wing files and entries indicated their understanding of English and whether they needed an interpreter. Wing files showed that telephone interpreting services were used frequently.

Additional information

4.23 A detailed foreign national policy described the needs of this group and how they would be met. It was adequately monitored by the REAT, but there was no dedicated meeting to deal with specific foreign national issues. The policy was driven by the full-time disability and foreign national coordinator, who gave about 60% of his time to this part of his dual role. He had specifically trained administrative support.

4.24 The foreign national coordinator had a list of 111 foreign national prisoners, 17 more than in the population statistics provided to us. All were visited by the coordinator within 24 hours of arrival and appropriate documentation was completed quickly and sent to the UKBA. Each prisoner had his own file containing detailed entries of contact with immigration officials and their progress within the system. Prisoners were seen regularly by the foreign national coordinator and good liaison with wing staff about prisoners' needs was reflected in wing files.

4.25 In addition to the telephone interpreting service, there was a list of prisoners prepared to act as interpreters and prisoners who did not speak much English were offered specialist classes. Information on prison rules and immigration issues had been translated into nine of the most used languages and other documents were translated when required, but there was nothing about health care (see section on health services).

4.26 Two prisoners were held solely under administrative powers. One had been held for about 18 months after the end of his sentence. The coordinator had a file detailing contact with immigration services and efforts to resolve the matter and said there was now movement from UKBA. The other detainee had just been transferred from HMP Ranby. He was three days after his sentence date and had been given the appropriate papers to complete.

4.27 The foreign national coordinator delivered a staff training course on the needs of foreign national prisoners, but only 17 staff had attended this course in 2009.

Further recommendation

4.28 All staff should be trained to understand the distinct needs of foreign national prisoners.

Disability

Additional information

- 4.29 The disability policy was dated April 2008 and had not been updated. The policy was weak on the identification of prisoners with disabilities and unclear about the role of wing staff in caring for them and use of the adapted cells. There was no dedicated committee to deal with the needs of prisoners with disabilities. However, there was some discussion of disability issues at the senior management board and the prison's commitment to providing an appropriate service was evident in the work of the disability liaison officer, the awareness raising posters on display and the promotion of disability awareness week in November 2009.
- 4.30 There were formal procedures allowing prisoners to declare their disability on arrival and the disability liaison officer also saw all new arrivals in the first night centre. However, only six prisoners had been identified as requiring a personal evacuation plan and this was the only available central list of prisoners with disabilities, although the disability liaison officer was aware of others. In our survey, 23% of prisoners identified themselves as having a disability, which would have represented over 200 prisoners. Ninety-one per cent of prisoners with a disability, significantly more than the comparator of 74%, said they had had problems when they first arrived. Details of prisoners with disabilities identified by health care and education were not passed to the liaison officer.
- 4.31 The existing six personal evacuation plans were comprehensive, regularly updated and circulated to all managers. The wing files of these prisoners demonstrated a good level of care and an understanding of the issues they faced. There were no formal care plans for prisoners with disabilities.
- 4.32 Portable hearing loops were available and there were static loops in the gate lodge, visits hall and health care. A number of staff were trained in sign language. Two adapted cells on B wing for wheelchair users were good facilities. The one on A wing had only a widened door and adapted toilet, and the only adapted showers were on the other side of the wing. There was a clearly signed route for wheelchair users, but wheelchair users wanting to go to the library or chapel had to use a service lift and there was no access to the workshop where induction took place or the legal visits room. Parts of health care were also difficult to access (see section on health services).
- 4.33 The disability coordinator delivered a disability awareness course to staff and 41 had attended in 2009.

Further recommendations

- 4.34 A new disability policy should be developed that includes improved identification procedures and sets out how the needs of prisoners with disabilities will be met.
- 4.35 A complete database of prisoners with disabilities should be kept and all prisoners listed should have individualised care plans.
- 4.36 Appropriate adapted accommodation equivalent to the standard on B wing should be provided for prisoners with physical disabilities on A wing.

- 4.37 Prisoners with disabilities should have access to all aspects of the prison regime.
- 4.38 All staff should receive disability awareness training.

Older prisoners

Additional information

- 4.39 Ninety prisoners were over the age of 50. There was no policy describing how their needs would be met, although the disability strategy briefly covered issues relating to them. An action plan contained very little detail and monitoring was limited. A member of the diversity team had recently been designated to take forward work with older prisoners.
- 4.40 There had been some limited consultation with older prisoners and this had informed plans that were yet to be implemented. Additional regime activities designed specifically for this group were limited to yoga and meditation classes.

Further recommendation

- 4.41 An action plan should be developed to set out how the specific needs of older prisoners will be met.

Sexual orientation

Additional information

- 4.42 In our survey, 3% of prisoners identified themselves as homosexual/gay or bisexual. Attempts to provide a forum for them had not been taken up by prisoners. The diversity team had created displays on wings to raise awareness about lesbian, gay, bisexual and transgender (LGBT) month and helped staff understand issues faced by transgender prisoners and provide guidance. An external organisation ran two-day workshops aimed at raising staff awareness of the needs of transgender people.

Further recommendation

- 4.43 A strategy should be developed to support the needs of homosexual/gay and bisexual prisoners, including access to appropriate external support networks.

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.

5.1 The health care waiting rooms should be improved and health promotion materials made readily available in them. (4.45)

Not achieved. The health care waiting rooms were unwelcoming and the main waiting room was congested at peak times. Seating had been improved in the main and vulnerable prisoner waiting areas. A television with DVD had been installed to display health promotion materials, but was not working. There was little written health promotion literature available or displayed in the waiting areas and a general absence of up-to-date high quality health promotion materials in the prison as a whole.

We repeat the recommendation.

5.2 All health service areas should meet infection control standards. (4.46)

Partially achieved. Treatment rooms on H2 and H3 and triage rooms at the centre and on E and F wings had been refurbished and were clean. However, treatment rooms on A and D wings were poorly designed and grubby. A draft infection control audit by Leeds Community Health care and action plan demonstrated only minimal compliance in three of five categories, including the environment, hand hygiene and management of waste.

Further recommendation

5.3 Treatment rooms on A and D wings should be refurbished and effectively cleaned.

5.4 Prisoners with disabilities should have appropriate access to all necessary health service areas. (4.47)

Not achieved. Access to some areas, such as the treatment room on D wing, was difficult for wheelchair users and others with mobility difficulties. The podiatry and physiotherapy rooms were also difficult to access by wheelchair.

We repeat the recommendation.

5.5 All emergency equipment should be the subject of documented checks at least weekly. (4.48)

Achieved. Records showed that emergency equipment was checked weekly and after each use.

5.6 Prisoners should be given correct information about health services in a format they can understand and should be involved and consulted when planning their care and treatment. (4.49)

Not achieved. No information about health services was available in languages other than English or in formats designed for people with differing communication needs.

We repeat the recommendation.

5.7 All health service staff should have resuscitation training at least annually. (4.50)

Achieved. An in-house resuscitation training officer had been appointed and a database for recording attendance at training had been developed in response to the primary care trust

(PCT) quality framework requirement. Eighty-three per cent of staff had received resuscitation training in the previous 11 months and there were plans to train the rest within the month.

Further recommendation

- 5.8 The pattern of resuscitation training established should be repeated annually and attendance recorded on a database.

5.9 **Health service staff should have clinical supervision. (4.51)**

Partially achieved. The PCT had commissioned work to develop clinical supervision for prison-based primary care staff. A new cascade system had begun and the city-wide team offered supervision to a small number of staff. Evidence-based expectations of supervision had been placed in the revised staff induction pack. The mental health in-reach team (MHIRT) had supervision arrangements and the primary mental health team had access to these. There were no records of those having received supervision.

Further recommendation

- 5.10 Clinical supervision should be extended to all health care staff.

5.11 **Health service policies should include a contingency plan for pandemic flu and there should be an information-sharing policy. (4.52)**

Achieved. A policy and contingency plan for pandemic flu and an information-sharing policy were in place.

5.12 **Clinical records should provide one contemporaneous record of clinical interactions. (4.53)**

Partially achieved. SystemOne had been introduced and allowed contemporaneous records to be made. Some entries were satisfactory, but others were poor and care plans for inpatients were basic.

Further recommendation

- 5.13 Inpatients should have relevant and up-to-date care plans on SystemOne.

5.14 **All clinical records should be stored in accordance with the Data Protection Act and Caldicott principles. (4.54)**

Achieved. SystemOne was designed to be compliant with the Data Protection Act and its operation was subject to Caldicott principles.

5.15 **The controlled drug cupboards in the pharmacy should be secured to the fabric of the building. (4.55)**

Achieved. The pharmacy controlled drugs cabinet was secured to the fabric of building.

5.16 **Schedule 2 controlled drugs should be administered only according to an appropriate prescriber's written directions. (4.56)**

Achieved. Schedule 2 controlled drugs were administered in accordance with the prescriber's written directions.

- 5.17 **Prisoners should be able to use the NHS complaints procedures. (4.57)**
Achieved. The PCT patient advice and liaison service was used and pre-paid sealable comments/complaints forms to the PCT were available throughout the prison. There were between one and eight such complaints a week, most relating to appointments.
- 5.18 **Prisoners should receive a secondary health screen within 72 hours of arrival. (4.58)**
Not achieved. Most prisoners had their secondary health screen carried out during reception alongside the initial screen. This was inappropriate and risked the possibility that some health needs would be overlooked.
We repeat the recommendation.
- 5.19 **The applications systems should be improved to ensure no unnecessary delays in prisoners seeing the GP or any allied health professionals. (4.59)**
Not achieved. It took too long to see GPs and other health professionals. The waiting time to see a GP had been as long as several weeks in the previous three months, although the maximum waiting time during the inspection was six days. A new appointments system being introduced was expected to lead to consistently shorter waiting times. Prisoner health representatives had been involved in the system design and were to be involved in the pilot evaluation meeting. Waiting times for other allied health professions were long, including six weeks to see an optician.
We repeat the recommendation.
- 5.20 **There should be appointment times for health service professionals to avoid prisoners waiting long periods in the department. (4.60)**
Not achieved. Although many prisoners had appointment cards with designated times, we saw them waiting a long time to be seen. They also had to wait for freeflow to return to their wings after their appointment. Prisoners complained that they could be in the waiting area of the health centre for up to two hours for a 10-minute appointment.
We repeat the recommendation.
- 5.21 **Triage algorithms should be used to ensure consistency of care and advice. (4.61)**
Partially achieved. Treatment rooms in the centre and on E and F wings had been designated as triage rooms. Evidence-based treatment pathway guidance was available in these rooms, but nurses we spoke to did not recognise the treatment pathways as standardised triage algorithms and did not refer to them.

Further recommendation

- 5.22 Nurses should receive instruction in the use of treatment pathways to ensure consistency of care and advice.

- 5.23 **The full range of immunisations and vaccinations should be available. (4.62)**
Achieved. The expected range of primary care immunisation and vaccination programmes was available, but staff seemed unaware that this included meningitis.

Further recommendation

- 5.24 Staff should be made aware of the potential for meningitis C infection and the availability of the vaccine.

- 5.25 **Prisoners should be able to see a pharmacist for advice about medicines. (4.63)**
Partially achieved. The pharmacist ran a weekly clinic for prisoners he wished to see and pharmacy technicians working in the treatment rooms on the wings were available to answer prisoners' questions, but prisoners could not see a pharmacist on request. There were no other pharmacy-led clinics such as medicine use reviews or smoking cessation.

Further recommendation

- 5.26 Pharmacy-led clinics open to prisoners on request and medicine use review clinics should be held.

- 5.27 **The medicines in possession policy should be updated and followed consistently. (4.64)**
Not achieved. There was no clear indication that the in possession policy was followed or that all health care staff had been trained in its use. Prescription forms we looked at failed to record whether the medicine should be supplied in possession or supervised. Prescriptions recorded codeine and Tramadol as in possession, but we were told they required supervision. Not all doctors recorded the correct directions regarding in possession medications and few risk assessments had been completed.

Further recommendation

- 5.28 The in possession policy should be followed and all health care staff trained in its use.

- 5.29 **Secondary dispensing should stop. (4.65)**
Achieved. Nurses were no longer involved in the administration and supply of medicines as this task was undertaken by pharmacy technicians.

- 5.30 **Condoms and lubricants should be available to prisoners on request. (4.66)**
Partially achieved. Condoms and lubrication were available in the treatment and triage rooms, but none of the nurses we spoke to could remember anyone asking for them. The availability of barrier protection was not advertised.

Further recommendation

- 5.31 Prisoners should be informed about the availability of barrier protection.

- 5.32 **Effective out-of-hours and absence cover for the dentist should be provided and a protocol should be developed to assist health care staff when dealing with dental emergencies in the absence of the dental team. (4.67)**
Not achieved. There was no effective out-of-hours cover for the dentist and no protocol for out-of-hours dental emergencies.
We repeat the recommendation.

- 5.33 **Health service beds should not be part of the prison's certified normal accommodation. (4.68)**
Not achieved. The beds on H3 remained on the certified normal accommodation.
We repeat the recommendation.

- 5.34 **Inpatient facilities should not be used to accommodate prisoners with disabilities without a clinical need for inpatient care. (4.69)**

Partially achieved. There were some adapted cells in the main prison (see section on disability), but the inpatient unit was still used to accommodate some prisoners with disabilities. During the inspection, there were several prisoners in the unit who could have been located in the main prison with some clinical support.

Further recommendation

5.35 There should be clear admission procedures for inpatients and prisoners with disabilities should not automatically be accommodated there.

5.36 **Inpatients should have access to day care at least in line with the published regime. (4.70)**

Achieved. Inpatients had access to daily exercise, education classes on four afternoons a week and could use the gym twice a week. However, one of the gym sessions had recently been changed to an afternoon session, which had reduced inpatients' access to education.

5.37 **Inpatient staff should work closely with the mental health in-reach team to ensure appropriate care to those with mental health issues. (4.71)**

Achieved. The skill mix on the inpatient unit had changed and patients received appropriate care. There was a weekly ward round on the unit attended by a member of the in-reach team and the primary care mental health team, but no one from the unit attended so valuable information was not shared. Each member of the in-reach team had a caseload and, as all clinical records were maintained on SystmOne, inpatient staff could easily identify the relevant caseworker to contact.

Further recommendation

5.38 Staff who work on the inpatient unit and care for patients should be involved in the weekly multidisciplinary ward round.

5.39 **Day care should be provided for those with mental health problems. (4.72)**

Partially achieved. The primary mental health and well being team provided group work and individual sessions for prisoners on its caseload. However, there were problems getting prisoners to the groups on the unit and on one morning of the inspection no prisoners attended a scheduled relaxation class.

Further recommendation

5.40 Systems for ensuring that prisoners are able to attend sessions in the primary mental health and well being unit should be developed and reasons for non-attendance investigated.

Additional information

5.41 The Leeds Community Primary Care NHS Trust (PCT) provided primary health services and the Leeds NHS Partnership Foundation Trust (LPFT) provided secondary mental health services. The management structure had been changed to ensure an appropriate profile for prison health care within the PCT and to ensure clarity of direction and management across the city-wide health provision at HMPs Leeds, Wealstun and Wetherby. Relationships with prison staff were positive. There was electronic access to PCT policies and procedures and

folders containing standing orders, patient group directions and treatment pathways were available wherever health care was delivered.

- 5.42 Following an analysis of key functions, the nursing establishment was being re-focused to include a primary care team responsible for general community health care provision, a city-wide team of practitioners with responsibilities for life-long conditions and a primary care mental health team. However, progress had been hampered by short-term staffing difficulties. Funding for some vacant nursing posts had been used to employ pharmacy technicians, which had freed up nurses to deliver primary care.
- 5.43 In our survey, 69% of prisoners said they were satisfied with services from nurses, but fewer than at the last inspection said the overall quality of health services was good. The PCT and the prison had introduced a scheme to involve prisoners in their care and a subsequent evaluation had shown that prisoners had been involved in senior health care staff recruitment and the redesign of appointments and other systems, and were assisting prisoners on the wings by explaining how to access health services. There were regular minuted meetings of health care representatives where key issues were discussed and departmental heads could take views on issues.
- 5.44 Primary care nurses attended the wings each morning and prisoners could see a nurse if they had a concern. The nurse provided treatment or made an appointment directly on SystmOne for the prisoner to see another health care professional. In the previous three months, primary care contacts had doubled to 328 a month. Prisoners could also self-refer to a health professional using application forms from the prisoner information desks (PID) on each wing. However, prisoners on F wing did not have free access to the forms as the PID was frequently inaccessible during the day.
- 5.45 Prisoners not attending health care appointments was a continuing problem. An audit had demonstrated that 28.5% of prisoners were unaware of their health care appointments and 23% were not picked up by escorting officers. Prisoners said they were not informed of their appointment until the same morning and they often clashed with visits or other activities. A new system being trialled aimed to give prisoners up to four days notice of appointments, with wing-based health care representatives reminding prisoners to attend. A new drop-in/triage clinic for primary mental health care had been introduced to give prisoners better access to mental health workers.
- 5.46 The city-wide team of primary care staff was responsible for the management of life-long conditions such as asthma, cardiovascular disease and diabetes. A member of the team also led on services for older people and another led on patient involvement. Quality and outcomes framework scores were reported to be improving following the introduction of this team.
- 5.47 Pharmacy services were provided on site and also supplied medications to the other two prisons in the PCT area. The pharmacy was small for the volume of medicines dispensed. Pharmacy technicians administered and supplied medicines to prisoners. Administration was outside the normal competency of pharmacy technicians, but we were told they had received additional training. We saw lone technicians administering and recording methadone and Subutex contrary to IDTS policy. On D wing, the methasoft pump had broken down and methadone was measured using a plastic syringe. We were told that methameasure equipment was cleaned and calibrated, but only one wing was able to show records. The entries for the closing balance were usually, but not always, countersigned.
- 5.48 Records of special sick medications were not audited by the pharmacist and there were several omissions on prescription charts with no indication why they had occurred. Prisoners

did not have safe facilities to store their in possession medicines. There was little general stock, no agreed stock levels and no audit of use. Most medications were stored correctly, but the fridge in the treatment room on D wing had no temperature record and showed a maximum temperature of 22C.

- 5.49 The medicines and therapeutics committee met regularly, but did not receive aggregated medicines management data. The controlled drugs standard operating procedures did not reflect current practice and had not been read and signed by all members of staff.
- 5.50 The dental suite, equipment and furnishings were old, not maintained or regularly tested and the surgery did not provide a suitable and safe environment. Some clinical records were stored in the dental surgery in cardboard boxes. Cleaning arrangements were poor, with debris and full bags of clinical waste in the surgery. All treatments available under the NHS were provided. Waiting lists were reasonable, with the longest wait for initial treatment being three weeks, apart from two men from the segregation unit who had been waiting longer apparently because of difficulties getting escorts. The non-urgent waiting list contained 27 names, with the longest wait being seven weeks. The 'did not attend' rate was estimated at 20%, but the reasons why prisoners failed to attend had not been investigated. The dental service was directly commissioned by NHS Leeds, but the contract was not well managed to ensure that the needs of patients were fully met.
- 5.51 There was a 20-bed inpatient unit above the main health services department. It was clean and tidy, but not an ideal environment. It was staffed by hospital officers and discipline staff, all of whom worked well together to provide patient care. A member of the primary mental health and well being team was allocated to the unit daily.
- 5.52 Primary mental health services were provided by the primary mental health and well being team. Secondary care services were provided by LPFT. The mental health in-reach team also served the local magistrates court and four approved premises in the area. In our survey, 36% of prisoners said they had emotional well-being/mental health problems. Most of these prisoners and many more than the comparator said they were receiving some help for these problems.
- 5.53 The primary mental health and well being team ran mental health awareness training for prison staff, but only six uniformed and 11 other staff had undertaken this in the previous 12 months. The team was multidisciplinary, with registered mental health nurses, prison officers and a health support worker. The service was provided throughout the week. One member of the team was specifically responsible for prisoners with both mental health and substance use problems (dual diagnosis) and one worked with prisoners in the segregation unit, but he was on long-term sick so the project was in abeyance. The team took referrals from health services staff through SystemOne and from assessment, care in custody and teamwork assessors, and aimed to see referrals within 24 hours. They assessed patients and signposted them to other services, referred them to mental health in-reach or took them onto their own caseload. They had a caseload of 40 patients, eight of whom were in the inpatient unit. In the previous month, the team had made nearly 500 contacts with prisoners.
- 5.54 The mental health in-reach team consisted of registered mental health nurses, a health support worker, a part-time clinical psychologist and three sessions a week from a clinical consultant psychiatrist. The team took referrals from the primary care team and community mental health teams. There was a weekly referrals meeting, but patients requiring urgent assessment were seen before that. Ward rounds took place before the meeting and the full information about patients was not always available then. The team provided one-to-one work for prisoners including anger management and work for those who had previously suffered

abuse. Of the 45 patients on the caseload, five were awaiting transfer to secure NHS mental health beds. There had been nine transfers in the previous three months. The average wait from referral to transfer was 32 days, but the longest wait in 2008/09 had been 188 days.

