



**ANNUAL REPORT OF  
THE IMB AT HMP NORWICH**

**1<sup>ST</sup> MARCH 2011**

**TO**

**29<sup>TH</sup> FEBRUARY 2012**

## **STATUTORY ROLE OF THE IMB**

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 Secretary of State for Justice 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 except for the medical records.

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## 1. Description of the Prison (during the period of the Report)

HMP Norwich is a multi-functional Adult and Young Offender Category B, C and D Local Prison predominantly serving the courts of Norfolk and Suffolk, housing convicted and remand prisoners. Accommodation is in a mixture of Victorian, 20<sup>th</sup> and 21<sup>st</sup> Century buildings, spread over separate sites. The Main Site houses Category B and C prisoners. A Local Discharge Unit (LDU) is situated in what was previously the Young Offenders Institution (YOI); this houses low risk Category C prisoners, the Young Offenders having been successfully integrated into the main prison population in 2009. A separate Category D Open Prison, Britannia House, is sited in part of the old Victorian Barracks of the Royal Norfolk Regiment.

- 1.1 The **main reception site** has 5 main wings with the capacity to hold approximately 510 prisoners. **A Wing** is a multi-functional wing; it holds 210 prisoners in 180 cells. It accommodates the First Night/Induction landings, prisoners who are waiting to go to other wings (or who have been returned from other wings), the Integrated Drug Treatment System (IDTS) stabilisation and maintenance landings and, on A6/A5 landings, those vulnerable prisoners who are unable to be accommodated on E Wing due to lack of spaces. The full induction takes place in the adjacent Activities Block. **B and C Wings** (a single complex) serve the local courts and house both Category B and C prisoners (remand, convicted and prisoners sentenced to an indeterminate sentence –life or imprisonment for public protection (IPP). B and C wings have the capacity to hold 225 prisoners. **E Wing**, the only Victorian residential wing still in use on the Main Reception Site, accommodates up to 34 sex-offenders in double and triple cells. **M Wing** currently houses 40 selected enhanced prisoners in portakabin-style accommodation. The **Care and Separation Unit (CSU)** has 10 cells and 2 Special Accommodation Cells.
- 1.2 The **Local Discharge Unit (LDU)** is on the same site as L wing and the Healthcare Centre (HCC). It consists of F and G Wings and houses prisoners with normally less than 12 months to serve and who are destined for release into the local community. It has the capacity to hold 180 prisoners.
- 1.3 **L Wing** houses up to 15 elderly prisoners needing specialised care and is overseen by Healthcare.
- 1.4 The **Healthcare Centre (HCC)** provides Type 3 healthcare for 23 prisoners; the prison's healthcare contract is managed by Serco Health (serco).
- 1.5 **Britannia House** is a separate Victorian building outside the prison walls, housing up to 40 Category D prisoners in open prison conditions, many of whom have jobs in Norwich.
- 1.6 Education is managed through the Offender Learning and Skills Service (OLASS) regional contract with the Learning and Skills Council (LSC).
- 1.7 HMP Norwich has a Certified Normal Accommodation (CNA) of 625 and an Operating Capacity of 769.
- 1.8 The Visitors' Centre is run by the Ormiston Children and Families Trust

## 2. Executive Summary

On the whole, we are pleased about the general direction of the progress being made at HMP Norwich. The management is aware of the deficiencies and is taking steps to resolve most problems.

An unannounced inspection by Her Majesty's Inspectors (HMCIP) took place in January 2012. Having only the feedback on which to base our discussions, we await final publication of the report with much interest. For instance, we feel strongly that the healthcare provision is not acceptable and we think this view may not be reflected in the current Chief Inspector's Report.

In last year's Report we stated that "The Board is of the opinion that healthcare provision in HMP Norwich continues to be deficient following the awarding of the contract to Serco in September 2010; this in spite of sterling and caring efforts by the inadequate number of permanent healthcare staff". Despite continued dedicated work by some of the healthcare staff, this situation has remained basically the same to the extent that we are worried that some practices are clinically unsound. The Governor and Senior Management Team (SMT) persistently question Serco, highlighting their own concerns at the shortcomings and deficiencies within this provision, but are powerless to manage the contract themselves. The Serco managers on site appear to find themselves in the unenviable position of trying to meet the clinical needs of the prisoners, managing a variety of sub-contracts and working within the constraints placed upon them by their company. The latest Healthcare Manager and her clinical lead have just resigned.

Other principal concerns within HMP Norwich still remain (although the planning which has taken place, if successful, should alleviate several of the problems):

- The breadth of activities, education, vocational training and jobs is insufficient. However, detailed planning and a great deal of interaction with outside businesses have taken place and change is expected in the near future. The Head of Resettlement and Reducing Reoffending and his team have worked very hard to attract new training and employment opportunities but in the current climate this is not proving easy.
- We continue to have concerns over the lack of opportunities for indeterminate sentence prisoners - Lifers and Imprisonment for Public Protection (IPP) prisoners - in HMP Norwich.
- The environment and inadequate regimes for vulnerable prisoners (VPs) based on A6 and A5 is not acceptable. It is recognised by the Senior Management Team (SMT) that there should be change. There is to be a re-roll in March 2012 providing VPs with a proper working week and regime, but we have concerns that not every VP will be able to benefit from this arrangement as the planned location for VPs does not have facilities for the disabled.
- The new A wing's multi-faceted nature (see Description – page 3) can cause uncertainty as to its principal function particularly with the additional overspill of vulnerable prisoners from E wing onto A6 and sometimes A5. However, the re-roll in March may allow A wing to redefine itself.
- The dual-purpose main gate is a real hazard for pedestrians and staff. As well as potentially dangerous, much time is wasted by long pedestrian queues waiting to access the prison when vehicles are manoeuvring. The main gate is under discussion again with the National Offender Management Service (NOMS) and a favourable decision is a real possibility at last.

- The laundry is unacceptable. Whilst we appreciate that HMP Blundeston had problems with their newly installed laundry equipment, the clothing that is returned from their laundry is frequently still dirty and sometimes ripped and not always the same size as was sent.
- In spite of marked improvement in the induction programme, concerns remain that not all prisoners receive the full induction.
- The personal officer scheme is not operating effectively.
- Wing applications are not always dealt with diligently. The IMB receives too many applications that should have been sorted on the wings. Also, although property is dealt with initially in Reception at HMP Norwich, some wing staff take insufficient responsibility for making sure that prisoners have in their possession all the property to which they are entitled.
- Some of HMP Norwich's buildings are outdated. Many are not fully adapted for the disabled. Several wings have no lifts. The prison does not provide a fit environment everywhere, in particular the older buildings, parts of F and G wings (LDU), the Care and Separation Unit (CSU) and E wing.
- Learning difficulties and mental illness are not always recognised at Reception.
- Whilst commending HMP Norwich for some excellent and responsible work, we have concerns that no longer does every member of staff have an equally civil and caring approach to prisoners.

Areas of approbation are, in particular, the partnerships with outside enterprises, e.g. Chapelfield and Anglia in Bloom, providing jobs for many of the prisoners. Physical Education (PE) provision remains of a high standard. Resettlement is being improved and the resettlement fairs are an excellent initiative. Ormiston Children and Families Trust continues its admirable work in the Visitors' Centre. Planning for the future is of high standard with involvement from all grades of staff and we are looking forward to the changes due to take place. Also, of course, there are members of staff who deserve recognition for their dedication to duty, their unceasing hard work and their desire to 'make a difference' for prisoners.

