

Report on an unannounced inspection of

# **HMP Leeds**

by HM Chief Inspector of Prisons

**30, 31 October, 6–10 November 2017**

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
Clive House  
5th floor  
70 Petty France  
London  
SW1H 9EX  
England

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### **Glossary of terms**

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

# Introduction

HMP Leeds is a large, inner-city Victorian prison which at the time of this inspection held over 1,100 men. The prison was last inspected in December 2015. On that occasion there had been a deterioration in standards, with declines in three of our four healthy prison tests. This inspection found a further decline in the area of purposeful activity, and no improvement in the other three tests. Perhaps this should come as no surprise given that the prison is one of the most seriously overcrowded in the country, with 91% of the cells holding more prisoners than they were designed for. It is also particularly concerning that, yet again, we found Leeds to be an unsafe prison, with our assessment of the area of safety being a very clear 'poor'.

Levels of violence of all kinds were far too high. The data was very clear: not only did prisoners feel no safer than at the last inspection, the harsh reality was that they were indeed less safe. Violence, self-harm and the use of force were all high. Several staff had been suspended or dismissed for misbehaviour when using force. Governance of the use of force had only recently started to improve, but was still not good enough and very poor in relation to the high use of special accommodation. Particularly troubling was the fact that, since the last inspection, there had been four self-inflicted deaths, and another occurred during this inspection. The day after the inspection ended, there was an apparent homicide in the jail, and a few days after that another self-inflicted death.

Neither has Leeds proved to be immune from the impact of illicit drugs, with over 60% of prisoners telling us it was easy to get hold of drugs and around a third testing positive during random tests. Faced with the weight of the evidence, our judgement that HMP Leeds was unsafe was inevitable. Despite being an old, overcrowded prison, it was generally clean, although there had been recent shortages of some basic necessities, such as bedding, and the screening of toilets in cells was still inadequate. An excellent initiative was the small group of staff and prisoners called 'Q-branch', who carried out maintenance tasks of varying kinds around the prison. They clearly took great pride in their work, and their impact was very impressive when the small size of the unit was taken into account.

An issue that needed to be understood and addressed was the poor perception that too many prisoners had of the staff. Only 58% of prisoners said that most staff treated them with respect. At the time of this inspection, 47% of the staff were still in their probationary period, and prisoners expressed frustration at their inexperience and lack of knowledge of basic procedures.

One of the most encouraging aspects of the prison was the area of rehabilitation and release planning. Although more needed to be done to ensure that there was proactive rehabilitative work with all prisoners, the effective joint working of the offender management unit (OMU), the community rehabilitation company (CRC) and the probation team was impressive, particularly in light of the fact that Leeds is a busy local prison with a high throughput of prisoners. The 'departure lounge', where CRC and other workers met prisoners immediately on release to provide contact and support, was a very good facility.

Despite our troubling findings in the area of safety, there were some cautious grounds for optimism. Unlike far too many local prisons, Leeds had not slipped dramatically backwards in terms of its performance in recent years. While it had not managed to buck the trends in violence and the prevalence of drugs that have afflicted much of the wider prison estate, neither had it experienced the shockingly high levels of increase seen in many other prisons. And for that, credit must be given to the energetic and focused leadership of the senior management team. There were a number of credible plans and opportunities that had yet to come to fruition in terms of improving outcomes. An inspection is a snapshot of what we find in a prison at the time, and our judgements are reflections of those findings. However, if HMP Leeds can become a safer place in which to hold prisoners, there is

no reason why it should not make progress in other areas and show a much stronger performance at the time of the next inspection.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

January 2018

# Fact page

## Task of the establishment

Local category B prison

## Certified normal accommodation and operational capacity

Prisoners held at the time of inspection: 1,127

Certified normal capacity: 669

Operational capacity: 1,219

## Notable features from this inspection

*91% of cells holding more prisoners than they were designed to hold*

*39 uses of special accommodation in last six months, for an average of 12 hours 23 minutes*

*Five self-inflicted deaths since previous inspection*

*367 self-harm incidents in last six months*

*1,001 prisoners released in last six months*

## Prison status (public or private) and key providers

Public

Health care services: NHS England commissions all health care services

Physical health provider: Care UK Health and Rehabilitation Services Limited

Mental health provider: Care UK Health and Rehabilitation Services Limited & Inclusion

Dental service provider: Dr Steven Gardner

Substance misuse provider: Care UK Health and Rehabilitation Services Limited & Inclusion

Learning and skills provider: Novus

Community rehabilitation company (CRC): Purple Futures

Escort contractor: GEOAmey

## Region/Department

Yorkshire

## Brief history

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

## Short description of residential units

A, B, C, E wings – adult male convicted prisoners and those on remand. E wing also has a landing which accommodates vulnerable prisoners as an overflow to F wing.

Segregation unit is on AI landing.

D wing – accommodates adult male convicted prisoners and those on remand along with those stabilising from the effects of drugs and alcohol. The first night centre is on DI landing.

F wing – vulnerable prisoner unit

**Name of governor and date in post**

Steve Robson, September 2015

**Independent Monitoring Board chair**

Robert Edmondson-Jones

**Date of last inspection**

30 November–11 December 2015



# About this inspection and report

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

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

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

**Safety** Prisoners, particularly the most vulnerable, are held safely.

**Respect** Prisoners are treated with respect for their human dignity.

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

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

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

- **Outcomes for prisoners are good.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- **Outcomes for prisoners are reasonably good.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **Outcomes for prisoners are not sufficiently good.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **Outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.<sup>1</sup> The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>2</sup>

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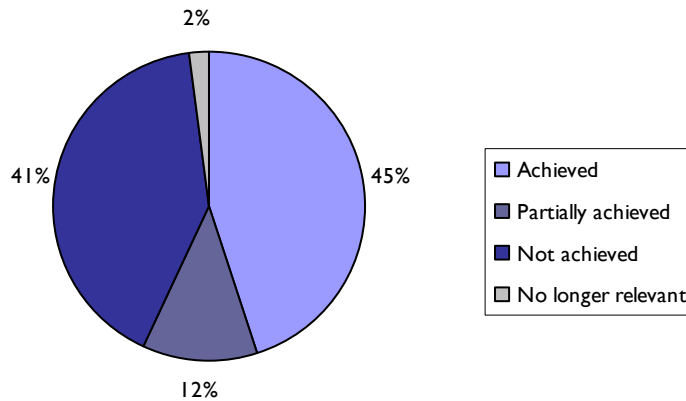
<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

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

# Summary

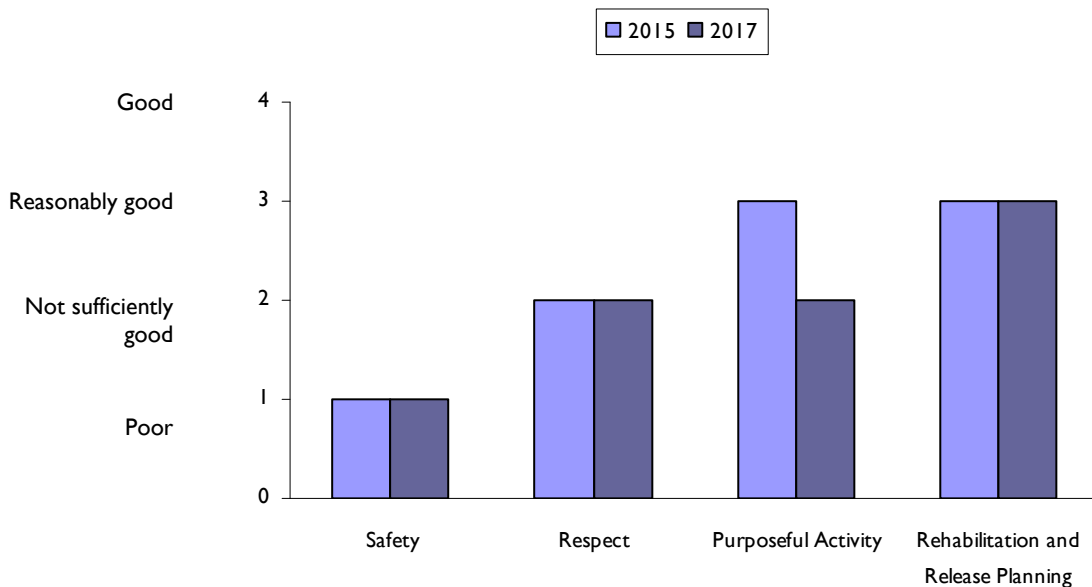
- S1 We last inspected HMP Leeds in 2015 and made 51 recommendations. The prison fully accepted 43 of the recommendations and partially (or subject to resources) accepted one. It rejected seven of the recommendations.
- S2 At this inspection we found that the prison had achieved 23 of those recommendations, partially achieved six recommendations and not achieved 21 recommendations. One recommendation was no longer relevant.

Figure 1: HMP Leeds progress on recommendations from last inspection (51)



- S3 Since our last inspection, outcomes for prisoners had remained the same in safety, respect and rehabilitation and release planning, but had declined in purposeful activity. Outcomes were reasonably good for rehabilitation and release planning, not sufficiently good for respect and purposeful activity and poor for safety.

Figure 2: HMP Leeds healthy prison outcomes 2015 and 2017<sup>3</sup>



<sup>3</sup> Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

## Safety

S4 *There was not enough focus on the identification of immediate vulnerabilities, needs and risks during the reception process. Induction was not effective for many prisoners. A high number of prisoners reported victimisation from both staff and other prisoners. Levels of violence were high and strategic management of violence reduction was poor. Use of force was high and several staff had been dismissed or suspended as a result of their behaviour during use of force incidents. With the exception of special accommodation, governance of force had improved significantly. Special cell use was very high and it was used for too long, often without recorded justification. Some segregation unit cells were in poor condition. Segregation was managed reasonably well and reintegration planning had improved. Security was generally well managed, but drugs remained too easily available despite concerted efforts to reduce supply. Self-harm had increased substantially and there had been five self-inflicted deaths since the last inspection. Some PPO recommendations had not been met.*  
**Outcomes for prisoners were poor against this healthy prison test.**

S5 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Leeds were poor against this healthy prison test. We made 17 recommendations in the area of safety.<sup>4</sup> At this inspection we found that six of the recommendations had been achieved, one had been partially achieved, nine had not been achieved and one was no longer relevant.*

S6 The reception area was unwelcoming and holding rooms were bare, but a new purpose-built area was under construction. Reception processes were swift but, while cell-sharing risk assessments were completed in private, some personal information, including offence details, was obtained in a non-confidential area. Moreover, prisoners did not have an interview with custodial staff to gather relevant information about vulnerability and immediate needs. Over 90% of prisoners said they had problems on arrival but only 22% said they had been helped with them. Health care input into reception and the first night centre was generally good, but not all prisoners had been seen by a doctor on their first night where needed. First night checks were limited to prisoners who had never been in custody before. Prisoners on the first night centre spent too long locked in their cells, without access to exercise in the open air or a predictable published regime. Induction was now delivered promptly, but many prisoners could not absorb the amount of information delivered.

S7 Over a third of prisoners in our survey said they felt unsafe. Over half reported some form of victimisation from staff and 61% from prisoners. Vulnerable prisoners on F wing reported especially high levels of intimidation from other prisoners. While most reports concerned verbal abuse, a significant number of prisoners said they had been physically assaulted. The number of recorded assaults was very high and above the average in similar prisons. Strategic management of violence was poor and insufficiently focused on the causes of violence. Investigations of violent incidents were weak. Analysis of incidents was limited, but the prison was working with regional colleagues to make improvements.

S8 There was little evidence that the incentives and earned privileges (IEP) scheme was effective in improving behaviour. A high number of prisoners were at the basic level, mainly for failure to attend activities. The number of adjudications was high and some charges were minor. A large number of adjudications, for violence in particular, were not brought to a timely conclusion, although paperwork suggested that the process was fair.

S9 There had been 360 uses of force in the previous six months, higher than we see in similar prisons. In our review of video footage, we found potentially excessive use of force in some

<sup>4</sup> This included recommendations about substance misuse treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

cases. A number of staff had been dismissed or were currently suspended as a result of their behaviour during use of force incidents. A monthly use of force scrutiny meeting provided good oversight of a sample of incidents. Use of force paperwork had improved very significantly recently, although not all incidents were sufficiently justified in the paperwork. Batons were being drawn and used less often than at the last inspection, and each incident was thoroughly examined. The use of special accommodation was very high, at 39 times in the previous six months, and records showed that it was not always justified. Prisoners spent substantial periods of time - an average of over 12 hours - in the stark special cells.

- S10 The level of segregation was similar to other prisons and governance was reasonable. Multidisciplinary reintegration work was good and the length of segregation had reduced since the last inspection. Relationships between staff and prisoners were good. The regime and condition of cells, especially special accommodation, were poor.
- S11 Security was broadly proportionate. The flow of intelligence was good and systems for analysing data were effective, with swift actions normally following. The drug supply reduction strategy was reasonable and some positive action had been taken to reduce supply. However, 63% of prisoners in our survey still said it was easy to get illegal drugs, and about a third of prisoners tested positive for drugs, including new psychoactive substances, during random mandatory drug tests. Work to tackle gangs and extremism was good. Local corruption prevention measures were well organised and had yielded good results.
- S12 There had been 367 incidents of self-harm in the previous six months which was higher than at similar establishments. There had also been an increase to 61 incidents a month, compared to 41 at the last inspection. There had been four self-inflicted deaths since the previous inspection and a fifth occurred during the inspection. Most, but not all, Prisons and Probation Ombudsman recommendations had been achieved. Many prisoners we spoke to on an ACCT<sup>5</sup> were positive about the support they received from staff. However, while the quality of initial ACCT assessments was generally good, care mapping was often inadequate and many observations did not demonstrate evidence of meaningful interactions. ACCT reviews were more often multidisciplinary than at the last inspection, and mental health workers routinely attended. During our night visit, two staff were not carrying their anti-ligature knives, which could have led to critical delays. Monitoring and analysis of data at the monthly safer custody meeting were underdeveloped. Access to Listeners<sup>6</sup> was reasonable for most prisoners.
- S13 A safeguarding policy was in place and there were links with the local safeguarding adults board, although no referrals had been made. We found an example of a prisoner who had been identified by the prison but with no further action taken to meet his significant safeguarding needs.
- S14 There had been some focused leadership attention on most key risk areas. The leadership and management of security were especially good. Overall governance had improved, but the special cell was a very serious omission. Many promising changes, such as the new violence management process, were relatively recent. Most management strategies were yet to have a significant impact on prisoner safety, and the generally poor safety outcomes represented a deterioration from the previous inspection.

<sup>5</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm.

<sup>6</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

## Respect

*S15 Despite considerable efforts to support the large number of new staff, many prisoners were frustrated at staff inexperience and lack of knowledge about basic procedures. Overcrowding was a significant problem, although overall living conditions were reasonable in light of the age of the prison. There were unacceptable delays in responding to emergency cell bells. Prisoners lacked confidence in the complaints system and there were shortcomings in complaints procedures. Food was adequate and the shop provided a good range of products. Strategic management of equality and diversity work was generally good, but prisoner needs were not always met. Faith provision was good. Most health services were reasonably good, but application and triage systems were inefficient, and medications management was poor. Some aspects of mental health support were not sufficiently well managed, and there was too little mental health awareness training for staff.*  
**Outcomes for prisoners were not sufficiently good against this healthy prison test.**

*S16 At the last inspection in 2015, we found that outcomes for prisoners in HMP Leeds were not sufficiently good against this healthy prison test. We made 21 recommendations in the area of respect. At this inspection we found that 12 of the recommendations had been achieved, three had been partially achieved and six had not been achieved.*

S17 Staff were usually visible on residential units, but prisoners were not always adequately supervised, for example on E wing, which held a proportion of vulnerable prisoners. We observed some positive and competent interactions between staff and prisoners. However, in our survey, only 58% of prisoners (against 72% in similar prisons) said that most staff treated them with respect. A number of prisoners expressed frustration at what they perceived to be the inability of many newer staff to relate to them and to complete all aspects of their role effectively.

S18 The prison was severely overcrowded, at 91% above its official certified normal accommodation. Despite this, communal areas were generally clean and most cells were in a reasonable condition, although many still lacked sufficient furniture and privacy screening. 'Q-branch', a small staff and prisoner works team, was making a positive impact on the maintenance of the prison. Prisoners expressed considerable frustration about problems with receiving basic necessities such as clean sheets and toilet rolls. A shortage of bedding had recently been addressed, but there were ongoing problems with distribution of some other supplies. Cell bells were left unanswered for unacceptable periods and there was no monitoring method in place.

S19 Breakfast packs were meagre, but portions for other meals were adequate and the quality of food was reasonable. The new kitchen was a good facility and menus were varied. Prisoners spoke more positively than at other prisons about the range of items available on the prison shop list. Newly arrived prisoners were able to receive a shop order during their first few days in custody.

S20 Few prisoners seemed to be aware of consultation arrangements, and meeting minutes did not always demonstrate completed actions. Prisoners had little confidence in both the applications and complaints processes. Applications were logged and tracked by prisoner information desk workers, but replies could take up to a month. Too many complaints received interim responses or were referred to other departments. Replies to complaints were polite, though sometimes curt and did not always address the underlying issues raised by prisoners. Quality assurance arrangements were underdeveloped. Legal visits booths were noisy and lacked full privacy.

- S21 The strategic management of equality, diversity and faith was reasonably good, but local monitoring data were basic and the equality monitoring tool (EMT) was not analysed or used. The EMT suggested many possible areas of discrimination, which had not been investigated. There was adequate identification of prisoners' protected characteristics. Enthusiastic equality representatives helped to promote equality and diversity. Investigations into discrimination incidents were reasonably thorough when completed, but too many were returned to the complainant without investigation. Good efforts were made to engage community support groups and some diversity celebrations had been held.
- S22 Almost half the prisoners in our survey said they had a disability. Reasonable adjustments had been made for many but there were some unmet needs; for example, little had been done to communicate with two deaf prisoners, one of whom was on an ACCT. Foreign nationals had good access to immigration enforcement staff, but not to independent legal advice. Very good efforts had been made to meet the needs of the two transgender prisoners held in the prison. Support for gay and bisexual prisoners was good. Some efforts had been made to engage with younger prisoners but had not yet been successful.
- S23 Prisoners could practise their religion and the chaplaincy provided a good service. The single multi-faith space was a good environment for religious activities.
- S24 Health care partnership and governance arrangements were sound. Application and triage processes were inefficient and caused frustration for prisoners. Despite efforts at prisoner engagement, prisoner confidence in health care was low. Some parts of the health care units were dirty and overall cleanliness was not good enough. Waiting times for most clinics were reasonable and we observed clinically effective engagement with prisoners. Chronic disease management arrangements were well organised. Medicine management arrangements were inadequate. Not all administration of controlled drugs complied with national standards and there were delays in issuing some routine repeat prescriptions.
- S25 The social care unit provided very good care for many men, but those with acute mental ill health received less effective support. In our survey, 58% of prisoners reported mental health problems and only a third said that their needs were met. There was inadequate or no mental health training for most officers. There were significant delays in transferring men who needed treatment under the Mental Health Act. Mental health services were adequate but triage took too long and care planning was underdeveloped. Communication with prisoners could be poor. Dental care was adequate. Health care support for men before discharge was reasonable.
- S26 Access to treatment for drug- and alcohol-dependent prisoners was generally prompt and prisoners were positive about the help they received. The drug and alcohol recovery team had strong community links which facilitated treatment on release. Sufficient action had been taken to prepare men for the smoking ban.
- S27 Managers had taken action to address some key risk areas. Nearly half the staff were currently in their probation period; extra training and mentoring had been arranged and more custodial managers had been placed on wings to provide support. Despite continued shortcomings, the management of equality work had improved significantly. National pressures on prison accommodation were out of the control of local managers. The lack of a computerised system obstructed effective management of cell bell responses.

## Purposeful activity

- S28 *Time out of cell and access to association and exercise were reasonable for most. The library had improved and access to the library and gym was good. Activities managers had not achieved sustained improvements. Quality improvement arrangements were weak. Most prisoners who accessed prison workshops developed useful skills. Attendance and punctuality were not sufficiently good. Too many prisoners were not completing courses, but those who completed them achieved qualifications. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S29 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Leeds were reasonably good against this healthy prison test. We made three recommendations in the area of purposeful activity. At this inspection we found that one of the recommendations had been achieved and two had not been achieved.*
- S30 The regime was now generally predictable and there had been no unplanned lockdowns in recent months. Fully employed prisoners could spend more than 10 hours out of their cells a day during the week but could only exercise outside once a week. Prisoners on the basic level of the IEP scheme spent about 22 hours a day locked in their cells if unemployed. Our roll checks during the core day showed that 29% of prisoners were locked behind their doors.
- S31 Access to the reasonably well stocked libraries was now good and there was evening access for full-time workers. Facilities for physical activities remained reasonably good, but there were few outdoor facilities. Many sessions had recently been cancelled as a result of staff shortfalls. It was positive that a group of prisoners had recently qualified as personal fitness trainers.
- S32 The prison had sufficient part-time activities for all prisoners, including vulnerable prisoners. There were too few full-time activities for the population. Regional learning and skills managers had an accurate understanding of the strengths and weaknesses of the provision. Managers had begun to improve the provision in English and mathematics, but it was still not good enough. Too many prisoners were allocated to activities without due consideration for the availability of places in lessons or enough work in activities. Prisoners did not have enough to do in some work activities.
- S33 The quality of the provision had declined. Recent measures had not had an adequate impact on the quality of teaching, learning and assessment, which was not good enough and required improvement. The range of education, work and vocational training was not broad enough to prepare prisoners well for life after prison, especially vulnerable prisoners. Arrangements for quality improvement of the provision in Novus were ineffective and underdeveloped. National Careers Service provision was good.
- S34 Most tutors and instructors provided a good learning environment. In most prison work, prisoners benefited from effective individual coaching and support from peer mentors. Tutors and instructors did not set clear and demanding targets for prisoners' development of their skills; they did not monitor accurately and record their progress. Tutors did not use prisoners' starting points to deliver lessons that met the needs of individual prisoners. The support plans for prisoners with additional needs were weak.
- S35 Most prisoners behaved well in activity sessions. Prisoners engaged in a range of extra activities that improved their understanding of social responsibility. Prisoners took part in activities to collect money for charities, such as cancer research. Attendance in prison work



was high, but the number of prisoners attending education lessons was low and, despite some improvements, too many prisoners did not attend education regularly and on time.

- S36 Achievements for prisoners who stayed on accredited courses were good, but too many did not complete their courses. Only 60% of those starting English and mathematics courses completed them. Instructors in prison work did not define and record clearly the skills that prisoners gained. As a result, not all prisoners knew if they had developed the skills that they needed to help them in their resettlement. Overall, the standard of prisoners' work was not good enough, especially for prisoners on education courses.