- 5.55 Both teams attempted to obtain collateral information from community services, with the patients' consent, and recorded it on SystmOne. However, there was no SystmOne computer in the mental health in-reach team offices, so the team did not have easy access to information and also kept its own clinical records.
- 5.56 The primary mental health and well being team was awaiting the arrival of two IAPT (improving access to psychological therapies) workers, but a full-time counsellor was also employed directly by the prison. He saw about 18 clients a week, but had a waiting list of 25 referred to him from a variety of sources, including both mental health teams.

Further recommendations

- 5.57 The number of prisoners who do not attend for appointments should be monitored, the reasons for non-attendance recorded and action taken to reduce occurrence.
- 5.58 An assessment should be undertaken to ensure that all pharmacy technicians who administer medicines have been appropriately trained.
- 5.59 The procedure for the administration of controlled drugs should be risk assessed to ensure it is safe and in accordance with IDTS guidelines.
- 5.60 Full and complete records should be made of the administration of medicines and this should include all occasions where the patient refuses medication or fails to attend and issues relating to drug compliance should be followed up where appropriate.
- 5.61 The dental surgery should be refurbished, taking into account the recently published decontamination guidelines (HTM 01-05).
- 5.62 The dental contract should be reviewed to ensure that the service functions correctly and meets the needs of patients.
- 5.63 All uniformed staff should have mental health awareness training.
- 5.64 Patients requiring secure mental health beds should be assessed and transferred expeditiously.
- 5.65 All clinical staff should have easy access to SystmOne.

Housekeeping points

- 5.66 Health care application forms should be freely available in all parts of the prison.
- 5.67 Methadone mixture should be measured using appropriate glass measures.
- 5.68 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2--8°C range. Corrective action should be taken where necessary and monitored by pharmacy staff.

- 5.69 The pharmacy staff should put in place procedures to monitor the use of special sick medication.
- 5.70 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.
- 5.71 Prescribing data should be used to demonstrate value for money and to promote effective medicines management.
- 5.72 The archived dental records should be appropriately stored.
- 5.73 Staff at the weekly inpatient ward round should have access to patient records and all relevant information.

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

- 6.1 A wider range of education courses and accredited vocational qualifications should be provided to meet the needs of prisoners. (5.14)**

Achieved. The prison had extended the range of education classes and more vocational qualifications were offered in workshops and through a multi-skills vocational training workshop.

- 6.2 Allocation to education and work should be improved so that it is based on assessed need and preferences and allows all prisoners access to the full range of activities. (5.15)**

Partially achieved. Prisoner preference was taken into account when allocating activities and was no longer based on wing location. Allocation to activities for prisoners who attended the prison induction was based on need and current skill levels, but not all prisoners attended an induction to learning and skills where their literacy, numeracy and language skills were assessed. Not all prison officers encouraged prisoners to attend induction and those prisoners who did not attend could not access work opportunities that required an initial assessment level of at least level 1 to perform the job. (See also section on first days in custody.)

Further recommendation

- 6.3 All prisoners should attend induction and have their literacy, numeracy and language needs assessed.**

- 6.4 The prison should ensure that prisoners attend education classes on time and do not leave early. (5.16)**

Achieved. The introduction of a line route enabled prisoners to get to education classes on time and they stayed there for the duration of the session.

- 6.5 Vulnerable prisoners should have equitable access to education and training opportunities. (5.17)**

Not achieved. Vulnerable prisoners had limited access to the range of work and training activities and some personal development programmes in education.

We repeat the recommendation.

- 6.6 Seating and desk space should be provided in the library. (5.18)**

Achieved. Seating and desk space had been provided.

Additional information

- 6.7 The strategic direction for learning and skills within the prison and regionally was clear. Attention had been paid to curriculum planning to rationalise provision across prisons regionally and map education and training progression routes for prisoners transferred from HMP Leeds to other prisons locally. Partnership working within the various functions of the prison had improved and better met prisoner needs. There was the equivalent of about 570 full-time equivalent places. Many places were part-time, which allowed more men to participate in activities, but overall there were insufficient places fully to meet needs. Good links between education, industries, the gym and the library extended opportunities for prisoners to develop their literacy and numeracy skills.
- 6.8 There was an effective focus on quality improvement. Two groups met regularly, one with the remit to improve operational issues and the other the strategic management of learning and skills. Actions in the quality improvement plan identified key challenges and measured improvements by the impact on the prisoner. Quality audits of education and training provision took place regularly, as did observations of teaching and learning, but the results were not moderated to ensure standardisation of practice.
- 6.9 Information, advice and guidance (IAG) services were insufficient to meet needs. Individual interviews were held with new arrivals to agree their choice of activity and review their skills and experience as part of induction. While the provider had increased the number of prisoners seen, too many were awaiting an interview. There were no ongoing guidance sessions, although these were planned once the backlog of guidance interviews had been addressed.
- 6.10 The allocation process was not well coordinated to ensure that all prisoners who wanted to work or participate in education or training could do so sufficiently quickly. Waiting lists were not up to date and staff struggled to maintain current information on the database and manage the large throughput of prisoner information. Too many activity places were unfilled.
- 6.11 The Manchester College provided education and there were 208 part-time places each morning and afternoon. No prisoners attended education full time. There was some outreach provision for prisoners in the segregation unit. Well-attended and popular courses in art and design and literacy and numeracy were available in the health care unit. Provision for vulnerable prisoners included numeracy, literacy, English for speakers of other languages (ESOL), art and design and two courses a year in the radio station to develop speaking and listening skills, but vulnerable prisoners did not have access to the full range of personal and social development courses. The range of skills for life and personal and social development courses offered was satisfactory, with courses from entry level to level 2 in art and design, ESOL, family learning, numeracy, literacy, and diversity and citizenship. The emphasis was on short courses to enable prisoners at the prison a short time to gain a qualification. However, there was limited provision for more able or longer-term prisoners and no support for those wanting to study distance learning programmes.
- 6.12 Achievements were good. Pass rates had declined in the previous year, but the prison had put effective actions in place to raise them. In 2009/10, pass rates were high at over 90%. Prisoners improved their employability skills. Tutors were aware of the improvements prisoners made, but did not record or formally recognise them. The quality of teaching and learning was satisfactory, but too much teaching was mundane and did not effectively motivate prisoners. These sessions did not take enough account of, or plan for, prisoners' individual needs. In the better sessions, activities were varied and well paced and prisoners made good progress.

Where information learning technology (ILT) was used, it improved the quality of the learning experience, but too few tutors used it. Individual learning plans were not used to motivate and encourage prisoners to progress or to reflect their individual learning needs. Targets were not detailed enough and did not give prisoners enough information about what they needed to do to improve and progress. Many targets focused on qualification outcomes rather than individual learning outcomes. Journals completed by prisoners recorded only what they had done during the session and not what they had learned or how they had improved their skills.

- 6.13** There were 175 places in prison workshops, with a range of work activities for prisoners. Workshops included textiles, packing and IT production. Prisoners working in the prison kitchen could also follow accredited courses in basic food hygiene and NVO level 1 in food preparation and cooking. However, only a small number of prisoners were enrolled on courses. Other work opportunities provided places for 248 prisoners and included recycling, works party, cleaning and prisoner information desks. A large number of jobs were wing-based and many jobs, such as cleaners, did not fully occupy prisoners. Pay rates were equitable, but low. At 81%, attendance at work had improved.
- 6.14** Workshops were of a commercial standard and well run, most provided structured training and all offered appropriate numeracy and literacy support. About 50% of prisoners attended courses in manual handling and health and safety before starting work. Accredited courses were available in the textile workshop for main location prisoners and in the IT production workshop, but the one textile workshop open to vulnerable prisoners offered no accredited training. Achievement on courses was good. Where no accreditation was in place, work skills such as working in groups, communication skills and taking instruction were not sufficiently recognised or recorded.
- 6.15** There were 73 full-time equivalent places for prisoners on vocational courses. The number and type of vocational courses had improved. A multi-skills construction workshop provided by East Riding College through a subcontractor agreement with The Manchester College provided accredited construction skills qualifications at level 1. Training sessions were well planned and enabled prisoners to develop good basic work skills in brickwork, plastering, painting and decorating and tiling. Tutors were well qualified and provided a high level of individual support. Individual learning plans were used satisfactorily. Prisoners were clear about the progress they made and recorded their own unit achievement on a tracking chart on the workshop wall. Achievement of qualifications was high, with success rates above 90% for the last two years. The multi-skills workshop used available space well, but accommodation was cramped.
- 6.16** Vocational training was also available in a painting and decorating workshop and prisoners gained valuable work experience helping to refurbish the prison libraries. Prisoners could also develop basic barbering skills and gained an accredited qualification at level 1, but accommodation for this did not reflect a commercial environment. An industrial cleaning course focused on food premises cleaning in the kitchen. The education IT workshop provided good opportunities for prisoners to develop IT skills from entry level to CLAIT plus. Good links between the education IT workshop and the prison IT production workshop gave prisoners the opportunity to develop their skills and progress to more advanced courses. A broadcasting course had been introduced to support the development of the prison radio station.

Library

- 6.17 The prison had two libraries run by a well qualified and experienced librarian under a service level agreement with Leeds Library Services. Both libraries were closed for refurbishment. Plans for the newly refurbished libraries indicated an improved and more attractive facility. Prisoners had been able to borrow up to eight books to cover the closure period and could still get legal texts and Prison Service Orders. The small selection of books in the health care unit, the segregation unit and the first night centre had also been maintained and prisoners could get an appropriate range of newspapers and magazines. A library road show, which visited all wings to promote reading and use of the library, continued during the library closure.
- 6.18 A small number of prisoners participated in the Toe by Toe programme, although its effectiveness was not analysed by the prison. The process to match mentor to prisoner was thorough.

Further recommendations

- 6.19 The number of prisoners receiving initial information, advice and guidance service should be increased.
- 6.20 Allocation to activities and the management of information on waiting lists should be improved.
- 6.21 The quality of teaching and learning should be improved to provide a more varied learning experience for prisoners.
- 6.22 Individual learning plans should be used more effectively to set detailed individual targets and record learning.
- 6.23 The prison should develop and introduce ways to recognise and record the work skills of prisoners who are not following accredited courses.
- 6.24 The room used for the barbering course in should be improved to reflect a commercial environment.

Physical education and health promotion

Expected outcomes:

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

- 6.25 **The size of the free weights area in the gym should be increased. (5.26)**
Not achieved. The free weights area in the gym remained small. There were plans to increase the overall floor area of the gym and improve the size of the free weights area later in 2010.
We repeat the recommendation.
- 6.26 **Gym shower facilities should be improved. (5.27)**
Not achieved. The showers remained in need of refurbishment and offered little privacy.

There were plans to update and improve them later in 2010.
We repeat the recommendation.

Additional information

- 6.27 The PE department was open seven days a week and on all weekday evenings except Fridays. The facilities included a cardiovascular and free weights room, sports hall and a smaller fitness suite used for remedial PE. There was a small cardiovascular gym in the mental health and well being unit. A small outside football pitch was not used due to the poor state of the surface. There were advanced plans to improve the outside facilities.
- 6.28 A range of accredited courses was run and achievement was good. Instructors were well qualified and all had completed a teaching qualification. There were also specific programmes, such as a session for prisoners aged over 45 and a physical health and training club for prisoners with specific health needs. There were good links with health care and courses to promote healthy lifestyles and remedial programmes.
- 6.29 Access to PE was complicated and based on specific times allocated to wings on a rota basis. Some prisoners complained that they could not get to the gym at the planned allocated times. In our survey, 36% of prisoners, fewer than the comparator, said they went to the gym at least twice a week. Only 39% of all prisoners used the gym. PE was well promoted on the wings and PE staff also met prisoners on the wings to talk about how best to develop PE programmes. Links between education and PE were good and the education department helped to improve the use of individual learning plans and supported staff to help prisoners with literacy and numeracy needs. The gym had links to a community Power Lifting Association working with people with physical and mental disabilities. They used the gym facilities weekly and prisoners helped to support participants in their training programme. A basketball team of prison staff and prisoners played in a Leeds league and used the sports hall for matches.
- 6.30 Clean gym kit was issued to prisoners at each session. Accidents in PE were few and appropriately recorded.

Further recommendations

- 6.31 The outside sports facilities should be improved.
- 6.32 The procedure for prisoners to access the gym should be improved to ensure that all prisoners who wish to attend get the opportunity.

Time out of cell

Expected outcomes:

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

- 6.33 The number of part-time activity places should be increased to ensure that more prisoners can participate in work and training and increase their time out of cell. (5.44) **Achieved.** The number of part-time activity places had increased to approximately 486.

- 6.34 **Prisoners should be issued with cold weather clothing for outside exercise. (5.45)**
Partially achieved. Two thousand waterproof coats had been ordered and issued to prisoners in October/November 2009. All prisoners we spoke to on A wing said they had one, but the response on other wings was mixed and some prisoners did not know such coats existed. Staff on B wing did not know coats had been issued.

Further recommendation

- 6.35 Outdoor coats should be available for all prisoners wanting to exercise outside in cold weather.

- 6.36 **All prisoners should have at least one hour of association every day. (5.46)**
Achieved. The weekday core day provided one hour of association for every prisoner.
- 6.37 **Regime monitoring should be accurate and reflect what takes place and any variations to the published regime should be recorded. (5.47)**
Achieved. Records indicated that staff were accurately reporting what took place and their records reflected any changes to the published regime.
- 6.38 **A central register should be set up recording any changes to the regime such as cancellation of association and exercise. This should be scrutinised by senior managers. (5.48)**
Not achieved. We were told a central register was kept, but the prison could not provide it.
We repeat the recommendation.
- 6.39 **Canteen distribution should be organised so as not to impact on the whole prison regime. (5.49)**
Not achieved. There was no change to the previous arrangement and the distribution of canteen on Saturdays continued to mean that prisoners had very little association on that day.
We repeat the recommendation.

Additional information

- 6.40 The reported time out of cell per prisoner of 7.2 hours was unrealistic as a fully employed prisoner could only have up to seven hours when on association. This figure was a result of national calculations based on regime monitoring data. Unemployed prisoners received one hour of association and one hour of exercise. We carried out roll counts at 10am and 3pm and found 24% and 21% of prisoners respectively locked up. This was a significant improvement on the 30% and 40% found at the same times during the previous inspection.
- 6.41 Routines were not published on wings. Many wing managers ensured that all scheduled activities took place, but said this was not possible if they followed the formal wing routine. There was no evidence that association was cancelled, although enhanced regime prisoners said they did not always get the scheduled association on Saturdays. Prisoners on the standard regime level, the vast majority, did not get any association on Saturdays.
- 6.42 All wings had 30 minutes allocated for exercise in the morning and in the afternoon. Only unemployed prisoners could use both periods. Full-time workers could have 15 to 20 minutes before work in the morning and part-time workers could have up to 30 minutes depending on whether they worked in the mornings or afternoons. Exercise was cancelled only in extreme weather. Exercise yards were mostly large and clean, apart from the yard shared by E and F wings, which contained an unacceptable level of rubbish and lacked any seating.

Further recommendations

- 6.43** Exercise yards should be clean and free from rubbish.
- 6.44** National calculations of time out of cell should be reviewed to ensure they reflect more accurately the actual experience in prisons.

Section 7: Good order

Security and rules

Expected outcomes:

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

- 7.1 **Nets should be installed over exposed areas to prevent drugs being thrown over. (6.10)**
Partially achieved. Nets had not been installed over all areas and managers said insufficient funds were available to carry this out. As a result, the most vulnerable and problematic areas had been highlighted and netting had been installed. This was satisfactory.
- 7.2 **Night staff's cars should be searched when they enter the prison. (6.11)**
Achieved. All such searches were logged in the 'vehicle search' book in the gate lodge.
- 7.3 **Managers should carry out regular checks to ensure that searching is carried out correctly. (6.12)**
Achieved. Security and wing managers routinely observed staff carrying out level A and B rub-down searches and strip searches.
- 7.4 **Rules and routines should be prominently displayed throughout the establishment. (6.13)**
Not achieved. Rules and routines were not displayed prominently throughout the prison. **We repeat the recommendation.**

Additional information

- 7.5 Physical security was sound and the prison had performed well in a recent Prison Service security audit. The flow of information was good and the security department had received an average of 480 security information reports (SIRs) a month in the previous six months. However, SIRs in control and restraint paperwork had not been dealt with (see below) and not all SIRs from the previous three days had been fully processed. Required outcomes following SIR submissions were not monitored and the security department could not provide information on how many target searches and reasonable suspicion mandatory drug tests had been completed once identified as necessary.
- 7.6 Security arrangements were proportionate. Access to activities was well supervised and the security department carried out individual risk assessments on each prisoner who made an activity application.
- 7.7 Strip searching arrangements were detailed in the local security strategy. This was based on the Prison Service national security framework. Staff did not have to get authorisation to require a prisoner to squat during a strip search and there were no governance arrangements.
- 7.8 Eight prisoners were subject to closed visits and records indicated that this reflected the monthly average. Reasons for closed visits were not always directly related to visits and included one prisoner who had been found to have a mobile telephone without any supporting evidence as to how it came into his possession. The review process for prisoners under

visiting restrictions was very good and a monthly review board was convened specifically. Several prisoners had successfully appealed against the decision to impose restrictions and in some cases the restrictions had been lifted following further evidence or intelligence.

Further recommendations

- 7.9 Security information reports should be fully processed within 24 hours of being received by the security department.
- 7.10 All required outcomes from security information reports should be monitored to ensure they have been completed.
- 7.11 The security strategy should require all incidents of squat searching to be authorised, logged and routinely monitored by senior managers.

Discipline

Expected outcomes:

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

- 7.12 **Prisoners should be informed how to appeal against an adjudication finding at the end of the hearing. (6.29)**
Achieved. The appeal procedure was explained to all prisoners by segregation unit staff following every adjudication.
- 7.13 **All charges should be fully investigated and recorded before a finding of guilt is reached. (6.30)**
Not achieved. Most charges were properly investigated and this was subject to regular quality checks by a senior manager, but the records in a number of cases still indicated insufficient investigation.
We repeat the recommendation.
- 7.14 **Adjudications involving violence and bullying should be referred to the safer custody coordinator. (6.31)**
Partially achieved. Most, but not all, adjudication records showed that such a referral was made. In one case, a prisoner had said he was being bullied and had reported it to staff, but the records indicated no further investigation by the adjudicating governor and the safer custody records indicated that no referral had been made.
We repeat the recommendation.
- 7.15 **Staff should be reminded that to be legitimate, force should only be used as a last resort. (6.32)**
Achieved. A staff information notice in 2009 had reinforced that force should be used only as a last resort and control and restraint trainers said they underlined this during annual refresher training.
- 7.16 **Use of force paperwork and video tapes should be reviewed by a manager not involved in the incident with a view to learning how its use could be further reduced. (6.33)**
Not achieved. Records were not routinely reviewed. Completed documents from the previous

six weeks had not been scrutinised at all and several SIRs and incident reports had not been recorded. Most of the incidents over that time had documentation or managerial signatures missing. Records dating back to October 2009 had been checked by a senior officer from the security department who had also identified missing documentation and signatures, but nothing appeared to have been done to ensure they had been obtained. Video recordings were not reviewed. We viewed three, all of which highlighted a number of areas where members of staff required further training and development at the very least. One showed a member of staff unacceptably standing on the legs of a prone prisoner.
We repeat the recommendation.