We stated in our report last year "On the whole, we feel that HMP Norwich is an improving prison with a majority of staff members who care and want to make a difference to the lives of the prisoners under their supervision". We went on to say "However, we have serious concerns about planned financial cuts. HMP Norwich has become an operationally efficient prison and there is little room for further cuts without reducing staffing levels". We continue to question how HMP Norwich can be expected to proceed with improvement, provide better facilities and an ever increasing reduction in re-offending rates when faced with yet another financial cut. Good, well trained prison officers and other staff can make a difference and turn round a life of offending but they must have the time to deal with the problems properly and engage with the prisoners. Last year we expressed the concern that uniformed staff did not 'appear to have the time to have meaningful discussions with prisoners or to always challenge their offending behaviour'. This situation continues to deteriorate. Through ingenious re-organisation of the prison, the impact of the budget cuts on prisoners has been minimised but our fears have been realised, as levels of staffing have to be reduced. A new regime (embodying a staff reduction of 15) is taking effect on 1<sup>st</sup> April 2012. This regime will rely on smooth efficiency throughout the establishment at all times. There will be by necessity very little leeway for contingencies and crisis management. Whilst applauding the creativity of the plans allowing for greater time out of cell for all prisoners, we condemn the punitive financial demands which have

directed the changes, reiterating our concerns for the future. There appears little scope for further skilful accounting without a detrimental effect on prisoners as more cuts will have to be made next year.

### 3. MATTERS OF NOTE

#### 3.1 Issues for the Minister

##### FOREIGN NATIONALS HELD BEYOND THEIR SENTENCE EXPIRY DATE UNDER WARRANT OF DETENTION ORDER FORM IS91

Prison Standing Order 4630 sets out a clear timetable capable of ensuring that Foreign National prisoners due for deportation can be released, if necessary to an Immigration Removal Centre, on the day on which their sentence ends. It remains a serious concern to the Board that, despite that Order, prisoners are commonly held, sometimes for considerable periods, beyond that day. We realise that some such delays cannot be avoided, because prisoners may make late appeals or refuse to provide necessary information. However, we would regard as unfair, fundamentally and beyond argument, any delays that arise simply from blockages or overload in the operations of the UK Border Agency and are avoidable. (See 4.4.4). **We ask the Minister to arrange for a thorough enquiry to establish what proportion of delays is avoidable and, if necessary, to press for prompt changes in the operation of UKBA.**

##### UK BORDER AGENCY (UKBA) COMMUNICATIONS WITH PRISONERS

All UKBA's communications with prisoners are in English. They contain material of high importance often necessarily expressed in demanding formal language. As prisons accept no obligation to assist with translation it seems likely that some of these communications are never understood. (See 4.4.4) **We ask the Minister to justify this situation**

##### PRISONER TRANSPORT

When Serco took over the transport contract in the eastern region, initially there was considerable confusion. Two contracts effectively merging into one, some drivers did not know where they were going, estimates of journey times and distances were extremely poor and the vans used were smaller and held fewer prisoners. This meant that the same prison van might take prisoners from prison to court, go on to transfer prisoners from one prison to another and then take prisoners from court to prison. In some instances this has caused unnecessarily lengthy journeys e.g. a prisoner was recently taken from HMP Norwich to Norwich court, after court he was taken with other prisoners to HMP Peterborough and then finally he was returned to HMP Norwich (a journey of approximately 7 hours, which should have taken less than 15 minutes!). Vans arrive late in the evening to Reception necessitating prison and healthcare staff working overtime into the night and resulting in tired, hungry, and bewildered prisoners (See Reception 5.4.). **We ask that the Minister has the transport contract reviewed to ensure that such aberrations do not continue to occur and that prisoners are treated with appropriate consideration and humanity when being transported.**

##### PROPERTY

There are obviously huge amounts of prisoners' property that move around the country. The system does work reasonably well most of the time considering the volumes involved but still too much property is mislaid. There needs to be more accountability in the system of tracking and dealing with property both locally and nationally. The property that some prisoners have in prison can be their only possessions in the world and the value of the smallest items to them should not be underestimated.

Some prisoners are transported from prison to court without their property and we have met prisoners who have arrived at HMP Norwich from court with nothing, all their property having been left in another prison. **We ask the Minister to initiate a comprehensive system of tracking prisoners' property and to ensure enforcement of the requirement that prisoners should travel with their property whenever they are being moved.**

#### NATIONAL SHORTAGE OF CATEGORY B PRISONER ACCOMMODATION

We continue to emphasise that the national shortage of training prisons, particularly for Category B prisoners and sex offenders, throughout the prison estate deprives some prisoners of the chance to start to address their offending behaviour in the early stages of their sentence. This can also increase the length of detention in prison for some 'imprisonment for public protection' (IPP) and Life sentenced prisoners, as they have been unable to do the requisite courses through no fault of their own. The dilemmas continue for Lifers and IPPs, with insufficient spaces for these prisoners as they progress through the prison estate. **We ask that the Minister approves an increase in Category B accommodation, with appropriate offender behaviour and training programmes, and that the Minister looks afresh at the complexity of Life Sentenced Prisoners and IPPs.**

#### PRISONERS WITH MENTAL HEALTH ISSUES

As in previous reports, we reiterate that we find unacceptable the practice of confining in a prison those offenders with severe and enduring mental health issues. (See 4.3.2.) **We ask the Minister a) to review again this archaic practice with the aim of providing alternative secure accommodation with appropriate treatments for such prisoners, and b) to ensure full implementation of all the accepted proposals in Lord Bradley's Report 2009**

### **3.2 Issues for the Deputy Director (Custody) (DDC)**

#### EDUCATION AND SKILLS

Short courses are appropriate for local prisons due to the high turnover ('churn') of prisoners but there should be some scope for progression and continuity of courses available within a region to allow prisoners to carry on with their courses if transferred. However, if prisoners do remain within a local prison (frequently due to lack of suitable places within training prisons), there should be training/educational opportunities to assist them in moving forward towards a career. Additionally, there should be scope for IPPs and lifers in a local prison to study courses that would further their progression towards release. **We ask the DDC to deliberate upon a more seamless approach to education and skills within his region and to consider the provision of more courses within the local prisons, particularly as far as IPPs and Lifers are concerned.**

#### RECEPTION SITE ACCESS

We would like reassurance that the main gate replacement project will definitely take place as we continue to fear an accident in the present situation. **We ask the DDC to confirm the plans regarding this project.**

#### REDUNDANT BUILDINGS

A number of buildings within HMP Norwich remain empty. Some of these, with suitable investment, could be brought up to the standard needed for prisoner accommodation, e.g. the old Gurney wing. **We ask the DDC to consider proposing refurbishment of suitable vacant buildings at Norwich, putting them to good use.**

### **3.3. Issues for the Governor**

We have noted that the Governor is trying to instigate a closer senior management team (SMT); this is proving more effective. We regularly meet with the Governor and members of his SMT, who are approachable and generally receptive to our concerns. We are confident that none of the following topics will come as a surprise to the Governor and his SMT as we have discussed them.

