



Annual Report

HMP Leeds

January 2013 to December 2013

SECTION 1

STATUTORY ROLE OF THE BOARD

The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an Independent Board appointed by the Home Secretary from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

- (1) satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.
- (2) inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.
- (3) report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also to the prison's records.

SECTION 2

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SECTION 3

DESCRIPTION OF HMP LEEDS

HMP Leeds is an inner city local prison serving the local courts of West Yorkshire. It is a Category B prison with an Operational Capacity of 1212. The establishment has four Victorian Wings and two modern Wings; one of the Wings is dedicated to the vulnerable Rule 45 prisoners. Cells are either single or shared by two prisoners.

The prison has its own Healthcare centre, commissioned during 2012 by the Primary Care Trust, Leeds. Facilities available to prisoners include a Gym, Education, which is contracted out to The Manchester College. There are approximately 30 Voluntary and Community Service organisations working within the prison. These include the Samaritans, West Yorkshire Chaplaincy Community Project, Prison Visitors, Bereavement Counselling and minority interest groups. The Jigsaw Visitors' Centre, an independent charity working closely with the prison, is a beacon project of many years standing.

Prisoners manage the Prisoner Information Desks and others act as Healthcare Representatives, Recovery Champions and Listeners, trained by the Samaritans, on each wing.

SECTION 4

EXECUTIVE SUMMARY

Concerns

Policy

This year saw major changes in staffing levels and management structures stemming firstly from Fair and Sustainable and then later in year from the implementation of Benchmarking. The challenges presented by these changes were further exacerbated by an unusually high level of staff sickness.

From reports and observations, members of the Board expressed their concerns throughout this period at the disturbance to many routines and programs of the prisoners and the lowering of staff morale as the effects of the changes impacted on prison life. The overall quality of prison life became a serious concern for the Board.

Although indications towards the end of the year are that the deployment of these policies is showing some signs of improvement, the regimes still remain a matter of concern.

Operational – not requiring a response

In relation to the above, observed concerns reported by the Board were the cancellation and curtailment of regimes, a reduction in accessibility to Visits, a reduction in association time for the prisoners and consequently more time spent in their cells.

Attendance at Education is lower than is desirable for effective rehabilitation, and there is room for improvement in the attendance at workshops for the same reason.

Cleanliness and responsibility for the clinical environment in Healthcare is of concern.

Patient information for prisoners is of a standard considerably lower than that available to the general public accessing the NHS.

Overall judgement

It was inevitable that disruptions and disturbances to prison life would occur during this period of considerable change.

The Board was concerned about the number and frequency of changes in higher level management and felt that this impacted on the stability within the prison. Sustainability of relationships between the Board and prison managers was difficult to maintain.

It is good to report that throughout the year the care and respect shown to prisoners was of a high quality, with some exemplary cases. The dedication and commitment of the Senior Management Staff and many officers to achieve the challenging aims set before them is also worthy

of note.

SECTION 5

AREAS WHICH MUST BE REPORTED

5.1 DIVERSITY

The main task of the Diversity & Equality Action Team (DEAT) is to make sure that every prisoner whilst at HMP Leeds is treated humanely with respect, fairness and given equal opportunities.

Ethnicity

On average, the prison population is composed

BME	18%
White British	66%
Other	16%

Black History Week was celebrated. Next year's celebrations will be more interactive and may include guest speakers from the local black community.

Age

The older prisoners mainly reside on A wing. The Friday Club is run through the Jigsaw Centre and will extend to other wings within the prison. There is a different theme at each meeting with occasional invited guest speakers.

Sexuality

The GBT group has, on occasion, guest speakers from the community.

Prisoners Complaints

Starting in 2014, DEAT will be looking for any correlation between complaints and protected characteristics and ethnicity.

Prisoner consultation

The Equality Impact Assessment findings of the prisoner consultation on the impact of Benchmarking raised the following concerns for all prisoners;

- Visits sessions
- Gym access
- Access to the library service
- Access to services in the multi faith centre.