- 7.17 **The certifying officer for use of force should not have been involved in the incident. (6.34)**
Not achieved. Where records of incidents had been certified, it was always by a member of staff involved in the incident. We accepted that operational requirements meant this was difficult to avoid.
- 7.18 **Special cell records should be used whenever a prisoner remains in an unfurnished cell as defined in Prison Service Order 1600 and reviewed regularly. (6.35)**
Not achieved. Records indicated that appropriate documentation was raised whenever the one special cell in the segregation unit was used. However, two other cells in the segregation unit, designated as bio-hazard cells for prisoners on dirty protest, were also unfurnished and we found at least one example where documentation had not been raised when these were used. Staff also said they were unsure whether they had completed special cell documentation in all situations where these cells had been used.
We repeat the recommendation.
- 7.19 **Prisoners entering the segregation unit should be strip searched only when this is indicated by risk assessment. (6.36)**
Achieved. Records, including the segregation unit log book, indicated that prisoners locating to the segregation unit were no longer routinely strip searched. When an active risk assessment indicated the need for a strip search, the reasons why and the authorising manager were also recorded.
- 7.20 **All prisoners held in the segregation unit longer than 30 days should have a care plan to prevent psychological deterioration. (6.37)**
Achieved. Segregation unit managers at all levels were notified whenever a prisoner spent 28 days in the segregation unit and an individualised care plan was subsequently drawn up. The reasons for continued segregation were identified and targets set to address these issues. The mental health in-reach team provided significant input to a lot of care plans and good joint work had been carried out by them and segregation unit staff in returning some very challenging prisoners to normal location.
- 7.21 **All prisoners in the segregation unit should be offered daily exercise, showers and telephone calls as a matter of routine. (6.38)**
Achieved. All prisoners were offered daily exercise, showers and telephone calls. Staff were flexible in providing these, particularly in trying to ensure that prisoners could make a telephone call when friends and family were available. Prisoners could also exercise together subject to risk assessment.
- 7.22 **Prisoners in the segregation unit should collect their meals from the servery area. (6.39)**
Achieved. All prisoners in segregation unit collected their meals from the servery area.

- 7.23 **When possible within the constraints of good order and security, prisoners in the segregation unit should be allowed to continue work, education and offending behaviour programmes. (6.40)**
Achieved. Managers said that, when appropriate, they would authorise a prisoner to continue to access work, education and offending behaviour programmes. None had done so in the previous six months, but there were no examples where access had been inappropriately denied and we were satisfied this would be done in appropriate cases. One prisoner had been given permission to attend education, but had returned to mainstream accommodation before starting there.
- 7.24 **The segregation unit development strategy should be fully implemented and review dates agreed with senior managers. It should incorporate how prisoners will be encouraged to address unacceptable behaviour. (6.41)**
Achieved. The segregation unit development strategy had been fully implemented and was due for review as agreed the previous year. It clearly outlined how prisoners would be assisted to address unacceptable behaviour.
- 7.25 **The segregation unit exercise area should be improved, rubbish in unit windows removed and a regular cleaning protocol introduced. (6.42)**
Partially achieved. The exercise area had not been improved and remained very stark with no seating. Unit windows were clean and the segregation unit was very clean and well maintained by staff and the two unit prisoner orderlies.

Further recommendation

- 7.26 The segregation unit exercise area should be improved and seating installed.

Additional information

Disciplinary procedures

- 7.27 Levels of adjudications had fallen, with 414 charges laid in the previous six months. Prisoners were fully informed of the process and staff explained anything they did not understand. The adjudication room was suitable and adjudications were conducted in an appropriately relaxed way. An adjudication standardisation meeting was held quarterly and was well attended by relevant managers. Discussion focused on general practice, including lessons learned from overturned findings of guilt and punishment guidelines. Analysis of data looked at charges by ethnicity and disability. However, information was not broken down by type and location to help identify and address emerging trends.

Use of force

- 7.28 Levels of use of force remained relatively low, averaging 20 incidents a month. The use of force committee met bi-monthly, but minutes indicated little discussion other than reports being read out by a principal officer representing the orderly officer group, a control and restraint instructor reporting on training issues and a health and safety officer reporting on associated injuries. Data relating to use of force by location were presented by the psychology department, but the reasons why force had been used were not scrutinised. The special cell had been used only four times in the previous six months (but see also paragraph 7.18).

Segregation unit

- 7.29 Prisoners had been relocated to the segregation unit 167 times in the previous six months. Of these, 21 had returned to their wing after a cooling down period and 27 had returned the following day after an adjudication. Ten prisoners had remained for more than two weeks, but none had remained for more than three months. Prisoners were given written reasons why they had been relocated and a good booklet about the segregation unit.
- 7.30 Staff were selected to work in the segregation unit following an interview board and authorisation from the governor in charge. All staff had received diversity and mental health awareness training in the previous year in addition to a mentoring training course delivered by the psychology team. Relationships were extremely positive. Staff had a comprehensive awareness of all prisoners in the unit and gave several examples of how challenging individuals who had previously spent long periods in the unit had been successfully reintegrated back on to normal location. All prisoners we met spoke positively about unit staff.
- 7.31 Prisoners in the segregation unit were allocated a personal officer and the incentives and earned privileges scheme continued to operate. Prisoners who were not on the basic regime or subject to related punishments could have a television. Entries on P-NOMIS were brief and observational. They did not reflect the quality of interactions we observed and were only completed by staff and some governors rather than all other visitors. Prisoners could attend religious services and visits as normal and a teacher came to the unit on all weekdays, holding classroom sessions twice a week for any interested prisoners. Association was provided for prisoners not serving punishments of cellular confinement on an individual basis with the two unit orderlies where prisoners could play pool. In-cell activities included crosswords, jigsaws and painting by numbers.
- 7.32 A segregation monitoring and review group met quarterly. It monitored trends in the use of segregation and provided a report on all areas related to the use of the segregation unit.

Further recommendations

- 7.33 Data relating to adjudication charges should be routinely monitored to identify and strategically respond to emerging trends.
- 7.34 Data relating to reasons for the use of force should be routinely monitored. Particular scrutiny should be given to when it is used for reasons of non-compliance, with managers satisfying themselves that each use was legitimate.

Incentives and earned privileges

Expected outcomes:

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

- 7.35 The incentives and earned privileges (IEP) scheme should be reviewed and staff trained in its use to ensure that it is applied consistently. (6.53)
Achieved. The IEP scheme had been reviewed in June 2008 and was due for further review

(see additional information). Staff had been trained through informal briefings. Each wing maintained similar records of IEP boards and managers completed a 10% management check of these.

7.36 Prisoner representatives and prisoner information desk representatives should receive training in the IEP scheme to that they can help explain the scheme to prisoners. (6.54)
Not achieved. Prisoner information desk (PID) workers we spoke to could not recall any formal training, although managers said this had taken place through informal briefings. A review of the role of PID workers was planned. The IEP scheme was included on the agenda of prisoner consultation meetings.
We repeat the recommendation.

7.37 Prisoners on the basic regime should have the opportunity to shower, use the telephone daily and have some daily association linked to a regime that offers them the opportunity to demonstrate improvement. (6.55)
Achieved. Prisoners on the basic regime were now allowed 30 minutes of social and domestic time each day, which meant they could shower and use the telephone.

7.38 Unconvicted prisoners should not have their visits reduced under the IEP scheme. (6.56)
Not achieved. There were significant differences in the visits entitlements for unconvicted prisoners. Unconvicted prisoners on the enhanced level of the IEP scheme could have five one-hour visits a week, but those downgraded to basic level could have only three one-hour visits every 28 days, which did not meet their legal entitlement.
We repeat the recommendation.

Additional information

7.39 The IEP scheme had been reviewed, but this was not done annually as the local policy stated.

7.40 Few prisoners were placed on the basic regime. In the six months from August 2009 to January 2010, an average of five (0.5%) prisoners each month had been on the basic regime, 830 (77%) on standard and 248 (23%) on enhanced. In our survey, 52% of prisoners, against a comparator of 46%, said the scheme encouraged them to change their behaviour. Publicity on wing notice boards provided a clear outline of the scheme. The scheme did not operate as severely as it had previously. The number of reviews held by each wing was monitored, as were the number of written warnings issued and the length of time prisoners stayed on basic. Most were on basic for less than 14 days and they were reviewed every seven days. Written warnings were endorsed by wing managers and some were overturned by the principal officer.

7.41 The main incentives remained additional spending limits and visits, but enhanced prisoners had additional opportunities for association at weekends and could wear their own clothes. Prisoners could apply for promotion after four weeks. The policy indicated that boards were triggered by three positive or negative comments within 28 days. In practice, this relied on officers making entries and there were still many more negative than positive entries in case notes. In the IEP paperwork we looked at, boards were supported by reports from the security department, activity area and support officers.

Further recommendation

- 7.42 Officers should have a more balanced approach to case note entries and include positive entries where appropriate.

Section 8: Services

Catering

Expected outcomes:

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

- 8.1 **Portion control on the wing serveries should be better managed and any leftovers offered to prisoners. (7.7)**
Not achieved. Prisoners on all wings complained about insufficient portions, not receiving their chosen meal and serveries running out of food. The serving of food was not well supervised by staff on some wings to ensure equality of portion control and to prevent bullying. Staff on many wings said there was no system to offer second helpings.
We repeat the recommendation.
- 8.2 **Prisoners should be able to eat five portions of fruit and vegetables a day. (7.8)**
Not achieved. Prisoners did not receive the recommended five items of fresh fruit and vegetables daily. Fruit was provided at the evening meal, but only as an alternative to pudding.
We repeat the recommendation.
- 8.3 **Prisoners working in the kitchen should be encouraged to study for relevant qualifications. (7.9)**
Achieved. Kitchen workers could study for national vocational qualifications.
- 8.4 **There should be more celebration of food from different cultures. (7.10)**
Not achieved. The menu continued to have limited cultural variation and only 9% of black and minority ethnic and 4% of Muslim prisoners in our survey said the food was good. Many complained that meals such as Caribbean chicken were not authentic. Special meals were served at celebrations such as Eid and Chinese New Year, but there was otherwise no celebration of food from different cultures. An impact assessment had been undertaken and the issues raised had been included in the race equality action plan.
We repeat the recommendation.
- 8.5 **Food should not be left uncovered in the kitchen at night. (7.11)**
Achieved. There was no uncovered food in the kitchen during our night visit.
- 8.6 **A more detailed food survey should be undertaken, comments books should be clearly visible and a catering manager should attend monthly consultation meetings. (7.12)**
Partially achieved. The prison catering survey 2009 based on 151 responses concluded that 'a large number of prisoners...were unsatisfied with the variety, taste and appearance of the meals.' No recommendations had been made, but the menu was being reviewed. Comments could be made in weekly catering record books available on each wing, but only a few wing officers and prisoners knew this. Staff on four wings said there were no catering record books. The catering manager attended prisoner consultation meetings.

Further recommendation

- 8.7 Catering record books should be visible and accessible on all wings and their existence made known to staff and prisoners.

Additional information

- 8.8 The kitchen was clean, food was appropriately stored and prepared and equipment was well maintained. The kitchen was adequately staffed and about 33 prisoners worked there at any one time. Staff and prisoners working in the kitchen were health screened and had received appropriate training. Halal food arrangements were appropriate.
- 8.9 Prisoners continued to be very dissatisfied with the food, complaining about choice, quality and portion size. In our survey, 68% of prisoners said the food was bad or very bad and only 15%, significantly less than the comparator, said it was good. Black and minority ethnic and Muslim prisoners were even less satisfied. The menu was based on a three-week cycle and prisoners could have two hot meals a day except at weekends. The menu indicated healthy options, vegetarian and halal choices, and other diets were catered for as necessary.
- 8.10 Breakfast packs were issued with the evening meal and many prisoners said these rarely lasted until morning. There were toasters on all wings and prisoners could take up to six slices of bread at lunchtime. Meals were served too early, with lunch from 11.30am and tea from 4pm on some wings. Meals were taken to wing serveries in hot trolleys. The trolley going to A wing, the vulnerable prisoner wing, was clearly identifiable. We received no complaints about this, but there was no system in the kitchen to prevent food in the trolley being tampered with.
- 8.11 Some food items were satisfactory, but others were tasteless and of poor quality. Meal temperatures were satisfactory. Not all servery workers were properly dressed and some did not wear jackets or hats. Prisoners ate meals in their cells, some of which had poorly screened toilets (see section on residential units).

Further recommendations

- 8.12 Breakfast should be served on the morning it is eaten.
- 8.13 Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm.
- 8.14 The trolley taking food to the vulnerable prisoner wing should not be identifiable.
- 8.15 All servery workers should be properly dressed when serving food.

Prison shop

Expected outcomes:

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

- 8.16 **Prisoners should be able to buy items from the canteen within their first 24 hours. (7.19)**
Not achieved. Although all prisoners were offered a reception pack on arrival and those with enough money could buy a further pack, prisoners could still wait for around two weeks to receive an initial shop order.
We repeat the recommendation.
- 8.17 **Prisoners should be able to order items from a catalogue. (7.20)**
Not achieved. Apart from a catalogue for religious items, there was no catalogue shopping. The prison was waiting for the introduction of a national catalogue service. Prisoners with no external support were still disadvantaged.
We repeat the recommendation.

Additional information

- 8.18 The shop order form listed a wide choice of goods and 46% of prisoners in our survey, a little higher than the comparator, said the shop sold a wide enough range of goods to meet their needs. Each quarter, prisoner information desk (PID) workers asked a random sample of prisoners to indicate what shop items they would like to see changed, but there was no specific consultation with black and minority ethnic prisoners or other minority groups. Prisoners could raise issues about the operation of the shop at quarterly prisoner consultation meetings.
- 8.19 Wages were low and prisoners found the shop prices relatively expensive. There were good links between a member of the finance department and PID workers to relay any changes in prices or products. Prisoners could buy newspapers and magazines through the library by application.
- 8.20 Prisoners were issued canteen order forms on Saturdays and these included the amount available to spend. The forms were collected on Mondays and canteen was distributed the following Saturday afternoon. DHL staff were on the wings and any mistakes were quickly rectified.

Further recommendation

- 8.21 A more comprehensive survey of prisoners' views of the shop provision, including those of black and minority ethnic and foreign national prisoners should be completed periodically.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 Prisoners, particularly lifers and indeterminate public protection (IPP) sentenced prisoners, should be able to progress from Leeds to enable them to address offending behaviour issues and progress through their sentence. (8.6)
Achieved. The numbers of IPP and life-sentenced prisoners had dropped significantly and it was now easier to move prisoners to the training estate. It was more difficult to move category B prisoners. (See section on offender management and planning.)
- 9.2 The resettlement strategy should be based on a needs analysis and address specific needs of different groups of prisoners, such as indeterminate-sentenced, remand, convicted, vulnerable and recalled prisoners. A working action plan should be monitored by a management team through a clear meeting structure. (8.5)
Not achieved. An up-to-date resettlement strategy set out the various performance targets required by the prison and how these would be delivered under each of the resettlement pathways. However, it did not include a needs analysis, address the needs of specific groups or include an action plan. (See main recommendations.)

Additional information

- 9.3 The prison collected information on all prisoners from the resettlement passport interviews. This was collated by the resettlement team and included the number of all referrals to departments such as housing, drug workers and debt advice. Every prisoner was seen soon after arrival and this information was recorded on a spreadsheet. However, although the strategy made some reference to statistics collected, there was no structured analysis of the population or needs identified by resettlement staff.
- 9.4 The prison had also collated information for the region based on individual interviews with short-term prisoners, including offence, length of stay and needs under each of the resettlement pathways. The information was also not used to inform the resettlement strategy, which was a missed opportunity. It was planned that Leeds would begin to take young adults and more local short-term sentenced prisoners and some plans were being made for this.
- 9.5 The strategy included named pathway leads, but there were no pathway meetings. The resettlement strategy meeting was held quarterly, but was often poorly attended and minutes were short, with few action points or timescales. Monthly meetings with functional heads were better attended, but focused on what was happening in the prison at the time and not the strategic direction.
- 9.6 There was a range of voluntary sector provision coordinated by a prison officer and including agencies such as Barnardo's, Jigsaw (family support) and various local agencies and health authorities. The prison had also identified a high number of prisoners who were ex-servicemen. Contact had been made with the British Legion and representatives came into the prison regularly. A restorative justice initiative had just started with Kirklees Council.

- 9.7 Voluntary sector providers held their own regular meeting, known as 'Out of Armley'. This was coordinated by the JobCentre Plus team and was mostly well attended by all voluntary sector non-prison groups who provided services in the prison. It provided a useful forum for practitioners to work together and share information, but none of the strategic leads in the prison had attended.

Further recommendation

- 9.8 The quarterly resettlement strategy meeting should be well attended by all relevant prison departments and partner agencies with a clear strategic focus on developing appropriate resettlement services.

Offender management and planning

Expected outcomes:

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

- 9.9 **Recalled prisoners should be given written reasons for their recall within the specified time limits with speedy notification of hearing dates. (8.22)**
Achieved. Two administrative staff dealt with all recall cases. These prisoners were usually identified the day after arrival and given details in writing within three or four days. (See also additional information.)
- 9.10 **All prisoners serving over 12 months should take part in an annual sentence planning/OASys board and have an opportunity to comment formally on their sentence plan. Where relevant, individual named staff should be tasked to support targets. (8.20)**
Achieved. All prisoners serving over 12 months were seen by OASys supervisors, and prisoners were given the opportunity to comment on their plans. Those serving four years or more had a formal sentence planning board. However, there was very little information about sentence planning on the P-NOMIS system. (See also additional information.)
- 9.11 **Applications for home detention curfew and parole should be given appropriate priority and not delayed by late reports. (8.21)**
Partially achieved. Parole reports were largely up to date and there was good cooperation from external contributors. However, prisoners were still released later than their home detention curfew (HDC) date. This was sometimes due to late reports from external probation, but problems with the new computer system also meant the process started late often due to delays in reports from personal officers. In a number of cases, reports had been requested very close to the actual date, so prisoners were inevitably released late. Prisoners were not told the reason for the delay or when their boards were held, which caused some frustration. There were records of the number of prisoners assessed for HDC within the month, but not of how many were going out late or the reasons why.

Further recommendation

- 9.12 Managers should routinely interrogate information about the number of prisoners released late on home detention curfew and the reasons for this. Any undue delays in the process should be communicated to prisoners.
- 9.13 **Recalled prisoners should receive ongoing support and be kept informed of their position. Late notification of reviews and hearings should be routinely chased. (8.23)**
Achieved. Prisoners subject to licence recall were seen within two to three days of arrival and a full-time administrative officer was responsible for pursuing information with the licence and recall section. There were few delays with licence recall packs and most were received within days. (See also additional information.)
- 9.14 **Offender supervisors should explain the implications to prisoners subject to public protection arrangements. (8.24)**
Achieved. Prisoners in scope for offender management were seen by offender supervisors and public protection arrangements were explained at the first meeting. Prisoners not allocated an offender supervisor were seen by the public protection coordinator.
- 9.15 **Consultation groups for indeterminate-sentenced prisoners should have management support and input to provide up-to-date authoritative advice. (8.25)**
No longer relevant. The number of indeterminate-sentenced prisoners had reduced markedly and consultation groups were no longer necessary. Prisoners were seen individually.
- 9.16 **All potential and indeterminate-sentenced prisoners should have regular access to well-trained proactive lifer liaison officers who are able to keep them informed of their position. (8.26)**
Partially achieved. The senior lifer liaison officer and two wing officers had taken part in the most up to date lifer training. All sentenced indeterminate-sentenced prisoners were allocated an offender supervisor (or probation officer in the case of life-sentenced prisoners). Some staff had received the new managing indeterminate sentences and risk (MISAR) training and the prison had implemented a screening tool to ensure that potential life-sentenced and indeterminate-sentenced prisoners were identified and given some information about their sentence. Work with potential lifers and indeterminate-sentenced prisoners was in the early stages, but an information booklet for this group was being prepared.