#### **CULTURE**

The normally good - natured relations developed and conscientious work done by staff in HMP Norwich can be undermined by the behaviour of some officers, altering the perception of prisoners to the general caring ethos of this prison. Dilatory dealing with wing applications, a casual attitude to cell checks and lack of civility from a number of officers causes resentment from prisoners - and also from their colleagues. We appreciate that the Governor is well aware of this and anticipate he will continue taking steps to address this unpleasant culture found in some members of his staff.

#### **MEANINGFUL ACTIVITY/TIME OUT OF CELL**

Meaningful activities are limited in the prison, particularly for vulnerable prisoners (VPs). We hope to see this improved following the re-roll in March 2012 - but the VPs who do not have full mobility and need to be 'located flat' will not be located with the other VPs and will not enjoy the same regime. Prisoners in the HCC, including the 15 elderly prisoners in L Wing, have little or nothing to do. Throughout the main site and the LDU we find too many prisoners with too much time on their hands, sometimes locked up with nothing to do. Time out of cell statistics are boosted by Britannia House and the LDU figures and we think do not reflect time out of cell experienced on the Reception Site.

#### **NATIONAL ASSOCIATION FOR THE CARE AND RESETTLEMENT OF OFFENDERS (NACRO)**

Staff shortages within NACRO caused lack of cover at HMP Norwich for several months leading to uncertainty and anxiety for some prisoners regarding accommodation on release. NACRO has now added some extra support. However, some prisoners still receive no acknowledgement to accommodation enquiries (particularly if the enquiry comes at an early stage within their sentence) as in this area NACRO does not act until close to prisoners' release dates to be certain of the prisoners' immediate needs and accommodation availability. This can cause great distress for some prisoners who fear homelessness on release; more acknowledgement and better explanation of how the system works might allay some of these apprehensions.

#### **FURTHER EDUCATION**

Provision for low literacy prisoners is adequate, but no further education is available unless outside financing is sourced and obtained by the prisoner. Many prisoners would like to advance their educational qualifications whilst in prison. We do not think it is right to deny them this opportunity, when the reason they cannot be transferred to an establishment providing this further education free of charge is due to the national shortage of training spaces.

#### **LAUNDRY**

Laundry quality is poor. We have been concerned about the state of the clothing for some time and have monitored this closely; coming to the conclusion that the laundry which leaves HMP Norwich is often in a better state of repair than that which is returned from HMP Blundeston. It appears that HMP Norwich order sufficient quantities of varied sizes of clothing but that the same sizes are not always

being returned after laundering, especially the larger sizes. Laundry returning from HMP Blundeston is not always clean; e.g. we noted what appeared as unwashed blood stains recently on a towel and saw stained, soiled T shirts arriving back. Although prisoners initially should receive a full allocation of clothing, not all prisoners receive back their full complement of clothing after laundry.

## RECEPTION AND INDUCTION

The induction programme has been greatly improved but we are not convinced that all prisoners receive the full induction process, particularly if they are moved swiftly from A wing, or are a vulnerable prisoner or are on the Integrated Drug Treatment System (IDTS). We have noted that some prisoners still have not received a full induction after several 'working' days within the prison and they do not know what is expected of them. We have concerns that some foreign national prisoners only receive the induction in English – which they cannot understand. However, we applaud the prisoner representatives and the orderly in Reception who meet prisoners as they arrive in HMP Norwich, and the representatives at the first night centre on A1 and the wing representatives on the wings, who explain at least some of the prison's routines.

## 4. MANDATORY REPORTS

### 4.1 Safer Custody

#### 4.1.1 General Safer Custody

Monthly meetings are chaired by the Head of Safer Custody, who is now directly accountable to the Governor. The relevant internal departments attend safer custody meetings, as do Samaritans, Listeners and an IMB observer. In spite of repeated requests, Serco have attended no meetings during this reporting year, even when action points are directly within their remit. Some healthcare staff (generally a safer custody nurse) attended 9 of the 13 the monthly meetings held in this period but they did not have the authority to implement or manage any changes or outcomes.

There are major concerns that Healthcare seems unwilling to share important information that might assist in keeping prisoners safe. An example of this is the refusal to make available - on the prison's secure computer system - the names of prisoners who have been identified as having mental health problems for reasons of patient confidentiality. We feel that some understanding could be reached which would allow these prisoners to be identified without compromising medical ethics.

Cell Share Risk Assessment (CSRA) has improved during the past year in accordance with the new PSI.

The number of Assessment, Care in Custody and Teamwork (ACCT) documents remains high at 555 during the year, sometimes with as many as 40 cases open at any one time, mostly on A Wing. Following comment from HMCIP at the previous inspection about the excessive amount of open ACCTs, last year at 665, the prison has succeeded in reducing the numbers of open ACCTs by 110. However, it is interesting to note that when more ACCTS were opened last year (665 to 555 this year), there were fewer incidents of self-harm (316 to 411 this year), and this statistic could warrant further investigation. The quality of ACCTs is monitored regularly but some of them have been found to be unsatisfactory with inadequate entries and with no evidence of quality interaction with the prisoner. Prisoners on open ACCTs have been kept in the CSU, which might cause concern. We are satisfied that the due process of the safety algorithm is applied but note that a Governor can override the algorithm on the grounds of the security of the prison and safety of other prisoners.

During the year, the Samaritans have carried out 3 training sessions for Listeners and most wings have active and helpful Listeners who perform a vital role. There are approximately 16 trained Listeners at any one time spread out over the prison – with the perennial dilemma of whether to keep them on their wing as the dedicated wing listener or ‘progress’ them through the prison. Some Listeners have ‘passports’ to go to other wings if necessary, although they report that they are rarely called upon to do this. However, one Listener from M wing goes daily to Reception to help with new arrivals at the prison. It is noted that some Listeners on A Wing have stated that they are not always taken to new prisoners who arrive late in the evening. Sometimes this can be due to lock-up or roll call, but we feel that every prisoner newly arrived at HMP Norwich should always have access to a Listener on their first night. We have had a few reports that prisoners have been denied a Listener on other wings on occasions but we have no evidence to back this assertion.

The monitoring of cell bells has shown a significant number of times when a prisoner has been left for an unacceptable length of time before the bell has been answered. We understand that there is to be more intensive monitoring of the cell bells in the future and hope that this will result in a reduction of the delay in responding. However, as only A wing has an automatic monitoring system, we cannot be assured as to how reliably other wings will be monitored.

There was a noticeable lack of available activities for those prisoners who chose to stay in cell rather than attend activities/education. Packs of paper activities such as puzzle pages and jigsaws have been created and made available, providing something for these prisoners to do but these resources are still limited. Some of these activities are suitable for non-English speaking prisoners.

There are continuing concerns about the pharmacy arrangements as, too often, newly prescribed or repeat medication is not in stock, causing understandable anxiety and some serious problems for some prisoners. Prisoners can arrive at HMP Norwich on very important medication and have to wait, sometimes for a weekend and sometimes longer, until their medication comes into stock and is dispensed to them. There are mistakes and delays and we have concerns that there have been occasions when the practice has been clinically unsafe.

Following alteration to the timings of the core day, not all nurses arrive at the required time; in some cases the timings in their contracts do not meet the current needs of the prison. This delays the dispensing of medication and consequently impacts on the movements of prisoners and the smooth running of regimes. As many of the services have been sub-contracted out by Serco, management of any change can prove very complicated particularly, for example, when necessary regime changes could alter the terms and conditions of these sub-contracts.