## Rehabilitation and release planning

S37 *Visits provision was reasonable and some good work was done to help prisoners maintain links with their families. However, some useful courses were no longer run as a result of staff shortages. Resettlement functions were well coordinated and good use was made of community support. Offender assessment system (OASys) assessments were up to date and of reasonably good quality. Home detention curfew (HDC) was improving but too many assessments were still late. Public protection procedures were well managed. Resettlement planning and work were generally good and there were good initiatives, including the resettlement market and departure lounge. Despite considerable efforts, a quarter of prisoners were released without permanent accommodation.*  
**Outcomes for prisoners against this healthy prison test were reasonably good.**

S38 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Leeds were reasonably good against this healthy prison test. We made 10 recommendations in the area of rehabilitation and release planning. At this inspection we found that four of the recommendations had been achieved, two had been partially achieved and four had not been achieved.*

S39 Jigsaw, a third sector organisation, continued to provide good services in the visitors' centre, for example reassuring visitors and facilitating parent and toddler groups and regular family visits. However, all family support courses that were previously run had ceased as a result of a lack of staff. Visits arrangements were reasonably good but the booking telephone line was often engaged. The visits hall was more comfortable, with soft furnishings. The family forum, where a prison manager met families during visiting times to obtain their views, was a good initiative.

S40 Rehabilitation services were well coordinated and led. The up-to-date strategy was purposeful and based on a recent needs analysis. The number of different agencies actively supporting practical resettlement was a strength. There was good cooperation between offender management and community rehabilitation company (CRC) staff. Weekly and monthly meetings ensured good communication. Delivery of offender assessment and sentence planning had improved, with more realistic staffing, and the backlog in OASys assessment had been completely cleared at the time of inspection. Standards of sentence planning were reasonable, and were being strengthened by better quality checking.

S41 All prisoners were screened promptly after arrival for practical resettlement needs and, in spite of some prisoner perceptions, there was evidence that immediate issues were effectively addressed by Catch 22 staff. HDC procedures were improving, but were not yet sufficiently timely. Public protection measures were sound. They were supported by a strong probation team and had been strengthened by a more effective risk management meeting in recent months. Categorisation was efficiently managed, but there were difficulties in moving some types of prisoners, such as category B men, to prisons where their risk and needs could be addressed. The new 'key worker' scheme was being introduced, and first signs

were promising. Individual support and forums had recently been introduced by probation staff for those on indeterminate sentences.

- S42 No offending behaviour programmes were offered. There was no structured individual work with those who were serving longer sentences and stayed for some time at Leeds. Catch 22 workers helped men with finance, benefits and debt issues, supported by the debt charity Stepchange and by Job Centre Plus in the opening of bank accounts. Despite determined work by the Catch 22 team, 25% of prisoners were released without permanent accommodation. Some entrepreneurial work was undertaken through partnership with local initiatives to place men in jobs on release. There was no use of release on temporary licence (ROTL) to support resettlement. Some useful individual support was offered to veterans.
- S43 The weekly resettlement market was a useful point of contact between prisoners and a wide variety of community providers of resettlement services. Catch 22 staff saw all men before release and worked hard to resolve practical issues. Mentoring was provided by various agencies and there was an increasing amount of genuine through-the-gate work. The 'departure lounge', a facility opposite the gate where CRC and other workers met prisoners immediately on release, was an excellent facility for many of those who were released under CRC supervision. Men's practical needs at the point of release were satisfactorily met.
- S44 Leadership and management of rehabilitation and release planning were strong and had supported ongoing improvements in the quality of provision. The coordination between different organisations was impressive and there was an evident drive to improve. Various instances of good practice in this area suggested a culture of innovation. National support for the use of ROTL and better resourcing of family support work were areas that required particular improvement.

## Main concerns and recommendations

- S45 **Concern:** There was not enough focus on the identification of immediate vulnerabilities, needs and risks during the reception and first night process. Prisoners did not have an interview with custodial staff to gather relevant information about vulnerability and immediate needs. Over 90% of prisoners said they had problems on arrival but only 22% said they had been helped with them. Not all prisoners received first night safety checks.

**Recommendation: Reception and first night processes should ensure that prisoners' immediate vulnerabilities, needs and risks are assessed during a private interview with custodial staff, and that necessary support is then offered. All newly arriving prisoners should receive first night safety checks.**

- S46 **Concern:** Levels of violence were high and many prisoners felt unsafe. The strategic management of violence reduction work was poor and was not focused on the causes of violence. The prison had persisted with an ineffective violence management process for too long. A new violence management system had just been introduced, but it was too soon to judge its effectiveness.

**Recommendation: Governance arrangements should ensure the prison understands and responds appropriately to causes of violence, and that investigations and outcomes under the new violence management system are effective.**

S47 **Concern:** Use of force was high and, despite recent improvements, force was not always sufficiently justified in the paperwork. Most concerning was a very high use of special accommodation, often for long periods. Its use was not always justified.

**Recommendation: All use of force should be fully justified in the written records. The use of special accommodation in particular should be subject to rigorous governance to ensure that it is only used as a last resort and for the shortest possible time.**

S48 **Concern:** The range of activities was narrow and did not ensure that prisoners developed the skills for finding employment with local and regional employers. Too many prisoners were allocated to lessons where there were no spaces, or to work where they did not have enough to do, and many did not regularly attend their activities on time.

**Recommendation: Prisoners should be fully and purposefully occupied in work sessions and lessons, and attend on time. The range of activities should equip them with the job-related skills required locally and regionally.**



# Section 1. Safety

**Prisoners, particularly the most vulnerable, are held safely.**

## Early days in custody

### Expected outcomes:

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

- I.1 Journey times for most prisoners were short. In our survey, only 13% of prisoners said that they received information about HMP Leeds before arrival. Escort vehicles were not delayed in entering the prison. We observed escort staff who were polite and respectful to prisoners. They were aware of risk factors and how to manage them during escort.
- I.2 Vans that we inspected were clean and adequately stocked. Prisoners were not routinely handcuffed when alighting from the vehicle. Prisoners arriving from other prisons were not routinely strip-searched in reception. The video link facility was used extensively.
- I.3 The reception area was unwelcoming and disorganised, but a new purpose-built reception was under construction. The holding rooms were sparse and did not provide any distraction. We observed prisoners being processed quickly through reception and located on to the first night unit, D1. Reception peer support was good.
- I.4 The initial section of the cell-sharing risk assessment was completed in a private interview room. However, staff obtained personal information, such as offence details and next of kin, at an open desk within earshot of other prisoners and staff.
- I.5 Prisoners were seen by a member of the health care team on the first night centre (see paragraph 2.64), but they did not have a private safety interview with first night staff. In our survey, 92% of prisoners said they had problems when they arrived at Leeds against the comparator of 80%. Given the high level of need, it was concerning that private safety interviews were not routinely conducted with all prisoners to gather relevant information about vulnerability and risk and to address immediate needs (see main recommendation S45).
- I.6 In our survey, only 59% of prisoners said they felt safe on their first night. Additional safety checks took place on the first night unit only for prisoners who had never been in custody before. There were no additional checks on prisoners who had been in custody previously or on those returning from court, even though their circumstances might have changed significantly (see main recommendation S45).
- I.7 Induction was delivered by peer workers and an officer on the day after arrival in a group room on A wing. The power-point presentation contained too much information and was confusing for those who had no experience of prison. Prisoners who could have had difficulties in understanding the presentation, such as people who could not read or foreign nationals with limited English, were only identified after the induction had started.
- I.8 Prisoners spent too long locked in their cells on the first night centre. There was no published regime and individual staff determined when prisoners were unlocked. The first night centre also accommodated vulnerable prisoners who were unlocked separately, which meant that all prisoners spent at least half the day locked in their cells. They were not able

to have any time outside in the fresh air while on the unit. Six prisoners had been on the unit for more than 24 hours, and one for two weeks.

## Recommendations

- I.9 The induction programme should provide all prisoners with sufficient knowledge to access services and regime activities fully.**
- I.10 Prisoners on the first night centre should be unlocked during the core day. There should be a published predictable regime for prisoners on the unit, including time in the fresh air each day.**

## Managing behaviour

### Expected outcomes:

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

### Encouraging positive behaviour

- I.11** In our survey, 35% of prisoners said they felt unsafe currently and 70% had felt unsafe at some time, against respective comparators of 25% and 53%. More than half said they had been victimised by staff and 61% reported victimisation by prisoners. This was largely verbal abuse, but a significant number of physical assaults were also reported. The level of violence was very high and higher than we see elsewhere, with 290 assaults and 80 fights in the previous six months (see main recommendation S46).
- I.12** Strategic management of violence reduction work was poor and an ineffective violence management procedure had been in place for too long. There was not enough focus on the causes of violence at the monthly safer custody meetings. The analysis of incidents was limited, but the prison was working with regional colleagues to improve this. There was little consultation with prisoners to understand their concerns about safety.
- I.13** The investigation of violent incidents was poor and staff often failed to investigate the causes of violence. Only 13 victims had received formal support and only 39 perpetrators had been subject to formal management compacts. Compacts were poorly completed and lacked effective target setting to improve behaviour. However, weaknesses had been identified and a promising new process had just been introduced.
- I.14** Vulnerable prisoners on E and F wings felt particularly unsafe and intimidated and there was little discussion about this group at the safer custody meetings. These prisoners told us that verbal abuse and bullying sometimes went unchallenged by staff. F wing was exclusively used for vulnerable prisoners, about 20% of whom were there for their own protection. Those we spoke to were unhappy about sharing a wing with sex offenders and the combination of these groups was challenging.
- I.15** There was not enough space on F wing to hold all vulnerable prisoners, some of whom were held in a section of E wing where they had a poor regime. Mainstream prisoners on E wing were hostile to this arrangement, which we found to be poorly supervised. Mainstream prisoners had access to the vulnerable prisoner section and we saw one prisoner entering it unchallenged by the member of staff.

- I.16** A few prisoners with complex or challenging needs were referred to a multidisciplinary safety intervention meeting led by the safer custody department. As at the last inspection, the development of focused support plans was needed for prisoners discussed at the meetings.
- I.17** At the time of the inspection, 167 prisoners were on the basic level of the incentives and earned privileges (IEP) scheme, often for not attending activities as required. Entries in Nomis records focused far more on negative than positive behaviour and there was little evidence that staff considered mitigating factors when demoting prisoners to the basic level. There was evidence that many reviews were not conducted on time, although the timeliness of reviews had improved significantly recently, following the introduction of additional management checks. There was otherwise little monitoring of the scheme to ensure that it operated fairly.
- I.18** Prisoners on basic level had a very poor regime. Those not working could receive as little as an hour out of cell each day. This was compounded for many prisoners by the delivery of food direct to their cells.

## Recommendations

- I.19** **The location and supervision of vulnerable prisoners should ensure that they are safe and free from bullying and other intimidation.**
- I.20** **The incentives and earned privileges scheme should be applied fairly to all prisoners. Those on the basic level should receive a structured, purposeful regime.**

## Adjudications

- I.21** There had been 2,111 adjudications in the last six months, which was high. Some charges were minor and should have been dealt with under the IEP scheme. Too few reports, particularly for violent incidents, were brought to a timely conclusion.
- I.22** A regional safer custody team had recently analysed data for prisoners placed on report for assault. Only 17 of 218 adjudications examined had been completed and a finding of guilt made. Many others were listed as adjourned for a long time, and a significant number were not proceeded with.
- I.23** We attended a number of hearings and reviewed written records, both of which suggested that proceedings were conducted fairly. Punishments were fair and there was good quality assurance of decisions and awards to ensure consistency.

## Recommendation

- I.24** **Steps should be taken to ensure timely completion of adjudications.**

## Use of force

- I.25** Prisoners in our groups complained of excessive use of force. Force had been used 360 times in the last six months, more than we see in similar prisons. Our review of video footage raised concerns about potentially excessive use of force in some cases. Several staff had been dismissed and suspended as a result of use of force incidents.
- I.26** Until recently, many use of force records were incomplete. Following a recent management drive, the completion rate had improved very significantly, although incidents were not always justified adequately in the records and it was not always clear if staff had tried to de-escalate incidents (see main recommendation S47).
- I.27** Formal incident monitoring arrangements were reasonable. There was good analysis of data at the monthly use of force meeting. There was a separate use of force scrutiny meeting at which digital recordings of a 10% random sample of incidents were examined. The meeting usefully identified poor practice and areas for improvement, which were taken forward appropriately.
- I.28** Batons had been drawn on 23 occasions in the last six months, fewer than at the previous inspection. Each incident was thoroughly examined at the monthly scrutiny meeting.
- I.29** Governance of the use of special accommodation was poor and incidents were not discussed at the monthly segregation meeting. It had been used on 39 occasions in the last six months, which was very high. Prisoners spent an average of over 12 hours in special accommodation, which was a long time to be held in such stark conditions. Its use was not always justified (see main recommendation S47).
- I.30** Not all prisoners received an adequate level of care in special accommodation. In one case, records indicated that a prisoner who said he could not cope in the cell and wanted a Listener<sup>7</sup> was neither assessed for an ACCT<sup>8</sup> nor spoken to. He was left crying in his cell for over an hour before being moved out (see paragraph I.53).

## Good practice

- I.31** *Digital recordings of a 10% sample of incidents were examined at a monthly use of force scrutiny meeting. The meeting was useful in identifying poor practice and areas for improvement, which were taken forward appropriately.*

## Segregation

- I.32** Records indicated that prisoners had been segregated on 257 occasions in the previous six months, similar to the last inspection and comparator prisons.
- I.33** Governance of the use of segregation at the quarterly segregation meeting was reasonable. The analysis of data was generally good, but the high use of special accommodation had not been identified (see paragraph I.29).
- I.34** A multidisciplinary team planned the reintegration of each prisoner at a weekly meeting. The meeting was focused and prisoners were kept informed of planned actions. The average stay in segregation was about 12 days, compared with 21 days at the previous inspection.

<sup>7</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

<sup>8</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.



- I.35** Prisoners spoke well of staff and we saw officers interacting positively with them. Positive staff engagement with prisoners was not always demonstrated in segregation records. Behaviour and reintegration targets were often superficial. Records were otherwise in order and segregation reviews took place when scheduled.
- I.36** The caged exercise yard was stark and featureless. Internal communal areas, including showers, were fairly clean. Cells needed decorating, and had dilapidated flooring, some dirty toilets and missing observation panels. Special cells were stark with only a plinth for a bed, no furniture and a single hole in the floor which served as a toilet.
- I.37** The regime in segregation was austere. Prisoners were offered outside exercise each day, but they were not allowed a phone call or shower on Fridays. On other days, they had to choose between a phone call or a shower. There was no separate regime for prisoners held for their own protection.<sup>9</sup> A prisoner held for a long period in special accommodation was held in unacceptable conditions (see paragraph I.30).

## Recommendations

- I.38** **Cells, including those used as special accommodation, should be decent and maintained to a reasonable standard.**
- I.39** **Segregated prisoners should have access to a full regime and daily access to the telephone and a shower.**

## Good practice

- I.40** *There was a weekly meeting at which a multidisciplinary team planned the reintegration of each prisoner. The meeting was focused and prisoners were kept informed of planned actions.*

## Security

### Expected outcomes:

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

- I.41** Physical security arrangements were aligned to risks but some elements of procedural security were disproportionate; for example, all men located to the segregation unit were strip-searched with no assessment of their individual risks, and restraints used to escort prisoners on appointments outside the prison were not always justified by an individual risk assessment. A 78-year old man in a wheelchair, who was unable to walk, was handcuffed to an officer twice for attendance at hospital appointments. This was undignified and disproportionate; the Prisons and Probation Ombudsman had raised concerns about this practice.
- I.42** Strategic management of security was good. Two security meetings were held each month. One was an overarching executive meeting which identified threats and risks and discussed the strategic approach to them. For example, during the previous two months the security team had identified concerns about a particular wing from intelligence reports and had taken

<sup>9</sup> 'Solitary confinement' is when detainees are confined alone for 22 hours or more a day without meaningful human contact (United Nations Standard Minimum Rules for the treatment of prisoners. Rule 44).

action to investigate what was happening. The other meeting was the security committee, which determined specific actions required to address the risks that had been identified at the executive meeting.

- I.43** The flow of intelligence into the security department was good. During the previous six months, 5,250 intelligence reports had been submitted. They were processed quickly and in most cases swift action was taken, although we found a few examples of intelligence reports lacking evidence of completed actions. Actions often resulted in positive outcomes.
- I.44** A dedicated search team had been introduced and many targeted searches led to illicit items being found. During the previous six months, 437 target searches had been carried out leading to the recovery of 358 prohibited items; over half of them were drugs, mobile phones and weapons.
- I.45** Despite efforts to tackle the supply of drugs, they were still too easily available. In our survey, 63% of prisoners said it was easy to get illicit drugs in the prison and 21% against the comparator of 12% said they had developed a problem with drugs since arriving in the prison. During the previous six months, the random drug testing rate was 13.02% which rose to 29.9% when new psychoactive substances<sup>10</sup> (NPS) were included. Suspicion testing had been reintroduced three months previously, which was a positive step in tackling the supply of illicit substances. Forty-five prisoners had been suspicion tested based on specific intelligence, 30 of whom had tested positive. Men who tested positive for illicit substances were referred to the substance misuse team.
- I.46** There were good links with the police and police intelligence officers worked well with the security team. Work to tackle staff corruption was very good. Prison managers worked effectively with the police when staff wrongdoing was suspected and this had yielded some positive results. Management of gangs and extremists was good with effective interagency involvement.
- I.47** Eight prisoners were subject to closed visits. These were only used in response to visit related activities and were reviewed regularly.

## Recommendation

- I.48 Prisoners on hospital escort should not be routinely handcuffed. Handcuffs should only be used following an individual risk assessment which reflects health care recommendations and recent behaviour in custody.**

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<sup>10</sup> Drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

## Safeguarding

### Expected outcomes:

**The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.**

### Suicide and self-harm prevention

- I.49** Since our last inspection, four prisoners had killed themselves and another took his own life during our inspection. There was a death in custody action plan and reasonable progress had been made in meeting the recommendations of the Prisons and Probation Ombudsman, although some concerns remained (see paragraph I.41).
- I.50** During the previous six months, there had been 367 incidents of self-harm by 172 prisoners. This was an average of 61 incidents a month compared to 41 a month at the last inspection. The number of self-harm incidents was also higher than at other local prisons.
- I.51** A number of men on an ACCT spoke positively about staff support and most prisoners had reasonably good access to an enthusiastic group of Listeners. Listeners were positive about the support they received from the Samaritans.
- I.52** ACCT initial assessments were generally good and reviews were more often multidisciplinary; mental health staff routinely attended. However, care mapping was often inadequate and recorded observations by officers lacked evidence of meaningful interaction. A quality assurance procedure had been introduced but it had not yet had enough impact. During our night visit we found that two officers were not carrying their anti-ligature knives, which would have delayed their ability to assist in an emergency.
- I.53** There was evidence that alternatives to segregation were not properly considered for those on ACCTs. One prisoner had been identified by an ACCT review board as a danger to himself and in need of psychiatric assessment. He set a fire and was placed in special accommodation overnight for 15 hours, in only shorts and a T-shirt, with no mattress (see paragraphs I.30 and I.37). The ACCT record indicated that he asked for a blanket and received it two hours later. He then lay on the floor next to the pipes to keep warm. It was also recorded that he complained when the heating was turned off. His general treatment was poor and there was no indication that other options, such as a constant watch, had been thoroughly explored, or that the individual circumstances of this prisoner had been sufficiently considered.
- I.54** Monitoring and analysis of data to help understand and address self-harm were underdeveloped. Data were collated for the safer custody meeting but minutes did not reflect any discussion and no actions were recorded. The factors potentially underlying the increase in self-harm were not well understood, for example the prevalence of drugs, the smoking ban and the mix of prisoners on each unit (see paragraph I.14).

## Recommendations

- I.55 ACCT documents should reflect a high standard of care planning, including care maps which should reflect the needs of the prisoner. Staff observations should provide evidence of positive interaction.**
- I.56 Prisoners on ACCTs should not be held in the segregation unit without thorough and recorded examination of alternatives.**
- I.57 Staff on night duty should carry anti-ligature knives.**
- I.58 There should be a coherent strategy to reduce self-harm, informed by the specific characteristics of the population at Leeds.**

## Protection of adults at risk<sup>11</sup>

- I.59** The safeguarding adults policy was good. There were links with the local safeguarding adults board but no referrals had been made. At-risk prisoners were discussed at the well-attended weekly safety intervention meeting, but actions were not always completed. We found an example of a prisoner with significant safeguarding needs being discussed at this meeting but his needs had not been met and there was no evidence of a care plan. The minutes recorded that the prisoner would be supported by wing staff because of his vulnerability and history of being exploited. However, we found no evidence that this had been conveyed to staff on the unit or that any monitoring had taken place.

## Recommendation

- I.60 Agreed actions in relation to at-risk prisoners should be systematically completed and recorded.**

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<sup>11</sup> Safeguarding duties apply to an adult who:

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

## Section 2. Respect

**Prisoners are treated with respect for their human dignity.**

### Staff-prisoner relationships

#### Expected outcomes:

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

- 2.1 Many officers engaged positively with prisoners and showed an interest in their welfare. We observed some staff dealing with prisoners in a calm and effective manner which helped to defuse potential conflict. However, in our survey, only 58% of prisoners said that most staff treated them with respect against the comparator of 72%.
- 2.2 Many prisoners expressed frustration about new and inexperienced staff. They complained that such staff lacked knowledge and the interpersonal and life skills for their roles. Managers were aware of the challenges faced by the large number of new recruits, about half of the staff group, and were attempting to support them and enhance their skills. Additional training was organised, mentors were allocated and job descriptions drawn up for different tasks. A monthly training day was delivered by locking the prison down.
- 2.3 Staff were usually visible on residential units to provide supervision of prisoners. However, there were exceptions, notably on E wing, where on occasion we could see no staff on the landings (see paragraphs 1.14 and 1.15).
- 2.4 In our survey, only 45% of prisoners said they had a personal officer. We reviewed 30 records, only six of which had a personal officer entry. Most of these were perfunctory and did not demonstrate meaningful engagement between personal officer and prisoner. There was no quality assurance of case notes.