Further recommendation

- 9.17 The information book for life-sentenced and indeterminate-sentenced prisoners should be available to all potential or newly sentenced indeterminate-sentenced prisoners.
- 9.18 **Prisoners sentenced to life imprisonment should not have to share cells with short-stay prisoners. (8.27)**
Not achieved. Many lifers were on A or B wing, which tended to have a more settled population. Longer-term prisoners were normally consulted about cell mates by senior officers working on the wings, although this was not always possible due to the high turnover of the population.
We repeat the recommendation.

Additional information

- 9.19 A small group of offender supervisors dealt with all in scope prisoners (around 247 men) including 36 prisoners serving indeterminate sentences for public protection (IPP). This did not include 23 life-sentenced prisoners. The vast majority of prisoners were from the local area and the prison had good relationships with offender managers. There was no significant backlog of sentence planning or OASys assessments. In our survey, similar to the comparator and more than at the last inspection said they had a sentence plan, but fewer than the comparator said they would be able to achieve their targets at Leeds.
- 9.20 Resettlement needs for unconvicted and short-sentenced prisoners were assessed through the resettlement passport system and appropriate referrals made. However, there was no system to track and plan that identified needs were met.
- 9.21 Prisoners were allocated to a training prison immediately after sentence and were consulted about allocations in relation to family ties. However, there were frequent problems with moving prisoners due to the criteria of receiving prisons restricting those on methadone maintenance or capping the number of indeterminate-sentenced prisoners. A number of prisoners in the middle of the parole processes could not be moved. Leeds offered few programmes to address offending behaviour (see section on resettlement pathways).
- 9.22 There were around 100 licence recall prisoners. There were a growing number of prisoners on fixed term recalls (normally around 28 days) and some of these were for minor matters. This had increased the administrative work involved and many prisoners were frustrated by their recall and the reasons behind it. Licence recall prisoners were identified quickly on the first night centre through the pathways document and recall dossiers were despatched to the wings without delay. There were arrangements for legal services officers to see prisoners to explain the reasons for the recall and those in scope for offender management were allocated an offender supervisor. There was no monitoring of the number of licence recalls or the increase in the number of parole hearings, although staff said both had increased.
- 9.23 A small dedicated public protection team was responsible for all aspects of public protection case management. The prison was monitoring 131 prisoners who presented a risk to children and 54 harassment cases. A further 79 were classified as 'high risk'. There were some good links with other departments and weekly meetings were held to discuss new arrivals and evaluate the level of monitoring required. Procedures were sound, but there were some delays in arranging approved child visits and some outstanding requests with social services went back several months. There were also good links with external agencies such as West Yorkshire police and the voluntary agencies working in the prison. Some departments did not always attend the monthly public protection meetings.
- 9.24 The numbers of prisoners serving indeterminate sentences for public protection had fallen from 90 in 2007 to 36. There were also 23 life-sentenced prisoners, nine of whom were recalled. Most of the category C IPP prisoners were able to progress reasonably quickly, but it was more difficult to arrange transfers to category B prisons and some prisoners faced considerable delays. Four of the IPP prisoners were past tariff and needed to progress, but these were complicated cases.

Further recommendations

- 9.25 Resettlement passports should be developed into custody plans for unsentenced and short-sentence prisoners with targets set and checked.
- 9.26 The prison should monitor and address the reasons impeding prisoners' transfers to training prisons.
- 9.27 The prison should maintain records of the number of prisoners on fixed term and end of sentence licence recalls and use this to inform the resettlement strategy and provision.
- 9.28 The reasons behind the delays in social services approving child visitors should be addressed.
- 9.29 All departments that contribute to public protection should ensure that a representative attends public protection meetings.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

Accommodation

- 9.30 **The reasons why 25% of prisoners are released with no identified accommodation should be explored and addressed. (8.37)**
Partially achieved. More attention had been paid to this area and all prisoners were seen on the first night centre to identify any housing needs. The number of prisoners recorded as released without accommodation had reduced significantly and over 95% of prisoners were officially released to settled accommodation to go to. However, there was some belief that the introduction of early conditional release (ECL) distorted the data as some addresses given were not checked and were not always permanent. There was no needs analysis to identify unmet need.

Further recommendation

- 9.31 A sample of real housing outcomes for prisoners released from Leeds should be undertaken to gain a more accurate understanding of housing needs and outcomes.

Additional information

- 9.32 A small team of housing workers included one full-time Shelter worker. The team saw all new arrivals and took regular referrals from staff or prisoners before release. The Shelter worker

saw 16 new cases each month and dealt with the more problematic cases, which included advocacy with local housing providers. Two prison officers dealt with most routine housing needs and had received some training for this.

- 9.33 Most prisoners were discharged into the local area and there were good links with the local authorities and voluntary providers. The prison also made use of the West Yorkshire community chaplaincy team, which had access to some social housing. The prison had identified some gaps in provision, including that prisoners who were not high risk on release and not prioritised for hostel accommodation were more likely to be released without settled accommodation. In one sampled month, a third of the 95 prisoners interviewed had been referred to the housing workers. There was no forum where any of these concerns could be discussed. The Shelter worker attended the 'Out of Armley' meeting (see section on strategic management of resettlement), but this did not identify any gaps in provision or issues such as the impact of the end of ECL (18 day early release) on accommodation.
- 9.34 Although fewer prisoners than the comparator in our survey said they knew who to go to for advice, there was a large amount of publicity on the wings and information available on wing prisoner information desks. There were no peer housing workers, although these were planned.

Education, training and employment

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

- 9.35 **The number of places on the preparation for work courses should be increased. (8.38) Achieved.** Places on the pre-release preparation for work course had increased. Prisoners attended the course full time.

Additional information

- 9.36 Information, advice and guidance (IAG) was provided by Future Pathways for prisoners before release to help them prepare for entry to education, training and employment. An accredited pre-release course, 'Ready Steady Work', provided by The Manchester College gave opportunities for prisoners to develop a curriculum vitae, make job applications and develop job search skills. The prison had links with JobCentre Plus, which had five full-time workers in the prison, two of whom worked on providing support and guidance for prisoners seeking training or employment on release. Specialist advisers called probation champions had been developed at many of the JobCentre offices in areas where prisoners were released to help support them in the move from custody to community. JobCentre Plus had developed the 'Out of Armley' meeting that drew together statutory and voluntary agencies to help support prisoners on release.
- 9.37 The range of vocational courses helped prisoners develop skills that could be used to access more advanced training in the prison estate or enhance their employment opportunities on release. Support for prisoners accessing employment on release was provided by agencies such as JobCentre Plus, the West Yorkshire community chaplaincy project, IGEN and CLINKS. Resettlement staff contacted the employers or training providers of prisoners serving short sentences in an effort to retain employment or training places on release.
- 9.38 Links between learning and skills and sentence planning were insufficient to ensure that prisoners received the most appropriate intervention in the correct sequence. No consideration was given to the literacy needs of prisoners before allocation to offending behaviour programmes or the most appropriate learning and skills activities.

- 9.39 Most prisoners released into the community returned to the West Yorkshire area, but no analysis had taken place to identify employment need in the area. Over the previous three months, 130 prisoners had been released directly into the community. The prison had held job fairs to help engage with employers, but this strategy had been unsuccessful in improving links with employers.

Further recommendations

- 9.40 The prison should engage with employers to help improve the employment prospects of prisoners on release.
- 9.41 Links between education and sentence planning should be improved to ensure prisoners receive the most appropriate intervention in the correct sequence.

Mental and physical health

- 9.42 **Prisoners should be given information and assistance to access health and social care services on their release and support in accessing the services if required.**

Not achieved. Arrangements for prisoners being released were poor. Prisoners were not given any information or help on how to access health and social care services. Staff said prisoners were seen on the day of release, but we saw prisoners being released who had not spoken to a member of the health team. A nurse was not present in reception when prisoners were released and the last entry in the clinical record of one prisoner had been made over three weeks previously. Staff said a letter and summary of clinical care was sent to a released prisoner's GP if he was registered with one, but the member of staff who carried out this task was off sick so no letters had been sent for at least the previous three weeks. There were several examples of prisoners being released without any final entry in their clinical records. **We repeat the recommendation.**

Additional information

- 9.43 Discharge arrangements for prisoners with mental health problems known to either the primary or secondary health team were better than for other prisoners. Prisoners were referred to mental health services in the community and, when possible, case conferences were held before discharge.
- 9.44 The Liverpool end of life care pathway had been used for palliative care purposes and there were links with a local hospice where patients in the terminal stages of illness could receive care.

Finance, benefit and debt

- 9.45 **A needs analysis for budget management courses should be conducted and provision should meet the identified need. (8.40)**
- Not achieved.** There was some assessment of individual need through the prisoner passport, but this had not been used to identify future service provision. (See section on strategic management of resettlement.)
- We repeat the recommendation.**

Additional information

- 9.46 Debt advice was provided through a full-time worker seconded from the Leeds Credit Union. Services were stretched and the worker had seen 800 prisoners in the previous 18 months. There were no cover arrangements, although a bid had been made for an additional worker. The service provided was practical and prisoners could get support to deal with debts such as household bills and credit cards. The debt advice worker made regular update checks on prisoner case notes to share information with other staff and there were some links with local agencies. Due to the high pressure of work, there was some unmet need and prisoners could not always see the worker when they needed to. Prisoners could open bank accounts using their prisoner identification card and over 300 had done so since the service had started in 2008. Referrals to the finance worker accounted for at least a third of passport referrals.
- 9.47 Three JobCentre Plus workers saw prisoners about benefits and community care grants where appropriate.
- 9.48 There were some limited courses available for financial literacy. A module on money matters, part of a financial inclusion partnership between West Yorkshire Trading standards and a high street bank, was included in the 'Ready Steady Work' course, but this was available to only a small group of prisoners.

Further recommendations

- 9.49 The debt advice worker service should be expanded to meet demand.
- 9.50 The prison should introduce courses on money management and financial literacy for prisoners who require them.

Drugs and alcohol

- 9.51 **Psychosocial support should be provided to all prisoners requiring clinical support for substance misuse. (3.127)**
Partially achieved. The full IDTS 28-day psychosocial programme was not in place because Leeds was a third wave IDTS prison and that part of IDTS was not funded. A relevant group work package was available for prisoners with particular needs, but it could take a long time for other group members to be identified. One-to-one support was provided where group work could not be delivered.

Further recommendation

- 9.52 Third wave IDTS prisons should be funded for full 28-day psychosocial programme delivery.

- 9.53 **Joint care planning should be undertaken across departments to ensure continuity of provision for those on clinical support. (3.128)**
Not achieved. With IDTS just introduced, the integration of care planning had not yet been achieved. Clinical and psychosocial care plans were expected to be jointly devised by nurses and CARAT workers as soon as staff numbers were up to full strength.
We repeat the recommendation.

- 9.54 **The drug strategy should be informed by an annual needs analysis and include annual development objectives that are monitored through the drug strategy group. (8.49)**
Not achieved. A needs analysis for IDTS had been completed, but there were no annual development objectives.
We repeat the recommendation.
- 9.55 **All elements of the drug strategy group should work together to ensure effective coordination and consistent treatment provision. (8.50)**
Partially achieved. IDTS had gone live in February 2010 and was designed to facilitate integration of services. An up-to-date drug strategy was overseen by a drug strategy group that met monthly, with representation from supply reduction, treatment and resettlement stakeholders. However, alcohol was not included in the strategy and CARAT workers were not funded to work with primary alcohol users. An IDTS needs analysis made predictions for 2008-09, but there was little consideration of non-opiate drug misuse. There was no supply reduction needs analysis and the strategy group was not working to any written action plan.

Further recommendation

- 9.56 The drug strategy group should develop a prison-wide drug and alcohol action plan detailing responsibilities and performance measures.
- 9.57 **An alcohol strategy should be developed or incorporated in the drug strategy, include testing and treatment provision and ensure that, if both are necessary, they are delivered to meet the needs of prisoners and the wider establishment. (8.51)**
Not achieved. There was still no alcohol strategy, although a nurse was starting to develop an alcohol care pathway. CARAT workers were not funded to work with alcohol-only prisoners (see above), but could work with poly-users. Alcohol detoxification was available, but some IDTS staff were concerned that prisoners were not always sufficiently well screened for alcohol withdrawals by health care staff in reception. There was no use of AUDIT or other recognised alcohol screening tools.
We repeat the recommendation.
- 9.58 **Voluntary testing should be available for those who need and want it and should be applied appropriately and consistently in line with Prison Service Order 3601. (8.52)**
Not achieved. A total of 375 voluntary drug testing (VDT) compacts were available to prisoners in the voluntary testing unit, but the prison planned to abolish the VDT scheme in April 2010.
- 9.59 **The CARAT team should be accommodated in one office in the prison to help coordinate work more effectively. (8.53)**
Achieved. The CARAT team worked together in one large open-plan office that was shared with IDTS staff and so enabled effective communication.
- 9.60 **The CARAT team should prioritise clients to manage the limited resources more effectively and assessments should be undertaken only when there is reasonable evidence to suggest likely take-up of provision. (8.54)**
Achieved. The assessment process started with a basic health screening conducted by health care nurses in reception. IDTS nurses started a clinical drug information record (DIR) for prisoners presenting with a drug problem. The CARAT workers then saw the prisoner to establish his willingness to engage with psychosocial services, and then the comprehensive substance misuse assessment (CSMA) was conducted.

Additional information

- 9.61 The CARAT team had a caseload of 176 active, 65 suspended and 72 partially engaged for throughcare only. It was staffed by 10 Lifeline workers, two officers and two placement trainees. The team was highly regarded by prisoners and we observed good interactions and sound record-keeping. The short duration programme (SDP) was the only accredited drugs programme at Leeds. Alcoholics Anonymous groups were run through the chaplaincy. In our survey, over a quarter of prisoners said they had had an alcohol problem when they arrived and a similar proportion said they expected to have an alcohol problem on release.
- 9.62 Links to local drug intervention programmes (DIP) were very good. Bradford DIP had a worker in the prison for two days each week. Leeds DIP spent less time in the prison, but nevertheless worked well with CARAT workers in arranging resettlement care for released prisoners.

Children and families of offenders

- 9.63 **All convicted prisoners should be entitled to at least one hour of visits a week, and remand prisoners should have unlimited entitlement. (8.72)**
Not achieved. The number of visits depended on prisoners' incentives and earned privileges (IEP) status. Each month, convicted standard-level prisoners received three visiting orders, those on basic received two and enhanced men received five. Listeners could also have an extra visit. Unconvicted prisoners did not have their appropriate entitlement (see section on incentives and earned privileges).
We repeat the recommendation.
- 9.64 **The visits booking system should be improved in order to deal with the number of visitors without undue delay. (8.73)**
Not achieved. Many, but not all, visitors said it was difficult to get through to the booking line and staff in the visitors' centre said this was the main complaint made to them. We rang the booking line one afternoon every 20 minutes and managed to speak to the booking clerk on our fourth attempt. There was only one line and no opportunity to leave a message when the line was engaged. Visits could be booked in person, but only during two 45-minute sessions in the mornings and two in the afternoons.
We repeat the recommendation.
- 9.65 **Visitors who arrive within 30 minutes of the end of visits should be allowed entry and prisoners whose visitors are delayed or do not turn up should be helped to find out what has happened to them. Messages from visitors about delays, cancellations or to say they have been turned away should be passed to the prisoner. (8.74)**
Partially achieved. Visitors were allowed entry until about five minutes before the end of visits. However, the information booklet given to first time visitors said entry would be refused if visitors arrived within 30 minutes of the end of their visits. It also gave wrong visiting times and incorrect visits entitlements. There was no system to help prisoners find out why visitors had not arrived.

Further recommendations

- 9.66 The correct information about visits time and arrangements should be included in the visitors' booklet.
- 9.67 Prisoners should be helped to find out what has happened to visitors who do not arrive.

- 9.68 **Prisoners should be strip-searched before or after visits only where intelligence indicates it is necessary. (8.75)**
Achieved. Prisoners were no longer routinely strip-searched after visits.
- 9.69 **Prisoners should be removed from closed visits at the monthly review if evidence no longer indicates a significant risk. When closed visits continue beyond three months, prisoners should be given further specific reasons and allowed to appeal to a higher level. (8.76)**
Achieved. All prisoners on closed visits were reviewed monthly and some prisoners had had their visiting restrictions lifted in light of further evidence. We found only one example of a prisoner who had been on closed visits for longer than three months and he had been given detailed reasons for this in writing.
- 9.70 **Where visitors are banned, this should be for a fixed period and any bans should be based on individual risk assessment and take into account the relationship with the prisoner. (8.77)**
Achieved. Visitors subject to bans were given written explanation of the reason(s) and the length of the ban imposed. The wife of one prisoner had tried to traffic drugs and had been banned. This had been rescinded and closed visits arrangements put in place after she had appealed the decision on the basis of her relationship to the prisoner.
- 9.71 **The visitors' centre should be open before and after all visits. (8.78)**
Not achieved. The visitors' centre was not open to support visitors attending the 8.30am session and was not open during the evening visits on Wednesdays and Thursdays.
We repeat the recommendation.
- 9.72 **All prisoners with children, including vulnerable prisoners, should be able to take part in regular family visits. (8.79)**
Achieved. Children's visits were open to all prisoners.
- 9.73 **Counselling for prisoners' families should be reintroduced. (8.80)**
Not achieved. There was no counselling for prisoners' families.
- 9.74 **The role of the family support worker should be enhanced to allow more input into relevant prison decisions and more direct support for prisoners with legal and other issues involving their children. (8.81)**
Not achieved. The family support worker was a link between prisoners and families and spoke to all new arrivals on the first night centre about the support available to them and their families. She still did not play a formal role with social services or legal aspects of childcare and had no role in informing decisions about release on temporary licence in preparation for release.
We repeat the recommendation.

Additional information

- 9.75 In our survey, similar to the comparator said they had had problems sending or receiving post, but we received many complaints about delays to letters. Incoming post was taken to the wings on the day it was received in the prison and outgoing letters were collected twice daily from the wings. All letters in the post room and that officers were actually giving out on wings had recent postmarks.