PID meetings are now held monthly and the topic of Equality and Diversity added to the agenda

Healthcare and Equality forums are held for all relevant protected characteristics within the establishment.

5.2 HEALTHCARE INCLUDING MENTAL HEALTH

The Healthcare at HMP Leeds is provided by the NHS from Community Health Leeds located within the prison. The service has a single medical lead for the 3 sites: Wetherby, Leeds and Wealstun, with a healthcare manager. This aims to provide consistency of delivery, training and best practice. The inpatient facilities are limited to a small number of individual rooms, as the policy is to transfer prisoners requiring specialist treatment to NHS secondary care facilities.

The Harbour, the mental health unit, is in a separate location from the main healthcare unit. Group therapy is conducted here and printed information is generally available to prisoners. The mental health outreach team are active throughout the prison and have been observed present at GOOD Reviews.

Areas of Good Practice

- The service won the national Patient Safety Award, a positive reflection of the efforts which have been made to reduce the numbers of deaths in custody.
- The Hepatitis C screening and treatment service is a beacon of good practice nationally. The 2012 audit indicates increased screening and a move towards opt-out testing, with continuing follow-up after discharge.
- The prisoners are generally satisfied with the delivery of healthcare, but at times encounter difficulty in accessing the service in a timely manner, particularly dentistry. Consultations are more flexible than in the community, the staff feel that they can devote the correct amount of time to their patients.
- Prisoner healthcare representatives on the wings provide consumer input to the service, and further involvement is anticipated when prisoners start to man the reception area in healthcare.

Areas of concern

- Prisoners complain of delays in receiving routine medication when initially arriving at the prison following sentencing. These delays appear to result from the non-connectivity of the prison health service to the NHS spine. Currently, patient information held by community GPs can only be accessed by the prison healthcare team by sending a fax request for information. Although every effort is made to obtain

medication /clinical information within 48hours of entry to the prison, this often has to be chased for up to 5 days.

- The healthcare needs of all new prisoners are assessed on entering the prison, however recruitment and retention of clinical staff is problematic.
- Contact with the service is high (29,000 contacts during October) including medicine supervision. It is proposed that more pharmacy technicians will be employed to improve electronic recording and improve skill mix.
- The clinical environment is satisfactory although the consulting rooms could be upgraded. In order to maintain patient confidentiality, prisoners are seen without the presence of prison officers.
- All rooms have alarms, though these are often inaccessible. However, the treatment room is isolated without a telephone.
- Deep cleaning is not occurring, and there is a lack of clarity regarding the responsibility for cleaning. Concern has been expressed by clinical staff about cleanliness in areas where invasive procedures are performed.
- Concern has been voiced regarding the level of aggressive behaviour by prisoners, particularly in recent months. Short Anger Management courses are not available, though they are provided in some prisons for those seeking change (Wakefield).
- Patient information can be printed off by the GP during the consultation, though this practice is not universal. Prisoners have very limited access to patient information as they do not access the internet.

5.3 LEARNING AND SKILLS

Learning and Skills continues to provide an important element of the prison's resettlement agenda as well as being the main source of meaningful activity for the prison population.

All existing Education courses and qualifications, which are provided as previously by The Manchester College, have been maintained and this year iTES (Introduction to Training and Employment Support) has been added to the provision. This is a three session PSD (Personal and Social Development) course to enable learners to produce an action plan for their own education and training during their time in prison; this

supports the general drive to encourage greater responsibility and involvement among the prison population. The iTES scheme has proved so successful that the model from the Leeds pilot is being introduced at other prisons in the region.

The Workshops teach the skills and trades of basic labouring as well as knowledge relating to Health and Safety at Work. The Kitchen continues to offer training and development for prisoners.

Training courses have also seen a widening of provision – Business Administration and Waste Management VT (Vocational Training) have both been added this year.

This year has proved a challenging time for Learning and Skills. Benchmarking has, as elsewhere in the organisation, had an effect on provision, with staff having to take on extra responsibilities and duties such as carrying radios.

Attendance in employment averages around 75%; attendance at education classes is only about 55%. This remains a significant issue of concern. The Board notes that efforts are being made to improve this figure.