#### Recommendation

- 2.5 **All prisoners should have an identified officer to support them through their sentence and ensure they are regularly monitored for welfare and custodial needs. This should be reflected in comprehensive electronic case note entries.**

## Daily life

### Expected outcomes:

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

### Living conditions

- 2.6** The prison remained overcrowded with 91% of cells holding more prisoners than they were designed for at the time of our inspection. Although much of the accommodation was old, most communal areas were relatively clean. A notable exception was health care (see paragraph 2.56). Outside areas and gullies were relatively clean, and industrial equipment had been purchased to remove rubbish from outside cell window grilles. Orderlies we spoke to were enthusiastic and proud of the cleanliness of their areas. 'Decency walks' by managers had led to positive outcomes: there was a minimal amount of graffiti and no offensive material on display. Communal showers were clean but lacked privacy, particularly those on the ground floor. A small staff and prisoner maintenance party, locally referred to as 'Q-branch', was a good initiative, enabling the prompt completion of repairs and small projects.
- 2.7** The layout of cells differed among units. Some offered a decent separation of living area and toilet facilities, while in others toilets were in close proximity to beds, which was unacceptable. Many cells still had no toilet seats and not enough furniture. Privacy screens had been provided for toilets in some cells but many prisoners had to use their sheets. We were told of a rolling programme for the installation of curtains and privacy screens in cells. We found one instance of a new arrival on an ACCT<sup>12</sup> document who had been located in a cell without basic items such as a kettle and a place to put his clothes.
- 2.8** Prisoners raised with us the lack of clean bedding and, in our survey, only 21% of respondents said they received clean sheets each week against the comparator of 60% and 48% at our last inspection. Managers had identified the shortfall some months previously and a significant order had now been received and was filtering through the prison.
- 2.9** Only 24% of prisoners said in our survey that they received cleaning materials each week against the comparator of 49% and prisoners told us of shortages of toilet rolls. Managers told us there was enough stock in the prison, but on some residential units we found inadequate quantities. There were reasonable facilities for prisoners to wash their own clothes and good use was made of the wing laundries.
- 2.10** There was no system for checking how promptly cell bells were answered. In our survey, only 8% of respondents against the comparator of 22% said their cells bells were answered within five minutes. We witnessed occasions when emergency bells remained unanswered for up to 15 minutes, even though staff were in the vicinity.

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<sup>12</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

## Recommendations

- 2.11 All cells should be adequately equipped and toilets should be screened.** (Repeated recommendation 2.10)
- 2.12 Managers should put in place arrangements that ensure consistent availability of essential items such as clean sheets, cleaning products and toilet rolls.**
- 2.13 Prison staff should respond to cell bells promptly, the timeliness of responses should be monitored closely and action should be taken to address delays.**

## Good practice

- 2.14** *Managers regularly toured residential units to ensure that levels of decency were maintained and that actions needed were noted and resolved promptly.*
- 2.15** *The Q-branch prisoner party was having a positive impact on the maintenance of the prison, enabling repairs and small projects to be completed in a timely manner.*

## Residential services

- 2.16** Prisoners were critical of the quality and quantity of food. In our survey, 75% of prisoners said the food was bad. The food we tasted was of a reasonable quality, although it was not always well presented. Breakfast packs were small and continued to be issued on the day before they were to be eaten. Food temperatures were not recorded consistently on the units and food comments books were not always visible. There was still no opportunity for prisoners to eat out of their cells.
- 2.17** A reasonably diverse four-week rolling menu offered a variety of healthy meals, with fruit and vegetables available each day. Meals were served at an appropriate time and supervised by staff.
- 2.18** A new kitchen had been installed since our last inspection. It was reasonably clean and spacious, and most equipment was in good order. Halal and non-halal food items were stored separately and cooked appropriately. Supportive visits by the managing chaplain helped to ensure that requirements were adhered to.
- 2.19** All prisoners employed in the preparation and serving of food had received basic health and safety and food hygiene level 2 training. There was no opportunity for prisoners to complete further training, such as national vocational qualifications.
- 2.20** In our survey, 44% of respondents said they had access to the prison shop in their first few days against the comparator of 22%. Newly arrived prisoners were now able to order a mini canteen using an advance of up to £10. Appropriate items were available to them and advances were collected gradually. The prison shop list had been increased to include all items on the national product list. This was reflected in our survey when 67% of prisoners said that the shop sold the items they needed against the comparator of 48% and 41% at the previous inspection. Prisoners could order items from a number of catalogues with no administration charge.

## Recommendations

- 2.21 Breakfast packs should be more substantial and served on the day they are to be eaten.**
- 2.22 Regular consultation should take place to understand and address prisoners' discontent with the food.**

## Prisoner consultation, applications and redress

- 2.23** There was a prisoner information desk on all wings where applications were logged by peer workers. In our survey, 18% of respondents said applications were dealt with in seven days against the comparator of 31%. Records revealed a few applications that had not been returned to prisoners and in some cases a delay of three to four weeks.
- 2.24** There was a useful monthly consultation meeting with senior managers and a broader prisoner consultation exercise had taken place in January 2017, although not enough actions had been followed through. Prisoners we spoke to did not know of any wing consultation meetings that had been held. Minutes indicated that consultation was taking place inconsistently and completed actions were not recorded.
- 2.25** During the previous six months, 718 complaints had been submitted, which was low. The sifting process was too rigid and a number of complaints that could have been dealt with were instead returned to prisoners. Too many responses advised prisoners to submit a further application or complaint to a different individual or department. Many were also interim replies. This affected prisoners' confidence in the applications and complaints systems.
- 2.26** A sample of complaints that we examined indicated that responses were polite but occasionally curt and not always sufficiently detailed. In some cases, responses did not address the focus of the complaint. Quality assurance was in place but it was not comprehensive.
- 2.27** Remand and recall prisoners accounted for 32% of the population. In our survey, only 12% of respondents who needed it said it was easy to get bail information. There was a stock of legal text books in both prison libraries but some were out of date in the F wing library. 'Access to justice' laptops were available and governance was in place. Legal visits took place three times a week. Booths were noisy and did not provide sufficient privacy (see recommendation 4.5). Prisoners in wheelchairs and others with severe disabilities were unable to access the area as it was located upstairs, but adequate alternative arrangements were in place.

## Recommendations

- 2.28 Prisoner consultation should be consistent, well publicised and result in demonstrable actions.**
- 2.29 Prisoner complaints and applications should receive prompt, detailed and helpful responses that address all the issues raised. Quality assurance of complaints should be robust and lead to improvements.**
- 2.30 There should be an adequate stock of up-to-date legal text books in both libraries.**



## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>13</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.31** The strategic management of equality, diversity and faith was reasonably good. The equality strategy was underpinned by an action plan. Quarterly equality assurance meetings were helpful but not always well attended.
- 2.32** The equality team did not use or analyse data from the national equality monitoring tool (EMT). The data from the tool available at the time of the inspection were more than four months old. The tool suggested many potential areas of discrimination but these had not been investigated. The team used their own monitoring tool instead which lacked the detail of the EMT and had not led to the identification of discrimination.
- 2.33** The nine prisoner equality representatives helped to promote equality and diversity and were enthusiastic about their role. They had not received a one-day training package which had been developed for their benefit.
- 2.34** Discrimination incident report forms (DIRFs) were freely available around the prison. In the previous six months, 34 DIRFs had been submitted, more than at our last inspection. Most related to race or religious discrimination. An equality officer screened DIRFs to determine if there was a *prima facie* case of discrimination. If there was not, the DIRF was returned to the complainant without investigation, which was inappropriate. Nineteen of the 34 DIRFs had been returned to prisoners with no investigation. Investigations earlier in 2017 had taken far too long to complete, in some cases more than three months, but they were now timely. The quality of investigations was variable. Some were undertaken by an officer of too low a grade. Only one incident in the previous six months had been found to involve discrimination. Replies were polite and signed off by the deputy governor. There was no scrutiny of investigations and replies by an external body.
- 2.35** The identification of prisoners' protected characteristics was reasonably thorough but less so for disabilities. An equality officer interviewed all new prisoners shortly after arrival. A questionnaire had been distributed shortly before our inspection to gather more data on protected characteristics.
- 2.36** The equality team had made good efforts to engage the services of community support agencies and attended the quarterly Leeds Equality Forum with other statutory organisations. Black history month had been recently celebrated.

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<sup>13</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Recommendations

- 2.37** The national equality monitoring tool should be revised to produce data that are no more than a month old. In the meantime, potential areas of discrimination identified by the tool should be investigated.
- 2.38** All discrimination incidents should be promptly and fully investigated even when there is no prima facie evidence of discrimination. Investigators should be of a sufficient level of authority. There should be independent quality assurance of completed investigations into discrimination incidents.

## Protected characteristics

- 2.39** Twenty-two percent of the prison population was from a black and minority ethnic group. In our survey black and minority ethnic prisoners' responses were similar to those of white prisoners but 54% said they currently felt unsafe compared with 29% of white prisoners. The reasons for this perception were unclear. The recent celebration of Black History Month was appreciated by black and minority ethnic prisoners. Those whom we spoke to did not report direct discrimination. We were concerned to find that highly offensive and racist posts had been discovered on an officer's social media account. While he had not posted it himself, it remained there for some weeks. The officer was disciplined but remained in post.
- 2.40** In our survey, 5% of prisoners had identified as Gypsy or Traveller. The Gypsy and Traveller organisation, Leeds Gate, had attended the prison and the equality team ran forums for Gypsy and Traveller prisoners. The equality team had invited a celebrity from a Gypsy background to meet prisoners shortly before our inspection. Gypsies and Travellers who were illiterate were referred to the Shannon Trust<sup>14</sup>.
- 2.41** Sixty foreign nationals were held at the time of our inspection, five of whom had completed their sentence and were held under immigration powers. Late notification of immigration detention was a perennial problem and some prisoners were told of their further detention the day before the end of their custodial sentence. Foreign nationals who did not receive visits could apply for a free five-minute phone call to their country of origin each month. The prison ran English classes for speakers of other languages. An equality officer led on foreign national issues, liaising between immigration enforcement and prisoners. An immigration enforcement officer attended the prison once a week but there was no regular independent legal advice.
- 2.42** In our survey, about half the prisoners said they had a disability while prison records showed that 16% had a disability. The prison was unsuitable for prisoners with mobility needs, and many found it difficult to move around. Reasonable adjustments had been made for some prisoners but more were required. There were three adapted cells but none on F wing where many elderly prisoners were held. We met one wheelchair user who could not get his wheelchair into his very small shared cell, which had no adaptations.
- 2.43** Prisoners who did not meet the threshold for the social care unit did not have their needs regularly reviewed. We spoke to two deaf prisoners using a British Sign Language interpreter. They had been struggling to communicate their needs and no professional interpreter was used to communicate with them even when one was on an ACCT. A representative from Leeds Deaf and Blind Society had advised the prison on supporting deaf prisoners. The equality team had arranged sign language training for some staff. Emergency evacuation planning was good. Forums were held for prisoners with disabilities.

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<sup>14</sup> Provides peer-mentored reading plan resources and training to prisons.

- 2.44** In our survey, three prisoners identified as transgender. Good efforts had been made to meet the immediate needs of two trans prisoners whom we spoke to. Multidisciplinary support and pre-release planning were excellent. The prison had worked closely with a community support group for trans people.
- 2.45** The prison had identified 38 gay or bisexual prisoners, similar to our survey. Support for these prisoners was good. LGBT month was celebrated and an LGBT church group was invited into the prison. Forums for gay and bisexual prisoners were held.
- 2.46** The most recent EMT data showed that younger prisoners were more likely to have a disciplinary charge brought against them and for it to be found proven. Data also showed that younger prisoners were over-represented on the basic level of the incentives and earned privileges scheme but under-represented on the enhanced level. The prison had made good efforts to engage with the younger population by inviting them to a forum, speaking to them individually and distributing a questionnaire. However, these efforts had not yet led to successful engagement and the results of the questionnaire had not yet been analysed.
- 2.47** Twelve percent of the prison population was over 50 years old and the oldest prisoner was 88. None of the responses in our survey suggested less favourable treatment for the over 50s. Only 8% of prisoners aged 50 and over said that they currently felt unsafe against 39% of those under 50. Forums were held with prisoners aged 60 and over to discuss their needs.

## Recommendations

- 2.48** **Details of all prisoners' disabilities should be recorded and reasonable adjustments should be made to ensure equitable outcomes. Prisoners with disabilities should be able to access all relevant parts of the prison easily.**
- 2.49** **Professional British Sign Language interpreters should be used to communicate with deaf prisoners during ACCT reviews and at other times when accuracy is required.**

## Faith and religion

- 2.50** Arrangements for prisoners to practise their religion were good. The chaplaincy comprised chaplains of all faiths apart from Rastafari and a good range of services and classes were delivered. Services took place in the single multi-faith area, formerly the prison chapel, which was a good environment. Vulnerable and mainstream prisoners attended services together. In our survey, 84% of prisoners who had a religion said that it was easy to attend a religious service if they wanted to.
- 2.51** The managing chaplain attended a variety of meetings across the prison and attendance at ACCT reviews by the chaplaincy was good. A member of the team saw all new prisoners shortly after arrival. The chaplaincy continued to facilitate a counselling service, with five student counsellors from Leeds Beckett University. The team also managed the very active official prison visitors' scheme.

## Health, well-being and social care

### Expected outcomes:

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

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

### Strategy, clinical governance and partnerships

**2.53** NHS England commissioned all health care services at HMP Leeds. Dentistry was provided by Dr Steven Gardner. A contemporary health and social care needs assessment shaped service delivery. A partnership board met regularly and focused on quality and risk issues.

**2.54** Leadership and oversight were well established with strong clinical governance in place demonstrating accountability for practice. Management and reporting of clinical incidents were good, with clear evidence of learning and risk management. Prisoner health representatives supported prisoners effectively with information and advice on how to raise concerns constructively.

**2.55** Health care practitioners were readily identifiable and we observed professional interactions with prisoners by motivated and capable practitioners. Staffing levels and skill mix were generally aligned to the needs of the population, although there were too few pharmacy technicians in post which affected the safety of medicine administration. Induction and training opportunities were effective and clinical supervision was now established. The quality of clinical records that we looked at varied, but was adequate. Arrangements to seek consent for sharing medical information were sound.

**2.56** Clinical rooms were adequate, but cleaning arrangements were not; some parts of health care were dirty and wing treatment rooms were untidy. There was evidence of an internal infection prevention audit, but no comprehensive independent assessment. Prisoners were seen privately, although we saw too many interruptions, particularly in wing treatment rooms.

**2.57** Resuscitation equipment was well maintained and located strategically in secure locations. All health care staff were trained to provide intermediate life support, but few custody staff were trained in basic life support skills. We observed prompt and skilled responses to medical emergencies by health care practitioners, who frequently had to support prisoners experiencing the ill effects of using new psychoactive substances such as spice. Paramedic response times were good.

**2.58** The complaints system was effective and had improved since our last inspection. Responses to complaints were courteous, timely and focused. We saw evidence of learning from complaints with quality review and monitoring of trends in place.

**2.59** Staff were aware of their responsibilities to deal with safeguarding concerns and had attended training commensurate with their roles.

## Recommendations

- 2.60** Cleaning schedules should be introduced and monitored to ensure compliance with infection prevention standards. (Repeated recommendation 2.55)
- 2.61** All frontline custody staff should be trained to provide basic life support.

## Promoting health and well-being

- 2.62** There was a prison-wide approach to health promotion and health representatives from each wing supported this approach. All representatives were due to attend accredited training to equip them better for their role, which was a positive initiative. Written information about clinical services and health campaigns was extensive and available in different formats and languages.
- 2.63** Disease prevention arrangements were good and patients received prompt assessment and treatment for blood-borne viruses. Access to national programmes was proportionate, with regular sexual health clinics and barrier protection provided on request. The prison was due to become smoke-free imminently. Smoking cessation support was good and flexibly delivered, including the provision of nicotine replacement. Systems were in place to prevent and identify communicable diseases and there were established policies to deal with outbreaks.

## Primary care and inpatient services

- 2.64** A thorough reception health screen was undertaken on the first night centre by a skilled team of medical and nursing staff who identified risk, medication needs and ongoing medical review. We saw one instance of a prescriber not being available for late arrivals. This was unacceptable, but it was dealt with by the provider during the inspection.
- 2.65** Specialist appointments were accommodated in the health care centre and regular nurse-led triage services were undertaken in the treatment rooms adjoining wings. Oversight of the application process was not robust and prisoners were often unsure if they had a clinical appointment. Triage was not by appointment but provided on a first come, first served basis and was too often cancelled. Prisoners on a basic regime could not attend triage if they were locked in their cells and written applications were not always collected every day. These barriers created frustrations for prisoners as did a lack of information about the availability of appointments for internal x-rays and scans.
- 2.66** Access to most clinics was reasonable and there were routine waits of about two weeks to see the GP. Medical leadership was clear and effective, although routine rewriting of prescriptions took too much time. Waiting rooms in the health care department were cluttered, untidy and cramped.
- 2.67** The management of long-term conditions was impressive. Two experienced nurses provided effective assessment and oversight of patients with identified conditions. Complex care arrangements were good and there was effective liaison with community specialist services.
- 2.68** Patients had good access to planned external hospital appointments. There were few cancellations, and any proposed modifications were clinically prioritised by a GP.
- 2.69** Pre-release review and gateway support to community services, including registration with a GP, were facilitated if the team was notified of impending release or transfer.

## Recommendation

- 2.70 The application of triage should ensure that clinical support is prioritised, equitable and transparent so that patients have confidence in the service.**

## Social care

- 2.71** The social care unit had an established operational framework. The environment was primarily designed to support men requiring personal care who had been identified through a social care assessment which followed clear criteria determined with the local authority. Many men used wheelchairs and were frail and vulnerable. An experienced and skilled nurse led a small team of social care support staff who provided very good care which was appreciated by prisoners we spoke to. This team also operated an out-reach service to wings and facilitated some day care provision, particularly for men from the wings who needed help with showering and attending to personal hygiene. Men could be transferred back to the wings, but in most cases significant improvement was not anticipated and limited facilities and adaptations were available in the main prison to support men with significant disability.
- 2.72** The regime was facilitated by prison staff and prisoners had access to a therapeutic regime and outside exercise area. Communal areas were clean, but some cells were not. At the time of our inspection, 16 prisoners resided in the unit but just under half had identified mental health needs. There were no shared care plans for this group of men, in-reach support from the mental health team was inadequate and they received limited support with daily living activities.

## Recommendation

- 2.73 Men with mental health needs residing on the social care unit should receive regular, dedicated support from mental health practitioners to facilitate recreational and daily living activities as part of a shared care plan available to prison and social care staff.**

## Mental health care

- 2.74** Care UK Health and Rehabilitation Services Limited delivered mental health services. The integrated mental health team delivered an integrated stepped care model. The team included nurses, psychologists, an IAPT practitioner (improving access to psychological therapies) and a visiting psychiatrist. The team operated five days a week between 8am and 8pm and at weekends and bank holidays between 8am and 4.30pm. The demand for the service was high, with 41 patients needing specialist secondary care input including 32 patients who were supported using the care programme approach<sup>15</sup>. In our survey, 58% of prisoners said they had a mental health problem and only a third of these said that their needs were met.
- 2.75** Referrals could be made by prisoners, health care professionals and prison officers and were considered at a single point of access referral meeting. A duty worker was available to respond to acute risk and attended initial ACCT reviews. Urgent referrals were expected to be seen within 24 hours and non-urgent within 72 hours. However, triage clinics were not used effectively (see paragraph 2.65).

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<sup>15</sup> Mental health service for individuals diagnosed with a mental illness.

- 2.76** A good range of therapeutic interventions were available and patients failing to attend appointments were followed up promptly. Care planning and case work with prisoners with complex needs was embedded but underdeveloped for patients with primary mental health care needs.
- 2.77** Effective liaison and joint working arrangements were in place between health providers and operational prison staff, including attendance at ACCT reviews and weekly complex case reviews for prisoners with physical, substance use and mental health issues. Few uniformed officers told us that they had received mental health awareness training.
- 2.78** Discharge planning with community mental health services ensured continuity of care after release. In the last 12 months, 15 prisoners had been accepted for transfer to a mental health hospital but only four had been transferred in the recommended 14 days, which was unacceptable.

## Recommendations

- 2.79** **Mental health triage arrangements should ensure that all urgent referrals are seen within 24 hours. All other referrals should be seen within 72 hours according to the Care UK policy.**
- 2.80** **Care planning should be developed for prisoners with primary mental health needs.**
- 2.81** **Prison officers should have access to and should complete ongoing mental health awareness training.**
- 2.82** **The transfer of patients to hospital under the Mental Health Act 2015 should occur within agreed Department of Health timescales.** (Repeated recommendation 2.90)

## Substance misuse treatment<sup>16</sup>

- 2.83** A drug and alcohol strategy meeting monitored supply and demand reduction initiatives effectively. An annual substance misuse action plan was reviewed regularly and partnership working between the prison and drug and alcohol services was good.
- 2.84** Care UK provided clinical substance misuse treatment and Inclusion, a drug and alcohol recovery service (DARS), provided psychosocial support. Co-location with the mental health team and electronic record sharing aided integrated working. Regular prisoner consultation informed service delivery and prisoners were positive about the help they received.
- 2.85** A third of the population were supported by DARS. Interventions ranged from harm reduction advice and jointly facilitated group work to structured, modular recovery-focused work. All prisoners could participate in mutual aid groups such as Alcoholics Anonymous, Narcotics Anonymous and SMART recovery from addictive behaviour. A peer support scheme complemented and enhanced service provision.
- 2.86** Drug- and/or alcohol-dependent prisoners were screened at reception, although in one instance a prescriber was not available to new arrivals (see paragraph 2.64). Substance misuse nurses completed a comprehensive assessment on the following day. Prisoners

<sup>16</sup> In the previous report substance misuse treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

requiring clinical treatment were located throughout the prison, but we saw evidence of appropriate 24-hour monitoring and observation during early days. There was a plan for a designated stabilisation unit, which would have provided more guarantees of safe care and enhanced support.

- 2.87** During the previous six months, 591 prisoners had undertaken alcohol detoxification and 219 were receiving opiate substitution treatment at the time of the inspection. Prescribing regimes were flexible and reviewed jointly with the DARS at regular intervals. In addition to nominated key workers, a drug therapist offered wing-based drop-in clinics and tailored individual reduction regimes for 37 prisoners. We observed an officer effectively supervise controlled drug administration to prevent diversion.
- 2.88** Prisoners were given harm reduction advice before release but this did not include training in the use of Naloxone to manage opiate overdose. DARS had effective links with community drug and alcohol services which facilitated continued support on release and link workers from local agencies held regular sessions at the prison. Recovery workers offered family support and signposting to other services at the visitors' centre.

## Recommendation

- 2.89** **Training on overdose management, including the use of Naloxone, should be made available to prisoners with substance misuse needs before their release.**

## Medicines optimisation and pharmacy services

- 2.90** The pharmacy service was run by an in-house registered pharmacy. Pharmacy staff administered all medicines on the wings, but at the time of the inspection there were not enough pharmacy technicians to deliver this safely.
- 2.91** In-possession risk assessments were completed on reception. There was a policy that all new prisoners would not receive their medicines in possession for seven days, but there was no mechanism to reassess the risk after this time. Medicines were mainly supplied to patients in manufacturers' foils, although some patients received one or seven days' supply of medicines at a time in Venalink trays. Patient information leaflets were not routinely supplied.
- 2.92** Medicines were administered between 8.30am and 12.30pm and between 3pm and 5pm on each wing. The room used on F wing was very small and cramped with no adequate space for the safe storage of medicines. The controlled drugs cabinet was not securely attached to the wall and the room in the reception area used for medicines storage was too warm. The medicines in the social care unit were stored in a trolley, which was not attached to the wall when not in use.
- 2.93** The registered pharmacy technicians had all been competency assessed to administer medicines. The medicines were generally stored safely, but we found loose foils and tablets. Medicines supplied by nurses under patient group directions<sup>17</sup> were not labelled by a licenced supplier.
- 2.94** The process for re-ordering medicines towards the end of the prescription was not robust. Technicians were supposed to re-order the prescription with seven days left in stock, but this did not always happen. When it did, the prescribers did not always rewrite the prescription in a timely manner, which had led to breaks in treatment for patients.