- 9.76 The visitors' centre run by the Jigsaw charity continued to provide excellent services. All visitors booked in at the centre and first time visitors were identified and offered information and support. The centre facilities included a café, meeting and interview rooms, baby changing facilities, lockers, toilets, two free internet terminals, a play area and a free telephone directly linked to a taxi firm. Fruit was provided. A wide range of local and national information was displayed and staff were caring, approachable and supportive. When necessary, visitors could be referred to other agencies.
- 9.77 A drug dog was sometimes used to search visitors and an indication resulted in the offer of a closed visit or of leaving. No other security intelligence was required. Visitors could go into the visits room just before their visit, giving time to buy refreshments before the prisoner arrived. The snack bar was staffed by only one Jigsaw worker and visitors queued for up to 15 minutes, so this too up a lot of their visit time. The room could accommodate only 24 groups of visitors and the play area was supervised only at weekends. There were some children's books, but no toys on weekdays and no paper and crayons. Children aged 10 years and older were classed as adults for visitor numbers. Prisoners waited in a holding room and did not have to sit in the visits rooms if their visitors failed to arrive. All prisoners had to wear bibs even though they had to remain seated in an identified chair and despite the security procedures for visitors.
- 9.78 Prisoners and visitors using the closed visit facilities could clearly be seen by others in the visits room. Audibility was very poor and users had to raise their voices to be heard. The prisoner side was dirty and there was what looked like blood in one booth. Senior managers said prisoners using closed visits could have refreshments, but not all staff in the visits room realised this was the case.
- 9.79 The resettlement strategy 2009-10 included the children and families pathway, which had a named lead, but no action plan. There were no pathway meetings to develop pathway services.
- 9.80 Evening visits were run twice a week and an excellent variety of children and family days were run. Some sessions involved prisoners cooking a meal with their children. The family ate together and children took home a bag of ingredients to make the same meal with their mother. A similar day had included prisoners' parents and grandparents. Kids and dads gym activities were run, as was a women's support group involving prisoners' partners. There had been baby massage and yoga groups with prisoners, partners and professionals from the local community. Two Easter and four Christmas children's days had been run in 2009 with games, stories and table-top activities. An annual Eid day was also organised. Prisoners could attend Fathers Inside and Family Man courses.
- 9.81 There was little demand for accumulated visits at other prisons. Some prisoners received inter-prison telephone calls and the video link had been used for this purpose. There were no facilities for prisoners to receive incoming telephone calls from children or to deal with arrangements for them.
- 9.82 Jigsaw staff offered information about prison to relatives at Leeds and Bradford Crown Courts one day a week.

Further recommendations

- 9.83 Closed visits should only be authorised when there is significant risk justified by security intelligence.

- 9.84 Children under 18 years should not be classed as adults for visits.
- 9.85 Prisoners should not have to wear bibs during visits.
- 9.86 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them.

Housekeeping points

- 9.87 Visitors should not have to queue for so long to buy refreshments in the visits room.
- 9.88 The closed visits facilities should be cleaned and maintained to an appropriate standard.
- 9.89 All staff should be clear that prisoners using the closed visits facilities can have refreshments.

Good practice

- 9.90 *The very good range of children and family days run effectively helped men maintain contact with their children and families during their time in prison.*

Attitudes, thinking and behaviour

- 9.91 **As part of a resettlement needs analysis, an offending behaviour needs analysis should be completed and inform service provision. (8.87)**
Not achieved. An area resettlement needs for offending behaviour had been completed, but this had not been used to inform local provision and no links were made to any regional strategy in the local resettlement strategy. (See section on strategic management of resettlement.)
We repeat the recommendation.

Additional information

- 9.92 Drug courses were the only accredited offending behaviour programmes and few other interventions were run. In our survey, fewer prisoners than the comparator said they had done something in prison that would make them less likely to re-offend.

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

-
- 10.1 The reception building should be replaced or fully remodelled to provide an appropriately safe and respectful environment for new arrivals at the prison. (HP46)
 - 10.2 A strategy for the early days in custody should be developed to ensure that first night arrangements are sustained and backed up by effective ongoing support and induction. (HP47)
 - 10.3 Effective procedures should be introduced to ensure that alleged bullies are appropriately monitored by wing staff. (HP48)
 - 10.4 A new disability strategy should be developed to include improved identification procedures and to set out how the individual needs of prisoners with disabilities will be met. (HP49)
 - 10.5 Further work should be undertaken with black and minority ethnic and Muslim prisoners to address the relatively negative perceptions of their treatment and feelings of safety and to ensure that any inappropriate language or behaviour by staff is dealt with robustly. (HP50)
 - 10.6 Sufficient work and education places should be provided to allow all prisoners the opportunity to participate in purposeful activity. (HP51)
 - 10.7 All prisoners should have the opportunity for at least one hour of association and one hour of exercise every day including at weekends. (HP52)
 - 10.8 The prison's resettlement strategy should be based on an objective and up-to-date assessment of the resettlement needs of the population and should specify services and target outcomes for the different groups of prisoners, including remand, indeterminate-sentenced, short-term convicted and vulnerable and recalled prisoners. (HP53)
 - 10.9 A suitably sized and appropriately equipped visits facility should be provided to meet the needs of prisoners and their visitors. (HP54)

Recommendations

To the Director General of NOMS

Time out of cell

- 10.10 National calculations of time out of cell should be reviewed to ensure they reflect more accurately the actual experience in prisons. (6.44)

Resettlement pathways

- 10.11 Third wave IDTS prisons should be funded for full 28-day psychosocial programme delivery. (9.52)

Recommendations

To the governor

Courts, escorts and transfers

- 10.12 All prisoners should be brought to the prison with the minimum of delay. (1.2)
- 10.13 Prisoners should not have to wait in vans due to an incorrect roll count. (1.3)
- 10.14 Information about what to expect on arrival at Leeds should be provided at courts. (1.4)
- 10.15 Prisoners involved in trials should be able to shower irrespective of the time they return. (1.6)

First days in custody

- 10.16 New arrivals should be given information about reception and first night procedures. (1.8)
- 10.17 There should be improved access to the police national computer to establish prisoners' previous convictions where these have not arrived from court. (1.11)
- 10.18 Listeners should actively engage with all new arrivals to provide positive support and explain their role. (1.15)
- 10.19 Night staff on the first night centre should be aware of the status of individual prisoners. (1.17)
- 10.20 All prisoners should receive a quality structured induction starting on the first full working day after reception and delivered in a quiet room free of interruption. (1.20)
- 10.21 The prisoner information booklet should be updated and clearly describe the induction process. (1.21)
- 10.22 Prisoners should be able to get money credited to their telephone account within 24 hours. (1.22)
- 10.23 All areas of reception should be effectively supervised. (1.29)
- 10.24 Prisoners should be asked if they have caring responsibilities for children or other dependants. (1.30)

Residential units

- 10.25 All wings should have a staff supervised system for prioritising cells for repainting. (2.2)
- 10.26 Single cells should not be used to accommodate two prisoners. (2.3)
- 10.27 All prisoners should have a lockable cupboard. (2.4)

- 10.28 Convicted and remand prisoners should not have to share cells. (2.5)
- 10.29 Emergency cell call bells should be answered within five minutes and managers should check this regularly. (2.7)
- 10.30 Toilets on E and F wings should be appropriately screened. (2.9)
- 10.31 Some telephones on each wing should be placed in booths. (2.11)
- 10.32 All staff should allow reasonable requests from prisoners not in full-time employment to make telephone calls to families during the evening. (2.13)
- 10.33 Showers should not be used as store rooms and broken showers should be repaired quickly. (2.15)
- 10.34 Cell furniture should be maintained in good condition. (2.21)
- 10.35 The wing routine and regime, including how to access toiletries and cleaning supplies, should be explained to all prisoners when moving to a new wing. (2.22)

Staff-prisoner relationships

- 10.36 Prisoners' views should be sought about how to improve relationships with staff and the effective operation of the personal/support officer scheme. (2.26)
- 10.37 Prisoners should be addressed by their first name or title and surname according to preference. (2.28)
- 10.38 Residential managers should ensure that all officers on wings treat prisoners fairly and respectfully and challenge immediately any unacceptable behaviour or language. (2.34)
- 10.39 Work undertaken and in progress to improve the culture and relationships at Leeds should form part of a coherent strategy with an action plan and timed targets. (2.35)

Personal officers

- 10.40 All personal officers should introduce themselves to prisoners, get to know their personal circumstances and record contact in wing files regularly to build up an accurate chronological account of a prisoner's time at Leeds and any significant events affecting him. (2.36)
- 10.41 Men with specific care needs such as older prisoners and those with disabilities should have regularly monitored care plans as part of their wing files. (2.37)
- 10.42 Managers making checks on personal/support officer entries in wing files should ensure that this is brought to the attention of the individual officer. (2.42)

Bullying and violence reduction

- 10.43 A survey of prisoners' perceptions of safety should be conducted across all residential units. (3.3)
- 10.44 Interventions should be developed for perpetrators and victims of bullying. (3.4)

- 10.45 The violence reduction policy and strategy document should be updated to reflect current practice. (3.15)
- 10.46 Cell-sharing risk assessments should always be taken into account before asking any prisoner, including Listeners, to share with another. In view of the seriousness, disciplinary action should be considered in cases where this does not happen. (3.16)
- 10.47 The use of C wing as a route for vulnerable prisoners should be avoided wherever possible. (3.17)

Self-harm and suicide

- 10.48 Interviews with prisoners recalled on licence should begin the day after recall to ensure any immediate concerns are addressed. (3.20)
- 10.49 Incidents of serious self-harm should be investigated promptly. (3.22)
- 10.50 ACCT reviews should be planned and sufficient notice given to departments that have a contribution to make. (3.25)
- 10.51 Management checks should comment on the frequency and quality of entries in ACCT records. (3.26)
- 10.52 Accurate and up to date records of staff that have completed ACCT training should be held. (3.27)
- 10.53 All staff should support the Listener scheme and adhere to the protocol on the use of Listeners. (3.28)
- 10.54 Ongoing daily records in ACCT documents should indicate active staff interaction with prisoners and enquiries about their well-being. (3.38)
- 10.55 More Listeners from black and minority ethnic backgrounds should be recruited. (3.39)
- 10.56 A member of the safer custody team and Listeners should contribute to the induction programme. (3.40)
- 10.57 To ensure that there is ready access to prisoners in an emergency, the previous arrangements where gates onto wings were left open should be resumed. (3.41)

Applications and complaints

- 10.58 The application system should incorporate target timescales for responses, which managers should monitor. (3.42)
- 10.59 Whenever possible, respondents to complaints should aim to resolve them by speaking to the complainant and recording the outcome of their discussion on the complaints form. (3.51)

Legal rights

- 10.60 The prison should ensure appropriate training for all bail support and legal services staff. (3.52)

Faith and religious activity

- 10.61 Prisoners who attend Muslim prayers on Friday afternoons should be allowed to shower beforehand. (3.63)

Substance use

- 10.62 The prescribing of MXL (morphine sulphate), which is not licensed for opiate substitution, should be reviewed and clinically justified. (3.73)
- 10.63 Controlled drugs should be administered with two people present, one of whom should be a registered nurse or pharmacist. (3.74)
- 10.64 Clinical reviews for substance users should be conducted in accordance with national IDTS guidelines. (3.75)
- 10.65 Secondary detoxification presentations to GP clinics should be referred to IDTS. (3.76)
- 10.66 The mandatory drug testing programme should be adequately resourced to undertake the required level of weekend and target (suspicion) testing within identified timescales and without gaps in provision. (3.77)

Diversity

- 10.67 Diversity monitoring should be introduced to examine the extent to which older prisoners, prisoners with disabilities and prisoners from other minority groups have fair access to the regime. (4.1)
- 10.68 The diversity policy should set out how the needs of different minority groups will be met, based on an analysis of these needs in consultation with prisoners. (4.2)
- 10.69 The disability liaison officer should be supported by designated residential wing staff who are given the remit of improving awareness about disability and other diversity issues on the wings. (4.3)
- 10.70 All staff should be trained in diversity issues. (4.4)

Race equality

- 10.71 Interventions should be introduced to tackle issues raised in racist incidents, and should include structured mediation. (4.5)
- 10.72 All departments should be regularly represented at race equality action team meetings. (4.13)
- 10.73 Ethnic monitoring should be expanded to cover areas of concern to prisoners, such as allocation to specific areas of work. (4.14)
- 10.74 The race equality officer or diversity manager should attend race consultation groups and meetings should be minuted to record issues raised and action taken. (4.15)

Religion

- 10.75 A policy based on a needs assessment should describe how the religious needs of prisoners will be met and monitored. (4.17)
- 10.76 The experiences and perceptions of Muslim prisoners should be discussed with them and action taken to address any identified concerns. (4.18)

Foreign nationals

- 10.77 All staff should be trained to understand the distinct needs of foreign national prisoners. (4.28)

Disability

- 10.78 A new disability policy should be developed that includes improved identification procedures and sets out how the needs of prisoners with disabilities will be met. (4.34)
- 10.79 A complete database of prisoners with disabilities should be kept and all prisoners listed should have individualised care plans. (4.35)
- 10.80 Appropriate adapted accommodation equivalent to the standard on B wing should be provided for prisoners with physical disabilities on A wing. (4.36)
- 10.81 Prisoners with disabilities should have access to all aspects of the prison regime. (4.37)
- 10.82 All staff should receive disability awareness training. (4.38)

Older prisoners

- 10.83 An action plan should be developed to set out how the specific needs of older prisoners will be met. (4.41)

Sexual orientation

- 10.84 A strategy should be developed to support the needs of homosexual/gay and bisexual prisoners, including access to appropriate external support networks. (4.43)

Health services

- 10.85 The health care waiting rooms should be improved and health promotion materials made readily available in them. (5.1)
- 10.86 Treatment rooms on A and D wings should be refurbished and effectively cleaned. (5.3)
- 10.87 Prisoners with disabilities should have appropriate access to all necessary health service areas. (5.4)

- 10.88 Prisoners should be given correct information about health services in a format they can understand and should be involved and consulted when planning their care and treatment. (5.6)
- 10.89 The pattern of resuscitation training established should be repeated annually and attendance recorded on a database. (5.8)
- 10.90 Clinical supervision should be extended to all health care staff. (5.10)
- 10.91 Inpatients should have relevant and up-to-date care plans on SystemOne. (5.13)
- 10.92 Prisoners should receive a secondary health screen within 72 hours of arrival. (5.18)
- 10.93 The applications systems should be improved to ensure no unnecessary delays in prisoners seeing the GP or any allied health professionals. (5.19)
- 10.94 There should be appointment times for health service professionals to avoid prisoners waiting long periods in the department. (5.20)
- 10.95 Nurses should receive instruction in the use of treatment pathways to ensure consistency of care and advice. (5.22)
- 10.96 Staff should be made aware of the potential for meningitis C infection and the availability of the vaccine. (5.24)
- 10.97 Pharmacy-led clinics open to prisoners on request and medicine use review clinics should be held. (5.26)
- 10.98 The in possession policy should be followed and all health care staff trained in its use. (5.28)
- 10.99 Prisoners should be informed about the availability of barrier protection. (5.31)
- 10.100 Effective out-of-hours and absence cover for the dentist should be provided and a protocol should be developed to assist health care staff when dealing with dental emergencies in the absence of the dental team. (5.32)
- 10.101 Health service beds should not be part of the prison's certified normal accommodation. (5.33)
- 10.102 There should be clear admission procedures for inpatients and prisoners with disabilities should not automatically be accommodated there. (5.35)
- 10.103 Staff who work on the inpatient unit and care for patients should be involved in the weekly multidisciplinary ward round. (5.38)
- 10.104 Systems for ensuring that prisoners are able to attend sessions in the primary mental health and well being unit should be developed and reasons for non-attendance investigated. (5.40)
- 10.105 The number of prisoners who do not attend for appointments should be monitored, the reasons for non-attendance recorded and action taken to reduce occurrence. (5.57)
- 10.106 An assessment should be undertaken to ensure that all pharmacy technicians who administer medicines have been appropriately trained. (5.58)

- 10.107 The procedure for the administration of controlled drugs should be risk assessed to ensure it is safe and in accordance with IDTS guidelines. (5.59)
- 10.108 Full and complete records should be made of the administration of medicines and this should include all occasions where the patient refuses medication or fails to attend and issues relating to drug compliance should be followed up where appropriate. (5.60)
- 10.109 The dental surgery should be refurbished, taking into account the recently published decontamination guidelines (HTM 01-05). (5.61)
- 10.110 The dental contract should be reviewed to ensure that the service functions correctly and meets the needs of patients. (5.62)
- 10.111 All uniformed staff should have mental health awareness training. (5.63)
- 10.112 Patients requiring secure mental health beds should be assessed and transferred expeditiously. (5.64)
- 10.113 All clinical staff should have easy access to SystmOne. (5.65)

Learning and skills and work activities

- 10.114 All prisoners should attend induction and have their literacy, numeracy and language needs assessed. (6.3)
- 10.115 Vulnerable prisoners should have equitable access to education and training opportunities. (6.5)
- 10.116 The number of prisoners receiving initial information, advice and guidance service should be increased. (6.19)
- 10.117 Allocation to activities and the management of information on waiting lists should be improved. (6.20)
- 10.118 The quality of teaching and learning should be improved to provide a more varied learning experience for prisoners. (6.21)
- 10.119 Individual learning plans should be used more effectively to set detailed individual targets and record learning. (6.22)
- 10.120 The prison should develop and introduce ways to recognise and record the work skills of prisoners who are not following accredited courses. (6.23)
- 10.121 The room used for the barbering course in should be improved to reflect a commercial environment. (6.24)

Physical education and health promotion

- 10.122 The size of the free weights area in the gym should be increased. (6.25)
- 10.123 Gym shower facilities should be improved. (6.26)

- 10.124 The outside sports facilities should be improved. (6.31)
- 10.125 The procedure for prisoners to access the gym should be improved to ensure that all prisoners who wish to attend get the opportunity. (6.32)

Time out of cell

- 10.126 Outdoor coats should be available for all prisoners wanting to exercise outside in cold weather. (6.35)
- 10.127 A central register should be set up recording any changes to the regime such as cancellation of association and exercise. This should be scrutinised by senior managers. (6.38)
- 10.128 Canteen distribution should be organised so as not to impact on the whole prison regime. (6.39)
- 10.129 Exercise yards should be clean and free from rubbish. (6.43)

Security and rules

- 10.130 Rules and routines should be prominently displayed throughout the establishment. (7.4)
- 10.131 Security information reports should be fully processed within 24 hours of being received by the security department. (7.9)
- 10.132 All required outcomes from security information reports should be monitored to ensure they have been completed. (7.10)
- 10.133 The security strategy should require all incidents of squat searching to be authorised, logged and routinely monitored by senior managers. (7.11)

Discipline

- 10.134 All charges should be fully investigated and recorded before a finding of guilt is reached. (7.13)
- 10.135 Adjudications involving violence and bullying should be referred to the safer custody coordinator. (7.14)
- 10.136 Use of force paperwork and video tapes should be reviewed by a manager not involved in the incident with a view to learning how its use could be further reduced. (7.16)
- 10.137 Special cell records should be used whenever a prisoner remains in an unfurnished cell as defined in Prison Service Order 1600 and reviewed regularly. (7.18)
- 10.138 The segregation unit exercise area should be improved and seating installed. (7.26)
- 10.139 Data relating to adjudication charges should be routinely monitored to identify and strategically respond to emerging trends. (7.33)
- 10.140 Data relating to reasons for the use of force should be routinely monitored. Particular scrutiny should be given to when it is used for reasons of non-compliance, with managers satisfying themselves that each use was legitimate. (7.34)

Incentives and earned privileges

- 10.141 Prisoner representatives and prisoner information desk representatives should receive training in the IEP scheme to that they can help explain the scheme to prisoners. (7.36)
- 10.142 Unconvicted prisoners should not have their visits reduced under the IEP scheme. (7.38)
- 10.143 Officers should have a more balanced approach to case note entries and include positive entries where appropriate. (7.42)

Catering

- 10.144 Portion control on the wing serveries should be better managed and any leftovers offered to prisoners. (8.1)
- 10.145 Prisoners should be able to eat five portions of fruit and vegetables a day. (8.2)
- 10.146 There should be more celebration of food from different cultures. (8.4)
- 10.147 Catering record books should be visible and accessible on all wings and their existence made known to staff and prisoners. (8.7)
- 10.148 Breakfast should be served on the morning it is eaten. (8.12)
- 10.149 Lunch should be served between noon and 1.30pm and the evening meal between 5pm and 6.30pm. (8.13)
- 10.150 The trolley taking food to the vulnerable prisoner wing should not be identifiable. (8.14)
- 10.151 All servery workers should be properly dressed when serving food. (8.15)

Prison shop

- 10.152 Prisoners should be able to buy items from the canteen within their first 24 hours. (8.16)
- 10.153 Prisoners should be able to order items from a catalogue. (8.17)
- 10.154 A more comprehensive survey of prisoners' views of the shop provision, including those of black and minority ethnic and foreign national prisoners, should be completed periodically. (8.21)