5.4 SAFER PRISONS

While the Prison started 2013 with an award-winning Safer Prisons programme, there has been some slippage post-benchmarking. This is manifest in the quality of the ACCT paperwork on wings. However, it is the opinion of the Board that the prison continues to do an excellent job in protecting prisoners.

Within the general populous of the UK self-harm affects about 0.4% of the population. Self-harm among those with mental ill-health is around 8%. Given that an estimated 90% of the male prison population have a mental ill-health issue one would expect this statistic to be similar if not slightly higher in the prison. However, the actual incidence of self-harm among the population within HMP Leeds was in the region of 0.7% in 2013, a considerably lower value.

The Board feels this is due, in part, to the positive relationships between staff and prisoners as well as the excellent peer Listeners scheme operated in all parts of the prison. The Board is pleased to note that in all known cases of self-harm or potential self-harm an ACCT document was opened. There were 727 ACCTs opened in 2013. The officers on the wings are well aware of which prisoners are on open ACCTs and monitoring appears to be robust. However, the quality of the ACCT paperwork is an area of concern recognised at all levels within the prison. A new Safer Prisons Manager has recently been appointed and has already begun to take steps to

address this issue. There is currently a lack of data on the efficacy of the measures put in place to risk-manage self-harm.

There were five deaths in custody (DiC). Two were found suspended and three deemed as natural causes. Investigations are still underway. However, the Prison has responded well to previous feedback following investigations. Incidents were dealt with in a sensitive and professional manner at all levels and during some very difficult circumstances.

Reporting of violence within the prison (bullying, assaults etc.) does not indicate any signs of increased disquiet. There were 283 Violence Reduction reports submitted by staff in 2013. Concern exists that there is systematic underreporting within the establishment. However, actual incidents of violence remain rare and the general atmosphere within the prison remains calm, stable and safe.

There were 283 'use of force' incidents in 2013. The Board is satisfied that forceful intervention is only used as a last resort and is well managed when employed.

Overall, the Board is satisfied that the prison continues to have a very high standard of care for those prisoners who are especially vulnerable as well as having a robust and proactive strategy for dealing with violence within the prison.

5.5 SEGREGATION

For the first months of the reporting year the Segregation Unit functioned at a very high professional level.

The issue of prisoners staying too long in the Unit while waiting for further intelligence, mentioned in last year's report, was addressed by the introduction of a weekly meeting between Segregation, Security and OCA staff.

The sensitive handling of a prisoner initially held for some time in the biohazard cell continued and subsequently developed through changes in his accommodation and regime until his return to the Wing.

In the initial period after the introduction of Benchmarking, staff absences were not always filled by officers trained to work in Segregation, and a pool system for Supervising Officers meant that the Unit no longer had a permanent Supervising Officer in the afternoons. This sometimes resulted in a lack of continuity of provision.

The Board noted instances of information or documentation not being available for GOOD (Good Order or Discipline) Reviews, and the less

regular pattern of these Reviews meant that Board members were not always in attendance.

On occasions when the Board were present, it was observed that Healthcare was not always in attendance.

During this period, communication to the Board regarding prisoners taken to the Segregation Unit was inconsistent and consequently, IMB visits within the 72hour period did not always occur.

The Board expressed its concerns and is now pleased to note that whenever possible, officers allocated to Segregation have had the appropriate training.

The same Supervising Officer is deployed to the Unit each morning, although he has a dual role with the First Night Centre in the afternoons.

This is of particular benefit as his attitude to work and the care of prisoners is exemplary. It is on his initiative that some purposeful activity has been introduced.

Whilst monitoring of Adjudications has shown a range of governor communication styles, procedures have always been explained to the men, followed by a check that they have fully understood the information.

New arrangements are in place for GOOD Reviews and the Board will monitor their effectiveness.

Despite the facts that the Segregation Unit has a lower staffing level than the previous year and is usually at full capacity, the Board is pleased to note that a full regime has been maintained. It is very satisfied with the standard of care and concern for the men.