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<sup>17</sup> Authorise appropriate health care professionals to supply and administer prescription-only medicine.



- 2.95** The methadone and other substance misuse patients came to the medicines hatches at any time during the morning. This necessitated the presence of a second checker throughout medicines administration. However, there was no second check on some wings which presented a significant risk. Methadone was measured by hand on F wing rather than by the computerised system used elsewhere.
- 2.96** The pharmacy was provided with a list of patients moving to other establishments, and they were supplied with prescriptions and seven days' supply of medicines. FP10 out-patient prescription forms were available for patients leaving the establishment who were taking controlled drugs. However, prisoners who were released after attending court had no medication with them.

## Recommendations

- 2.97** **In-possession risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely and consistently. The policy should be followed robustly and the status and its rationale recorded accurately on SystemOne.**
- 2.98** **Medicines should be stored safely. The controlled drugs cabinets should be secure and the temperatures for medicines storage should be in accordance with manufacturers' recommendations.**
- 2.99** **Patients should receive their medicines in a timely manner and a second checker should be present whenever a controlled drug is administered.**

## Dental services and oral health

- 2.100** A full range of NHS equivalent dental services were provided through four sessions each week. A dental hygienist clinic was held twice a month. Prisoners had appropriate access to emergency treatment and medicines following dental interventions. Dental waiting lists were well managed, with waiting times below six weeks.
- 2.101** Dental records were kept appropriately and a range of oral health advice and information was provided. Dental facilities included an appropriately equipped surgery and a separate decontamination area. All dentistry equipment was monitored and adequately maintained. Infection control measures were in place and audits were completed regularly.



## Section 3. Purposeful activity

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

### Time out of cell

#### **Expected outcomes:**

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

- 3.1 Unplanned wing closures had taken place earlier in 2017 but these were now predictable. In the last six months, 39 wings had been locked down for half a day for unplanned reasons, the most recent in July 2017 when two wings had been closed for half a day. The prison ran staff training on the first Tuesday of every month, and prisoners were locked in their cells at these times.
- 3.2 Prisoners in full-time employment could spend more than 10 hours out of their cells a day during the week. Unemployed prisoners on the basic level of the incentives and earned privileges (IEP) scheme spent at least 22 hours a day locked in their cells, some up to 23.5 hours (see paragraph 1.18), which was unacceptable. Our roll checks during the working day showed that 29% of prisoners were locked behind their doors.
- 3.3 Opportunities to exercise outside were poor. Part-time workers could exercise outside for 45 minutes each weekday but unemployed prisoners on the basic level of the IEP scheme were only allowed outside for half an hour each working day. Full-time workers were allowed exercise twice a week, at weekends.
- 3.4 The library service, run by the education provider Novus, had improved since our previous inspection and was now reasonably good. There were two libraries: one for A, B, C and D wings and one for E and F wings. They contained a wide range of books, audio books and newspapers. One team managed both libraries and they were never open at the same time. The library management system was antiquated and staff used paper records. This prevented managers from understanding the population's reading needs fully and identifying overdue items.
- 3.5 Access to the library was reasonable, with some evening sessions but none at weekends. Sessions were rarely cancelled. The library provided an outreach service to the segregation unit, health care and the first night centre.
- 3.6 Provision for physical activities remained largely unchanged since our previous inspection and was adequate. However, some of the eight physical education instructors were on long-term absence, which had led to the cancellation of gym sessions. The gym was open at weekends and full-time workers could attend early morning sessions.
- 3.7 Accommodation and resources remained unchanged, with a sports hall, a weights room and a small cardiovascular training room. Outdoor exercise equipment was available in four exercise yards. Equipment for the other two yards had been purchased but not yet installed. There were no opportunities for outdoor team sports.
- 3.8 Prisoners did not have personal health plans to monitor their performance or the impact of their activities. Twelve prisoners had recently completed a level three personal trainer qualification, which was positive. Basic first aid and manual training were also offered. Shower

areas were in reasonably good condition and ventilated. The gym team ran dedicated sessions for the over 45s and prisoners giving up cigarettes.

## Recommendations

- 3.9 All prisoners should receive at least an hour of exercise outside every day.**  
(Repeated recommendation 3.4)
- 3.10 A computerised integrated library management system should be introduced.**

## Education, skills and work activities (Ofsted)<sup>18</sup>

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.<sup>19</sup>**

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

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

## Management of education, skills and work

- 3.12** Until recently, prison leaders and senior managers had not challenged Novus, the education provider, sufficiently to effect improvements in the quality of teaching, learning and assessment. The quality of education and vocational training provision had declined. Senior prison managers did not ensure that prisoners attended their lessons in education regularly and punctually (see main recommendation S48).
- 3.13** Within the previous few months, prison leaders had started to implement improvements in partnership with Novus managers and with the support of the regional learning and skills managers. For example, the number of tutors teaching English and mathematics had increased. It was too early to see the full impact of these measures.

<sup>18</sup> This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>19</sup> In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

- 3.14** Sufficient part-time activities were available for most prisoners but there were too few full-time places, particularly for the third of the population serving longer sentences. Mainstream prisoners were allocated to 880 part-time and 392 full-time places. Vulnerable prisoners had access to 113 part-time and 42 full-time places. At the time of the inspection, about 10% of the main location population and 20% of vulnerable prisoners were unemployed (see main recommendation S48).
- 3.15** Prison staff allocated prisoners to activities and lessons soon after their arrival at the prison. However, they did not take account of the availability of places in lessons or whether prisoners had enough to do in work.
- 3.16** The self-assessment report produced by Novus was not accurate. Novus managers observing lessons did not evaluate thoroughly the impact on learning of tutors' teaching and assessment practices and tutors did not know how they had to improve. Prison managers did not monitor the quality of learning in prison work which prevented prisoners from improving.
- 3.17** The range of education, work and vocational training was not broad enough to prepare prisoners well for life after prison (see main recommendation S48). Prison senior managers had recently used information about employment opportunities in Yorkshire to broaden the range of activities. For example, an Asian fusion kitchen had been set up to develop prisoners' skills for employment in restaurants. Much more similar provision was required.
- 3.18** Prison managers had ensured that the pay policy did not act as a disincentive for prisoners taking up education. Novus managers had not used data well to evaluate why a high number of prisoners left their courses too early and to take appropriate action. During 2016 to 2017, only about two-thirds of prisoners who started functional skills courses in English and mathematics stayed until the end.
- 3.19** Only a few prisoners due for release attended the pre-release courses offered by Novus. Prisoners did not benefit sufficiently from the virtual campus<sup>20</sup> to help them prepare for release because they did not have enough access to the system or to up-to-date job vacancies.
- 3.20** The National Careers Service (NCS) delivered by Prospects Yorkshire and Humber was good. Partnership working between Job Centre Plus, NCS, Novus and prison staff had improved significantly the chances of prisoners resettling successfully in the community. Job Centre Plus staff supported many prisoners on short sentences well and a high proportion returned to their jobs after leaving Leeds. Prisoners gained a better understanding of their employment options on release by attending a well-organised 'resettlement market' event which involved many employers.

## Recommendations

- 3.21** **Novus managers should ensure that they evaluate accurately the strengths and weaknesses of teaching, learning and assessment practices.**
- 3.22** **Prison managers should evaluate the quality of training, learning and assessments in prison work.**

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<sup>20</sup> Internet access for prisoners to community education, training and employment opportunities.

## Quality of provision

- 3.23** There were significant differences between the lesson registers held by tutors and the prison allocation list and tutors and instructors were often uncertain which prisoners would attend their lessons and activities. When too many prisoners arrived for lessons, tutors sent a few back to their cells in the absence of sufficient resources to teach them (see main recommendation S48).
- 3.24** Tutors and instructors successfully developed an atmosphere conducive to learning and prisoners were respectful and ready to learn. However, tutors did not use prisoners' starting points to reflect developmental needs when planning activities. Prisoners, especially the most able, too often completed learning tasks that did not enhance their existing skills or knowledge.
- 3.25** Tutors and instructors did not set clear and demanding targets and many prisoners did not understand the skills that they needed to develop to achieve their qualifications. Tutors did not ensure that prisoners had a clear record of the skills they had developed and prisoners were unsure of the next steps.
- 3.26** The plans for prisoners requiring additional learning support were not coherent, detailed or accurate. This prevented tutors from evaluating whether their teaching had helped these prisoners to become more independent over time. When prisoners had completed their written learning tasks, they did not have enough information on how to improve their work.
- 3.27** In most prison work prisoners benefited from effective individual coaching and support, including from peer mentors. As a result, most prisoners developed new skills quickly.
- 3.28** Tutors in entry level English and mathematics lessons supported learners successfully to develop confidence in using these skills. Prisoners applied their English skills well to write to their families, children and dependents. However, prisoners in work needed more support to improve their English and mathematics skills. Most prisoners who attended work had at least a qualification in functional skills at entry level 1, but a significant minority had not completed any courses to improve their use of English and mathematics. These prisoners waited too long for places in English and mathematics lessons to become available.

## Recommendations

- 3.29** **Tutors should use information about prisoners' existing skills to plan learning activities which enhance these skills and knowledge, and ensure that they know what they need to do to improve their written work.**
- 3.30** **Effective arrangements should be put in place for prisoners engaged in prison work to improve their use of English and mathematics.**

## Personal development and behaviour

- 3.31** Too many prisoners did not develop the skills to help them to secure employment after release because of irregular attendance and late arrival. The proportion of prisoners who attended education regularly was low, while attendance at work was good. In our survey, half the prisoners said that wing staff encouraged them to attend lessons and work activities regularly (see main recommendation S48).

- 3.32** The majority of prisoners spoke with confidence and had clear and realistic plans for their employment on release from custody. They behaved well in sessions and lessons and showed respect to peers and staff.
- 3.33** Prisoners participated in a range of activities which helped to enhance their wider social responsibilities. They were proud of taking part in events such as 'Macmillan coffee mornings', organising events for 'Red Nose Day', producing a newsletter and attending the Saturday morning homework club with their children.

## Outcomes and achievements

- 3.34** Too many prisoners who attended lessons did not progress because the quality of teaching, training, learning and assessment was not good enough. Every year since the previous inspection, too many prisoners who had started courses did not complete them. A high proportion of those who remained achieved their qualifications. Most prisoners who stayed on vocational training courses achieved their qualifications.
- 3.35** Prisoners engaged in work did not have a clear understanding of the skills they had developed because instructors did not identify or record them. Prison managers had started to record the development of prisoners' vocational and employability skills but it was too early to assess the impact.
- 3.36** In 2016 to 2017, too few prisoners achieved qualifications in functional skills in English and mathematics. There were no clear data on the proportion of prisoners who moved on to higher level courses.

## Recommendations

- 3.37** **Prison and Novus managers should ensure that prisoners start on courses that they can complete, especially those undertaking functional skills in English and mathematics.**
- 3.38** **Prison managers should ensure that instructors recognise and record accurately the skills that prisoners develop in prison work.**





## Section 4. Rehabilitation and release planning

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

### Children and families and contact with the outside world

#### Expected outcomes:

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

- 4.1** The third sector organisation, Jigsaw, continued to run the visitors' centre and provided very good services to prisoners and their families. Jigsaw interviewed all first-time visitors to offer reassurance and advice. Jigsaw facilitated the monthly family forum where a prison manager met families to seek their views and answer their queries. Sixteen half-day family visits were organised each year: some for children, some for adults and others for adult relatives of vulnerable prisoners. All prisoners could apply for a family visit. Jigsaw ran two parent and toddler groups a month and a two-hour homework club on the first Saturday of every month. Jigsaw referred prisoners and their families to a local firm of solicitors for family law advice. Storybook Dads, a project enabling prisoners to record a story for their children, was available. These schemes were positive initiatives, but the courses offered at the time of our previous inspection to promote good parenting and relationships no longer ran because there were no suitable tutors.
- 4.2** Visits arrangements were reasonably good and visits ran six days a week. The visits hall was comfortable with soft furnishings but the carpet was grubby. Prisoners and visitors were allowed reasonable physical contact. The three closed visits booths were inappropriately located in the visits hall and lacked privacy. A small tea bar in the visits area sold snacks and hot drinks. The children's play area was reasonably well equipped but it was only routinely open in school holidays and at weekends. However, prisoners could apply for a dedicated play session to use the play area with their child under the supervision of a play specialist. Visits could be booked in the visits searching area, online or by telephone. The telephone booking line was often engaged.
- 4.3** Arrangements for prisoners to send and receive mail were good. There were enough telephones on most units, and most prisoners reported good access to telephones despite some being out of order.

#### Recommendations

- 4.4** Courses enabling prisoners to become better fathers and partners should be reintroduced.
- 4.5** The closed visits booths should be relocated out of sight of the main visits area.

## Good practice

- 4.6** *Prisoners' families were able to meet a prison manager once a month in the visitors' centre. These family forums enabled visitors to express their views and receive prompt answers to their queries.*

## Reducing risk, rehabilitation and progression

### Expected outcomes:

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

- 4.7** There was active leadership of rehabilitation work, and good coordination at management level among prison departments and with the wide variety of community and through-the-gate organisations which had been a strength in recent years.
- 4.8** The rehabilitation strategy had recently been revised, taking an outcome-focused approach with specified aims and actions for each pathway. The strategy was based on a needs analysis carried out in 2016, and a further needs analysis was planned. Delivery was actively coordinated at three levels – a regional service integration group, a monthly local strategy meeting, and a weekly tactical coordination meeting. Decisions from all meetings were acted on promptly. The offender management unit (OMU) and the through-the-gate provider, Catch 22, worked well together.
- 4.9** In our survey, only 16% of prisoners said they had a custody plan; three-quarters of these said that they understood what to do to achieve their targets. However, the situation was improving. There were now four dedicated offender supervisors, a great improvement on previous staffing, although each had a very large caseload and could not have regular meaningful contact with prisoners. There were also nine probation staff, who engaged with a variety of processes including ACCT<sup>21</sup> reviews and dealt with public protection issues. An education and employment plan, described as a 'single plan' for sentence planning in education and employment, was being developed.
- 4.10** The prison was one of 10 pathfinder sites for the new offender management in custody model, but the nature of the progression plan which all prisoners would have was as yet uncertain. Fifteen key worker officers had started to deliver weekly contact with their six prisoners, and the OMU was giving good support.
- 4.11** Basic custody plans were completed for all new arrivals on the day after arrival. Part 2 of the plan, setting out resettlement needs for release, was completed by Catch 22 staff, who followed up immediate needs promptly. Work was being done to identify care leavers, to support them and prepare for continuing support at training prisons. The sharing of information between OMU and community rehabilitation company (CRC) staff was reasonably good.
- 4.12** While there was much planning and support for individual prisoners, there was not yet enough focus on coordinating offender assessment system (OASys) assessments and sentence plans, key-worker progression plans, education and employment plans and resettlement plans to avoid duplication of effort or departments working at cross purposes.
- 4.13** The OASys backlog had been reduced to zero, a significant achievement. The senior probation officer had improved the approach to quality assurance; the quality of assessments

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<sup>21</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

was now reasonable, but not consistently good. Sentence planning boards were held, which some offender managers attended, but phone or video link facilities could often not be used.

- 4.14 There had been considerable delays in the home detention curfew (HDC) process. The system had recently been streamlined and timeliness had improved significantly. However, there had been a delay of at least two weeks between eligibility and release dates for most men released on HDC in the last six months.
- 4.15 Public protection measures were carried out effectively. The interdepartmental risk management meeting had been reinstated a few months previously. The meeting delivered detailed risk management decisions on the basis of adequate information, although attendance was not sufficiently interdepartmental. A six-strong police team was based in the prison, which strengthened public protection and crime reduction work.
- 4.16 Categorisation processes were efficient, and prisoners were able to submit representations to the categorisation board. There were difficulties in transferring some men to suitable establishments where their risks and needs could be properly addressed, particularly those who had committed sexual offences and category B prisoners. One life-sentence prisoner had been at Leeds for more than three years since being sentenced. Some prisoners on opiate substitution treatment were being declined by the usual receiving prisons.
- 4.17 Support for prisoners serving long or indeterminate sentences had been reintroduced by probation staff. They dealt separately with newly sentenced lifers and those who had been recalled or returned after absconding. There was a forum for potential lifers.

## Recommendations

- 4.18 **All prisoners should be given regular, meaningful and coordinated individual support to make positive use of their sentence, through shared and consistent assessment, planning and delivery by the offender management unit, key workers, and departments responsible for planning and delivery of activities and interventions.**
- 4.19 **Prisoners approved for HDC should be released on the earliest eligible date.**  
(Repeated recommendation 4.15)

## Interventions

### Expected outcomes:

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

- 4.20 No accredited offending behaviour programmes were delivered, and prisoners serving short sentences did no specific work to reduce the risk of re-offending. Probation staff carried out a little informal one-to-one work with sex offenders at the beginning of long sentences, but no structured work. In our survey, 55% of prisoners said that someone at Leeds was helping them to prepare for release.
- 4.21 Restorative justice interventions had been hampered by the removal of funding, but there was some engagement with restorative work in the community.
- 4.22 The Onside Project, supported by the Leeds Rhinos Foundation, delivered a 10-week course on motivation, problem-solving and leadership skills in the context of physical activity. One person who had completed this training was now working as a mentor with Leeds Rhinos in

the community. Imagine Theatre had delivered effective workshop days on employability and domestic violence.

- 4.23** Catch 22 workers gave advice on finance and facilitated telephone contact on debt advice through Stepchange, a national debt charity based in Leeds. Job Centre Plus staff helped prisoners to open bank accounts.
- 4.24** During the previous six months, only 75% of prisoners had been released to permanent and sustainable accommodation according to the strict criteria laid down, and there were growing challenges in finding accommodation. In our survey, prisoners' perceptions of the level of support in practical areas of preparation for release were not positive. Nevertheless, Catch 22 went to great lengths to find accommodation, and their performance was as good as their shortage of staff permitted. Very few prisoners were released with no certainty of accommodation in the short term.
- 4.25** Creative links with a range of local businesses were used to enhance employment opportunities for those released. For example, in the last three years Tempus Novo, an energetic and entrepreneurial charity set up locally by two former prison staff, had placed 132 men in employment. Forty-five of these were from Leeds, and 101 placements had lasted at least six months. Thirty-five companies had been involved.
- 4.26** A young man who had been a prolific offender had been placed in a job through Tempus Novo where he remained 18 months later. He had asked to go into young offender institutions to advise young people: 'I've wasted nine years of my life, how can I help other young lads?'
- 4.27** Release on temporary licence was not used at Leeds, because of an HMPPS decision. This was a missed opportunity.
- 4.28** Helpful support was provided to some veterans by an officer and a resettlement worker, both of whom had served in the armed forces.

## Recommendations

- 4.29** **Release on temporary licence should be available to suitable prisoners, subject to a risk assessment, for resettlement purposes.** (Repeated recommendation 4.7)
- 4.30** **Appropriate interventions, either through programmes or one-to-one work, should be available for prisoners who stay at HMP Leeds for long periods. As a priority, this should include motivational work for sex offenders in denial of their offence.** (Repeated recommendation 4.45)

## Good practice

- 4.31** *The prison was building a promising programme of interventions suited to short-term prisoners, by fostering partnerships with community organisations.*

## Release planning

### Expected outcomes:

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

- 4.32** Resettlement plans were opened 12 weeks before release or as early as possible for shorter sentences. All prisoners were seen shortly before release to identify outstanding needs. Men released at very short notice were now being identified very quickly for emergency support. There was now a clear procedure for compassionate release cases.
- 4.33** The weekly 'resettlement market' provided a useful opportunity for prisoners to access help and support when they were nearing release. Prisoners could seek help on housing, benefits, employment and substance use, as well as mentoring opportunities through community chaplaincy, PACT (Prison Advice and Care Trust) and other groups. PACT delivered a mentoring service for the initial period after release. These events enabled CRC staff and others working in the community to meet individual prisoners before release and much through-the-gate work was facilitated.
- 4.34** The 'departure lounge' had been in daily use for almost three months for men released into CRC supervision. CRC staff worked with agencies including PACT, Positive Futures and Tempus Novo. The coordinator met the prisoner before release, and also met them at the gate and encouraged them to make the 'lounge' opposite the prison gate their first port of call. Their first supervision appointment could take place there and they could meet their family in informal surroundings, charge their phone and receive other support.
- 4.35** Reception staff now checked clothing on arrival to ensure that the prisoner had suitable clean clothes for court appearances or release. Bags and clothes were available for those needing them on release. Licence conditions were explained and any uncertainties about onward travel were addressed.