Safer custody nurses have been disbanded as a specialised team and have been integrated back into primary care.

5 inquests have taken place in the reporting year. These 5 deaths were all from natural causes following prolonged periods of ill health. IMB were in attendance at these inquests. The Coroner noted that no Mental Capacity Act Assessment had been made in any of these cases. The Coroner suggested that the processes for any release on compassionate grounds should begin as early as possible as one prisoner had deteriorated so quickly that it had not been possible to release him. We note again that the length of time before an inquest for those held in custody is normally longer than for the general public and would reiterate that this can cause distress to prisoners’ families and friends.

During the reporting year, there have been 8 prisoners who have died; 6 inquests still have to take place. Of these 8 deaths, 5 have been classified as from natural causes (mainly elderly prisoners with

long term illness), two have been classified as self inflicted and one death is unclassified as yet. The prison tries hard to handle bereavement sensitively and to involve the families at this difficult time. There are currently only 3 trained Family Liaison Officers (FLO) and, on one recent occasion, an untrained Governor had to act as FLO, which is inappropriate. This inadequacy has been recognised and three more personnel have been identified for training.

Big Word, a facility for telephone interpreting for non-English speaking prisoners, has been found to be inadequate (e.g. in an adjudication in April 2011, it took four attempts to speak successfully with a mandarin translator). It has been replaced by Applied Language Solutions. This more comprehensive service offers assistance with telephone interpreting, face-to-face foreign language interpreting and British Sign Language and Deaf/Blind. We have not yet had the opportunity of monitoring its effectiveness fully but early signs are encouraging. However, we do have some concerns that not all staff know how the new system works and also that the language service is not used as often as it should be. We do feel that some prisoners could be considered non-compliant or ill-behaved when sometimes it could be simply that they just do not fully understand what they are meant to be doing and experience frustration when they cannot make themselves understood.

There were 624 recorded violent incidents during the reporting year, this compared well with 1,235 violent incidents recorded in our last year's report and 824 in the previous report 2009-2010. It is noted that the prison records violent incidents assiduously and minor incidents are also recorded.

There were 238 incidents of use of force/control and restraint (C & R). Of these incidents, 56 were where intervention was planned. Ratchet cuffs were used 117 times. There were 23 injuries to staff and 31 injuries to prisoners but the prison received only one official complaint from a prisoner. Please see Appendix 3 for the Location of Incident figures and ethnic breakdown of C & R/Use of Force figures, these do not highlight surprises or concerns. Figures for use of force remain high but we believe every incident, however minor, is recorded. We believe de-escalation tactics are used appropriately. Planned interventions are now filmed. The incidents we have observed (we are notified of planned interventions if an IMB member is on site) have all been handled professionally and we have had no concerns about the planning and the execution of these interventions. However, we understand that the filming of the interventions has not always been properly recorded due to errors in the handling of the recording device; this despite camera operatives having been trained. Obviously, we cannot be pre-notified of unplanned interventions but if a prisoner is being brought down to the CSU following an intervention, we are sometimes alerted in time to monitor some of the proceedings. We would appreciate increased attempts to alert us on these occasions. On these occasions also, we have considered that the process has been professional, and considerate of the prisoner's safety and wellbeing.

#### 4.1.2 Security

HMP Norwich continues to battle against diversion of medication and illegal drugs and mobile telephones entering the prison. The intelligence system is well-established internally with strong external links with national and local police. The security department is aware of problems and takes considerable measures to solve them. There is good use of well-handled drug dogs and other preventative measures. Mandatory Drug Testing (MDT) results have shown quite high failure rates in some months but we think that this is a problem with the procedures. If the prisoner is a new reception who has taken substances before he came to prison, some early MDT results will fail as some substances can stay in the system for up to 30 days. If new receptions are taken out of the figures, the failure rate is well within the expected parameters.

The new Security Governor is reviewing all paperwork and practices, some of which had become outdated. The contingency plans are being reviewed. There is to be a security audit in April 2012.

#### 4.1.3 Serious Incidents

In addition to the deaths in custody, three further incidents were classified as serious incidents during the reporting year. These were swiftly controlled and IMB members monitored the events and outcomes.

#### 4.1.4. Care and Separation Unit (CSU)

CSU accommodation - consisting of 12 cells, 10 furnished and 2 special accommodation - is outdated but is kept clean by efficient orderlies. The showers were improved last year and a review of the facilities and routines has begun, aiming to bring the unit in line with current practice.

The unit has a great deal of success in calming recalcitrant prisoners. A common-sense attitude prevails with understanding but also clearly defined parameters and expectations of behaviour.

Purposeful activity within the CSU is limited, with rarely any education, no in-cell exercise, no work, no offending behaviour programmes, no association or joint outside exercise with other prisoners – but the objective and general practice is that prisoners will not have lengthy stays in the unit without good reason. The prisoner's wellbeing and his regime are documented and regular reviews are held with the prisoner present (unless he refuses or is being too disruptive for the safety of the review panel). Reviews are held within the time parameters. IMB members attend most reviews or if unable to attend, check and sign off the paperwork if they are in agreement with the decision. We have not had cause to disagree with a decision during this reporting year but have highlighted any concerns that we may have for individual prisoners.

Chaplains visit daily, but the risk assessment process to attend services in the chapel/multi-faith centre for prisoners held in the unit is very complicated and rarely does a risk assessment appear to result in a CSU prisoner attending a service.

Stays in special accommodation are generally very brief, it being made clear to the prisoner that as soon as his behaviour improves, he will be returned to normal CSU accommodation. This approach is usually successful and most prisoners remain in special accommodation for a very short time unless they are being very violent or abusive. We are notified, see and normally speak to the prisoner, read, agree and sign all special accommodation documentation. We monitor special accommodation prisoners especially carefully and although remarking that these cells can be very cold in winter, have not had other cause to approach senior management regarding the care of these prisoners during the reporting year.

A great deal of time is spent by officers, governors and other members of staff talking to and persuading prisoners to take responsibility for their own actions, although this communication is not invariably noted adequately in the paperwork.

The unit is used for prisoners under suspicion of illegal activity on the wings. The prisoners complain that they are given insufficient information about their supposed activities. They can feel aggrieved, especially when they are returned to the wing following investigation without adequate explanation or charges being brought against them.

There is a safety algorithm system carried out by healthcare for checking the fitness of every prisoner to stay in the unit. However, a number of prisoners on ACCTs do pass the algorithm and governors have overruled the algorithm on a few occasions, stating it is for the safety and security of the prison and other prisoners.

We consider that the risk assessments of each prisoner should be more individualised to ensure that strip searching of prisoners entering the unit is not done as a matter of course but is appropriately targeted at those prisoners who may be concealing illegal items.

IMB members visit the CSU almost daily and, beyond our comments above, we are satisfied that the unit delivers the somewhat limited regime whenever possible.

## **4.2 Learning and Skills**

### **4.2.1 General**

Education provision has shown some positive improvement this year, but there are still significant areas needing development.

There remain too many educational spaces not used by prisoners and we would hope that further encouragement and incentives might improve this situation. The pay has been increased to encourage prisoners to attend education but the prison and education staff need to be still more proactive in ensuring that those spaces available are filled, as too many prisoners are idle during parts of the day.

Teaching and learning are good overall, with some effective use of mentors' skills: this has encouraged more positive relationships between prisoners.