SECTION 6

OTHER AREAS

6.1 CATERING AND KITCHEN

The kitchen provides over a thousand hot and cold meals a day, catering for special diets and ethnic preferences. With an allowance of a mere £1.96 per person per day, this is always a challenge but one that the catering team meet with a more than satisfactory outcome.

A full Health and Safety and an Environmental Health Officer inspections produced good outcomes with green and some borderline amber results.

NVQ training, provided by Manchester College, takes place in the kitchen, where previously learners would have to go to the Education rooms. The training is popular with the inmates but can be incomplete if the prisoner moves to another establishment where equivalent qualifications are unavailable.

The new manager has established Wing Servery positions where three inmates on each wing are solely responsible for the all the aspects of serving food, including associated recording and documentation. These activities contribute to NVQ qualifications.

The volume of food waste remains a concern, especially when some prisoners complain of insufficient sized portions. Better portion control is expected to reduce the amount of waste and improve the fairness of portion size.

Christmas and New Year meal provisions were well received. This is always a difficult time for prisoners.

Better thermostatically controlled trolleys, installation of serveries on those wings without one, the Wing Servery roles and creative adaptation of menus if critical equipment fails unexpectedly, all contribute to maintaining one of the most important services in the prison.

A full refurbishment of the kitchen is planned for 2014.

6.2 DRUG STRATEGY AND SECURITY

HMP Leeds has a Zero Tolerance policy to substance abuse. Anyone found in possession of drugs is dealt with through the disciplinary procedures but is also offered help and support to change their attitudes regarding drugs. This support is delivered on the Recovery Wing and Post Recovery Wing, which has been nationally recognised as a model of good practice.

Outcome 3 of HMP Leeds' 7 outcomes: '*We aim to be a prison which reduces drug and alcohol dependency, reflected in a 5% MDT rate*' expresses the SMT's determination to stop the misuse of drugs within the establishment. Over 2013 the MDT rate has ranged from 5.3% in May to 16.7% in December.

The Security and Drug Strategy Committee within HMP Leeds ensures that appropriate measures are put in place to reduce the supply of and demand for illicit drugs within the prison. A 'deter and reward' strategy enables prisoners at HMP Leeds to be rewarded for being drug free but also allows deterrents to be implemented which aim to ensure that the use of illicit drugs or the abuse of prescribed medication is no longer appealing to any prisoner in HMP Leeds. A new 'Zero Tolerance to Illicit Drug Use' protocol ensures the consistent application of the policy which subsequently results in high occupancy of the Segregation Unit.

The security strategy has shifted from routine cell searches to intelligence-led cell searches and drug testing. The consistent reporting of suspicious activity via the Security Incident Reporting (Mercury) system has become increasingly important so that the Security department can identify actionable intelligence on which to direct the searching of cells. This frequently results in regular finds of secreted mobile phones, drugs and improvised weapons.

The Serious Incidents during 2013 constituted five deaths and one concerted indiscipline on E Wing yard. The admission of a group of prisoners from Lindholme prison was categorised as an SI.

6.3 RECEPTION AND FIRST NIGHT CENTRE

Reception

The Board has observed a consistent approach to the needs of prisoners moving between Reception, First Night Centre (FNC) and Healthcare. Some issues have arisen with the free flow movement from

Reception to FNC where responsibility for collection and delivery was not agreed.

Subsequent to Benchmarking, staff have expressed concern that the lack in the number of properly trained people is slowing down the admissions process.

The late arrival of prisoners brought by the prison transport contractor, GeoAmey, often arriving after 7.30pm, resulted in staff having to extend their shifts. Their compliance to this inconvenience is worthy of note. Some improvements in this situation and that of prisoners having to spend an unacceptable amount of time on board the transport vehicles have been observed.

Plans for a new build for Reception have been confirmed and expected to commence mid-2014.

First Night Centre (FNC)

National population pressures have resulted in the FNC receiving many out of area prisoners. This often meant staff working extremely late. There had been occasions when the FNC accommodated overspill from the VP Wing which in turn had an effect on the normal regime in the centre and affected the availability of provision of accommodation for first night admittances.