Strategic management of resettlement

- 10.155 The quarterly resettlement strategy meeting should be well attended by all relevant prison departments and partner agencies with a clear strategic focus on developing appropriate resettlement services. (9.8)

Offender management and planning

- 10.156 Managers should routinely interrogate information about the number of prisoners released late on home detention curfew and the reasons for this. Any undue delays in the process should be communicated to prisoners. (9.12)
- 10.157 The information book for life-sentenced and indeterminate-sentenced prisoners should be available to all potential or newly sentenced indeterminate-sentenced prisoners. (9.17)
- 10.158 Prisoners sentenced to life imprisonment should not have to share cells with short-stay prisoners. (9.18)
- 10.159 Resettlement passports should be developed into custody plans for unsentenced and short-sentence prisoners with targets set and checked. (9.25)
- 10.160 The prison should monitor and address the reasons impeding prisoners' transfers to training prisons. (9.26)
- 10.161 The prison should maintain records of the number of prisoners on fixed term and end of sentence licence recalls and use this to inform the resettlement strategy and provision. (9.27)
- 10.162 The reasons behind the delays in social services approving child visitors should be addressed. (9.28)
- 10.163 All departments that contribute to public protection should ensure that a representative attends public protection meetings. (9.29)

Resettlement pathways

- 10.164 A sample of real housing outcomes for prisoners released from Leeds should be undertaken to gain a more accurate understanding of housing needs and outcomes. (9.31)
- 10.165 The prison should engage with employers to help improve the employment prospects of prisoners on release. (9.40)
- 10.166 Links between education and sentence planning should be improved to ensure prisoners receive the most appropriate intervention in the correct sequence. (9.41)
- 10.167 Prisoners should be given information and assistance to access health and social care services on their release and support in accessing the services if required. (9.42)
- 10.168 A needs analysis for budget management courses should be conducted and provision should meet the identified need. (9.45)
- 10.169 The debt advice worker service should be expanded to meet demand. (9.49)
- 10.170 The prison should introduce courses on money management and financial literacy for prisoners who require them. (9.50)
- 10.171 Joint care planning should be undertaken across departments to ensure continuity of provision for those on clinical support. (9.53)

- 10.172 The drug strategy should be informed by an annual needs analysis and include annual development objectives that are monitored through the drug strategy group. (9.54)
- 10.173 The drug strategy group should develop a prison-wide drug and alcohol action plan detailing responsibilities and performance measures. (9.56)
- 10.174 An alcohol strategy should be developed or incorporated in the drug strategy, include testing and treatment provision and ensure that, if both are necessary, they are delivered to meet the needs of prisoners and the wider establishment. (9.57)
- 10.175 All convicted prisoners should be entitled to at least one hour of visits a week, and remand prisoners should have unlimited entitlement. (9.63)
- 10.176 The visits booking system should be improved in order to deal with the number of visitors without undue delay. (9.64)
- 10.177 Visitors who arrive within 30 minutes of the end of visits should be allowed entry and prisoners whose visitors are delayed or do not turn up should be helped to find out what has happened to them. Messages from visitors about delays, cancellations or to say they have been turned away should be passed to the prisoner. (9.65)
- 10.178 The correct information about visits time and arrangements should be included in the visitors' booklet. (9.66)
- 10.179 Prisoners should be helped to find out what has happened to visitors who do not arrive. (9.67)
- 10.180 The visitors' centre should be open before and after all visits. (9.71)
- 10.181 The role of the family support worker should be enhanced to allow more input into relevant prison decisions and more direct support for prisoners with legal and other issues involving their children. (9.74)
- 10.182 Closed visits should only be authorised when there is significant risk justified by security intelligence. (9.83)
- 10.183 Children under 18 years should not be classed as adults for visits. (9.84)
- 10.184 Prisoners should not have to wear bibs during visits. (9.85)
- 10.185 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.86)
- 10.186 As part of a resettlement needs analysis, an offending behaviour needs analysis should be completed and inform service provision. (9.91)

Housekeeping points

First days in custody

- 10.187 Men going to court or being transferred should be able to get a hot drink in reception. (1.9)

- 10.188 Prisoners should be asked if they want to get numbers from mobile telephones before these are placed in stored property. (1.31)
- 10.189 In-cell toilets on the first night centre should be deep cleaned. (1.32)
- 10.190 Prisoners should be informed about the cost of reception packs and repayment arrangements. (1.33)
- 10.191 Induction evaluation questionnaires should be analysed to inform the development of the programme. (1.34)

Residential units

- 10.192 The offensive displays policy should be consistently applied on all wings. (2.23)
- 10.193 Minutes from consultation meetings should be displayed on all wings. (2.24)

Substance use

- 10.194 Mandatory drug testing holding cells should be cleaned to create an adequate waiting environment and include information on the dangers of drug use. (3.78)

Health services

- 10.195 Health care application forms should be freely available in all parts of the prison. (5.66)
- 10.196 Methadone mixture should be measured using appropriate glass measures. (5.67)
- 10.197 Maximum and minimum temperatures should be recorded daily for the drug refrigerators within treatment rooms and pharmacy to ensure that thermolabile items are stored within the 2-8°C range. Corrective action should be taken where necessary and monitored by pharmacy staff. (5.68)
- 10.198 The pharmacy staff should put in place procedures to monitor the use of special sick medication. (5.69)
- 10.199 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (5.70)
- 10.200 Prescribing data should be used to demonstrate value for money and to promote effective medicines management. (5.71)
- 10.201 The archived dental records should be appropriately stored. (5.72)
- 10.202 Staff at the weekly inpatient ward round should have access to patient records and all relevant information. (5.73)

Resettlement pathways

- 10.203 Visitors should not have to queue for so long to buy refreshments in the visits room. (9.87)

10.204 The closed visits facilities should be cleaned and maintained to an appropriate standard. (9.88)

10.205 All staff should be clear that prisoners using the closed visits facilities can have refreshments. (9.89)

Good practice

Bullying and violence reduction

10.206 The development of the specialist regime on B1 for prisoners who found it difficult to cope with life in the prison provided a supportive and caring environment that helped them return to accommodation on the main wings. (3.18)

Resettlement pathways

10.207 The very good range of children and family days run effectively helped men maintain contact with their children and families during their time in prison. (9.90)

Appendix I: Inspection team

Anne Owers	HM Chief Inspector of Prisons
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Martin Owens	Inspector
Hayley Folland	Inspector
Ian Thomson	Inspector
Elizabeth Tysoe	Health care inspector
Paul Tarbuck	Health care inspector
Paul Roberts	Drugs inspector
Richard Chapman	Pharmacy inspector
Martin Wall	Dental inspector
Sheila Willis	Ofsted
Stephen Miller	Ofsted
Ian Handscome	Ofsted
Amy Summerfield	Researcher
Amy Pearson	Researcher
Hayley Cripps	Researcher

Appendix II: Prison population profile¹

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	735	65.12
Recalls	100	8.85
Convicted but unsentenced	100	8.85
Remand	192	17.00
Civil prisoners	1	0.09
Detainees (single power status)	1	0.09
Detainees (dual power status)	0	0
Total	1129	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	107	12.81
6 months to less than 12 months	74	8.86
12 months to less than 2 years	79	9.46
2 years to less than 4 years	264	31.61
4 years to less than 10 years	223	26.70
10 years and over (not life)	33	3.95
Life	55	6.58
Total	835	100

¹ Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

(iii) Length of stay	Sentenced prisoners		Unsentenced prisoners	
	Number	%	Number	%
Less than 1 month	161	19.28	120	40.81
1 month to 3 months	209	25.02	76	25.85
3 months to 6 months	128	15.32	56	19.04
6 months to 1 year	219	26.22	36	12.24
1 year to 2 years	92	11.01	5	1.70
2 years to 4 years	16	1.91		
4 years or more	10	1.19	1	0.43
Total	835	73.96	294	26.04

(iv) Main Offence	Number of prisoners	%
Violence against the person	255	22.58
Sexual offences	183	16.20
Burglary	169	14.96
Robbery	118	10.45
Theft & handling	100	8.85
Fraud and forgery	18	1.59
Drugs offences	135	11.95
Other offences	115	10.18
Civil offences	2	0.17
Offence not recorded/holding warrant	34	3.01
Total	1129	100

(v) Age	Number of prisoners	%
21 years to 29 years	500	44.28
30 years to 39 years	376	33.30

40 years to 49 years	163	14.43
50 years to 59 years	63	5.58
60 years to 69 years	24	2.12
70 plus years	3	0.26
Maximum age	82	
Total	1129	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	1107	98.05
Between 50 and 100 miles of the prison	7	0.62
Over 100 miles from the prison	2	0.17
Overseas	1	0.08
NFA	12	1.06
Total	1129	100

(vii) Nationality	Number of prisoners	%
British	994	91.36
Foreign nationals	94	8.63
Total	1088 (code missing on 41)	100

(viii) Ethnicity	Number of prisoners	%
<i>White</i>		
British	701	62.09
Irish	7	0.62
Other White	40	3.54
<i>Mixed</i>		
White and Black Caribbean	16	1.41

White and Black African	1	0.08
White and Asian	6	0.53
Other Mixed	6	0.53
<i>Asian or Asian British</i>		
Indian	10	0.88
Pakistani	69	5.22
Bangladeshi	4	0.35
Other Asian	20	1.77
<i>Black or Black British</i>		
Caribbean	24	2.12
African	6	0.53
Other Black	15	1.32
<i>Chinese or other ethnic group</i>		
Chinese	14	1.24
Other ethnic group	200	17.71
Total	1129	100

(ix) Religion	Number of prisoners	%
Baptist	1	0.08
Church of England	274	24.26
Roman Catholic	209	18.51
Other Christian denominations	63	5.58
Muslim	132	11.69
Sikh	4	0.35
Hindu	0	0
Buddhist	23	2.03
Jewish	1	0.08

Other	9	0.79
No religion	413	36.58
Total	1129	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 3 March 2010, the prisoner population at HMP Leeds was 1128. The sample size was 223. Overall, this represented 20% of the prisoner population.

Selecting the sample

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

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Six respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. In total, three respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 211 respondents completed and returned their questionnaires. This represented 19% of the prison population. The response rate was 95%. In addition to the six respondents who refused to complete a questionnaire, five questionnaires were not returned and one was returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in local. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since April 2003.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Leeds in 2007.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2010 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 2010 survey between the responses of prisoners aged 50 years or over and those under 50 years.

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

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

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. 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 that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Section 1: About You

Q1.2	How old are you?	
	<i>Under 21</i>	0 (0%)
	<i>21 - 29</i>	93 (44%)
	<i>30 - 39</i>	62 (30%)
	<i>40 - 49</i>	32 (15%)
	<i>50 - 59</i>	18 (9%)
	<i>60 - 69</i>	3 (1%)
	<i>70 and over</i>	2 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	112 (53%)
	<i>Yes - on recall</i>	30 (14%)
	<i>No - awaiting trial</i>	40 (19%)
	<i>No - awaiting sentence</i>	28 (13%)
	<i>No - awaiting deportation</i>	1 (0%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	69 (33%)
	<i>Less than 6 months</i>	19 (9%)
	<i>6 months to less than 1 year</i>	8 (4%)
	<i>1 year to less than 2 years</i>	22 (11%)
	<i>2 years to less than 4 years</i>	40 (19%)
	<i>4 years to less than 10 years</i>	31 (15%)
	<i>10 years or more</i>	6 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	9 (4%)
	<i>Life</i>	4 (2%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	69 (36%)
	<i>6 months or less</i>	51 (27%)
	<i>More than 6 months</i>	72 (38%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	26 (12%)
	<i>1 to less than 3 months</i>	60 (29%)
	<i>3 to less than 6 months</i>	53 (25%)
	<i>6 to less than 12 months</i>	38 (18%)
	<i>12 months to less than 2 years</i>	18 (9%)
	<i>2 to less than 4 years</i>	9 (4%)
	<i>4 years or more</i>	5 (2%)
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	11 (5%)
	<i>No</i>	195 (95%)
Q1.8	Is English your first language?	
	<i>Yes</i>	188 (94%)
	<i>No</i>	11 (6%)

Q1.9	What is your ethnic origin?				
	<i>White - British</i>	155 (74%)	<i>Asian or Asian British - Bangladeshi</i>	3 (1%)	
	<i>White - Irish</i>	6 (3%)	<i>Asian or Asian British - Other</i>	2 (1%)	
	<i>White - Other</i>	4 (2%)	<i>Mixed Heritage - White and Black Caribbean</i> ...	4 (2%)	
	<i>Black or Black British - Caribbean</i>	6 (3%)	<i>Mixed Heritage - White and Black African</i>	0 (0%)	
	<i>Black or Black British - African</i>	2 (1%)	<i>Mixed Heritage- White and Asian</i>	2 (1%)	
	<i>Black or Black British - Other</i>	0 (0%)	<i>Mixed Heritage - Other</i>	0 (0%)	
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Chinese</i>	3 (1%)	
	<i>Asian or Asian British - Pakistani</i>	18 (9%)	<i>Other ethnic group</i>	2 (1%)	
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?				
	<i>Yes</i>			16 (8%)	
	<i>No</i>			187 (92%)	
Q1.11	What is your religion?				
	<i>None</i>	56 (27%)	<i>Hindu</i>	0 (0%)	
	<i>Church of England</i>	62 (30%)	<i>Jewish</i>	0 (0%)	
	<i>Catholic</i>	43 (21%)	<i>Muslim</i>	26 (13%)	
	<i>Protestant</i>	8 (4%)	<i>Sikh</i>	2 (1%)	
	<i>Other Christian denomination</i>	4 (2%)	<i>Other</i>	2 (1%)	
	<i>Buddhist</i>	3 (1%)			
Q1.12	How would you describe your sexual orientation?				
	<i>Heterosexual/ Straight</i>			200 (98%)	
	<i>Homosexual/Gay</i>			1 (0%)	
	<i>Bisexual</i>			3 (1%)	
	<i>Other</i>			1 (0%)	
Q1.13	Do you consider yourself to have a disability?				
	<i>Yes</i>			48 (23%)	
	<i>No</i>			161 (77%)	
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>	
	43 (21%)	21 (10%)	68 (33%)	77 (37%)	
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>		
	136 (67%)	42 (21%)	24 (12%)		
Q1.16	Do you have any children under the age of 18?				
	<i>Yes</i>			113 (55%)	
	<i>No</i>			94 (45%)	

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?	14 (7%)	81 (39%)	44 (21%)	43 (21%)	16 (8%)	9 (4%)	2 (1%)
	Your personal safety during the journey?	21 (11%)	100 (52%)	29 (15%)	23 (12%)	12 (6%)	4 (2%)	2 (1%)
	The comfort of the van?	7 (3%)	16 (8%)	13 (6%)	78 (38%)	91 (44%)	0 (0%)	0 (0%)
	The attention paid to your health needs?	10 (5%)	45 (24%)	48 (25%)	40 (21%)	34 (18%)	4 (2%)	9 (5%)
	The frequency of toilet breaks?	8 (4%)	30 (15%)	37 (18%)	37 (18%)	54 (27%)	4 (2%)	32 (16%)
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>			
	96 (46%)	78 (38%)	26 (13%)	6 (3%)	2 (1%)			

Q2.3	How did you feel you were treated by the escort staff?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	29 (14%)	113 (54%)	42 (20%)	18 (9%)	4 (2%)	3 (1%)
Q2.4	Please answer the following questions about when you first arrived here:					
				<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
	Did you know where you were going when you left court or when transferred from another prison?			166 (80%)	36 (17%)	5 (2%)
	Before you arrived here did you receive any written information about what would happen to you?			27 (13%)	171 (85%)	4 (2%)
	When you first arrived here did your property arrive at the same time as you?			164 (82%)	31 (16%)	5 (3%)

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>	33 (17%)	<i>Money worries</i>	45 (23%)		
	<i>Loss of property</i>	26 (13%)	<i>Feeling depressed or suicidal</i>	118 (59%)		
	<i>Housing problems</i>	61 (31%)	<i>Health problems</i>	141 (71%)		
	<i>Contacting employers</i>	31 (16%)	<i>Needing protection from other prisoners</i>	49 (25%)		
	<i>Contacting family</i>	103 (52%)	<i>Accessing phone numbers</i>	93 (47%)		
	<i>Ensuring dependants were being looked after</i>	33 (17%)	<i>Other</i>	7 (4%)		
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>	43 (23%)	<i>Money worries</i>	45 (24%)		
	<i>Loss of property</i>	29 (15%)	<i>Feeling depressed or suicidal</i>	43 (23%)		
	<i>Housing problems</i>	43 (23%)	<i>Health problems</i>	75 (39%)		
	<i>Contacting employers</i>	13 (7%)	<i>Needing protection from other prisoners</i>	19 (10%)		
	<i>Contacting family</i>	64 (34%)	<i>Accessing phone numbers</i>	53 (28%)		
	<i>Ensuring dependants were looked after</i>	12 (6%)	<i>Other</i>	3 (2%)		
Q3.3	Please answer the following questions about reception:					
			<i>Yes</i>	<i>No</i>	<i>Don't remember</i>	
	Were you seen by a member of health services?		190 (90%)	19 (9%)	1 (0%)	
	When you were searched, was this carried out in a respectful way?		170 (83%)	26 (13%)	9 (4%)	
Q3.4	Overall, how well did you feel you were treated in reception?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	31 (15%)	91 (43%)	54 (26%)	21 (10%)	11 (5%)	2 (1%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)					
	<i>Information about what was going to happen to you</i>	100 (50%)				
	<i>Information about what support was available for people feeling depressed or suicidal</i>	101 (50%)				
	<i>Information about how to make routine requests</i>	83 (41%)				
	<i>Information about your entitlement to visits</i>	85 (42%)				
	<i>Information about health services</i>	108 (54%)				
	<i>Information about the chaplaincy</i>	114 (57%)				
	<i>Not offered anything</i>	48 (24%)				
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)					
	<i>A smokers/non-smokers pack</i>	187 (90%)				
	<i>The opportunity to have a shower</i>	141 (68%)				
	<i>The opportunity to make a free telephone call</i>	118 (57%)				
	<i>Something to eat</i>	182 (88%)				
	<i>Did not receive anything</i>	3 (1%)				

Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	122 (60%)
	<i>Someone from health services</i>	176 (87%)
	<i>A listener/Samaritans</i>	63 (31%)
	<i>Did not meet any of these people</i>	16 (8%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes</i>	20 (10%)
	<i>No</i>	187 (90%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes</i>	153 (74%)
	<i>No</i>	46 (22%)
	<i>Don't remember</i>	8 (4%)
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course</i>	83 (40%)
	<i>Within the first week</i>	74 (36%)
	<i>More than a week</i>	34 (16%)
	<i>Don't remember</i>	16 (8%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	83 (42%)
	<i>Yes</i>	71 (36%)
	<i>No</i>	36 (18%)
	<i>Don't remember</i>	9 (5%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is to:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	11 (5%)	78 (38%)	25 (12%)	56 (27%)	29 (14%)	8 (4%)
	Attend legal visits?	21 (10%)	108 (53%)	31 (15%)	21 (10%)	8 (4%)	14 (7%)
	Obtain bail information?	7 (4%)	42 (22%)	43 (22%)	39 (20%)	28 (15%)	34 (18%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						15 (7%)
	<i>Yes</i>						81 (40%)
	<i>No</i>						107 (53%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>		
	Are you normally offered enough clean, suitable clothes for the week?	116 (56%)	86 (41%)	2 (1%)	4 (2%)		
	Are you normally able to have a shower every day?	167 (80%)	39 (19%)	1 (0%)	1 (0%)		
	Do you normally receive clean sheets every week?	170 (83%)	30 (15%)	5 (2%)	1 (0%)		
	Do you normally get cell cleaning materials every week?	113 (55%)	88 (43%)	5 (2%)	0 (0%)		
	Is your cell call bell normally answered within five minutes?	49 (24%)	150 (74%)	4 (2%)	1 (0%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	114 (57%)	81 (41%)	3 (2%)	1 (1%)		
	Can you normally get your stored property, if you need to?	56 (27%)	102 (50%)	33 (16%)	13 (6%)		