### Good practice

- 4.36** *The 'departure lounge' outside the gate was used by the CRC and partner agencies to engage with and support men at the point of release, with close links to mentoring, housing, employment and substance misuse services.*



# Section 5. Summary of recommendations and good practice

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

## Main recommendations

To the governor

- 5.1 Reception and first night processes should ensure that prisoners' immediate vulnerabilities, needs and risks are assessed during a private interview with custodial staff, and that necessary support is then offered. All newly arriving prisoners should receive first night safety checks. (S45)
- 5.2 Governance arrangements should ensure the prison understands and responds appropriately to causes of violence, and that investigations and outcomes under the new violence management system are effective. (S46)
- 5.3 All use of force should be fully justified in the written records. The use of special accommodation in particular should be subject to rigorous governance to ensure that it is only used as a last resort and for the shortest possible time. (S47)
- 5.4 Prisoners should be fully and purposefully occupied in work sessions and lessons, and attend on time. The range of activities should equip them with the job-related skills required locally and regionally. (S48)

## Recommendation

To HMPPS and the governor

- 5.5 The national equality monitoring tool should be revised to produce data that are no more than a month old. In the meantime, potential areas of discrimination identified by the tool should be investigated. (2.37)

## Recommendations

To the governor

### Early days in custody

- 5.6 The induction programme should provide all prisoners with sufficient knowledge to access services and regime activities fully. (1.9)
- 5.7 Prisoners on the first night centre should be unlocked during the core day. There should be a published predictable regime for prisoners on the unit, including time in the fresh air each day. (1.10)

### Managing behaviour

- 5.8 The location and supervision of vulnerable prisoners should ensure that they are safe and free from bullying and other intimidation. (1.19)

- 5.9** The incentives and earned privileges scheme should be applied fairly to all prisoners. Those on the basic level should receive a structured, purposeful regime. (1.20)
- 5.10** Steps should be taken to ensure timely completion of adjudications. (1.24)
- 5.11** Cells, including those used as special accommodation, should be decent and maintained to a reasonable standard. (1.38)
- 5.12** Segregated prisoners should have access to a full regime and daily access to the telephone and a shower. (1.39)

### Security

- 5.13** Prisoners on hospital escort should not be routinely handcuffed. Handcuffs should only be used following an individual risk assessment which reflects health care recommendations and recent behaviour in custody. (1.48)

### Safeguarding

- 5.14** ACCT documents should reflect a high standard of care planning, including care maps which should reflect the needs of the prisoner. Staff observations should provide evidence of positive interaction. (1.55)
- 5.15** Prisoners on ACCTs should not be held in the segregation unit without thorough and recorded examination of alternatives. (1.56)
- 5.16** Staff on night duty should carry anti-ligature knives. (1.57)
- 5.17** There should be a coherent strategy to reduce self-harm, informed by the specific characteristics of the population at Leeds. (1.58)
- 5.18** Agreed actions in relation to at-risk prisoners should be systematically completed and recorded. (1.60)

### Staff-prisoner relationships

- 5.19** All prisoners should have an identified officer to support them through their sentence and ensure they are regularly monitored for welfare and custodial needs. This should be reflected in comprehensive electronic case note entries. (2.5)

### Daily life

- 5.20** All cells should be adequately equipped and toilets should be screened. (2.11, repeated recommendation 2.10)
- 5.21** Managers should put in place arrangements that ensure consistent availability of essential items such as clean sheets, cleaning products and toilet rolls. (2.12)
- 5.22** Prison staff should respond to cell bells promptly, the timeliness of responses should be monitored closely and action should be taken to address delays. (2.13)
- 5.23** Breakfast packs should be more substantial and served on the day they are to be eaten. (2.21)



- 5.24** Regular consultation should take place to understand and address prisoners' discontent with the food. (2.22)
- 5.25** Prisoner consultation should be consistent, well publicised and result in demonstrable actions. (2.28)
- 5.26** Prisoner complaints and applications should receive prompt, detailed and helpful responses that address all the issues raised. Quality assurance of complaints should be robust and lead to improvements. (2.29)
- 5.27** There should be an adequate stock of up-to-date legal text books in both libraries. (2.30)

#### Equality, diversity and faith

- 5.28** All discrimination incidents should be promptly and fully investigated even when there is no prima facie evidence of discrimination. Investigators should be of a sufficient level of authority. There should be independent quality assurance of completed investigations into discrimination incidents. (2.38)
- 5.29** Details of all prisoners' disabilities should be recorded and reasonable adjustments should be made to ensure equitable outcomes. Prisoners with disabilities should be able to access all relevant parts of the prison easily. (2.48)
- 5.30** Professional British Sign Language interpreters should be used to communicate with deaf prisoners during ACCT reviews and at other times when accuracy is required. (2.49)

#### Health, well-being and social care

- 5.31** Cleaning schedules should be introduced and monitored to ensure compliance with infection prevention standards. (2.60, repeated recommendation 2.55)
- 5.32** All frontline custody staff should be trained to provide basic life support. (2.61)
- 5.33** The application of triage should ensure that clinical support is prioritised, equitable and transparent so that patients have confidence in the service. (2.70)
- 5.34** Men with mental health needs residing on the social care unit should receive regular, dedicated support from mental health practitioners to facilitate recreational and daily living activities as part of a shared care plan available to prison and social care staff. (2.73)
- 5.35** Mental health triage arrangements should ensure that all urgent referrals are seen within 24 hours. All other referrals should be seen within 72 hours according to the Care UK policy. (2.79)
- 5.36** Care planning should be developed for prisoners with primary mental health needs. (2.80)
- 5.37** Prison officers should have access to and should complete ongoing mental health awareness training. (2.81)
- 5.38** The transfer of patients to hospital under the Mental Health Act 2015 should occur within agreed Department of Health timescales. (2.82, repeated recommendation 2.90)
- 5.39** Training on overdose management, including the use of Naloxone, should be made available to prisoners with substance misuse needs before their release. (2.89)

- 5.40** In-possession risk assessments, which consider the risks of the drug as well as the patient, should be completed routinely and consistently. The policy should be followed robustly and the status and its rationale recorded accurately on SystemOne. (2.97)
- 5.41** Medicines should be stored safely. The controlled drugs cabinets should be secure and the temperatures for medicines storage should be in accordance with manufacturers' recommendations. (2.98)
- 5.42** Patients should receive their medicines in a timely manner and a second checker should be present whenever a controlled drug is administered. (2.99)

#### Time out of cell

- 5.43** All prisoners should receive at least an hour of exercise outside every day. (3.9, repeated recommendation 3.4)
- 5.44** A computerised integrated library management system should be introduced. (3.10)

#### Education, skills and work activities

- 5.45** Novus managers should ensure that they evaluate accurately the strengths and weaknesses of teaching, learning and assessment practices. (3.21)
- 5.46** Prison managers should evaluate the quality of training, learning and assessments in prison work. (3.22)
- 5.47** Tutors should use information about prisoners' existing skills to plan learning activities which enhance these skills and knowledge, and ensure that they know what they need to do to improve their written work. (3.29)
- 5.48** Effective arrangements should be put in place for prisoners engaged in prison work to improve their use of English and mathematics. (3.30)
- 5.49** Prison and Novus managers should ensure that prisoners start on courses that they can complete, especially those undertaking functional skills in English and mathematics. (3.37)
- 5.50** Prison managers should ensure that instructors recognise and record accurately the skills that prisoners develop in prison work. (3.38)

#### Children and families and contact with the outside world

- 5.51** Courses enabling prisoners to become better fathers and partners should be reintroduced. (4.4)
- 5.52** The closed visits booths should be relocated out of sight of the main visits area. (4.5)

#### Reducing risk, rehabilitation and progression

- 5.53** All prisoners should be given regular, meaningful and coordinated individual support to make positive use of their sentence, through shared and consistent assessment, planning and delivery by the offender management unit, key workers, and departments responsible for planning and delivery of activities and interventions. (4.18)

- 5.54** Prisoners approved for HDC should be released on the earliest eligible date. (4.19, repeated recommendation 4.15)

### Interventions

- 5.55** Release on temporary licence should be available to suitable prisoners, subject to a risk assessment, for resettlement purposes. (4.29, repeated recommendation 4.7)
- 5.56** Appropriate interventions, either through programmes or one-to-one work, should be available for prisoners who stay at HMP Leeds for long periods. As a priority, this should include motivational work for sex offenders in denial of their offence. (4.30, repeated recommendation 4.45)

## Examples of good practice

- 5.57** Digital recordings of a 10% sample of incidents were examined at a monthly use of force scrutiny meeting. The meeting was useful in identifying poor practice and areas for improvement, which were taken forward appropriately. (1.31)
- 5.58** There was a weekly meeting at which a multidisciplinary team planned the reintegration of each prisoner. The meeting was focused and prisoners were kept informed of planned actions. (1.40)
- 5.59** Managers regularly toured residential units to ensure that levels of decency were maintained and that actions needed were noted and resolved promptly. (2.14)
- 5.60** The Q-branch prisoner party was having a positive impact on the maintenance of the prison, enabling repairs and small projects to be completed in a timely manner. (2.15)
- 5.61** Prisoners' families were able to meet a prison manager once a month in the visitors' centre. These family forums enabled visitors to express their views and receive prompt answers to their queries. (4.6)
- 5.62** The prison was building a promising programme of interventions suited to short-term prisoners, by fostering partnerships with community organisations. (4.31)
- 5.63** The 'departure lounge' outside the gate was used by the CRC and partner agencies to engage with and support men at the point of release, with close links to mentoring, housing, employment and substance misuse services. (4.36)



## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
Colin Carroll	Inspector
Deri Hughes-Roberts	Inspector
Martin Kettle	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Steven Eley	Health care inspector
Sigrid Engelen	Health care inspector
Paul Tarbuck	Health care inspector
Kathleen Byrne	Care Quality Commission
Lynda Day	Care Quality Commission
Sue Melvin	Pharmacist
Bob Smith	Offender management inspector
Wendy Martin	Offender management inspector
Shahram Safavi	Ofsted inspector
Ken Merry	Ofsted inspector
Matt Benbow	Ofsted inspector
Helen Ranns	Researcher
Emily Spilman	Researcher
Patricia Taflan	Researcher
Beth Wilson	Researcher



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

### Safety

**Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection in 2015, most prisoners' journeys to the prison were short. Early days processes did not support all new arrivals effectively. Levels of violence had risen significantly and were too high. Many prisoners told us they did not feel safe. A number of initiatives continued to address violence and the use of new psychoactive substances (NPS) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects). Several self-inflicted deaths had taken place; efforts had been made to address Prisons and Probation Ombudsman (PPO) recommendations but some concerns were still evident. Support processes needed to be stronger. There was evidence that the incentives and earned privileges (IEP) scheme was being used to help reduce poor behaviour but oversight required improvement. The number of adjudications was high and some charges were minor. Batons were drawn frequently. Use of force was very high and oversight of special accommodation was poor. Relationships in segregation were good but reintegration planning was insufficient. Substance misuse support was reasonable overall. **Outcomes for prisoners were poor against this healthy prison test.***

### Main recommendations

First night processes should ensure that prisoners are held safely and that their practical and well-being needs are met. (S42)

**Not achieved**

Managers should take further action to reduce the high levels of violence evident, including establish a strategy to address the underlying causes, undertake better analysis and investigation of incidents and provide specific support for victims. (S43)

**Not achieved**

### Recommendations

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

**Achieved**

Conditions in reception should be improved. (1.9)

**Not achieved**

Vulnerable prisoners should be able to exercise without fear of being verbally abused by other prisoners. (1.23)

**Not achieved**

ACCT procedures should be improved: the prison should focus on determining risks in prisoners' early days in custody and providing a consistent and competent case manager supported by staff from other disciplines; a key worker should also be appointed. (1.29)

**Partially achieved**

All night staff should have access to cell keys so they can enter cells in an emergency. (1.30)

**Achieved**

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

**Achieved**

Strip-searching should be proportionate and reflect the risks presented. (1.45)

**Not achieved**

Staff supervision of prisoners, particularly on the residential wings and during visits, should be improved. (1.46)

**Achieved**

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

**Not achieved**

All disciplinary hearings should be heard and dealt with on time. (1.58)

**Not achieved**

Managers should ensure that the use of special cells is properly authorised, only employed as a last resort and until the prisoner is no longer violent or refractory. (1.64)

**Not achieved**

Conditions in the biohazard cells and special cell should be improved. (1.72)

**Not achieved**

Formal individual care planning should be developed to help prisoners return to the normal location. (1.73)

**Achieved**

Substance use services should be sufficient to meet the assessed needs of the population, including those on A wing and prisoners with alcohol-related issues. (1.81)

**Achieved**

Prisoners in recovery from substance use problems should be housed separately from those not in treatment. (1.82)

**No longer relevant**



## Respect

### Prisoners are treated with respect for their human dignity.

*At the last inspection in 2015, prisoners in our survey indicated negative perceptions about most measures of respect when compared to similar prisons or our previous inspection. The environment was reasonably maintained but many cells were overcrowded. Prisoners were frustrated by shortages in some basic kit. Relationships were decent, but staff were stretched. Equality and diversity work had stalled but was starting to recover and some good work was now evident. Responses to complaints were not good enough. Bail provision was good. Health care services were reasonable overall. Prisoners were negative about the food. Prisoners' first canteen order was often delayed. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

### Main recommendation

The prison should have an equality and diversity strategy and action plan embedded across the prison; they should describe how the needs of all the protected characteristics will be met and outline an efficient process for dealing with complaints of discrimination. (S44)

**Partially achieved**

### Recommendations

Cells designed for one prisoner should not accommodate two. (2.9)

**Not achieved**

All cells should be adequately equipped and toilets should be screened. (2.10)

**Not achieved** (Recommendation repeated, 2.11)

A quality assurance system should be developed to oversee the work of PID workers to prevent abuses by workers, staff and prisoners. (2.11)

**Achieved**

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

**Not achieved**

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

**Achieved**

Cleaning schedules should be introduced and monitored to ensure compliance with infection prevention standards. (2.55)

**Not achieved** (Recommendation repeated, 2.60)

A sufficient number of staff trained in first aid should be on duty and have access to resuscitation equipment that is in good working order. (2.56)

**Achieved**

Access to smoking cessation services should be equivalent to those found in the community. (2.57)

**Achieved**

All prisoners should be screened on reception before being received in the main prison and have access to all necessary treatments and services on their arrival. (2.65)

**Achieved**

Triage facilities should be routinely available during the core day. (2.66)

**Achieved**

The use of available clinic places should be improved as should waiting times to see the optician. (2.67)

**Achieved**

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

**Achieved**

In-possession risk assessments, which consider the risks of the drug as well as the patient, should be routinely and consistently completed. The policy should be robustly followed and the status and its rationale recorded accurately on SystemOne. (2.78)

**Achieved**

The pharmacy should receive support to develop more pharmacy-led clinics and medicine use reviews for the prison population. (2.79)

**Not achieved**

The prison should review the transport of medicines within the prison to ensure they are secure. (2.80)

**Achieved**

The range of primary mental health services should be equivalent to community provision and meet the needs of the men held. (2.88)

**Achieved**

Concerns about the location of men at risk should be considered through complex case management arrangements; custodial staff should provide input and be able to escalate cases through adult safeguarding arrangements if appropriate. (2.89)

**Partially achieved**

The transfer of patients to hospital under the Mental Health Act should occur within agreed Department of Health timescales. (2.90)

**Not achieved** (Recommendation repeated, 2.82)

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

**Partially achieved**

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

**Achieved**

## Purposeful activity

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

*At the last inspection in 2015, time out of cell was reasonable for most. Leadership and management of learning and skills were strong, and partnership working was good, leading to some rapid improvements and effective on-going quality improvement measures. There were sufficient mainly part-time activity places that were allocated efficiently. Most teaching and learning was good; attendance had improved but still needed to be better. Achievements were good. The library and gym provided some positive opportunities. **Outcomes for prisoners were reasonably good against this healthy prison test.***

### Recommendations

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

**Not achieved** (Recommendation repeated, 3.9)

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

**Not achieved**

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

**Achieved**

## Resettlement

**Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.**

*At the last inspection in 2015, resettlement partnership working was very strong. The prison did not offer release on temporary licence (ROTL). Some offender management arrangements needed improvement. Reintegration planning was very good and the resettlement market was a positive initiative. Support in the resettlement pathways was good. Children and families provision was excellent. **Outcomes for prisoners were reasonably good against this healthy prison test.***

### Recommendations

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

**Achieved**

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

**Not achieved** (Recommendation repeated, 4.29)

Offender supervisors should have regular meaningful contact with prisoners to motivate and support them throughout their sentence. This should be underpinned by robust management oversight and quality assurance to ensure all elements of offender management are timely and adequate. (4.14)

**Partially achieved**

Prisoners approved for HDC should be released on the earliest eligible date. (4.15)

**Not achieved** (Recommendation repeated, 4.19)

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

**Achieved**

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

**Achieved**

The prison should provide prisoners with greater access to the virtual campus. (4.32)

**Not achieved**

Searching arrangements should be respectful and proportionate; Muslim women should not be asked to remove headscarves in public and babies and toddlers should only be searched when there is specific intelligence to indicate a risk. (4.41)

**Partially achieved**

Closed visits should only be imposed when there is clear security intelligence relating to the abuse of visits. (4.42)

**Achieved**

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

**Not achieved** (Recommendation repeated, 4.30)

## Appendix III: Care Quality Commission Requirement Notice

### Requirement Notices

**Provider:** Care UK (AGW) Limited

**Location:** HMP Leeds

**Location ID:** 1-3862840708

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

#### Action we have told the provider to take

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

#### Regulation 12 – Safe care and treatment

#### How the regulation was not being met:

Medicines were not managed safely. In particular we found that:

- On F Wing we observed staff manually measuring and administering methadone, a controlled drug, as opposed to using the computerised system used elsewhere in the prison. Staff did this without the safeguard of a second check by a health care colleague. This increased the likelihood of administration errors.
- The use of second checker during the administration of controlled drugs was variable and inconsistent. Staff were aware that it was policy to have a second member of staff check the process to reduce the likelihood of mistakes occurring. The current practice of not securing a second check did not safeguard people from the risks associated with unsafe management of controlled drugs administration.
- A controlled drugs register on F wing showed that between the 5 November 2017 and the 7 November 2017, 17 patients had been administered methadone each day and a second checker was not available. A wider check of the register November 2017.
- Controlled drugs registers on F wing for Tramadol XL 100mg and 200mg tablets showed that there was no second checker between 2 November 2017 and 7 November 2017.
- Controlled drugs registers on B and C wings showed that there was no second checker between 16 and 19 October 2017 in respect of Tramadol, Methadone and Subutex.
- Staff did not complete the controlled drugs register following administration of medicines to each patient. Staff reported to us that they completed the

register at the end of the medicines round. This practice increased the risk of errors and put patients at risk of medication errors.

- On B and C wing we observed staff crushing Subutex before placing it in a cup and giving it to patients to take. Staff told patients they were administering it this way. Staff told us it was protocol to crush Subutex. There was no rationale or standard operating procedure in place to support this practice.
- Two prisoners told us there were regular delays in getting their repeat prescriptions and they often went without their medicines. Staff confirmed that there were delays with patients getting repeat medications due to the volume of prescriptions that needed to be signed by a General Practitioner. It was the practice that pharmacy technicians re-ordered prescriptions when there was a seven day stock left. However this did not always happen, which had led to breaks in treatment for patients.
- Some prisoners managed and held their prescribed medicines. For these prisoners an 'in possession' risk assessment was completed on their reception into the prison. However, there was no mechanism to reassess their in-possession risk after this time, which meant that patients were receiving medicines without an up to date risk assessment.

#### **Mental health services:**

- The demand for mental health services was high. It was policy that prisoners urgently referred to the service were seen within 24 hours and if non-urgent within 72 hours. Prisoners were not seen in a timely manner. One prisoner had waited 36 days to be seen but the average wait was 10 days. This put vulnerable prisoners at risk of deterioration of their mental health.
- Triage clinics were not used effectively and were not always used for triage, but for 'Assessment, Care in Custody and Teamwork', document (ACCT). ACCT is a process within the prison system that helps to identify and care for prisoners at risk of suicide or self-harm, through a care planning and review process. On other occasions triage appointments were used for follow up appointments and patient reviews. We found, and many prisoners told us, that there were difficulties in accessing the service with long waits and poor follow up arrangements. Prisoners had a negative perception of the service.
- Care planning, case work and managing risk for prisoners who had complex needs were embedded across the service. However care planning and risk management was underdeveloped for patients with primary mental health care needs. Some of these prisoners had frequent and regular contact with mental health nurses but the purpose or objective of the intervention wasn't clear.
- The social care unit supported up to 16 prisoners that required support with personal care needs, identified through a social care assessment with

Leeds city council local authority. Health care assistants were employed by the council to provide support and assistance on the unit. During the inspection we found that half of the prisoners accommodated on the unit had an identified mental health need and were not receiving appropriate support. These prisoners were known to the mental health team, but did not receive ongoing or regular support from mental health practitioners. There were no shared care plans or risk assessments to assist staff when providing care, treatment and managing risk associated with these prisoners.





## Appendix IV: Prison population profile

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

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	0	575	51.8%
Recall	0	146	13.2%
Convicted unsentenced	0	141	12.7%
Remand	0	213	19.2%
Civil prisoners	0	1	0.1%
Detainees	0	0	0
<b>Total</b>	<b>0</b>	<b>1,105</b>	

Sentence	18–20 yr olds	21 and over	%
Unsentenced	0	377	34.0%
Less than six months	0	123	11.1%
six months to less than 12 months	0	53	4.8%
12 months to less than 2 years	0	80	7.3%
2 years to less than 4 years	0	131	11.8%
4 years to less than 10 years	0	193	17.4%
10 years and over (not life)	0	94	8.5%
ISPP (indeterminate sentence for public protection)	0	30	5.2%
Life	0	28	2.5%
<b>Total</b>	<b>0</b>	<b>1,109</b>	<b>100%</b>

Age	Number of prisoners	%
Please state minimum age here:		
Under 21 years	N/A	
21 years to 29 years	389	35.1%
30 years to 39 years	378	34.1%
40 years to 49 years	206	18.6%
50 years to 59 years	80	7.2%
60 years to 69 years	33	3.0%
70 plus years	23	2.1%
Please state maximum age here: 88	1109	100%
<b>Total</b>		

Nationality	18–20 yr olds	21 and over	%
British	0	1051	94.8%
Foreign nationals	0	58	5.2%
<b>Total</b>			

<b>Security category</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Uncategorised unsentenced	0	375	33.8%
Uncategorised sentenced	0	30	2.7%
Category A	0	0	0.0%
Category B	0	105	9.5%
Category C	0	565	50.9%
Category D	0	20	1.8%
Other	0	14	1.4%
<b>Total</b>	<b>0</b>	<b>1,109</b>	<b>100%</b>

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
<b>White</b>			
British	0	800	72.1%
Irish	0	11	1.0%
Gypsy/Irish Traveller	0	5	0.5%
Other white	0	29	2.6%
<b>Mixed</b>			
White and black Caribbean	0	28	2.5%
White and black African	0	2	0.2%
White and Asian	0	6	0.5%
Other mixed	0	9	0.8%
<b>Asian or Asian British</b>			
Indian	0	10	0.9%
Pakistani	0	107	9.6%
Bangladeshi	0	6	0.5%
Chinese	0	0	0.0%
Other Asian	0	13	1.2%
<b>Black or black British</b>			
Caribbean	0	36	3.2%
African	0	14	1.3%
Other black	0	18	1.6%
<b>Other ethnic group</b>			
Arab	0	0	0.0%
Other ethnic group	0	0	0.0%
	0	0	0.0%
Not stated	0	0	0.0%
<b>Total</b>	<b>0</b>	<b>1,109</b>	<b>100%</b>

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0.0%
Church of England	0	220	19.8%
Roman Catholic	0	179	16.1%
Other Christian denominations	0	91	8.2%
Muslim	0	153	13.8%
Sikh	0	4	0.4%
Hindu	0	0	0.0%
Buddhist	0	8	0.7%
Jewish	0	5	0.5%
Other	0	5	0.5%
No religion	0	8	0.8%
<b>Total</b>	<b>0</b>	<b>1,109</b>	<b>100%</b>

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)	0	0	0.0%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>

### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0	236	21.3%
1 month to 3 months	0	0	194	17.4%
3 months to six months	0	0	126	11.4%
six months to 1 year	0	0	107	9.6%
1 year to 2 years	0	0	61	5.5%
2 years to 4 years	0	0	8	0.7%
4 years or more	0	0	0	0.0%
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1,109</b>	<b>100%</b>

### Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	0	0.0%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	0	0.0%
<b>Total</b>			

### Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	0	0.0%	110	29.2%
1 month to 3 months	0	0.0%	134	35.5%
3 months to six months	0	0.0%	109	28.9%
six months to 1 year	0	0.0%	20	5.3%
1 year to 2 years	0	0.0%	3	0.8%
2 years to 4 years	0	0.0%	0	0%
4 years or more	0	0.0%	0	0%
Other	0	0.0%	1	0.3%
<b>Total</b>	<b>0</b>	<b>0.0%</b>	<b>377</b>	<b>100%</b>

<b>Main offence</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Violence against the person	0	212	19.6%
Sexual offences	0	182	16.8%
Burglary	0	99	9.14%
Robbery	0	103	9.51%
Theft and handling	0	118	10.9%
Fraud and forgery	0	1	0.09%
Drugs offences	0	99	9.14%
Other offences	0	256	23.6%
Civil offences	0	10	0.92%
Offence not recorded /holding warrant	0	3	0.3%
<b>Total</b>	<b>0</b>	<b>1,083</b>	<b>100%</b>

# Appendix V: Prisoner survey methodology and results

## Prisoner survey methodology

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

HM Inspectorate of Prisons (HMI Prisons) researchers have developed a self-completion questionnaire to support HMI Prisons' *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.<sup>22</sup>

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

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

### Sampling

On the day of the survey a stratified random sample is drawn by HMI Prisons researchers from a P-NOMIS prisoner population printout ordered by cell location. Using a robust statistical formula HMI Prisons researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.<sup>23</sup> In smaller establishments we may offer a questionnaire to the entire population.