Provision of hot meals for latecomers and a lack of a Centre specific training package were concerns brought to the attention of the IMB. Communications between Reception and the FNC appeared to be good.

Board members reports during the year noted the calm atmosphere and tidy condition of the FNC. Inmates stated they were well looked after.

6.4 RESETTLEMENT

The Board is pleased to report that good work continues in this area. Strong partnerships and unsupervised ROTL helping to create work opportunities.

The Resettlement Peer Workers role positively promotes available services through mentorship and helps streamline applications, referrals and applications.

Peer Workers and their clients have both spoken positively to the IMB about these services and the experiences they offer.

A Resettlement Awards event including prisoner's families, gave a significant morale boost to everyone concerned.

Future planned developments include co-location of all resettlement partners in a Resettlement 'Village' on E/F wings and a 'Market Place'

in a dedicated area of the prison; with the aim of consolidating delivery and improving the discharge planning process.
All prisoners will be invited to attend six to eight weeks before their release. Advice will be given on accommodation, healthcare needs, e.g. registration with a GP, dentist and CARATS involvement.
Short courses, e.g. Debt Management and CV writing, will be on offer.

However, staffing changes have had an impact on the delivery of the Resettlement programme, specifically in the area of supervised work placements.
It is hoped that it will still be possible to deliver supervised ROTL in the future via a more innovative approach. There are plans for placements with the Works department at HMP Leeds – a move which is to be commended.

Key Performance Target figures have varied throughout the year, in the main above target, but marginally below the figures for the previous year.
Additional administrative support has proved useful in improving data capture and producing more reliable figures.

Key changes to the prison estate as a whole will see HMP Leeds primarily holding prisoners on remand and those serving twelve months or less, resulting in most of the Leeds prison population meeting the criteria for placement on the Resettlement wing.
This area will be a priority monitoring issue for the IMB.

6.5 RESIDENCES and REGIMES

The major event during 2013 that has affected Residencies has been the changes in the staffing levels.

Initially, following Fair and Sustainable, staff shortages resulted in the wing regimes being closed or curtailed. This was done in a fair manner to ensure that no one wing suffered more closures than another.

The introduction of Benchmarking created a change in the regimes on the wings.

Prisoners who were not at work or in education, were not all let out together for association. The minimum stated standard would be that each half of the Wing population would be allowed out, for half the allocated association period.

Observed effects of these changes have been;

- Regime curtailment resulting in prisoner association time falling below the minimum standard.

- Workshops closed due to staff shortages.
- Prisoners unable to attend the library due to shortage of staff to accompany them.
- Concern expressed to Board members that the Library service may return to a trolley service.
- Staff detailing does not allow for development of in-depth knowledge and relationship building.
- Scheduled handover time insufficient for wider discussion of individual prisoner issues.

The Board is endeavouring to obtain strong data on the effects of the changes and intend to make this a major focus of its attention in 2014.

6.6 VISITS and VISITORS CENTRE

There were approximately 36,000 visits arranged last year with some 28,000 being completed.

Online booking is relatively straightforward. Telephone booking via the single line available proves problematical and is a source of regular complaints.

Use of the Visitors Centre for face-to-face booking is straightforward. Help from the staff at the Centre is very good.

The feedback from first time visitors is that, in general, their experience is better than they expected.

Contraband entering the prison via visitors remains a problem. The Board was not able to collect statistics of arrests and convictions for such offences.

New processes are planned to improve the unsatisfactory nature of the visits booking system.

SECTION 7

THE WORK OF THE INDEPENDENT MONITORING BOARD

BOARD STATISTICS	2012	2013
Recommended Complement of Board Members	20	20
Number of Board members at the start of the reporting period	15	11
Number of Board members at the end of the reporting period	11	12
Number of new members joining within the reporting period	2	3
Number of members leaving within reporting period	6	2
Number of attendances at meetings other than Board meetings	37	48
Total number of visits to the prison (including all meetings)	431	459
Total number of applications received	213	242
Total number of segregation reviews held	26	
Total number of segregation reviews attended	23	28