Q4.4	What is the food like here?	<i>Very good</i> 3 (1%)	<i>Good</i> 28 (13%)	<i>Neither</i> 36 (17%)	<i>Bad</i> 74 (35%)	<i>Very bad</i> 68 (33%)	
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet</i>	6 (3%)					
	<i>Yes</i>	96 (46%)					
	<i>No</i>	106 (51%)					
Q4.6	Is it easy or difficult to get either:						
		<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?	82 (40%)	101 (49%)	10 (5%)	5 (2%)	2 (1%)	6 (3%)
	An application form?	82 (42%)	99 (51%)	6 (3%)	6 (3%)	0 (0%)	2 (1%)
Q4.7	Have you made an application?						
	<i>Yes</i>	180 (87%)					
	<i>No</i>	27 (13%)					
Q4.8	Please answer the following questions concerning applications: (<i>If you have not made an application please tick the 'not made one' option.</i>)						
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>			
	Do you feel <i>applications</i> are dealt with fairly?	27 (14%)	89 (45%)	84 (42%)			
	Do you feel <i>applications</i> are dealt with promptly? (within seven days)	27 (14%)	56 (30%)	106 (56%)			
Q4.9	Have you made a complaint?						
	<i>Yes</i>	103 (50%)					
	<i>No</i>	104 (50%)					
Q4.10	Please answer the following questions concerning complaints: (<i>If you have not made a complaint please tick the 'not made one' option.</i>)						
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>			
	Do you feel <i>complaints</i> are dealt with fairly?	104 (51%)	33 (16%)	67 (33%)			
	Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	104 (51%)	25 (12%)	76 (37%)			
	Were you given information about how to make an appeal?	64 (33%)	48 (25%)	83 (43%)			
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?						
	<i>Not made a complaint</i>	104 (50%)					
	<i>Yes</i>	34 (16%)					
	<i>No</i>	69 (33%)					
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?						
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	
	74 (37%)	7 (3%)	45 (22%)	37 (18%)	22 (11%)	17 (8%)	
Q4.13	What level of the IEP scheme are you on now?						
	<i>Don't know what the IEP scheme is</i>	12 (6%)					
	<i>Enhanced</i>	60 (29%)					
	<i>Standard</i>	129 (63%)					
	<i>Basic</i>	0 (0%)					
	<i>Don't know</i>	4 (2%)					
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?						
	<i>Don't know what the IEP scheme is</i>	12 (6%)					
	<i>Yes</i>	98 (50%)					
	<i>No</i>	63 (32%)					
	<i>Don't know</i>	23 (12%)					

Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour? <i>Don't know what the IEP scheme is</i> 12 (6%) Yes 102 (52%) No 58 (30%) <i>Don't know</i> 23 (12%)			
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)?	14 (7%)	194 (93%)	
	In the last six months have you spent a night in the segregation/care and separation unit?	17 (8%)	187 (92%)	
Q4.17	Please answer the following questions about your religious beliefs?	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	126 (62%)	25 (12%)	53 (26%)
	Are you able to speak to a religious leader of your faith in private if you want to?	123 (62%)	12 (6%)	62 (31%)
Q4.18	Can you speak to a listener at any time, if you want to?		<i>Don't know</i>	
	Yes	No		
	144 (69%)	18 (9%)	46 (22%)	
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?	145 (70%)	61 (30%)	
	Do most staff treat you with respect?	132 (64%)	73 (36%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison? Yes 95 (45%) No 114 (55%)	
Q5.2	Do you feel unsafe in this prison at the moment? Yes 32 (15%) No 175 (85%)	
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> 112 (58%)	<i>At meal times</i> 8 (4%)
	<i>Everywhere</i> 15 (8%)	<i>At health services</i> 18 (9%)
	<i>Segregation unit</i> 7 (4%)	<i>Visit's area</i> 19 (10%)
	<i>Association areas</i> 30 (15%)	<i>In wing showers</i> 28 (14%)
	<i>Reception area</i> 20 (10%)	<i>In gym showers</i> 12 (6%)
	<i>At the gym</i> 16 (8%)	<i>In corridors/stairwells</i> 13 (7%)
	<i>In an exercise yard</i> 22 (11%)	<i>On your landing/wing</i> 18 (9%)
	<i>At work</i> 10 (5%)	<i>In your cell</i> 17 (9%)
	<i>During Movement</i> 38 (20%)	<i>At religious services</i> 12 (6%)
	<i>At education</i> 10 (5%)	
Q5.4	Have you been victimised by another prisoner or group of prisoners here? Yes 36 (18%) No 168 (82%)	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>	17 (8%)	<i>Because of your sexuality</i>	0 (0%)		
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	21 (10%)	<i>Because you have a disability.....</i>	5 (2%)		
	<i>Sexual abuse.....</i>	3 (1%)	<i>Because of your religion/religious beliefs.....</i>	3 (1%)		
	<i>Because of your race or ethnic origin.....</i>	8 (4%)	<i>Because of your age</i>	2 (1%)		
	<i>Because of drugs</i>	7 (3%)	<i>Being from a different part of the country than others</i>	5 (2%)		
	<i>Having your canteen/property taken</i>	9 (4%)	<i>Because of your offence/ crime.....</i>	12 (6%)		
	<i>Because you were new here.....</i>	11 (5%)	<i>Because of gang related issues</i>	5 (2%)		
Q5.6	Have you been victimised by a member of staff or group of staff here?					
	Yes.....	55 (27%)	If No, go to question 5.8			
	No.....	147 (73%)				
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)					
	<i>Insulting remarks (about you or your family or friends).....</i>	30 (15%)	<i>Because you have a disability.....</i>	9 (4%)		
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	13 (6%)	<i>Because of your religion/religious beliefs.....</i>	8 (4%)		
	<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your age.....</i>	3 (1%)		
	<i>Because of your race or ethnic origin.....</i>	8 (4%)	<i>Being from a different part of the country than others</i>	8 (4%)		
	<i>Because of drugs</i>	19 (9%)	<i>Because of your offence/ crime.....</i>	16 (8%)		
	<i>Because you were new here.....</i>	13 (6%)	<i>Because of gang related issues</i>	8 (4%)		
	<i>Because of your sexuality</i>	1 (0.5%)				
Q5.8	If you have been victimised by prisoners or staff, did you report it?					
	<i>Not been victimised</i>	118 (59%)				
	Yes.....	26 (13%)				
	No.....	56 (28%)				
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes.....	53 (26%)				
	No.....	150 (74%)				
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes.....	58 (28%)				
	No.....	147 (72%)				
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>
	29 (14%)	29 (14%)	22 (11%)	15 (7%)	11 (5%)	96 (48%)

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	19 (9%)	9 (4%)	47 (23%)	16 (8%)	82 (40%)	32 (16%)
	The nurse	19 (10%)	35 (18%)	91 (46%)	18 (9%)	25 (13%)	8 (4%)
	The dentist	34 (17%)	3 (1%)	13 (6%)	9 (4%)	68 (34%)	74 (37%)
	The optician	64 (32%)	4 (2%)	24 (12%)	13 (7%)	48 (24%)	44 (22%)
Q6.2	Are you able to see a pharmacist?						
	Yes.....						93 (48%)
	No.....						100 (52%)

Q6.3	What do you think of the quality of the health service from the following people:					
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>
	The doctor?	29 (14%)	19 (9%)	63 (31%)	29 (14%)	31 (15%)
	The nurse?	25 (12%)	34 (17%)	88 (44%)	28 (14%)	11 (5%)
	The dentist?	73 (37%)	10 (5%)	23 (12%)	28 (14%)	27 (14%)
	The optician?	107 (55%)	13 (7%)	22 (11%)	26 (13%)	14 (7%)
Q6.4	What do you think of the overall quality of the health services here?					
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>
		19 (9%)	13 (6%)	65 (31%)	34 (16%)	46 (22%)
Q6.5	Are you currently taking medication?					
	Yes					121 (58%)
	No.....					86 (42%)
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?					
	<i>Not taking medication</i>					86 (42%)
	Yes.....					78 (38%)
	No.....					43 (21%)
Q6.7	Do you feel you have any emotional well being/mental health issues?					
	Yes					73 (36%)
	No.....					132 (64%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)					
	<i>Do not have any issues/Not receiving any help</i>					147 (75%)
	<i>Doctor</i>					29 (15%)
	<i>Nurse</i>					17 (9%)
	<i>Psychiatrist</i>					8 (4%)
	<i>Mental Health In Reach team</i>					17 (9%)
	<i>Counsellor</i>					14 (7%)
	<i>Other</i>					7 (4%)
Q6.9	Did you have a problem with either of the following when you came into this prison?					
				<i>Yes</i>		<i>No</i>
	Drugs			69 (36%)		122 (64%)
	Alcohol			46 (26%)		130 (74%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?					
	Yes					24 (12%)
	No.....					179 (88%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?					
	Yes					88 (43%)
	No.....					17 (8%)
	<i>Did not/do not have a drug or alcohol problem</i>					98 (48%)
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?					
	Yes					71 (35%)
	No.....					34 (17%)
	<i>Did not/do not have a drug or alcohol problem</i>					98 (48%)
Q6.13	Was the intervention or help you received, whilst in this prison, helpful?					
	Yes					50 (25%)
	No.....					20 (10%)
	<i>Did not have a problem/have not received help</i>					132 (65%)

Q6.14	Do you think you will have a problem with either of the following when you leave this prison?	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Drugs	24 (12%)	137 (69%)	37 (19%)
	Alcohol	10 (5%)	144 (77%)	34 (18%)

Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	<i>Yes</i>	49 (24%)
	<i>No</i>	26 (13%)
	<i>N/A</i>	126 (63%)

Section 7: Purposeful Activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	83 (41%)
	Vocational or skills training.....	20 (10%)
	Education (including basic skills).....	63 (31%)
	Offending behaviour programmes.....	4 (2%)
	<i>Not involved in any of these</i>	66 (33%)

Q7.2	If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	47 (28%)	50 (29%)	62 (36%)	11 (6%)
	Vocational or skills training	58 (41%)	39 (27%)	36 (25%)	10 (7%)
	Education (including basic skills)	49 (31%)	57 (36%)	41 (26%)	11 (7%)
	Offending behaviour programmes	61 (45%)	24 (18%)	39 (29%)	12 (9%)

Q7.3	How often do you go to the library?	
	<i>Don't want to go</i>	29 (14%)
	<i>Never</i>	56 (27%)
	<i>Less than once a week</i>	36 (17%)
	<i>About once a week</i>	69 (33%)
	<i>More than once a week</i>	7 (3%)
	<i>Don't know</i>	9 (4%)

Q7.4	On average how many times do you go to the gym each week?						
	<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	<i>Don't know</i>
	50 (24%)	59 (29%)	16 (8%)	43 (21%)	30 (15%)	1 (0%)	7 (3%)

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	<i>Don't know</i>
	34 (17%)	27 (13%)	48 (24%)	45 (22%)	43 (21%)	7 (3%)

Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)	
	<i>Less than 2 hours</i>	79 (39%)
	<i>2 to less than 4 hours</i>	46 (22%)
	<i>4 to less than 6 hours</i>	32 (16%)
	<i>6 to less than 8 hours</i>	19 (9%)
	<i>8 to less than 10 hours</i>	13 (6%)
	<i>10 hours or more</i>	10 (5%)
	<i>Don't know</i>	6 (3%)

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	<i>Don't know</i>
	5 (2%)	3 (1%)	9 (4%)	67 (33%)	112 (55%)	7 (3%)

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	6 (3%)
	<i>Never</i>	56 (27%)
	<i>Rarely</i>	64 (31%)
	<i>Some of the time</i>	50 (24%)
	<i>Most of the time</i>	21 (10%)
	<i>All of the time</i>	9 (4%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	109 (53%)
	<i>In the first week</i>	31 (15%)
	<i>More than a week</i>	40 (20%)
	<i>Don't remember</i>	25 (12%)
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer /still have not met him/her</i>	
	<i>Very helpful</i>	<i>Helpful</i>
	<i>Neither</i>	<i>Not very helpful</i>
	<i>Not at all helpful</i>	
	109 (54%)	22 (11%)
	34 (17%)	19 (9%)
	13 (6%)	6 (3%)
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	69 (34%)
	<i>Yes</i>	50 (25%)
	<i>No</i>	84 (41%)
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	152 (75%)
	<i>Very involved</i>	12 (6%)
	<i>Involved</i>	12 (6%)
	<i>Neither</i>	7 (3%)
	<i>Not very involved</i>	6 (3%)
	<i>Not at all involved</i>	13 (6%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	152 (76%)
	<i>Yes</i>	25 (12%)
	<i>No</i>	24 (12%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	152 (76%)
	<i>Yes</i>	32 (16%)
	<i>No</i>	16 (8%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	<i>Not sentenced</i>	69 (34%)
	<i>Yes</i>	26 (13%)
	<i>No</i>	108 (53%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	25 (13%)
	<i>No</i>	175 (88%)
Q8.9	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	95 (46%)
	<i>No</i>	100 (49%)
	<i>Don't know</i>	10 (5%)

Q8.10	Have you had any problems getting access to the telephones?				
	Yes				66 (32%)
	No.....				134 (66%)
	Don't know.....				4 (2%)
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				4 (2%)
	Yes				64 (32%)
	No.....				128 (63%)
	Don't remember.....				7 (3%)
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	4 (2%)	97 (49%)	83 (42%)	10 (5%)	2 (1%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				31 (15%)
	<i>Very well</i>				22 (11%)
	<i>Well</i>				61 (30%)
	<i>Neither</i>				38 (19%)
	<i>Badly</i>				16 (8%)
	<i>Very badly</i>				6 (3%)
	<i>Don't know</i>				29 (14%)
Q8.14	Have you been helped to maintain contact with your family/friends whilst in this prison?				
	Yes				69 (35%)
	No.....				130 (65%)
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>	106 (60%)	<i>Help with your finances in preparation for release</i>		31 (17%)
	<i>Maintaining good relationships</i>	23 (13%)	<i>Claiming benefits on release</i>		63 (35%)
	<i>Avoiding bad relationships</i>	16 (9%)	<i>Arranging a place at college/continuing education on release</i>		27 (15%)
	<i>Finding a job on release</i>	38 (21%)	<i>Continuity of health services on release</i>		35 (20%)
	<i>Finding accommodation on release</i>	38 (21%)	<i>Opening a bank account</i>		31 (17%)
Q8.16	Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)				
	<i>No problems</i>	50 (26%)	<i>Help with your finances in preparation for release</i>		74 (39%)
	<i>Maintaining good relationships</i>	35 (18%)	<i>Claiming benefits on release</i>		76 (40%)
	<i>Avoiding bad relationships</i>	38 (20%)	<i>Arranging a place at college/continuing education on release</i>		51 (27%)
	<i>Finding a job on release</i>	107 (56%)	<i>Continuity of health services on release</i>		51 (27%)
	<i>Finding accommodation on release</i>	83 (43%)	<i>Opening a bank account</i>		70 (37%)
Q8.17	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?				
	<i>Not sentenced</i>				69 (34%)
	Yes				50 (25%)
	No.....				82 (41%)



Prisoner Survey Responses HMP Leeds 2010

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

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Number of completed questionnaires returned		211	4341	211	136
SECTION 1: General Information					
2	Are you under 21 years of age?	0%	5%	0%	1%
3a	Are you sentenced?	67%	66%	67%	75%
3b	Are you on recall?	14%	11%	14%	22%
4a	Is your sentence less than 12 months?	13%	18%	13%	14%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	4%	4%	4%	10%
5	Do you have six months or less to serve?	27%	33%	27%	34%
6	Have you been in this prison less than a month?	13%	21%	13%	
7	Are you a foreign national?	5%	14%	5%	12%
8	Is English your first language?	94%	88%	94%	96%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	21%	27%	21%	19%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	5%	8%	
11	Are you Muslim?	13%	11%	13%	14%
12	Are you homosexual/gay or bisexual?	3%	3%	3%	3%
13	Do you consider yourself to have a disability?	23%	20%	23%	13%
14	Is this your first time in prison?	21%	29%	21%	21%
15	Have you been in more than 5 prisons this time?	12%	9%	12%	
16	Do you have any children under the age of 18?	55%	56%	55%	53%
SECTION 2: Transfers and Escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	45%	50%	45%	48%
1b	Was your personal safety during the journey good/very good?	63%	60%	63%	63%
1c	Was the comfort of the van good/very good?	11%	14%	11%	18%
1d	Was the attention paid to your health needs good/very good?	29%	29%	29%	35%
1e	Was the frequency of toilet breaks good/very good?	19%	15%	19%	18%
2	Did you spend more than four hours in the van?	3%	4%	3%	2%
3	Were you treated well/very well by the escort staff?	68%	65%	68%	72%
4a	Did you know where you were going when you left court or when transferred from another prison?	80%	72%	80%	76%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	15%	13%	14%
4c	When you first arrived here did your property arrive at the same time as you?	82%	81%	82%	91%

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SECTION 3: Reception, first night and induction				
1 In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b Problems with loss of property?	13%	12%	13%	
1c Housing problems?	31%	30%	31%	
1d Problems contacting employers?	16%	13%	16%	
1e Problems contacting family?	52%	49%	52%	
1f Problems ensuring dependants were looked after?	17%	14%	17%	
1g Money problems?	23%	18%	23%	
1h Problems of feeling depressed/suicidal?	59%	54%	59%	
1i Health problems?	71%	62%	71%	
1j Problems in needing protection from other prisoners?	25%	21%	25%	
1k Problems accessing phone numbers?	47%	41%	47%	
2 When you first arrived:				
2a Did you have any problems?	78%	77%	78%	83%
2b Did you have any problems with loss of property?	15%	13%	15%	5%
2c Did you have any housing problems?	23%	23%	23%	25%
2d Did you have any problems contacting employers?	7%	7%	7%	9%
2e Did you have any problems contacting family?	34%	34%	34%	26%
2f Did you have any problems ensuring dependants were being looked after?	6%	8%	6%	9%
2g Did you have any money worries?	24%	24%	24%	33%
2h Did you have any problems with feeling depressed or suicidal?	23%	22%	23%	23%
2i Did you have any health problems?	39%	28%	39%	27%
2j Did you have any problems with needing protection from other prisoners?	10%	9%	10%	11%
2k Did you have problems accessing phone numbers?	28%	31%	28%	
3a Were you seen by a member of health services in reception?	91%	88%	91%	86%
3b When you were searched in reception, was this carried out in a respectful way?	83%	71%	83%	65%
4 Were you treated well/very well in reception?	58%	58%	58%	64%
5 On your day of arrival, were you offered any of the following information:				
5a Information about what was going to happen to you?	50%	44%	50%	54%
5b Information about what support was available for people feeling depressed or suicidal?	50%	45%	50%	49%
5c Information about how to make routine requests?	41%	35%	41%	39%
5d Information about your entitlement to visits?	42%	43%	42%	51%
5e Information about health services?	54%	48%	54%	
5f Information about the chaplaincy?	57%	45%	57%	