### Distributing and collecting questionnaires

HMI Prisons researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.<sup>24</sup> Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 30 October 2017 the prisoner population at HMP Leeds was 1,128. Using the sampling method described above, questionnaires were distributed to 226 prisoners. We received a total of 203 completed questionnaires, a response rate of 90%. This included two

<sup>22</sup> Qualitative analysis of these written comments is undertaken by HMI Prisons researchers and used by inspectors.

<sup>23</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>24</sup> For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities*, which can be downloaded from HMI Prisons' website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

questionnaires completed via face-to-face interviews. Sixteen prisoners declined to participate in the survey and seven questionnaires were either not returned at all, or returned blank.

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Leeds. For the comparator analyses, each question was reformulated into a binary ‘yes/no’ format and affirmative responses compared.<sup>25</sup> Missing responses have been excluded from all analyses.

### Full survey results

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

#### **Responses from HMP Leeds 2017<sup>26</sup> compared with those from other HMIP surveys<sup>27</sup>**

- Survey responses from HMP Leeds in 2017 compared with survey responses from the most recent inspection at all other local prisons.
- Survey responses from HMP Leeds in 2017 compared with survey responses from HMP Leeds in 2015.

#### **Comparisons between different residential locations within HMP Leeds 2017**

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

#### **Comparisons between sub-populations of prisoners within HMP Leeds 2017<sup>28</sup>**

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

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>29</sup>

In the comparator analyses, statistically significant differences are indicated by shading.<sup>30</sup> Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant

<sup>25</sup> Using the Chi-square test (or Fisher’s exact test if there are fewer than five responses in a group).

<sup>26</sup> Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

<sup>27</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>28</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>29</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>30</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

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

## Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	A Wing	29 (14%)
	B Wing	34 (17%)
	C Wing	35 (17%)
	D Wing	23 (11%)
	E Wing	32 (16%)
	F Wing	39 (19%)
	I Wing	5 (2%)
	Segregation unit	3 (1%)
	Health care unit	3 (1%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21 .....	0 (0%)
	21 - 25.....	30 (15%)
	26 - 29.....	32 (16%)
	30 - 39.....	81 (40%)
	40 - 49.....	32 (16%)
	50 - 59.....	15 (7%)
	60 - 69.....	8 (4%)
	70 or over .....	4 (2%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British .....	136 (68%)
	White - Irish.....	3 (1%)
	White - Gypsy or Irish Traveller.....	5 (2%)
	White - any other White background .....	7 (3%)
	Mixed - White and Black Caribbean.....	7 (3%)
	Mixed - White and Black African .....	0 (0%)
	Mixed - White and Asian.....	4 (2%)
	Mixed - any other Mixed ethnic background .....	2 (1%)
	Asian/ Asian British - Indian.....	1 (0%)
	Asian/ Asian British - Pakistani.....	17 (8%)
	Asian/ Asian British - Bangladeshi.....	3 (1%)
	Asian/ Asian British - Chinese.....	0 (0%)
	Asian - any other Asian Background .....	1 (0%)
	Black/ Black British - Caribbean.....	9 (4%)
	Black/ Black British - African .....	4 (2%)
	Black - any other Black/ African/ Caribbean background.....	2 (1%)
	Arab.....	0 (0%)
	Any other ethnic group .....	0 (0%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	136 (69%)
	6 months or more .....	62 (31%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes .....	106 (54%)
	Yes - on recall.....	27 (14%)
	No - on remand or awaiting sentence.....	62 (32%)
	No - immigration detainee.....	1 (1%)



<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months.....	30 (15%)
	6 months to less than 1 year.....	16 (8%)
	1 year to less than 4 years.....	26 (13%)
	4 years to less than 10 years.....	24 (12%)
	10 years or more.....	25 (13%)
	IPP (indeterminate sentence for public protection).....	7 (4%)
	Life.....	4 (2%)
	Not currently serving a sentence.....	63 (32%)
<b>Arrival and reception</b>		
<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes.....	25 (13%)
	No.....	155 (78%)
	Don't remember.....	20 (10%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours.....	92 (46%)
	2 hours or more.....	98 (49%)
	Don't remember.....	10 (5%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes.....	153 (77%)
	No.....	32 (16%)
	Don't remember.....	14 (7%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	26 (13%)
	Quite well.....	126 (62%)
	Quite badly.....	26 (13%)
	Very badly.....	19 (9%)
	Don't remember.....	5 (2%)
<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers.....	114 (56%)
	Contacting family.....	126 (62%)
	Arranging care for children or other dependants.....	12 (6%)
	Contacting employers.....	23 (11%)
	Money worries.....	66 (33%)
	Housing worries.....	63 (31%)
	Feeling depressed.....	106 (52%)
	Feeling suicidal.....	42 (21%)
	Other mental health problems.....	67 (33%)
	Physical health problems.....	45 (22%)
	Drug or alcohol problems (e.g. withdrawal).....	56 (28%)
	Problems getting medication.....	69 (34%)
	Needing protection from other prisoners.....	26 (13%)
	Lost or delayed property.....	46 (23%)
	Other problems.....	37 (18%)
	Did not have any problems.....	17 (8%)
<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes.....	38 (20%)
	No.....	136 (71%)
	Did not have any problems when I first arrived.....	17 (9%)

### First night and induction

<b>3.1</b>	<b>Before you were locked up on your first night here, were you offered any of the following things?</b>			
	Tobacco or nicotine replacement.....			159 (79%)
	Toiletries / other basic items .....			102 (51%)
	A shower.....			102 (51%)
	A free phone call .....			72 (36%)
	Something to eat .....			167 (83%)
	The chance to see someone from health care.....			137 (68%)
	The chance to talk to a Listener or Samaritans.....			39 (19%)
	Support from another prisoner (e.g. Insider or buddy).....			31 (15%)
	Wasn't offered any of these things .....			7 (3%)
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>			
	Very clean .....			5 (3%)
	Quite clean .....			39 (20%)
	Quite dirty .....			64 (32%)
	Very dirty .....			83 (42%)
	Don't remember .....			6 (3%)
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>			
	Yes .....			116 (59%)
	No.....			72 (37%)
	Don't remember .....			8 (4%)
<b>3.4</b>	<b>In your first few days here, did you get:</b>			
		Yes	No	Don't remember
	Access to the prison shop / canteen?	82 (44%)	101 (54%)	5 (3%)
	Free PIN phone credit?	86 (46%)	94 (51%)	5 (3%)
	Numbers put on your PIN phone?	41 (23%)	126 (70%)	12 (7%)
<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>			
	Yes .....			68 (36%)
	No.....			81 (42%)
	Have not had an induction.....			42 (22%)

### On the wing

<b>4.1</b>	<b>Are you in a cell on your own?</b>		
	Yes .....		40 (20%)
	No, I'm in a shared cell or dormitory.....		158 (80%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>		
	Yes .....		15 (8%)
	No.....		166 (86%)
	Don't know.....		10 (5%)
	Don't have a cell call bell.....		3 (2%)

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

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	78 (40%)	114 (58%)	3 (2%)
Can you shower every day?	152 (78%)	37 (19%)	5 (3%)
Do you have clean sheets every week?	41 (21%)	144 (75%)	7 (4%)
Do you get cell cleaning materials every week?	47 (24%)	137 (70%)	11 (6%)
Is it normally quiet enough for you to relax or sleep at night?	88 (45%)	104 (54%)	2 (1%)
Can you get your stored property if you need it?	27 (14%)	98 (51%)	67 (35%)

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

Very clean .....	21 (11%)
Quite clean .....	91 (46%)
Quite dirty .....	53 (27%)
Very dirty .....	31 (16%)

**Food and canteen**

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

Very good.....	6 (3%)
Quite good.....	43 (22%)
Quite bad .....	84 (43%)
Very bad .....	63 (32%)

**5.2 Do you get enough to eat at mealtimes?**

Always.....	7 (4%)
Most of the time.....	23 (12%)
Some of the time.....	77 (39%)
Never .....	90 (46%)

**5.3 Does the shop / canteen sell the things that you need?**

Yes .....	129 (67%)
No.....	56 (29%)
Don't know.....	8 (4%)

**Relationships with staff**

**6.1 Do most staff here treat you with respect?**

Yes .....	112 (58%)
No.....	81 (42%)

**6.2 Are there any staff here you could turn to if you had a problem?**

Yes .....	122 (63%)
No.....	72 (37%)

**6.3 In the last week, has any member of staff talked to you about how you are getting on?**

Yes .....	40 (20%)
No.....	158 (80%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful.....	11 (6%)
	Quite helpful.....	20 (11%)
	Not very helpful.....	14 (7%)
	Not at all helpful.....	19 (10%)
	Don't know.....	21 (11%)
	Don't have a personal / named officer .....	103 (55%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly.....	15 (8%)
	Sometimes.....	30 (16%)
	Hardly ever.....	124 (65%)
	Don't know.....	21 (11%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	53 (27%)
	No.....	142 (73%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change.....	22 (11%)
	Yes, but things don't change.....	54 (28%)
	No.....	75 (38%)
	Don't know.....	45 (23%)

### Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion.....	65 (34%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations) .....	91 (47%)
	Buddhist.....	3 (2%)
	Hindu.....	0 (0%)
	Jewish .....	2 (1%)
	Muslim.....	29 (15%)
	Sikh .....	0 (0%)
	Other .....	4 (2%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes.....	79 (41%)
	No.....	22 (11%)
	Don't know.....	28 (14%)
	Not applicable (no religion).....	65 (34%)
<b>7.3</b>	<b>Are you able to speak to a Chaplain of your faith in private, if you want to?</b>	
	Yes.....	89 (45%)
	No.....	16 (8%)
	Don't know.....	26 (13%)
	Not applicable (no religion).....	65 (33%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	108 (56%)
	No.....	11 (6%)
	Don't know.....	10 (5%)
	Not applicable (no religion).....	65 (34%)

### Contact with family and friends

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes .....	34 (18%)
	No .....	160 (82%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes .....	111 (57%)
	No .....	85 (43%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes .....	144 (74%)
	No .....	51 (26%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	28 (14%)
	Quite easy .....	67 (34%)
	Quite difficult .....	43 (22%)
	Very difficult .....	44 (23%)
	Don't know .....	13 (7%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week .....	7 (4%)
	About once a week .....	41 (21%)
	Less than once a week .....	85 (44%)
	Not applicable (don't get visits) .....	60 (31%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes .....	59 (47%)
	No .....	66 (53%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes .....	83 (70%)
	No .....	35 (30%)

### Time out of cell

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to .....	47 (24%)
	Yes, but these times are not usually kept to .....	100 (51%)
	No .....	48 (25%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?</b>	
	Less than 2 hours .....	67 (35%)
	2 to 6 hours .....	72 (37%)
	6 to 10 hours .....	25 (13%)
	10 hours or more .....	13 (7%)
	Don't know .....	17 (9%)
<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours .....	156 (79%)
	2 to 6 hours .....	29 (15%)
	6 to 10 hours .....	2 (1%)
	10 hours or more .....	3 (2%)
	Don't know .....	7 (4%)

<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?</b>		
	None .....	16 (8%)	
	1 or 2 .....	40 (21%)	
	3 to 5.....	48 (25%)	
	More than 5.....	78 (40%)	
	Don't know.....	13 (7%)	
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>		
	None .....	7 (4%)	
	1 or 2 .....	16 (8%)	
	3 to 5.....	53 (27%)	
	More than 5.....	113 (57%)	
	Don't know.....	8 (4%)	
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>		
	None .....	12 (6%)	
	1 or 2 .....	36 (18%)	
	3 to 5.....	47 (24%)	
	More than 5.....	91 (47%)	
	Don't know.....	9 (5%)	
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>		
	Twice a week or more .....	34 (18%)	
	About once a week.....	26 (13%)	
	Less than once a week.....	24 (12%)	
	Never .....	110 (57%)	
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>		
	Twice a week or more .....	18 (9%)	
	About once a week.....	69 (35%)	
	Less than once a week.....	21 (11%)	
	Never .....	88 (45%)	
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>		
	Yes .....	42 (23%)	
	No.....	56 (30%)	
	Don't use the library .....	88 (47%)	

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>			
	Yes.....	115 (59%)		
	No.....	65 (33%)		
	Don't know.....	15 (8%)		
<b>10.2</b>	<b>If you have made any applications here, please answer the questions below:</b>			
		Yes	No	Not made any applications
	Are applications usually dealt with fairly?	57 (32%)	100 (56%)	21 (12%)
	Are applications usually dealt with within 7 days?	29 (16%)	130 (72%)	21 (12%)

<b>10.3</b>	<b>Is it easy for you to make a complaint?</b>			
	Yes .....			95 (48%)
	No .....			62 (31%)
	Don't know .....			41 (21%)
<b>10.4</b>	<b>If you have made any complaints here, please answer the questions below:</b>			
		Yes	No	Not made any complaints
	Are complaints usually dealt with fairly?	22 (12%)	88 (49%)	71 (39%)
	Are complaints usually dealt with within 7 days?	23 (13%)	90 (49%)	71 (39%)
<b>10.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>			
	Yes .....			52 (27%)
	No .....			94 (49%)
	Not wanted to make a complaint .....			46 (24%)
<b>10.6</b>	<b>In this prison, is it easy or difficult for you to...</b>			
		Easy	Difficult	Don't know Don't need this
	Communicate with your solicitor or legal representative?	55 (28%)	88 (45%)	36 (18%) 16 (8%)
	Attend legal visits?	92 (48%)	45 (24%)	39 (20%) 15 (8%)
	Get bail information?	19 (10%)	83 (44%)	56 (30%) 29 (16%)
<b>10.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>			
	Yes .....			83 (42%)
	No .....			86 (44%)
	Not had any legal letters .....			27 (14%)

### Health care

<b>11.1</b>	<b>How easy or difficult is it to see the following people?</b>				
		Very easy	Quite easy	Quite difficult	Very difficult Don't know
	Doctor	4 (2%)	28 (14%)	58 (29%)	79 (40%) 28 (14%)
	Nurse	19 (10%)	56 (29%)	50 (26%)	41 (21%) 27 (14%)
	Dentist	1 (1%)	9 (5%)	49 (25%)	93 (48%) 43 (22%)
	Mental health workers	7 (4%)	24 (13%)	51 (27%)	60 (31%) 49 (26%)
<b>11.2</b>	<b>What do you think of the quality of the health service from the following people?</b>				
		Very good	Quite good	Quite bad	Very bad Don't know
	Doctor	16 (8%)	45 (24%)	37 (19%)	30 (16%) 62 (33%)
	Nurse	25 (13%)	61 (33%)	33 (18%)	21 (11%) 46 (25%)
	Dentist	7 (4%)	23 (13%)	24 (13%)	42 (23%) 86 (47%)
	Mental health workers	15 (8%)	36 (20%)	20 (11%)	36 (20%) 76 (42%)
<b>11.3</b>	<b>Do you have any mental health problems?</b>				
	Yes .....				113 (58%)
	No .....				82 (42%)
<b>11.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>				
	Yes .....				38 (20%)
	No .....				74 (38%)
	Don't have any mental health problems .....				82 (42%)

<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good.....	8 (4%)
	Quite good.....	56 (29%)
	Quite bad.....	48 (24%)
	Very bad.....	57 (29%)
	Don't know.....	27 (14%)
<b>Other support needs</b>		
<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes.....	95 (49%)
	No.....	100 (51%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes.....	14 (7%)
	No.....	76 (40%)
	Don't have a disability.....	100 (53%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes.....	51 (27%)
	No.....	139 (73%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes.....	15 (8%)
	No.....	35 (19%)
	Have not been on an ACCT in this prison.....	139 (74%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy.....	30 (15%)
	Quite easy.....	60 (31%)
	Quite difficult.....	23 (12%)
	Very difficult.....	17 (9%)
	Don't know.....	61 (31%)
	No Listeners at this prison.....	3 (2%)
<b>Alcohol and drugs</b>		
<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes.....	44 (23%)
	No.....	150 (77%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes.....	25 (13%)
	No.....	18 (9%)
	Did not / do not have an alcohol problem.....	150 (78%)
<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes.....	72 (37%)
	No.....	124 (63%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes.....	41 (21%)
	No.....	152 (79%)



<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes .....	26 (13%)
	No .....	168 (87%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes .....	41 (22%)
	No .....	39 (21%)
	Did not / do not have a drug problem.....	105 (57%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	92 (48%)
	Quite easy .....	28 (15%)
	Quite difficult .....	4 (2%)
	Very difficult .....	2 (1%)
	Don't know.....	66 (34%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	28 (15%)
	Quite easy .....	32 (17%)
	Quite difficult .....	15 (8%)
	Very difficult .....	16 (8%)
	Don't know.....	100 (52%)

### Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes .....	135 (70%)
	No .....	58 (30%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes .....	64 (35%)
	No .....	121 (65%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	89 (48%)
	Threats or intimidation.....	83 (44%)
	Physical assault.....	39 (21%)
	Sexual assault.....	4 (2%)
	Theft of canteen or property.....	58 (31%)
	Other bullying / victimisation .....	38 (20%)
	Not experienced any of these from prisoners here.....	73 (39%)
<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>	
	Yes .....	69 (38%)
	No .....	115 (63%)

<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)</b>	
	Verbal abuse .....	77 (42%)
	Threats or intimidation.....	58 (31%)
	Physical assault.....	29 (16%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property.....	27 (15%)
	Other bullying / victimisation .....	35 (19%)
	Not experienced any of these from staff here.....	86 (46%)

<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>	
	Yes .....	89 (49%)
	No.....	94 (51%)

### Behaviour management

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>	
	Yes .....	66 (34%)
	No.....	88 (46%)
	Don't know what the incentives / rewards are .....	38 (20%)

<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>	
	Yes .....	52 (27%)
	No.....	96 (50%)
	Don't know.....	23 (12%)
	Don't know what this is .....	20 (10%)

<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>	
	Yes .....	23 (12%)
	No.....	173 (88%)

<b>15.4</b>	<b>If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?</b>	
	Yes .....	4 (2%)
	No.....	15 (8%)
	Don't remember .....	1 (1%)
	Not been restrained here in last 6 months .....	173 (90%)

<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>	
	Yes .....	14 (7%)
	No.....	179 (93%)

<b>15.6</b>	<b>If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:</b>		
		Yes	No
	Were you treated well by segregation staff?	8 (57%)	6 (43%)
	Could you shower every day?	5 (36%)	9 (64%)
	Could you go outside for exercise every day?	9 (64%)	5 (36%)
	Could you use the phone every day (if you had credit)?	3 (21%)	11 (79%)

### Education, skills and work

<b>16.1</b>	<b>Is it easy or difficult to get into the following activities in this prison?</b>	Easy	Difficult	Don't know	Not available here
	Education	112 (61%)	38 (21%)	34 (18%)	1 (1%)
	Vocational or skills training	45 (25%)	64 (36%)	61 (34%)	8 (4%)
	Prison job	65 (36%)	88 (48%)	29 (16%)	1 (1%)
	Voluntary work outside of the prison	8 (5%)	49 (28%)	67 (39%)	48 (28%)
	Paid work outside of the prison	6 (3%)	46 (27%)	64 (37%)	56 (33%)
<b>16.2</b>	<b>If you have done any of these activities while in this prison, do you think they will help you on release?</b>	Yes, will help	No, won't help	Not done this	
	Education	78 (43%)	66 (36%)	38 (21%)	
	Vocational or skills training	43 (26%)	43 (26%)	82 (49%)	
	Prison job	40 (22%)	83 (46%)	56 (31%)	
	Voluntary work outside of the prison	17 (10%)	27 (16%)	120 (73%)	
	Paid work outside of the prison	19 (12%)	25 (15%)	120 (73%)	
<b>16.3</b>	<b>Do staff encourage you to attend education, training or work?</b>				
	Yes .....				83 (45%)
	No .....				83 (45%)
	Not applicable (e.g. if you are retired, sick or on remand) .....				20 (11%)

### Planning and progression

<b>17.1</b>	<b>Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)</b>			
	Yes .....			30 (16%)
	No .....			163 (84%)
<b>17.2</b>	<b>Do you understand what you need to do to achieve the objectives or targets in your custody plan?</b>			
	Yes .....			20 (74%)
	No .....			2 (7%)
	Don't know what my objectives or targets are.....			5 (19%)
<b>17.3</b>	<b>Are staff here supporting you to achieve your objectives or targets?</b>			
	Yes .....			6 (22%)
	No .....			16 (59%)
	Don't know what my objectives or targets are.....			5 (19%)
<b>17.4</b>	<b>If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?</b>	Yes, this helped	No, this didn't help	Not done / don't know
	Offending behaviour programmes	3 (11%)	5 (18%)	20 (71%)
	Other programmes	7 (24%)	6 (21%)	16 (55%)
	One to one work	3 (11%)	5 (19%)	19 (70%)
	Being on a specialist unit	0 (0%)	5 (19%)	21 (81%)
	ROTL - day or overnight release	0 (0%)	5 (19%)	21 (81%)

### Preparation for release

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>			
	Yes .....			65 (33%)
	No .....			93 (48%)
	Don't know .....			37 (19%)
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>			
	Very near .....			15 (25%)
	Quite near .....			27 (44%)
	Quite far .....			14 (23%)
	Very far .....			5 (8%)
<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>			
	Yes .....			35 (55%)
	No .....			29 (45%)
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	14 (22%)	31 (49%)	18 (29%)
	Getting employment	8 (14%)	30 (51%)	21 (36%)
	Setting up education or training	6 (11%)	23 (42%)	26 (47%)
	Arranging benefits	14 (23%)	33 (53%)	15 (24%)
	Sorting out finances	8 (14%)	28 (49%)	21 (37%)
	Support for drug or alcohol problems	18 (31%)	18 (31%)	23 (39%)
	Health / mental health support	11 (19%)	30 (53%)	16 (28%)
	Social care support	9 (17%)	23 (43%)	22 (41%)
	Getting back in touch with family or friends	9 (16%)	16 (29%)	31 (55%)

### More about you

<b>19.1</b>	<b>Do you have children under the age of 18?</b>		
	Yes .....		115 (59%)
	No .....		80 (41%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>		
	Yes .....		188 (96%)
	No .....		7 (4%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>		
	Yes .....		9 (5%)
	No .....		185 (95%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>		
	Yes .....		12 (6%)
	No .....		183 (94%)
<b>19.5</b>	<b>What is your gender?</b>		
	Male .....		193 (99%)
	Female .....		1 (1%)
	Non-binary .....		0 (0%)
	Other .....		1 (1%)

<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual.....	189 (97%)
	Gay / lesbian / homosexual.....	1 (1%)
	Bisexual.....	2 (1%)
	Other.....	2 (1%)
<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes.....	3 (2%)
	No.....	181 (98%)

#### Final question about this prison

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend.....	20 (11%)
	Less likely to offend.....	79 (42%)
	Made no difference.....	87 (47%)

## HMP Leeds 2017

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

In this table summary statistics from HMP Leeds 2017 are compared with the following HMIP survey data:

- Summary statistics from most recent surveys of all other local prisons (33 prisons). Please note that we do not have comparable data for the new questions introduced in September 2017.
- Summary statistics from HMP Leeds in 2015. Please note that we do not have comparable data for the new questions introduced in September 2017.