At long last, after many years of hoping, a very positive start has been made with the introduction of the Toe by Toe reading scheme to help those many prisoners who struggle with basic reading skills. The tutor involved has worked very hard to establish the scheme and there are now a good number of prisoner mentors who are beginning to work with a paired prisoner mentee. Within a local prison with its inevitable turnover of prisoners, it is not easy to manage this work, but the recent success has been most encouraging and demonstrates what can be achieved with a positive 'can do' attitude.

Short courses have become particularly effective with prisoners achieving well and obtaining good qualifications. However, there is little scope for progression within HMP Norwich as only basic skills are prioritised. No further education is readily available and no real skills progression provided. We are concerned by reports that in future all courses may be targeted towards employment. Whilst appreciating the many benefits of this approach, we feel its achievement can only be at the detriment of social, emotional and creative activities - which have proven therapeutic values. The standard of artwork at HMP Norwich is high, with work attractively displayed in the classroom and items have been entered for the Koestler Awards.

PE provision continues to be very good and dynamic across the prison and a well-managed support programme for men's health issues has been developed: prisoners have received this very favourably. Some prisoners have gained qualifications as health trainers, sign posting their peers to expert help. Equipment has been updated on the LDU site and all PE training and programmes are of a high standard. There are facilities for outdoor sport on the LDU but none on the Reception Site. Prisoners within Britannia House can use community facilities for PE and sport. A very happy and successful family sports day was arranged last summer on the LDU by the PE department in conjunction with the Ormiston Trust and we hope that this initiative will be repeated in the future.

However, we are fully aware of the personnel commitment involved in staging this and fear that budget cuts and staff shortages will prevent this happening again.

There is a commitment to improve library provision across the prison, although book losses/damages are too high. To ensure that prisoners take more responsibility for the books loaned, the Incentives and Earned Privileges (IEP) procedure is now being used. We will monitor the effect of this over the next year. There is insufficient provision of self-help books, i.e. for mental health etc., and an improvement in this would be beneficial, as would a supply of more contemporary legal books.

#### 4.2.2 Reception Site

Within the skills area, resources and the finished work in the print workshop are outstanding, and work is nearing completion within a newly refurbished Vocational Training Centre (VTC) to have all the industries provision under one roof. This should encourage greater opportunities for prisoner employment over the next year and a number of new employers have expressed interest in providing work, although this is yet to materialise. However, with the downturn in the economy, it appears increasingly difficult to source work for prisoners, even in the print shop, and some prisoners do not get the opportunity to do meaningful work. We are looking forward to the completion of the VTC area and we approve the detailed planning done to provide this facility but we hope that local firms will take up the challenge of providing skills training and jobs for prisoners to help develop their businesses.

There are significant challenges ahead, particularly the need to provide greater opportunities for all prisoners across the Reception site so that these are raised to at least the level of provision currently available within the LDU.

#### 4.2.3 Local Discharge Unit (LDU)

Provision, progress and measurable success are much more effective within the LDU compared with the Reception site. Within the LDU some 80% of prisoners are engaged in purposeful activities, including very positive provision of outdoor opportunities. The painting and decorating workshop has proved popular, teaching good basic skills, together with scope for some more ambitious and creative projects. It would be beneficial if more training opportunities were available and we understand the management is hopeful that agreement will shortly be forthcoming with a large national but locally based company for a new enterprise within the unit. The resettlement team assesses the job market on a regular basis to ensure that any training will match the job opportunities in the community and that prisoners will not be trained in areas where there are no available jobs. Releases on temporary Licence (ROTL) have increased, providing prisoners with the chance to undertake more meaningful work with a view to the future whilst still under prison jurisdiction.

#### 4.2.4 Resettlement

This year has seen positive progress in this area, particularly within Britannia House and the LDU. However, there is much further to go. Britannia House open prison at HMP Norwich has gained national recognition for its achievements in working with Category D prisoners. Prisoners can obtain great benefit and enhanced employment opportunities from working in jobs within the community, in preparation for release. This increases the hope of prisoners not re-offending, becoming reformed citizens within their communities and can help foster stable relationships within the family unit and beyond.

The LDU has matured in its approach, encouraging some Category C prisoners to go out each day to work either in the prison grounds or in Norwich, under the strictly controlled conditions of ROTL

(Release on Temporary Licence). Public protection issues within this area appear well-managed and well risk assessed.

There has been less success with resettlement within the main prison. Difficulties remain for those prisoners serving sentences of 1 year or less who are not eligible for the LDU or for ROTL. While prisoners within the LDU have the opportunity to plan effectively for release via positive pathway programmes towards reintegration into society, such planning remains problematic for short sentenced prisoners who remain on the Reception site -particularly those who are not entitled to sentence plans (OASys) as they do not meet the criteria.

The TRIBAL Company is contracted to assess all prisoners for their resettlement needs. We are not convinced that the follow up from these assessments is completed in all cases.

We have been worried about help and advice on retaining tenancies and providing accommodation on release. NACRO has had staffing difficulties and although other NACRO staff were seconded to help, this service was sketchy and poor at some stages during the year. We received several applications from prisoners unnecessarily fearful that they would be homeless on release as their applications for help had not been acknowledged and they were not informed that help would be available closer to their release dates.

The debt advice service ceased and although there is now help, it does not fully match all the prisoners' needs being aimed more at money management than resolving debt.

A virtual campus computer system has been introduced in the LDU which signposts prisoners towards assistance and job opportunities. It is planned that this system will be rolled out on to the Reception Site if funding is received. The prisoners using this system have reported favourably on its usefulness.

The prison has introduced Resettlement Fairs, inviting community organisations and employers into the prison to promote prisoners' awareness of the job choices and support available in the community. The prisoners' feedback from these fairs has been very encouraging. Also local business leaders have been invited to the prison to encourage their participation in the provision of opportunities for helping rehabilitation of prisoners. The involvement of the community within the prison helps diminish the isolation and ostracism felt by some prisoners and can revive hope for the future. We applaud those business leaders who have risen to the challenge and given some prisoners the chance to turn their lives around and would encourage others to look at what they might be able to do to help provide work experience and job opportunities.

The prison is actively trying to establish a schedule providing a 'working week' for prisoners, many of whom may not have had a job recently, if ever. This should help them to get into the mindset of a working lifestyle and routine and prepare them for the future.

Credit must be given to the Reducing Reoffending and Resettlement team for their efforts to improve this area of the prison. There is a long way to go as yet, more employment must be found, but the improvements are marked.

## **4.3 Healthcare and Mental Health**

### **4.3.1 General**

In our last report we were hopeful that the service provided by Serco (who took over the contract to supply and manage the provision of healthcare in October 2010) would be an improvement on what preceded it. The situation is almost unchanged although there has been some improvement in particular areas. The latest Healthcare Manager and her clinical lead have recently resigned. We found them approachable and ready to try to act upon the findings of our reports – although they were not always successful in their endeavours. They stated that the obstacles they encountered were in some cases insurmountable and stemmed mainly from outside the prison service. They advised us that they found it necessary to leave, as they could not progress the service as they would have liked, and we are hopeful that their action may help to highlight the major problems within this service.

Although the greatest number of applications we receive are in relation to healthcare, over the last few months this appears to have begun to decline very slightly. There are now permanent GPs in post, who do understand their patients and life in prison rather better than locums. They are complemented by nurse practitioners. Our applications reflect the prison's Request /Complaints - both sets of data depicting unacceptably high levels of complaints on medical matters.