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SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	90%	84%	90%	86%
6b	The opportunity to have a shower?	68%	33%	68%	64%
6c	The opportunity to make a free telephone call?	57%	57%	57%	60%
6d	Something to eat?	88%	81%	88%	89%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	60%	47%	60%	60%
7b	Someone from health services?	87%	72%	87%	80%
7c	A listener/Samaritans?	31%	24%	31%	51%
8	Did you have access to the prison shop/canteen within the first 24 hours?	10%	17%	10%	27%
9	Did you feel safe on your first night here?	74%	71%	74%	82%
10	Have you been on an induction course?	60%	76%	60%	44%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	61%	59%	61%	43%
SECTION 4: Legal Rights and Respectful Custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	43%	41%	43%	46%
1b	Attend legal visits?	64%	59%	64%	72%
1c	Obtain bail information?	25%	24%	25%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	40%	40%	44%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	56%	49%	56%	
3b	Are you normally able to have a shower every day?	80%	79%	80%	85%
3c	Do you normally receive clean sheets every week?	83%	80%	83%	81%
3d	Do you normally get cell cleaning materials every week?	55%	62%	55%	57%
3e	Is your cell call bell normally answered within five minutes?	24%	36%	24%	
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	65%	57%	60%
3g	Can you normally get your stored property, if you need to?	28%	27%	28%	26%
4	Is the food in this prison good/very good?	15%	24%	15%	18%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	43%	46%	41%
6a	Is it easy/very easy to get a complaints form?	89%	79%	89%	86%
6b	Is it easy/very easy to get an application form?	93%	86%	93%	92%
7	Have you made an application?	87%	84%	87%	81%

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SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	51%	55%	51%	54%
8b	Do you feel applications are dealt with promptly? (within 7 days)	35%	48%	35%	45%
9	Have you made a complaint?	50%	43%	50%	54%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	33%	31%	33%	30%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	25%	35%	25%	32%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	25%	33%	24%
10c	Were you given information about how to make an appeal?	25%	23%	25%	33%
12	Is it easy/very easy to see the Independent Monitoring Board?	26%	25%	26%	34%
13	Are you on the enhanced (top) level of the IEP scheme?	29%	28%	29%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	53%	50%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	46%	52%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%	7%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	8%	11%	8%	
13a	Do you feel your religious beliefs are respected?	62%	54%	62%	54%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	56%	63%	59%
14	Are you able to speak to a Listener at any time, if you want to?	69%	59%	69%	74%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	70%	70%	70%	62%
15b	Do most staff, in this prison, treat you with respect?	64%	69%	64%	54%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	45%	40%	45%	44%
2	Do you feel unsafe in this prison at the moment?	16%	18%	16%	15%
4	Have you been victimised by another prisoner?	19%	22%	19%	25%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	11%	8%	11%
5b	Hit, kicked or assaulted you?	10%	7%	10%	10%
5c	Sexually abused you?	2%	1%	2%	0%
5d	Victimised you because of your race or ethnic origin?	4%	4%	4%	6%
5e	Victimised you because of drugs?	3%	4%	3%	6%
5f	Taken your canteen/property?	5%	5%	4%	4%
5g	Victimised you because you were new here?	5%	6%	5%	6%
5h	Victimised you because of your sexuality?	0%	1%	0%	0%
5i	Victimised you because you have a disability?	3%	3%	3%	1%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	5%
5k	Victimised you because of your age?	1%	2%	1%	
5l	Victimised you because you were from a different part of the country?	3%	4%	3%	6%
5m	Victimised you because of your offence/crime?	6%	5%	6%	
5n	Victimised you because of gang related issues?	3%	3%	3%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	28%	26%	28%	32%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	15%	12%	15%	19%
7b	Hit, kicked or assaulted you?	6%	4%	6%	4%
7c	Sexually abused you?	1%	1%	1%	2%
7d	Victimised you because of your race or ethnic origin?	4%	5%	4%	7%
7e	Victimised you because of drugs?	9%	4%	9%	11%
7f	Victimised you because you were new here?	6%	6%	6%	2%
7g	Victimised you because of your sexuality?	1%	1%	1%	0%
7h	Victimised you because you have a disability?	4%	3%	4%	5%
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	5%
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	4%	4%	4%	2%
7l	Victimised you because of your offence/crime?	8%	5%	8%	
7m	Victimised you because of gang related issues?	4%	2%	4%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	32%	34%	32%	27%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	26%	24%	26%	30%
10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	23%	28%	30%
11	Is it easy/very easy to get illegal drugs in this prison?	29%	31%	29%	45%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	27%	27%	27%	
1b	Is it easy/very easy to see the nurse?	64%	49%	64%	
1c	Is it easy/very easy to see the dentist?	8%	11%	8%	
1d	Is it easy/very easy to see the optician?	14%	11%	14%	
2	Are you able to see a pharmacist?	48%	45%	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:					
3a	The doctor?	47%	47%	47%	60%
3b	The nurse?	69%	59%	69%	71%
3c	The dentist?	26%	34%	26%	44%
3d	The optician?	39%	36%	39%	48%
4	The overall quality of health services?	42%	41%	42%	56%

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Healthcare continued					
5	Are you currently taking medication?	59%	47%	59%	63%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	65%	57%	65%	75%
7	Do you feel you have any emotional well being/mental health issues?	36%	34%	36%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	27%	41%	27%	
8b	A doctor?	43%	32%	43%	
8c	A nurse?	27%	15%	27%	
8d	A psychiatrist?	13%	19%	13%	
8e	The Mental Health In-Reach Team?	27%	28%	27%	
8f	A counsellor?	21%	11%	21%	
9a	Did you have a drug problem when you came into this prison?	36%	33%	36%	38%
9b	Did you have an alcohol problem when you came into this prison?	26%	23%	26%	27%
10a	Have you developed a drug problem since you have been in this prison?	12%	9%	12%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	84%	82%	84%	
12	Have you received any help or intervention whilst in this prison?	68%	70%	68%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	71%	77%	71%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	31%	31%	31%	41%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	23%	26%	23%	32%
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?	65%	59%	65%	57%

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SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	41%	44%	41%	
1b	Vocational or skills training?	10%	12%	10%	
1c	Education (including basic skills)?	31%	27%	31%	
1d	Offending Behaviour Programmes?	2%	8%	2%	
2ai	Have you had a job whilst in this prison?	72%	65%	72%	67%
For those who have had a prison job whilst in this prison:					
2aii	Do you feel the job will help you on release?	41%	40%	41%	38%
2bi	Have you been involved in vocational or skills training whilst in this prison?	59%	53%	59%	59%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	46%	51%	46%	52%
2ci	Have you been involved in education whilst in this prison?	69%	63%	69%	65%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	52%	60%	52%	60%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	55%	48%	55%	50%
For those who have been involved in offending behaviour programmes whilst in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	32%	50%	32%	37%
3	Do you go to the library at least once a week?	37%	37%	37%	43%
4	On average, do you go to the gym at least twice a week?	36%	42%	36%	42%
5	On average, do you go outside for exercise three or more times a week?	43%	37%	43%	48%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	10%	5%	8%
7	On average, do you go on association more than five times each week?	55%	48%	55%	51%
8	Do staff normally speak to you most of the time/all of the time during association?	15%	17%	15%	10%
SECTION 8: Resettlement					
1	Do you have a personal officer?	47%	43%	47%	49%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	60%	63%	60%	48%
For those who are sentenced:					
3	Do you have a sentence plan?	37%	39%	37%	33%
For those with a sentence plan:					
4	Were you involved/very involved in the development of your plan?	48%	59%	48%	55%
5	Can you achieve some/all of your sentence plan targets in this prison?	51%	61%	51%	30%
6	Are there plans for you to achieve some/all your targets in another prison?	67%	46%	67%	76%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	19%	27%	19%	17%
8	Do you feel that any member of staff has helped you to prepare for release?	13%	15%	13%	9%
9	Have you had any problems with sending or receiving mail?	46%	44%	46%	45%
10	Have you had any problems getting access to the telephones?	32%	31%	32%	39%
11	Did you have a visit in the first week that you were here?	32%	36%	32%	27%
12	Did you receive one or more visits in the last week?	49%	40%	49%	37%

Main comparator and comparator to last time

Key to tables

Any percent highlighted in green is significantly better		HMP Leeds 2010	Local Prisons Comparator	HMP Leeds 2010	HMP Leeds 2007
Any percent highlighted in blue is significantly worse					
Any percent highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Resettlement continued					
For those who have had visits:					
13	How are you and your family/friends usually treated by visits staff? (Very well/well)	48%	50%	48%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	35%	37%	35%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	14%	13%	
15c	Avoiding bad relationships?	9%	10%	9%	
15d	Finding a job on release?	21%	30%	21%	42%
15e	Finding accommodation on release?	21%	33%	21%	44%
15f	With money/finances on release?	18%	21%	18%	31%
15g	Claiming benefits on release?	35%	34%	35%	52%
15h	Arranging a place at college/continuing education on release?	15%	20%	15%	29%
15i	Accessing health services on release?	20%	24%	20%	42%
15j	Opening a bank account on release?	18%	19%	18%	37%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	18%	13%	18%	
16c	Avoiding bad relationships?	20%	14%	20%	
16d	Finding a job?	56%	50%	56%	63%
16e	Finding accommodation?	43%	43%	43%	52%
16f	Money/finances?	39%	39%	39%	66%
16g	Claiming benefits?	40%	34%	40%	38%
16h	Arranging a place at college/continuing education?	27%	24%	27%	45%
16i	Accessing health services?	27%	20%	27%	35%
16j	Opening a bank account?	37%	33%	37%	48%
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?	38%	48%	38%	31%



Diversity Analysis - Age Key Question Responses (Over 50) HMP Leeds 2010

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

Key to tables

	Any percent highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	187
1.3	Are you sentenced?	78%	66%
1.7	Are you a foreign national?	9%	5%
1.8	Is English your first language?	91%	95%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	18%	21%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	9%
1.11	Are you Muslim?	4%	14%
1.13	Do you consider yourself to have a disability?	36%	22%
1.14	Is this your first time in prison?	45%	18%
2.1d	Was the attention paid to your health needs good/very good?	22%	29%
2.3	Were you treated well/very well by the escort staff?	83%	66%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	62%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	38%	53%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	47%	60%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	67%	71%
3.2a	Did you have any problems when you first arrived?	78%	77%
3.3a	Were you seen by a member of healthcare staff in reception?	87%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	87%	82%

Diversity Analysis - Age

Key to tables

	Any percent highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	74%	56%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	88%
3.9	Did you feel safe on your first night here?	83%	73%
3.10	Have you been on an induction course?	57%	60%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	57%	41%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	87%	52%
4.3b	Are you normally able to have a shower every day?	73%	81%
4.3e	Is your cell call bell normally answered within five minutes?	24%	24%
4.4	Is the food in this prison good/very good?	39%	12%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	57%	45%
4.6a	Is it easy/very easy to get a complaints form?	100%	87%
4.6b	Is it easy/very easy to get an application form?	100%	92%
4.9	Have you made a complaint?	57%	49%
4.13	Are you on the enhanced (top) level of the IEP scheme?	45%	28%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	47%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	57%	52%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	0%	8%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	0%	9%
4.17a	Do you feel your religious beliefs are respected?	74%	61%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	85%	60%

Key to tables

Diversity Analysis - Age

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time, if you want to?	91%	66%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	70%
4.15b	Do most staff, in this prison, treat you with respect?	91%	61%
5.1	Have you ever felt unsafe in this prison?	52%	45%
5.2	Do you feel unsafe in this prison at the moment?	13%	16%
5.4	Have you been victimised by another prisoner?	22%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	4%
5.5i	Victimised you because you have a disability?	4%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	4%	1%
5.6	Have you been victimised by a member of staff?	17%	29%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
5.7h	Victimised you because you have a disability?	4%	5%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	9%	3%
5.7j	Have you been victimised because of your age? (By staff)	9%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	32%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	18%	30%
5.11	Is it easy/very easy to get illegal drugs in this prison?	14%	31%
6.1a	Is it easy/very easy to see the doctor?	55%	24%
6.1b	Is it easy/very easy to see the nurse?	89%	62%
6.2	Are you able to see a pharmacist?	65%	47%

Diversity Analysis - Age

Key to tables

	Any percent highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.5	Are you currently taking medication?	57%	59%
6.7	Do you feel you have any emotional well being/mental health issues?	33%	36%
7.1a	Are you currently working in the prison?	57%	39%
7.1b	Are you currently undertaking vocational or skills training?	22%	8%
7.1c	Are you currently in education (including basic skills)?	57%	28%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	0%	2%
7.3	Do you go to the library at least once a week?	43%	36%
7.4	On average, do you go to the gym at least twice a week?	22%	37%
7.5	On average, do you go outside for exercise three or more times a week?	23%	45%
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%	5%
7.7	On average, do you go on association more than five times each week?	55%	55%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	14%
8.1	Do you have a personal officer?	61%	45%
8.9	Have you had any problems sending or receiving mail?	38%	48%
8.10	Have you had any problems getting access to the telephones?	45%	31%



Key Question Responses (Ethnicity and Religion) HMP Leeds 2010

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

		BME prisoners	White Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		44	165	26	180
1.3	Are you sentenced?	46%	73%	50%	70%
1.7	Are you a foreign national?	12%	4%	12%	5%
1.8	Is English your first language?	74%	100%	79%	97%
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%	10%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	9%	4%	9%
1.11	Are you Muslim?	60%	0%		
1.12	Do you consider yourself to have a disability?	20%	24%	19%	23%
1.13	Is this your first time in prison?	27%	19%	31%	20%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	32%	28%	22%	29%
2.3	Were you treated well/very well by the escort staff?	73%	66%	69%	67%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	77%	82%	81%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	38%	55%	38%	53%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	43%	64%	41%	62%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	62%	73%	50%	74%
3.2a	Did you have any problems when you first arrived?	90%	74%	88%	75%
3.3a	Were you seen by a member of healthcare staff in reception?	91%	90%	92%	90%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	84%	81%	83%
3.4	Were you treated well/very well in reception?	50%	60%	50%	58%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	80%	89%	77%	89%
3.9	Did you feel safe on your first night here?	60%	77%	54%	77%
3.10	Have you been on an induction course?	61%	60%	58%	61%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	32%	46%	35%	45%

Diversity Analysis

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in blue is significantly worse				
	Any percent 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?	43%	59%	35%	58%
4.3b	Are you normally able to have a shower every day?	86%	79%	92%	79%
4.3e	Is your cell call bell normally answered within five minutes?	27%	24%	12%	27%
4.4	Is the food in this prison good/very good?	9%	16%	4%	15%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	48%	38%	48%
4.6a	Is it easy/very easy to get a complaints form?	88%	89%	80%	90%
4.6b	Is it easy/very easy to get an application form?	90%	94%	88%	93%
4.9	Have you made a complaint?	46%	51%	54%	50%
4.13	Are you on the enhanced (top) level of the IEP scheme?	18%	33%	19%	31%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	29%	55%	36%	52%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	54%	52%	52%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%	8%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	8%	12%	8%
4.17a	Do you feel your religious beliefs are respected?	65%	60%	77%	59%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	71%	60%	77%	60%
4.18	Are you able to speak to a Listener at any time, if you want to?	59%	72%	58%	71%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	73%	69%	62%	71%
4.19b	Do most staff, in this prison, treat you with respect?	56%	66%	46%	67%
5.1	Have you ever felt unsafe in this prison?	52%	44%	54%	44%
5.2	Do you feel unsafe in this prison at the moment?	29%	12%	38%	12%
5.4	Have you been victimised by another prisoner?	26%	17%	23%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	9%	2%	4%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	2%	4%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%	8%	1%
5.6	Have you been victimised by a member of staff?	42%	25%	58%	24%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	2%	15%	2%

Diversity Analysis

Key to tables

		BME prisoners	White Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent 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)	10%	3%	12%	4%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	15%	1%	23%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	29%	26%	20%	27%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	36%	27%	50%	25%
5.11	Is it easy/very easy to get illegal drugs in this prison?	17%	32%	15%	30%
6.1a	Is it easy/very easy to see the doctor?	26%	27%	28%	27%
6.1b	Is it easy/very easy to see the nurse?	60%	65%	57%	65%
6.2	Are you able to see a pharmacist?	51%	47%	48%	48%
6.5	Are you currently taking medication?	59%	59%	54%	60%
6.7	Do you feel you have any emotional well being/mental health issues?	28%	38%	27%	38%
7.1a	Are you currently working in the prison?	30%	43%	23%	43%
7.1b	Are you currently undertaking vocational or skills training?	2%	11%	4%	10%
7.1c	Are you currently in education (including basic skills)?	40%	29%	50%	28%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	0%	3%	0%	2%
7.3	Do you go to the library at least once a week?	23%	41%	19%	39%
7.4	On average, do you go to the gym at least twice a week?	44%	34%	42%	36%
7.5	On average, do you go outside for exercise three or more times a week?	47%	43%	42%	43%
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)	5%	5%	4%	5%
7.7	On average, do you go on association more than five times each week?	37%	60%	32%	59%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	5%	17%	4%	15%
8.1	Do you have a personal officer?	49%	46%	40%	47%
8.9	Have you had any problems sending or receiving mail?	47%	47%	50%	45%
8.10	Have you had any problems getting access to the telephones?	42%	30%	46%	30%



Key questions (Disability Analysis) HMP Leeds 2010

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

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		48	161
1.3	Are you sentenced?	73%	65%
1.7	Are you a foreign national?	11%	4%
1.8	Is English your first language?	94%	95%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	19%	22%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	8%
1.11	Are you Muslim?	11%	13%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	21%	21%
2.1d	Was the attention paid to your health needs good/very good?	24%	30%
2.3	Were you treated well/very well by the escort staff?	77%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	75%	82%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	50%	51%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	55%	60%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	75%	70%
3.2a	Did you have any problems when you first arrived?	91%	74%
3.3a	Were you seen by a member of healthcare staff in reception?	86%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	81%	83%
3.4	Were you treated well/very well in reception?	61%	57%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	91%	86%
3.9	Did you feel safe on your first night here?	75%	73%
3.10	Have you been on an induction course?	64%	60%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	38%	44%

Diversity Analysis - Disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent 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?	55%	55%
4.3b	Are you normally able to have a shower every day?	74%	83%
4.3e	Is your cell call bell normally answered within five minutes?	24%	24%
4.4	Is the food in this prison good/very good?	21%	13%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	48%
4.6a	Is it easy/very easy to get a complaints form?	89%	89%
4.6b	Is it easy/very easy to get an application form?	88%	94%
4.9	Have you made a complaint?	46%	51%
4.13	Are you on the enhanced (top) level of the IEP scheme?	25%	31%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	36%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	53%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	9%	8%
4.17a	Do you feel your religious beliefs are respected?	55%	64%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	56%	64%
4.18	Are you able to speak to a Listener at any time, if you want to?	62%	72%
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 most staff, in this prison, treat you with respect?	72%	62%
5.1	Have you ever felt unsafe in this prison?	53%	43%
5.2	Do you feel unsafe in this prison at the moment?	26%	13%
5.4	Have you been victimised by another prisoner?	26%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	3%
5.5i	Victimised you because you have a disability?	9%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	2%	1%
5.6	Have you been victimised by a member of staff?	36%	26%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	4%
5.7h	Victimised you because you have a disability?	16%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	3%

Diversity Analysis - Disability

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent 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?	34%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	33%	27%
5.11	Is it easy/very easy to get illegal drugs in this prison?	26%	29%
6.1a	Is it easy/very easy to see the doctor?	27%	27%
6.1b	Is it easy/very easy to see the nurse?	75%	61%
6.2	Are you able to see a pharmacist?	46%	49%
6.5	Are you currently taking medication?	89%	50%
6.7	Do you feel you have any emotional well being/mental health issues?	68%	27%
7.1a	Are you currently working in the prison?	40%	40%
7.1b	Are you currently undertaking vocational or skills training?	5%	11%
7.1c	Are you currently in education (including basic skills)?	29%	32%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	2%	2%
7.3	Do you go to the library at least once a week?	26%	40%
7.4	On average, do you go to the gym at least twice a week?	27%	39%
7.5	On average, do you go outside for exercise three or more times a week?	27%	48%
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)	7%	4%
7.7	On average, do you go on association more than five times each week?	57%	54%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	15%	14%
8.1	Do you have a personal officer?	49%	46%
8.9	Have you had any problems sending or receiving mail?	43%	48%
8.10	Have you had any problems getting access to the telephones?	33%	33%