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

HMP Leeds 2017	All other local prisons	HMP Leeds 2017	HMP Leeds 2015
<b>203</b>	<b>6,012</b>	<b>203</b>	<b>184</b>

*n=number of valid responses to question (HMP Leeds 2017)*

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =202	0%	6%	0%	1%
	Are you 25 years of age or younger?	<i>n</i> =202	15%		15%	
	Are you 50 years of age or older?	<i>n</i> =202	13%	12%	13%	10%
	Are you 70 years of age or older?	<i>n</i> =202	2%	2%	2%	1%
1.3	Are you from a minority ethnic group?	<i>n</i> =201	25%	24%	25%	28%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =198	69%		69%	
1.5	Are you currently serving a sentence?	<i>n</i> =196	68%	70%	68%	67%
	Are you on recall?	<i>n</i> =196	14%	10%	14%	12%
1.6	Is your sentence less than 12 months?	<i>n</i> =195	24%	20%	24%	19%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =195	4%	3%	4%	1%
7.1	Are you Muslim?	<i>n</i> =194	15%	12%	15%	20%
11.3	Do you have any mental health problems?	<i>n</i> =195	58%		58%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =195	49%	30%	49%	28%
19.1	Do you have any children under the age of 18?	<i>n</i> =195	59%	53%	59%	60%
19.2	Are you a foreign national?	<i>n</i> =195	4%	12%	4%	10%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =194	5%	5%	5%	5%
19.4	Have you ever been in the armed services?	<i>n</i> =195	6%	6%	6%	5%
19.5	Is your gender female or non-binary?	<i>n</i> =195	1%		1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =194	3%	3%	3%	3%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =184	2%		2%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	<i>n</i> =200	13%		13%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n</i> =200	46%	41%	46%	43%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n</i> =199	77%	77%	77%	78%
2.4	Overall, were you treated very / quite well in reception?	<i>n</i> =202	75%		75%	

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

HMP Leeds 2017	All other local prisons	HMP Leeds 2017	HMP Leeds 2015
203	6,012	203	184

n=number of valid responses to question (HMP Leeds 2017)

2.5	When you first arrived, did you have any problems?	n=202	92%	80%	92%	84%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=202	56%	34%	56%	37%
	- Contacting family?	n=202	62%	36%	62%	45%
	- Arranging care for children or other dependents?	n=202	6%		6%	
	- Contacting employers?	n=202	11%	5%	11%	7%
	- Money worries?	n=202	33%	24%	33%	30%
	- Housing worries?	n=202	31%	23%	31%	19%
	- Feeling depressed?	n=202	53%		53%	
	- Feeling suicidal?	n=202	21%		21%	
	- Other mental health problems?	n=202	33%		33%	
	- Physical health problems	n=202	22%	19%	22%	17%
	- Drugs or alcohol (e.g. withdrawal)?	n=202	28%		28%	
	- Getting medication?	n=202	34%		34%	
	- Needing protection from other prisoners?	n=202	13%	9%	13%	12%
	- Lost or delayed property?	n=202	23%	17%	23%	15%
	<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	n=174	22%	32%	22%	27%
<b>FIRST NIGHT AND INDUCTION</b>						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=201	79%	71%	79%	80%
	- Toiletries / other basic items?	n=201	51%	58%	51%	61%
	- A shower?	n=201	51%	28%	51%	55%
	- A free phone call?	n=201	36%	52%	36%	36%
	- Something to eat?	n=201	83%	70%	83%	71%
	- The chance to see someone from health care?	n=201	68%	65%	68%	64%
	- The chance to talk to a Listener or Samaritans?	n=201	19%	31%	19%	14%
	- Support from another prisoner (e.g. Insider or buddy)?	n=201	15%		15%	
	- None of these?	n=201	4%		4%	
3.2	On your first night in this prison, was your cell very / quite clean?	n=197	22%		22%	
3.3	Did you feel safe on your first night here?	n=196	59%	66%	59%	65%
3.4	In your first few days here, did you get?					
	- Access to the prison shop / canteen?	n=188	44%	22%	44%	22%
	- Free PIN phone credit?	n=185	47%		47%	
	- Numbers put on your PIN phone?	n=179	23%		23%	
3.5	Have you had an induction at this prison?	n=191	78%	76%	78%	53%
	<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	n=149	46%		46%	

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	203	6,012	203	184

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ON THE WING						
4.1	Are you in a cell on your own?	n=198	20%		20%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=194	8%	22%	8%	15%
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=195	40%	47%	40%	44%
	- Can you shower every day?	n=194	78%	73%	78%	83%
	- Do you have clean sheets every week?	n=192	21%	60%	21%	48%
	- Do you get cell cleaning materials every week?	n=195	24%	49%	24%	33%
	- Is it normally quiet enough for you to relax or sleep at night?	n=194	45%	53%	45%	51%
	- Can you get your stored property if you need it?	n=192	14%	18%	14%	19%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=196	57%		57%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=196	25%		25%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=197	15%		15%	
5.3	Does the shop / canteen sell the things that you need?	n=193	67%	48%	67%	41%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=193	58%	72%	58%	68%
6.2	Are there any staff here you could turn to if you had a problem?	n=194	63%	68%	63%	64%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=198	20%	28%	20%	21%
6.4	Do you have a personal officer?	n=188	45%		45%	
	<i>For those who have a personal officer:</i>					
6.4	Is your personal or named officer very / quite helpful?	n=85	37%		37%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=190	8%		8%	
6.6	Do you feel that you are treated as an individual in this prison?	n=195	27%		27%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=196	39%		39%	
	If so, do things sometimes change?	n=76	29%		29%	
FAITH						
7.1	Do you have a religion?	n=194	67%	69%	67%	70%
	<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	n=129	61%		61%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=131	68%		68%	
7.4	Are you able to attend religious services, if you want to?	n=129	84%		84%	



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CONTACT WITH FAMILY AND FRIENDS						
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=194	18%		18%	
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=196	57%	48%	57%	46%
8.3	Are you able to use a phone every day (if you have credit)?	n=195	74%		74%	
8.4	Is it very / quite easy for your family and friends to get here?	n=195	49%		49%	
8.5	Do you get visits from family/friends once a week or more?	n=193	25%		25%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=125	47%		47%	
8.7	Are your visitors usually treated respectfully by staff?	n=118	70%		70%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=195	75%		75%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	n=147	32%		32%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=194	35%	30%	35%	33%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=194	7%	8%	7%	8%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=197	79%		79%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=197	2%		2%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=195	40%		40%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=197	57%		57%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=195	47%		47%	
9.7	Do you typically go to the gym twice a week or more?	n=194	18%		18%	
9.8	Do you typically go to the library twice a week or more?	n=196	9%	5%	9%	3%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=98	43%	52%	43%	47%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=195	59%	71%	59%	70%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=157	36%	46%	36%	39%
	Are applications usually dealt with within 7 days?	n=159	18%	31%	18%	21%
10.3	Is it easy for you to make a complaint?	n=198	48%	48%	48%	51%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=110	20%	26%	20%	22%
	Are complaints usually dealt with within 7 days?	n=113	20%	21%	20%	14%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=146	36%		36%	

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For those who need it, is it easy to:						
10.6	Communicate with your solicitor or legal representative?	n=179	31%		31%	
	Attend legal visits?	n=176	52%		52%	
	Get bail information?	n=158	12%		12%	
For those who have had legal letters:						
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=169	49%	48%	49%	48%
HEALTH CARE						
11.1	Is it very / quite easy to see:					
	- Doctor?	n=197	16%		16%	
	- Nurse?	n=193	39%		39%	
	- Dentist?	n=195	5%		5%	
11.2	Do you think the quality of the health service is very / quite good from:					
	- Doctor?	n=190	32%		32%	
	- Nurse?	n=186	46%		46%	
	- Dentist?	n=182	17%		17%	
11.3	Do you think the overall quality of the health services here is very / quite good?					
	- Mental health workers?	n=191	16%		16%	
	- Doctor?	n=190	32%		32%	
	- Nurse?	n=186	46%		46%	
11.4	Do you have any mental health problems?					
	- Doctor?	n=182	17%		17%	
	- Nurse?	n=186	46%		46%	
	- Dentist?	n=182	17%		17%	
11.5	Do you think the overall quality of the health services here is very / quite good?					
	- Mental health workers?	n=183	28%		28%	
	- Doctor?	n=190	32%		32%	
	- Nurse?	n=186	46%		46%	
For those who have mental health problems:						
11.4	Have you been helped with your mental health problems in this prison?	n=112	34%		34%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=196	33%		33%	
OTHER SUPPORT NEEDS						
12.1	Do you consider yourself to have a disability?	n=195	49%	30%	49%	28%
For those who have a disability:						
12.2	Are you getting the support you need?	n=90	16%		16%	
12.3	Have you been on an ACCT in this prison?	n=190	27%		27%	
For those who have been on an ACCT:						
12.4	Did you feel cared for by staff?	n=50	30%		30%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=194	46%		46%	
ALCOHOL AND DRUGS						
13.1	Did you have an alcohol problem when you came into this prison?	n=194	23%	21%	23%	24%
For those who had / have an alcohol problem:						
13.2	Have you been helped with your alcohol problem in this prison?	n=43	58%	53%	58%	37%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=196	37%	35%	37%	34%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=193	21%	12%	21%	14%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=194	13%		13%	
For those who had / have a drug problem:						
13.6	Have you been helped with your drug problem in this prison?	n=80	51%	56%	51%	52%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=192	63%		63%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=191	31%		31%	

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SAFETY						
14.1	Have you ever felt unsafe here?	n=193	70%	53%	70%	59%
14.2	Do you feel unsafe now?	n=185	35%	25%	35%	31%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=187	48%		48%	
	- Threats or intimidation?	n=187	44%		44%	
	- Physical assault?	n=187	21%		21%	
	- Sexual assault?	n=187	2%		2%	
	- Theft of canteen or property?	n=187	31%		31%	
	- Other bullying / victimisation?	n=187	20%		20%	
	- Not experienced any of these from prisoners here	n=187	39%	67%	39%	58%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=184	38%		38%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=185	42%		42%	
	- Threats or intimidation?	n=185	31%		31%	
	- Physical assault?	n=185	16%		16%	
	- Sexual assault?	n=185	1%		1%	
	- Theft of canteen or property?	n=185	15%		15%	
	- Other bullying / victimisation?	n=185	19%		19%	
	- Not experienced any of these from staff here	n=185	47%	67%	47%	57%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=183	49%		49%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=192	34%		34%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=191	27%		27%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=196	12%	12%	12%	9%
	<i>For those who have been restrained in the last 6 months:</i>					
15.4	Did anyone come and talk to you about it afterwards?	n=20	20%		20%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=193	7%	20%	7%	19%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>					
15.6	Were you treated well by segregation staff?	n=14	57%		57%	
	Could you shower every day?	n=14	36%		36%	
	Could you go outside for exercise every day?	n=14	64%		64%	
	Could you use the phone every day (if you had credit)?	n=14	21%		21%	

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EDUCATION, SKILLS AND WORK				
16.1	In this prison, is it easy to get into the following activities:			
	- Education?	n=185	61%	
	- Vocational or skills training?	n=178	25%	
	- Prison job?	n=183	36%	
	- Voluntary work outside of the prison?	n=172	5%	
	- Paid work outside of the prison?	n=172	4%	
16.2	In this prison, have you done the following activities:			
	- Education?	n=182	79%	67%
	- Vocational or skills training?	n=168	51%	56%
	- Prison job?	n=179	69%	72%
	- Voluntary work outside of the prison?	n=164	27%	
	- Paid work outside of the prison?	n=164	27%	
<i>For those who have done the following activities, do you think they will help you on release:</i>				
	- Education?	n=144	54%	48%
	- Vocational or skills training?	n=86	50%	41%
	- Prison job?	n=123	33%	37%
	- Voluntary work outside of the prison?	n=44	39%	
	- Paid work outside of the prison?	n=44	43%	
16.3	Do staff encourage you to attend education, training or work?			
		n=166	50%	
PLANNING AND PROGRESSION				
17.1	Do you have a custody plan?			
		n=193	16%	
<i>For those who have a custody plan:</i>				
17.2	Do you understand what you need to do to achieve your objectives or targets?			
		n=27	74%	
17.3	Are staff helping you to achieve your objectives or targets?			
		n=27	22%	
17.4	In this prison, have you done:			
	- Offending behaviour programmes?	n=28	29%	
	- Other programmes?	n=29	45%	
	- One to one work?	n=27	30%	
	- Been on a specialist unit?	n=26	19%	
	- ROTL - day or overnight release?	n=26	19%	
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>				
	- Offending behaviour programmes?	n=8	38%	
	- Other programmes?	n=13	54%	
	- One to one work?	n=8	38%	
	- Being on a specialist unit?	n=5	0%	
	- ROTL - day or overnight release?	n=5	0%	

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PREPARATION FOR RELEASE						
18.1	Do you expect to be released in the next 3 months?	<i>n</i> =195	33%		33%	
<i>For those who expect to be released in the next 3 months:</i>						
18.2	Is this prison very / quite near to your home area or intended release address?	<i>n</i> =61	69%		69%	
18.3	Is anybody helping you to prepare for your release?	<i>n</i> =64	55%		55%	
18.4	Do you need help to sort out the following for when you are released:					
	- Finding accommodation?	<i>n</i> =63	71%		71%	
	- Getting employment?	<i>n</i> =59	64%		64%	
	- Setting up education or training?	<i>n</i> =55	53%		53%	
	- Arranging benefits?	<i>n</i> =62	76%		76%	
	- Sorting out finances?	<i>n</i> =57	63%		63%	
	- Support for drug or alcohol problems?	<i>n</i> =59	61%		61%	
	- Health / mental Health support?	<i>n</i> =57	72%		72%	
	- Social care support?	<i>n</i> =54	59%		59%	
	- Getting back in touch with family or friends?	<i>n</i> =56	45%		45%	
18.4	Are you getting help to sort out the following for when you are released, if you need it:					
	- Finding accommodation?	<i>n</i> =45	31%		31%	
	- Getting employment?	<i>n</i> =38	21%		21%	
	- Setting up education or training?	<i>n</i> =29	21%		21%	
	- Arranging benefits?	<i>n</i> =47	30%		30%	
	- Sorting out finances?	<i>n</i> =36	22%		22%	
	- Support for drug or alcohol problems?	<i>n</i> =36	50%		50%	
	- Health / mental Health support?	<i>n</i> =41	27%		27%	
	- Social care support?	<i>n</i> =32	28%		28%	
	- Getting back in touch with family or friends?	<i>n</i> =25	36%		36%	
FINAL QUESTION ABOUT THIS PRISON						
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n</i> =186	43%		43%	

## HMP Leeds 2017

### Comparison of survey responses between sub-populations of prisoners

**In this table the following analyses are presented:**  
 - Responses of prisoners from black and minority ethnic groups are compared with those of white prisoners  
 - Muslim prisoners' responses are compared with those of non-Muslim prisoners  
 Please note that these analyses are based on summary data from selected survey questions only.

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**Number of completed questionnaires returned**

Black and minority ethnic	White
50	151

Muslim	Non-Muslim
29	165

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	4%	16%	3%	15%
1.3	Are you from a minority ethnic group?			97%	12%
7.1	Are you Muslim?	60%	1%		
11.3	Do you have any mental health problems?	41%	64%	41%	61%
12.1	Do you consider yourself to have a disability?	40%	52%	31%	52%
19.2	Are you a foreign national?	6%	3%	3%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	6%	0%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	68%	80%	62%	81%
2.4	Overall, were you treated very / quite well in reception?	76%	75%	66%	79%
2.5	When you first arrived, did you have any problems?	96%	90%	97%	91%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	20%	23%	22%	23%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	49%	63%	45%	63%
3.5	Have you had an induction at this prison?	83%	78%	79%	79%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	45%	46%	46%	47%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	2%	10%	3%	9%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	40%	40%	45%	39%
	- Can you shower every day?	67%	82%	72%	81%
	- Do you have clean sheets every week?	25%	20%	21%	22%
	- Do you get cell cleaning materials every week?	17%	26%	18%	26%
	- Is it normally quiet enough for you to relax or sleep at night?	53%	43%	48%	45%
	- Can you get your stored property if you need it?	11%	15%	14%	15%

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Black and minority ethnic	White
50	151

Muslim	Non-Muslim
29	165

FOOD AND CANTEEN		Black and minority ethnic	White	Muslim	Non-Muslim
5.2	Do you get enough to eat at meal-times always / most of the time?	11%	16%	14%	16%
5.3	Does the shop / canteen sell the things that you need?	51%	72%	50%	71%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	52%	60%	59%	58%
6.2	Are there any staff here you could turn to if you had a problem?	58%	64%	57%	64%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	22%	20%	24%	20%
6.6	Do you feel that you are treated as an individual in this prison?	33%	25%	38%	25%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	64%	61%	66%	62%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	66%	70%	62%	72%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	8%	21%	14%	19%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	66%	54%	64%	55%
8.3	Are you able to use a phone every day (if you have credit)?	65%	77%	66%	76%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	53%	77%	59%	73%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	34%	35%	36%	35%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	0%	9%	0%	7%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	43%	43%	27%	46%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	63%	57%	62%	60%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	26%	40%	26%	39%
10.3	Is it easy for you to make a complaint?	52%	46%	39%	50%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	13%	23%	12%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	43%	33%	44%	33%

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Black and minority ethnic	White
	50	151

	Muslim	Non-Muslim
	29	165

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	8%	19%	7%	18%
	- Nurse?	38%	39%	36%	40%
	- Dentist?	2%	6%	3%	6%
	- Mental health workers?	9%	19%	10%	18%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	40%	33%	42%	33%
11.5	Do you think the overall quality of the health services here is very / quite good?	25%	35%	31%	34%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	17%	15%	38%	14%
SAFETY					
14.1	Have you ever felt unsafe here?	75%	68%	82%	68%
14.2	Do you feel unsafe now?	54%	29%	54%	30%
14.3	Not experienced bullying / victimisation by other prisoners	37%	39%	33%	41%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	44%	36%	56%	34%
14.5	Not experienced bullying / victimisation by members of staff	36%	50%	32%	50%
14.6	If you were being bullied / victimised by staff here, would you report it?	48%	49%	57%	46%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	44%	31%	48%	33%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	32%	25%	32%	27%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	10%	12%	3%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	7%	7%	7%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	52%	49%	54%	51%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	13%	16%	18%	15%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	33%	19%	20%	24%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	56%	55%	67%	54%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	56%	38%	54%	40%



## HMP Leeds 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

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

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

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
	95	100	113	82

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION		Have a disability	Do not have a disability	Mental health problems	No mental health problems
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	15%	11%	9%	20%
1.3	Are you from a minority ethnic group?	20%	29%	17%	33%
7.1	Are you Muslim?	10%	20%	11%	21%
11.3	Do you have any mental health problems?	82%	35%		
12.1	Do you consider yourself to have a disability?			69%	21%
19.2	Are you a foreign national?	2%	4%	3%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	3%	5%	4%	6%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	83%	74%	79%	77%
2.4	Overall, were you treated very / quite well in reception?	76%	77%	75%	78%
2.5	When you first arrived, did you have any problems?	97%	87%	94%	88%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	24%	19%	19%	26%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	59%	59%	63%	55%
3.5	Have you had an induction at this prison?	80%	76%	77%	81%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	49%	42%	43%	50%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	7%	8%	8%	8%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	34%	46%	35%	48%
	- Can you shower every day?	77%	80%	79%	78%
	- Do you have clean sheets every week?	15%	26%	17%	27%
	- Do you get cell cleaning materials every week?	21%	25%	23%	24%
	- Is it normally quiet enough for you to relax or sleep at night?	42%	48%	41%	52%
	- Can you get your stored property if you need it?	12%	15%	11%	18%

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	Blue shading shows results that are significantly more negative than the comparator
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	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Have a disability	Do not have a disability	Mental health problems	No mental health problems
	95	100	113	82

FOOD AND CANTEEN					
5.2	Do you get enough to eat at meal-times always / most of the time?	13%	16%	13%	20%
5.3	Does the shop / canteen sell the things that you need?	68%	66%	70%	63%
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	55%	61%	56%	63%
6.2	Are there any staff here you could turn to if you had a problem?	62%	64%	62%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	23%	17%	25%	15%
6.6	Do you feel that you are treated as an individual in this prison?	32%	22%	27%	26%
FAITH					
<i>For those who have a religion:</i>					
7.2	Are your religious beliefs respected here?	70%	55%	62%	60%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	70%	66%	73%	60%
CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	21%	14%	18%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	66%	49%	63%	48%
8.3	Are you able to use a phone every day (if you have credit)?	67%	80%	76%	73%
<i>For those who get visits:</i>					
8.7	Are your visitors usually treated respectfully by staff?	68%	72%	71%	69%
TIME OUT OF CELL					
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	35%	35%	35%	34%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	11%	3%	8%	5%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	45%	39%	45%	38%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	59%	60%	60%	60%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	29%	44%	31%	44%
10.3	Is it easy for you to make a complaint?	48%	49%	52%	44%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	17%	22%	17%	24%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	46%	23%	38%	32%