Many problems still persist:

- Medication is not dispensed to the prisoners on time and in a consistent way. There are far too many times when prisoners do not get to work or education on time because there has been a delay caused by the delayed or tardy dispensing of medication. This situation improves when there are regular nursing staff on duty, who, in some cases, are able and prepared to arrive earlier than their original contract dictates.
- Repeat prescriptions are often not processed efficiently, meaning that the prisoner can be without vital medication for an unacceptable length of time. The causes for this are varied.
- Some prisoners come into the prison on prescription medication which is not in stock; sometimes the ordering process can be extremely slow and prisoners suffer while waiting for essential medication.
- The pharmacy assistants deliver medication to the Reception and LDU sites but are not authorised to dispense all medication. Due to medication inadvertently not ordered or delayed prescriptions, they frequently have to cross the sites on several occasions to deliver medication. The lead pharmacist has handed in his notice.
- We receive reports from prisoners that they do not always receive the correct medication or correct doses of medication. The level and frequency of these complaints are such to lend veracity to these allegations.
- While a nurse with special responsibility for patients with chronic diseases has been appointed, prisoners with complex illnesses are not always followed up.
- System 1 (the computer system for healthcare staff) seems to be unnecessarily complicated; patient notes are often not complete and it appears they are often not read by the medical professional responsible for patient care.
- There are complications with several of the current contracts of the healthcare staff not matching the needs of the prison. The regimes of the prison demand certain hours of work and in some instances these are not being met. Some nurses are prepared to work hours outside their contracts to ensure that their patients are cared for; for some nurses this is not possible. Nurses who start work late can delay dispensing of medication which delays the delivery of the prison's regimes and this can upset the core day of the prison. However, we know that some nurses have worked often much later than their contract dictates to ensure that prisoners are health screened in Reception, including late arrivals at the prison.
- Some of the healthcare staff and doctors have complained about intimidation from prisoners. We do not have evidence as to how this may reflect upon the treatment given but would hope

The long- term future of the inpatient unit is still being discussed. Although the building itself is outdated, the in-house provision of a hospital unit is an advantage for the prison and the prisoners alike.

L Wing, the elderly lifers unit, now appears to be housing more elderly prisoners from the local region, rather than nationally as before. It has the 'feel' of a rather sad old people's home with fewer visitors and little to do. The rather cheerless large sitting room with a games table and big TV is often nearly empty. The pretty garden with its poly-tunnel greenhouse provides some interest. Some prisoners have come to regard L Wing as their home and the end of life care is commendable.

We would like to commend some of the healthcare staff for their dedication and care in what has continued to be a very turbulent and difficult time

#### 4.3.2 Mental Health

At present, health screening in Reception is carried out by Registered General Nurses (RGNs) who can call on the services of Registered Mental Nurses (RMNs) when they judge that necessary. It would be a serious concern if, as has been suggested to us, this process sometimes fails to detect serious mental health problems. Therefore, we are pleased to hear that it is planned to revise reception screening by having RMNs routinely on hand. Details are not yet settled and we shall wish to monitor matters.

We welcome increased success in transferring prisoners with severe mental illness to secure outside facilities. Questions arise as to whether people for whom that is necessary should have been sent to prison in the first place and even brief periods in prison may make matters worse for them. (See Issues for the Minister, Page 7, and The Bradley Report, Appendix 2)

A series of one-day mental health awareness training sessions has been held. Not all staff dealing with prisoners have been trained and at present no further training is scheduled.

The Norfolk and Suffolk Mental Health NHS Trust, as part of the national Increasing Access to Psychological Therapies (IAPT) initiative, have put plans in place for introducing a service (to be called 'Wellbeing'). Its main clinical remit (anxiety and depression) appears to overlap in part that of the RMNs in Primary Care and we shall wish to hear how the relationship between the two services comes to be defined.

Mental health care in the prison will now come from several separately managed sources: GPs and RMNs in Primary Care; the Inreach Team provided by Partnerships in Care; and, soon, the Wellbeing service from the local Mental Health Trust. There is also a Counselling Service provided by an outside agency, not managed as part of health care. The Board finds it hard to resist the conclusion that this extensive array of skills would be managed best and most flexibly as a single mental health service. We hope that such an arrangement would be considered carefully in any future renegotiation of contracts.

#### 4.3.3 Drugs and Addictions Strategy

When the integrated drug treatment system (IDTS) was first introduced, original plans were for c60 IDTS prisoners at HMP Norwich. This number rapidly grew to closer to 160. Recently numbers have reduced down to c120, which is more manageable but still brings difficulties in dispensing to such

large numbers. This reduction is partially because, after long negotiations with other prisons in the region, IDTS caps on numbers have been removed, enabling drugs stabilised IDTS prisoners to be moved on more easily to training prisons.

Diversion of medication continues, in spite of security measures being in place – mainly methadone and subutex and other medications with a resale value on the wings (see Security) – causing some bullying and fear.

Not all methasoft machines are working and iris recognition is still not functioning; due to technical problems not being resolved by the company. However, the dispensing of IDTS drugs is now more controlled, with more regular nurses in position rather than transient agency staff. However, we still receive applications from prisoners stating that they have not received the correct doses or sometimes that either they have not received any medication at all or they have received someone else's medication.

Management and most members of staff are aware of and accept the need for prisoners to receive their IDTS medication before court or release. However, this has not always been reflected in practice; on one occasion a staff member was not prepared to be appropriately flexible and on others no qualified nurses were available early enough to dispense before transport had to leave.

Some prisoners are still arriving late for activities due to delays in issuing medications.

There are good Basic Skills Recovery Courses (BSR). The Counselling, Assessment, Referral, Advice and Throughcare System (CARATS) team is now adequately staffed, having had problems with staffing levels during the year. Alcohol awareness courses are now held every six weeks. A-Z Motivational Courses are also held with some success in helping prisoners move forward.

Representatives from Gamblers Anonymous and Narcotics Anonymous have been vetted and visit the prison. Alcoholics Anonymous representatives are awaiting clearance through the necessarily stringent security procedures.

## **4.4 Diversity**

### **4.4.1 Equalities**

The Equalities Action Team has met monthly throughout the reporting year. Initially attendance was poor by uniformed staff and diversity representatives but this has improved.

The Board is encouraged to note the significant progress that has been made throughout the prison. Each wing now has a dedicated Equalities Officer reporting to the Equalities Team Leader. The prison has appointed a Disabilities Co-ordinator, a Disability Liaison Officer, a Foreign National Co-ordinator and a Transgender Officer.

Fairs have been held for disabilities, jobs and resettlement. Foreign Nationals' surgeries have taken place with immigration officers from Croydon and Swaffham.

A chair lift has been installed in the visits area to service the upstairs video links, legal visits, children's visits etc. However, many of the prison buildings are old and very difficult and expensive to adapt for all disabled prisoners. Prisoners unable to climb stairs have to be 'located flat' in many areas as few of the wings have lifts.

Prisoners with disabilities should be identified on reception and the Disability Officer informed but we do not think prisoners with learning or language disabilities are always recognised. The Disability

Officer assesses the level of disablement and should inform the unit to which the prisoner has been allocated. Individualised evacuation plans are in place for all physically disabled prisoners but we are not convinced that these plans are necessarily in place for prisoners with, for example, hearing or learning difficulties, etc. The Board is concerned also that this information may not always follow the prisoner throughout the prison. We understand that procedures are being put in place to rectify this situation.

Concise statistics are kept of diversity information. We do not have any evidence that black and minority ethnic (BME) prisoners are disadvantaged and the gathered information does reinforce our opinion. Any out of range figures on this data are generally justified by multiple offences by single prisoners. Figures for BMEs segregated for Good order or Discipline (GOOD) and those figures for BME ROTL/Total Prisoners Released were in range for most of the year. We have not seen any examples of BME prisoners being treated unfairly, failing to get a job or being handled differently from any other prisoner. However, we appreciate that the perception of some BME prisoners does not reflect this view.

#### 4.4.2 Older prisoners

The prison is beginning to recognise the needs of the older prisoners and to address the lack of activities specifically targeted at this group of prisoners. The older prisoners 'Out and About' group on the Reception site is well attended each Thursday afternoon, providing an opportunity for older prisoners throughout the Reception Site to meet together and participate in general activities. E Wing is to be re-rolled as a quieter, 'mature unit' following the re-roll in March 2012, aiming to provide prisoners with a peaceful environment away from the hubbub of the other wings. L wing continues to have limited activities, although Age Concern and members of the Official Prison Visitors (OPVs) visit the wing regularly.

#### 4.4.3 Young offenders

The Young offenders have integrated well with the older prisoners and are a settled part of the establishment. The numbers of young offenders together on landings is closely monitored by the prison to make sure that ideally the percentages of young offenders on any one landing does not rise above 25%.

There have been a couple of occasions when a young offender has been paired inadvertently in a cell with an adult. When aware of this, officers have been swift to move the prisoners concerned.

The Board is pleased to note that the prison management team appears keen to increase suitable purposeful activities within the prison targeted at Young Offenders.

#### 4.4.4 Foreign Nationals (FNs)

HMP Norwich holds a far greater diversity of ethnic backgrounds than there is in the local community. For example, in HMP Norwich in December 2011, out of 763 prisoners, 664 were English. The remaining 119 prisoners were of 36 different nationalities, speaking 29 different languages as their main language.

A Foreign National Co-ordinator has been appointed, there is now a Foreign Nationals Policy, and the Foreign Nationals Committee meets regularly.

The Board has several areas of concern about difficulties with language for non-English speaking prisoners.

We are disappointed that all the Border Agency's communications with prisoners are in English. They contain material of high importance often, of necessity, expressed in demanding formal language. As the prison accepts no obligation to assist with translation it seems possible that some of these communications are never understood. (See Issues for the Minister, Page 6).

Two resources for prisoners in difficulty are access to Listeners and the Samaritans helpline. Listeners cannot make use of the Language Line service and it is only by chance if a Samaritan speaks foreign languages. It has to be a concern that FN prisoners with poor spoken English may have to go without support when they most need it.

The induction process takes place in English and we have seen some non-English speaking prisoners sitting in induction, really not understanding the process.

We feel that sometimes poor or non-English speaking prisoners may be considered as 'being difficult' when it is not being recognised that prisoners who appear to speak some English may not always understand.

We continue to be concerned over the use of IS91s to hold foreign national prisoners in prisons after the expiry of their sentences. One prisoner continued to be held in HMP Norwich from his sentence expiry date in May 2010 whilst he contested the UKBA decision. (Only very recently has he won his case and returned to his family in the UK – but as his sentence was lengthy we cannot understand why the process was not begun and concluded several years ago). Another remand prisoner continued to be held in HMP Norwich on IS91 after all charges against him had been dropped. We remain strongly of the opinion that the UK Border Agency is not efficient in the processing of prisoners' immigration status and would urge the Minister to press for changes in the workings of this Agency as an early priority. (See Issues for the Minister, Page 6).

#### 4.4.5 Chaplaincy

The Chaplaincy Team is conscientious and visible throughout the prison. The Coroner has praised its work, especially in L wing with the elderly lifers. It is strengthened by having 3 full time chaplains supported by a diverse team of 8 sessional chaplains who regularly visit the prison and assist in the routine work of the department. The chaplaincy team caters for all faiths represented within the establishment.

During the reporting year a new and ordained Anglican chaplain was appointed to make up the team. He was installed as a prison chaplain by the Bishop of Kings Lynn at a special chapel service within the prison and has taken up his post with enthusiasm.

A Roman Catholic candidate was interviewed in October 2011 and offered the position of Roman Catholic chaplain. The Board understands that he has accepted subject to satisfactory clearance procedures, however these, coupled with the introduction of the 'Fair and Sustainable' terms and conditions together with the recruitment freeze, have prevented him taking up his position as yet. Although those of the Roman Catholic faith have been well tended in the absence of a full time Roman Catholic chaplain, it will be beneficial when the candidate can take up this post.

The Board notes that on the Reception Site a multi-faith prayer room has been provided in the Activities Block and, although space is at a premium, this prayer room offers an alternative religious space for pastoral care and religious education for prisoners. The disabled can access the prayer room via a lift, unlike the Chapel on the Reception Site which is sited on the first floor of the old A wing with no lift or disabled access. There are ablution facilities available on the same floor as the

multi-faith prayer room but not within the prayer room area itself. This can be disruptive and cause inconvenience for Muslims needing to use the facilities during prayers, as access is through several locked doors.

## **5. OTHER AREAS OF NOTE**

### **5.1 Health and Safety**

#### 5.1.1. Staff Training in Health and Safety

Managers have not been putting forward enough staff names for training; some of those put forward are not reporting for training and the training manager is not being informed of non-attendance or the reasons why.

Mandatory training areas include:

- 1) Cell Snatch Rescue Equipment (CSRE). The requirement is that all CSRE members have annual refresher courses and not all CSRE members are up to date in Norwich.
- 2) Manual Handling Course. This is an important course to prevent injuries and not all staff are trained.
- 3) Use of Hydra-Misting System. This course is important for all night staff and day staff working on the landings. We are not convinced that all key staff have been trained in the use of this equipment.
- 4) Fire Safety Awareness Course. Attendance on this course makes staff aware of the potential risks of hazards e.g. the need to remove rubbish on fire routes, keep all fire doors closed etc. As we have found rubbish on evacuation routes, we question whether staff have been trained or whether they are applying their training.

This poor attendance on courses affects the performance of the prison. At the last inspection an audit mark of only 68% was recorded for this area.

#### 5.1.2. Accident Reporting

There are overdue investigation reports from all areas: Security and Operations – 2, Healthcare – 5, Residential – 3, Offender Management and Development – 5.

There have been two accidents in the Reception chapel when prisoners have been trying to open or close the windows. One of these accidents resulted in the prisoner having to stay in hospital for over 24 hours having seriously cut his arm on glass.

#### 5.1.3 Fire Alarms and Evacuation

There have been a number of fire alarms activated in A wing activities block. The education staff and the operational staff appear to have differing opinions as to the required actions in this event.

#### 5.1.4 Main Gate on Reception Site

An investigation report on an accident between a member of staff and a large delivery vehicle is overdue. Some of the vehicles arriving at the gate are very large and although the sterile area was

enlarged to accommodate these longer vehicles, some lorries can barely fit through the gate area. This area continues to remain a main concern of the Board.