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability
95	100

Mental health problems	No mental health problems
113	82

HEALTH CARE					
11.1	Is it very / quite easy to see:				
	- Doctor?	16%	16%	15%	17%
	- Nurse?	37%	39%	37%	42%
	- Dentist?	2%	7%	2%	9%
	- Mental health workers?	17%	15%	17%	14%
<i>For those who have mental health problems:</i>					
11.4	Have you been helped with your mental health problems in this prison?	27%	50%	34%	
11.5	Do you think the overall quality of the health services here is very / quite good?	26%	38%	28%	40%
OTHER SUPPORT NEEDS					
<i>For those who have a disability:</i>					
12.2	Are you getting the support you need?	16%		15%	18%
SAFETY					
14.1	Have you ever felt unsafe here?	80%	61%	72%	67%
14.2	Do you feel unsafe now?	43%	27%	36%	32%
14.3	Not experienced bullying / victimisation by other prisoners	28%	49%	34%	47%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	42%	34%	36%	41%
14.5	Not experienced bullying / victimisation by members of staff	37%	55%	40%	54%
14.6	If you were being bullied / victimised by staff here, would you report it?	49%	50%	47%	51%
BEHAVIOUR MANAGEMENT					
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	33%	35%	32%	38%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	26%	28%	27%	28%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	14%	10%	13%	11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10%	5%	10%	4%
EDUCATION, SKILLS AND WORK					
16.3	Do staff encourage you to attend education, training or work?	45%	58%	47%	57%
PLANNING AND PROGRESSION					
17.1	Do you have a custody plan?	14%	17%	17%	14%
<i>For those who have a custody plan:</i>					
17.3	Are staff helping you to achieve your objectives or targets?	23%	21%	28%	13%
PREPARATION FOR RELEASE					
<i>For those who expect to be released in the next 3 months:</i>					
18.3	Is anybody helping you to prepare for your release?	57%	50%	60%	39%
FINAL QUESTION ABOUT THIS PRISON					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	39%	46%	41%	46%

## HMP Leeds 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged 25 and under are compared with those of prisoners over 25
- Responses of prisoners aged 50 and over are compared with those of prisoners under 50

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

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
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	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	25 and under	Over 25
<b>30</b>	<b>172</b>	

	50 and over	Under 50
<b>27</b>	<b>175</b>	

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.3	Are you from a minority ethnic group?	33%	23%	8%	27%
7.1	Are you Muslim?	20%	14%	4%	17%
11.3	Do you have any mental health problems?	52%	59%	39%	61%
12.1	Do you consider yourself to have a disability?	37%	51%	56%	48%
19.2	Are you a foreign national?	7%	3%	4%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	7%	4%	12%	4%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	69%	79%	93%	75%
2.4	Overall, were you treated very / quite well in reception?	67%	77%	93%	73%
2.5	When you first arrived, did you have any problems?	87%	92%	93%	91%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	20%	22%	24%	22%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	57%	60%	64%	59%
3.5	Have you had an induction at this prison?	75%	79%	84%	78%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	29%	48%	57%	44%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	3%	9%	18%	6%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	48%	39%	63%	37%
	- Can you shower every day?	82%	78%	92%	77%
	- Do you have clean sheets every week?	18%	22%	42%	19%
	- Do you get cell cleaning materials every week?	31%	23%	27%	24%
	- Is it normally quiet enough for you to relax or sleep at night?	38%	47%	54%	44%
	- Can you get your stored property if you need it?	14%	14%	28%	12%

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

25 and under	Over 25
30	172

50 and over	Under 50
27	175

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	3%	18%
5.3	Does the shop / canteen sell the things that you need?	67%	67%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	40%	61%
6.2	Are there any staff here you could turn to if you had a problem?	46%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	13%	21%
6.6	Do you feel that you are treated as an individual in this prison?	30%	27%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	60%	62%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	60%	69%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	13%	18%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	57%	57%
8.3	Are you able to use a phone every day (if you have credit)?	83%	72%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	68%	71%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	27%	36%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	3%	7%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	42%	43%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	57%	59%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	30%	38%
10.3	Is it easy for you to make a complaint?	50%	48%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	11%	22%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	46%	34%

36%	12%
58%	69%
81%	55%
77%	61%
19%	21%
16%	29%
68%	60%
67%	68%
23%	17%
31%	61%
69%	75%
75%	70%
32%	35%
16%	5%
47%	42%
81%	56%
53%	34%
65%	45%
31%	19%
20%	38%

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	25 and under	Over 25
	30	172

	50 and over	Under 50
	27	175

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	3% 19%
	- Nurse?	37% 39%
	- Dentist?	3% 6%
	- Mental health workers?	7% 18%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	19% 37%
11.5	Do you think the overall quality of the health services here is very / quite good?	20% 35%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	9% 17%
SAFETY		
14.1	Have you ever felt unsafe here?	69% 70%
14.2	Do you feel unsafe now?	28% 36%
14.3	Not experienced bullying / victimisation by other prisoners	52% 37%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	23% 40%
14.5	Not experienced bullying / victimisation by members of staff	45% 47%
14.6	If you were being bullied / victimised by staff here, would you report it?	28% 53%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	30% 35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	20% 29%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	13% 11%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	10% 7%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	48% 50%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	10% 17%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	0% 24%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	40% 56%
FINAL QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	35% 44%

	24%	15%
	50%	37%
	8%	5%
	18%	16%
	50%	32%
	50%	30%
	36%	12%
	58%	72%
	8%	39%
	46%	38%
	50%	36%
	79%	42%
	63%	47%
	60%	31%
	52%	24%
	8%	12%
	0%	8%
	52%	50%
	12%	16%
	0%	24%
	67%	54%
	46%	42%

## HMP Leeds 2017

### Comparison of survey responses from different residential locations

In this table responses from prisoners on the vulnerable prisoners wing (F wing) are compared with those from the rest of the establishment.

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

F Wing	Rest of the establishment
39	158

Number of completed questionnaires returned

The number of valid responses to each question is provided e.g. n=167

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	n=196	0%    0%
	Are you 25 years of age or younger?	n=196	5%    17%
	Are you 50 years of age or older?	n=196	33%    8%
	Are you 70 years of age or older?	n=196	5%    1%
1.3	Are you from a minority ethnic group?	n=195	11%    29%
1.4	Have you been in this prison for less than 6 months?	n=192	51%    75%
1.5	Are you currently serving a sentence?	n=190	76%    65%
	Are you on recall?	n=190	16%    14%
1.6	Is your sentence less than 12 months?	n=189	11%    28%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=189	8%    3%
7.1	Are you Muslim?	n=189	5%    17%
11.3	Do you have any mental health problems?	n=190	55%    58%
12.1	Do you consider yourself to have a disability?	n=191	47%    49%
19.1	Do you have any children under the age of 18?	n=191	34%    65%
19.2	Are you a foreign national?	n=191	0%    5%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=190	0%    6%
19.4	Have you ever been in the armed services?	n=191	8%    5%
19.5	Is your gender female or non-binary?	n=191	3%    1%
19.6	Are you homosexual, bisexual or other sexual orientation?	n=190	11%    1%
19.7	Do you identify as transgender or transsexual?	n=180	3%    1%

Shading is used to indicate statistical significance\*, as follows:

	Green shading shows results that are significantly more positive than the comparator
	Blue shading shows results that are significantly more negative than the comparator
	Orange shading shows significant differences in demographics and background information
	No shading means that differences are not significant and may have occurred by chance
	Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

	F Wing	Rest of the establishment
<b>Number of completed questionnaires returned</b>	<b>39</b>	<b>158</b>

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<b>ARRIVAL AND RECEPTION</b>			
2.1	Were you given up-to-date information about this prison before you came here?	n=194	<b>8%</b>   <b>14%</b>
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=195	<b>47%</b>   <b>45%</b>
2.3	When you were searched in reception, was this done in a respectful way?	n=193	<b>78%</b>   <b>78%</b>
2.4	Overall, were you treated very / quite well in reception?	n=196	<b>79%</b>   <b>75%</b>
2.5	When you first arrived, did you have any problems?	n=196	<b>92%</b>   <b>92%</b>
2.5	Did you have problems with:		
	- Getting phone numbers?	n=196	<b>47%</b>   <b>59%</b>
	- Contacting family?	n=196	<b>66%</b>   <b>63%</b>
	- Arranging care for children or other dependents?	n=196	<b>0%</b>   <b>8%</b>
	- Contacting employers?	n=196	<b>5%</b>   <b>13%</b>
	- Money worries?	n=196	<b>29%</b>   <b>34%</b>
	- Housing worries?	n=196	<b>45%</b>   <b>29%</b>
	- Feeling depressed?	n=196	<b>53%</b>   <b>53%</b>
	- Feeling suicidal?	n=196	<b>34%</b>   <b>17%</b>
	- Other mental health problems?	n=196	<b>34%</b>   <b>34%</b>
	- Physical health problems?	n=196	<b>21%</b>   <b>23%</b>
	- Drugs or alcohol (e.g. withdrawal)?	n=196	<b>16%</b>   <b>32%</b>
	- Getting medication?	n=196	<b>37%</b>   <b>34%</b>
	- Needing protection from other prisoners?	n=196	<b>24%</b>   <b>11%</b>
	- Lost or delayed property?	n=196	<b>24%</b>   <b>23%</b>
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	n=170	<b>19%</b>   <b>22%</b>
<b>FIRST NIGHT AND INDUCTION</b>			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	n=195	<b>65%</b>   <b>84%</b>
	- Toiletries / other basic items?	n=195	<b>49%</b>   <b>51%</b>
	- A shower?	n=195	<b>38%</b>   <b>54%</b>
	- A free phone call?	n=195	<b>16%</b>   <b>40%</b>
	- Something to eat?	n=195	<b>81%</b>   <b>84%</b>
	- The chance to see someone from health care?	n=195	<b>65%</b>   <b>69%</b>
	- The chance to talk to a Listener or Samaritans?	n=195	<b>11%</b>   <b>21%</b>
	- Support from another prisoner (e.g. Insider or buddy)?	n=195	<b>8%</b>   <b>17%</b>
	- None of these?	n=195	<b>8%</b>   <b>2%</b>
3.2	On your first night in this prison, was your cell very / quite clean?	n=191	<b>36%</b>   <b>18%</b>



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3.3	Did you feel safe on your first night here?	n=190	35%	65%
3.4	In your first few days here, did you get?			
	- Access to the prison shop / canteen?	n=182	44%	43%
	- Free PIN phone credit?	n=180	20%	53%
	- Numbers put on your PIN phone?	n=174	17%	25%
3.5	Have you had an induction at this prison?	n=186	84%	77%
<i>For those who have had an induction:</i>				
3.5	Did your induction cover everything you needed to know about this prison?	n=146	38%	48%
<b>ON THE WING</b>				
4.1	Are you in a cell on your own?	n=192	10%	20%
4.2	Is your cell call bell normally answered within 5 minutes?	n=188	8%	7%
4.3	On the wing or houseblock you currently live on:			
	- Do you normally have enough clean, suitable clothes for the week?	n=190	62%	34%
	- Can you shower every day?	n=189	77%	79%
	- Do you have clean sheets every week?	n=187	38%	17%
	- Do you get cell cleaning materials every week?	n=189	42%	18%
	- Is it normally quiet enough for you to relax or sleep at night?	n=189	46%	45%
	- Can you get your stored property if you need it?	n=187	19%	13%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=191	68%	54%
<b>FOOD AND CANTEEN</b>				
5.1	Is the quality of the food in this prison very / quite good?	n=191	16%	26%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=192	23%	12%
5.3	Does the shop / canteen sell the things that you need?	n=188	66%	67%
<b>RELATIONSHIPS WITH STAFF</b>				
6.1	Do most staff here treat you with respect?	n=187	57%	58%
6.2	Are there any staff here you could turn to if you had a problem?	n=188	69%	62%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=192	18%	20%
6.4	Do you have a personal officer?	n=182	29%	49%
<i>For those who have a personal officer:</i>				
6.4	Is your personal or named officer very / quite helpful?	n=81	36%	36%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=185	8%	7%
6.6	Do you feel that you are treated as an individual in this prison?	n=190	11%	30%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=191	53%	34%
	If so, do things sometimes change?	n=72	20%	31%

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FAITH				
7.1	Do you have a religion?	n=189	73%	65%
<i>For those who have a religion:</i>				
7.2	Are your religious beliefs respected here?	n=126	64%	60%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=128	59%	71%
7.4	Are you able to attend religious services, if you want to?	n=126	82%	85%
CONTACT WITH FAMILY AND FRIENDS				
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=189	19%	16%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=191	56%	57%
8.3	Are you able to use a phone every day (if you have credit)?	n=190	69%	75%
8.4	Is it very / quite easy for your family and friends to get here?	n=190	38%	52%
8.5	Do you get visits from family/friends once a week or more?	n=188	26%	25%
<i>For those who get visits:</i>				
8.6	Do visits usually start and finish on time?	n=123	35%	50%
8.7	Are your visitors usually treated respectfully by staff?	n=116	73%	69%
TIME OUT OF CELL				
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=190	68%	77%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>				
9.1	Are these times usually kept to?	n=143	19%	34%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=189	26%	37%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=189	8%	6%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=193	77%	81%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=193	3%	1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=190	46%	39%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=192	61%	57%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=190	46%	47%
9.7	Do you typically go to the gym twice a week or more?	n=189	13%	19%
9.8	Do you typically go to the library twice a week or more?	n=191	16%	8%
<i>For those who use the library:</i>				
9.9	Does the library have a wide enough range of materials to meet your needs?	n=97	48%	42%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS				
10.1	Is it easy for you to make an application?	n=190	68%	56%
<i>For those who have made an application:</i>				
10.2	Are applications usually dealt with fairly?	n=154	45%	34%
	Are applications usually dealt with within 7 days?	n=155	25%	16%

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10.3	Is it easy for you to make a complaint?	n=193	<b>56%</b>	<b>46%</b>
<i>For those who have made a complaint:</i>				
10.4	Are complaints usually dealt with fairly?	n=107	<b>30%</b>	<b>16%</b>
	Are complaints usually dealt with within 7 days?	n=110	<b>25%</b>	<b>19%</b>
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=144	<b>38%</b>	<b>36%</b>
<i>For those who need it, is it easy to:</i>				
10.6	Communicate with your solicitor or legal representative?	n=176	<b>42%</b>	<b>29%</b>
	Attend legal visits?	n=173	<b>63%</b>	<b>50%</b>
	Get bail information?	n=156	<b>14%</b>	<b>12%</b>
<i>For those who have had legal letters:</i>				
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=165	<b>42%</b>	<b>51%</b>
<b>HEALTH CARE</b>				
11.1	Is it very / quite easy to see:			
	- Doctor?	n=192	<b>26%</b>	<b>14%</b>
	- Nurse?	n=188	<b>32%</b>	<b>39%</b>
	- Dentist?	n=190	<b>8%</b>	<b>5%</b>
	- Mental health workers?	n=186	<b>17%</b>	<b>16%</b>
11.2	Do you think the quality of the health service is very / quite good from:			
	- Doctor?	n=186	<b>46%</b>	<b>29%</b>
	- Nurse?	n=181	<b>57%</b>	<b>43%</b>
	- Dentist?	n=178	<b>24%</b>	<b>15%</b>
	- Mental health workers?	n=179	<b>33%</b>	<b>26%</b>
11.3	Do you have any mental health problems?	n=190	<b>55%</b>	<b>58%</b>
<i>For those who have mental health problems:</i>				
11.4	Have you been helped with your mental health problems in this prison?	n=108	<b>45%</b>	<b>32%</b>
11.5	Do you think the overall quality of the health services here is very / quite good?	n=191	<b>49%</b>	<b>28%</b>
<b>OTHER SUPPORT NEEDS</b>				
12.1	Do you consider yourself to have a disability?	n=191	<b>47%</b>	<b>49%</b>
<i>For those who have a disability:</i>				
12.2	Are you getting the support you need?	n=89	<b>22%</b>	<b>13%</b>
12.3	Have you been on an ACCT in this prison?	n=186	<b>43%</b>	<b>22%</b>
<i>For those who have been on an ACCT:</i>				
12.4	Did you feel cared for by staff?	n=48	<b>24%</b>	<b>32%</b>
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=190	<b>67%</b>	<b>41%</b>

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<b>ALCOHOL AND DRUGS</b>			
13.1	Did you have an alcohol problem when you came into this prison?	n=190	<b>8%</b> <b>26%</b>
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	n=42	<b>67%</b> <b>59%</b>
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=192	<b>16%</b> <b>42%</b>
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=189	<b>8%</b> <b>25%</b>
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=190	<b>11%</b> <b>14%</b>
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	n=79	<b>100%</b> <b>48%</b>
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=188	<b>57%</b> <b>64%</b>
13.8	Is it very / quite easy to get alcohol in this prison?	n=187	<b>24%</b> <b>32%</b>
<b>SAFETY</b>			
14.1	Have you ever felt unsafe here?	n=189	<b>87%</b> <b>66%</b>
14.2	Do you feel unsafe now?	n=181	<b>42%</b> <b>33%</b>
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	n=184	<b>59%</b> <b>44%</b>
	- Threats or intimidation?	n=184	<b>62%</b> <b>39%</b>
	- Physical assault?	n=184	<b>15%</b> <b>21%</b>
	- Sexual assault?	n=184	<b>5%</b> <b>1%</b>
	- Theft of canteen or property?	n=184	<b>31%</b> <b>32%</b>
	- Other bullying / victimisation?	n=184	<b>26%</b> <b>19%</b>
	- Not experienced any of these from prisoners here	n=184	<b>23%</b> <b>44%</b>
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=180	<b>56%</b> <b>33%</b>
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	n=182	<b>23%</b> <b>46%</b>
	- Threats or intimidation?	n=182	<b>13%</b> <b>35%</b>
	- Physical assault?	n=182	<b>3%</b> <b>18%</b>
	- Sexual assault?	n=182	<b>0%</b> <b>1%</b>
	- Theft of canteen or property?	n=182	<b>10%</b> <b>16%</b>
	- Other bullying / victimisation?	n=182	<b>5%</b> <b>22%</b>
	- Not experienced any of these from staff here	n=182	<b>64%</b> <b>43%</b>
14.6	If you were being bullied / victimised by staff here, would you report it?	n=179	<b>69%</b> <b>43%</b>

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<b>BEHAVIOUR MANAGEMENT</b>			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=188	37% 35%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=187	41% 23%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=192	8% 12%
<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	n=19	0% 24%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=189	3% 7%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>			
15.6	Were you treated well by segregation staff?	n=11	100% 60%
	Could you shower every day?	n=11	0% 30%
	Could you go outside for exercise every day?	n=11	0% 60%
	Could you use the phone every day (if you had credit)?	n=11	0% 20%
<b>EDUCATION, SKILLS AND WORK</b>			
16.1	In this prison, is it easy to get into the following activities:		
	- Education?	n=181	47% 64%
	- Vocational or skills training?	n=174	19% 27%
	- Prison job?	n=179	34% 37%
	- Voluntary work outside of the prison?	n=168	6% 4%
16.2	In this prison, have you done the following activities:		
	- Education?	n=178	88% 78%
	- Vocational or skills training?	n=164	44% 53%
	- Prison job?	n=175	73% 68%
	- Voluntary work outside of the prison?	n=160	17% 28%
<i>For those who have done the following activities, do you think they will help you on release:</i>			
	- Education?	n=142	57% 54%
	- Vocational or skills training?	n=84	21% 56%
	- Prison job?	n=121	21% 35%
	- Voluntary work outside of the prison?	n=42	0% 43%
	- Paid work outside of the prison?	n=42	29% 46%
16.3	Do staff encourage you to attend education, training or work?	n=163	53% 49%

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<b>PLANNING AND PROGRESSION</b>				
17.1	Do you have a custody plan?	n=189	<b>19%</b>	<b>14%</b>
<i>For those who have a custody plan:</i>				
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=26	<b>80%</b>	<b>76%</b>
17.3	Are staff helping you to achieve your objectives or targets?	n=26	<b>17%</b>	<b>25%</b>
17.4	In this prison, have you done:			
	- Offending behaviour programmes?	n=27	<b>17%</b>	<b>33%</b>
	- Other programmes?	n=28	<b>43%</b>	<b>48%</b>
	- One to one work?	n=26	<b>17%</b>	<b>35%</b>
	- Been on a specialist unit?	n=25	<b>17%</b>	<b>21%</b>
	- ROTL - day or overnight release?	n=25	<b>17%</b>	<b>21%</b>
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>				
	- Offending behaviour programmes?	n=8	<b>0%</b>	<b>43%</b>
	- Other programmes?	n=13	<b>67%</b>	<b>50%</b>
	- One to one work?	n=8	<b>0%</b>	<b>43%</b>
	- Being on a specialist unit?	n=5	<b>0%</b>	<b>0%</b>
	- ROTL - day or overnight release?	n=5	<b>0%</b>	<b>0%</b>
<b>PREPARATION FOR RELEASE</b>				
18.1	Do you expect to be released in the next 3 months?	n=191	<b>24%</b>	<b>36%</b>
<i>For those who expect to be released in the next 3 months:</i>				
18.2	Is this prison very / quite near to your home area or intended release address?	n=60	<b>75%</b>	<b>67%</b>
18.3	Is anybody helping you to prepare for your release?	n=63	<b>22%</b>	<b>59%</b>
18.4	Do you need help to sort out the following for when you are released:			
	- Finding accommodation?	n=62	<b>78%</b>	<b>70%</b>
	- Getting employment?	n=58	<b>50%</b>	<b>66%</b>
	- Setting up education or training?	n=54	<b>40%</b>	<b>53%</b>
	- Arranging benefits?	n=61	<b>67%</b>	<b>77%</b>
	- Sorting out finances?	n=56	<b>50%</b>	<b>64%</b>
	- Support for drug or alcohol problems?	n=58	<b>29%</b>	<b>65%</b>
	- Health / mental Health support?	n=57	<b>50%</b>	<b>76%</b>
	- Social care support?	n=53	<b>50%</b>	<b>60%</b>
	- Getting back in touch with family or friends?	n=55	<b>17%</b>	<b>47%</b>

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<b>18.4</b>	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	n=44	<b>14%</b> <b>35%</b>
	- Getting employment?	n=37	<b>0%</b> <b>24%</b>
	- Setting up education or training?	n=28	<b>0%</b> <b>23%</b>
	- Arranging benefits?	n=46	<b>0%</b> <b>35%</b>
	- Sorting out finances?	n=35	<b>0%</b> <b>25%</b>
	- Support for drug or alcohol problems?	n=35	<b>50%</b> <b>52%</b>
	- Health / mental Health support?	n=41	<b>0%</b> <b>30%</b>
	- Social care support?	n=31	<b>0%</b> <b>32%</b>
- Getting back in touch with family or friends?	n=24	<b>0%</b> <b>35%</b>	
<b>FINAL QUESTION ABOUT THIS PRISON</b>			
<b>20.1</b>	Do you think your experiences in this prison have made you less likely to offend in the future?	n=181	<b>47%</b> <b>41%</b>