## **5.2 The Kitchens and Catering**

The two kitchens continue to provide a reasonable diet in spite of the restricted funds available for catering. We do not receive many complaints as a general rule although at Christmas there were some complaints received about Christmas dinner, particularly from the LDU and Healthcare. However, food prices have risen considerably during the reporting year and we have noticed that some prisoners have complained about lower quality. We continue to taste food regularly.

It is important that food temperatures are checked conscientiously and that the probes all are in working order on the serveries - particularly as the food has to be trollyed for long distances throughout the establishment. It is also important that portion control is monitored carefully by the staff to make sure that all prisoners receive their fair share of food and no favouritism is allowed.

The Catering Manager took early retirement after many years' service and a new catering manager was appointed and has just taken up position at the end of February 2012.

Breakfast packs are distributed the night before and are unchanging, bland and limited in content. Milk is handed out daily.

Prisoners could gain catering qualifications in the Reception kitchen as well as in the LDU kitchen and we feel that this is a missed opportunity.

## **5.3 Visits**

The system for booking visits has improved with a dedicated Visits telephone line and an online booking system. The online facility, having been requested by prisoners' families, is not used very much; it might be helpful if the system could offer alternative dates, rather than just a refusal if visits are full. The Visitors' Centre continues to be run by the Ormiston Children and Families Trust (Ormiston), who provide a welcoming and caring environment. The Trust's work remains an example of good practice although a review of the programmes and services offered by Ormiston, together with a reduction in staffing, is taking place due to the terms of the new contract following a tendering process.

Normally visitors do not have to wait too long before being called down to the visits hall, although they can have long waits outside the main gate before entering the prison. The Board continues to express its fears for the safety of prisoners' families and friends entering the Reception site through the joint pedestrian/vehicular gate. There have been a few occasions when the Visitors' Centre has not been advised that the Visits Hall is ready and families and friends have had to wait.

On the whole the visiting halls are acceptable, though not entirely welcoming. The cramped and ill-ventilating holding rooms on the Reception site, previously used by prisoners waiting to be called into the visits hall, are no longer being used, which is an improvement as prisoners now enter the visits hall directly and are seated before visitors arrive. Prison staff need to remain aware of 'no shows' by visitors so that a prisoner is not left sitting alone at a table.

The refreshment counters have been replaced by vending machines apparently due to discrepancies in stock and accounting but the Board feels that this is a retrograde step; the reassurance of the personal touch has gone. The vending machines have proved to be unreliable, there is limited choice,

the contents are expensive, restocking does not take place at week-ends (stocks can be running low by Sunday), and no maintenance takes place at week-ends in the event of a breakdown.

#### **5.4 Reception and Induction**

Prisoners on ROTL have been allocated to the Norwich Court to talk to and reassure prisoners who will be coming to HMP Norwich for the first time.

A prisoners' representative from A wing greets new arrivals at Reception every afternoon from 14.30. A recent improvement is that it is always the same friendly representative who knows the system well. This representative talks to each prisoner whilst he is waiting for healthcare screening and goes through the gym induction paperwork with him. He goes through a short induction booklet designed for those prisoners who have never before been to prison. There are also translation booklets in various languages containing some standard and useful questions, useful for communicating with non-English speaking prisoners.

All reception prisoners are offered food and drinks on arrival and the reception staff are friendly, efficient and polite. The Reception was refurbished during the last reporting year but is small and the holding rooms are stark. A private interview room is now available and prisoners are health screened by nurses before being taken over to the first night centre on A wing. We understand that prisoners are offered a free telephone call unless there are doubts regarding public protection issues when we have seen staff offering to make a telephone call on behalf of prisoners. This is a busy and challenging area of the prison; the staff are professional but welcoming and upbeat and do a very good job, especially with first time prisoners who may understandably be very nervous of what awaits them.

Serco transport from the courts is unpredictable. At times they arrive at a reasonable time from the courts, allowing proper processing of prisoners, at other times they can arrive very late. We have monitored a late phone call being received from Peterborough one night, shortly before shifts were due to change, saying that prisoners were about to leave there en route to Norwich. Reception staff have had to work until midnight on occasions to process the prisoners, which is neither fair on prisoners nor on the staff. There are normally two nurses on duty until 2030 when a night nurse is briefed and takes over at 21.00. The night nurse is on call throughout the prison and cannot do the full health screening. On many occasions the other nurses stay on to see prisoners in safely although they cannot always do a full health screen at this late hour.

We have concerns that not all learning difficulties and mental health problems are picked up during the health screenings, particularly when less experienced nurses are on duty or when RMNs are not available.

The induction process on the Reception site was failing. A governor was tasked with reviewing and upgrading the inductions and has improved the programme greatly. The officers conducting the induction sessions that we have seen have said that they enjoy doing the inductions. The presence of a prisoner representative during the inductions is a good recent initiative and the prisoners find this helpful and supportive. However, we still have concerns:

- Foreign language induction is very limited. FN prisoners have been seen sitting through induction in English apparently understanding very little of what is being said.

- Not all prisoners receive their full induction, in particular those stabilising on A2 and A3, those who are moved off A wing swiftly and some of the VPs. However, we do not see a similar problem with induction on the LDU.
- A separate reception process takes place for VPs to guarantee their safety before they are located either on E wing or A6. We will monitor closely the induction for VPs once the re-roll has taken place and they are located together on B/C wings.
- The quite lengthy induction process naturally covers a great deal and it is difficult for some prisoners to absorb all the information given.

### **5.5 Lifers and Imprisonment for Public Protection Prisoners (IPP)**

Lifers and IPPs with indeterminate sentences are poorly served at most local prisons.

There are, on average, about 45 lifers and 25 IPPs in HMP Norwich. They can remain for any length of time from a few days to many years, not progressing in their sentence plans nor addressing their offending behaviour as there are no courses available for these prisoners in Norwich. They receive a full annual review but there is such limited availability at suitable training establishments, quite often it is impossible to transfer them. If they are waiting for a parole review board to take place they cannot be transferred until after the hearing (the window of transfer closes 6 months prior to review - but realistically, transfers will probably not take place even if 7-9 months before a review,). However, there are very few cancellations of parole board hearings, and the few deferrals that have taken place have been at the behest of the prisoner's lawyer. More needs to be done for this sector of prison society as they could get forgotten. In Norwich these prisoners' situations are checked very regularly by the IPPs and Lifers administrator and the population manager and it is hoped to start up a Lifers/IPP forum in mid summer. However, there is little that they can do and it is unjustifiable that so many of these prisoners cannot be transferred on simply due to lack of suitable spaces, especially in the small window of opportunity available for transfers. (See Issues for the Minister, Page 7).

### **5.6 Telephones, Mail, Canteen and Catalogues**

This reporting year, the amount of concerns raised about telephones and canteen have remained approximately the same, whilst those regarding mail have decreased slightly. When the pin phones clerk is on leave, approvals for telephone number applications are delayed as the covering staff members in the department have to prioritise their own duties.

Prisoners have stated that they feel that the prices of canteen are too high and there is insufficient choice. However, we appreciate that NOMS, rather than the providers, set the prices and for the majority of products which are not price marked, the manufacturers' recommended retail price (RRP) is used; this will frequently mean that prices from the major supermarkets will undercut the canteen prices but that against the general market, the NOMS prices are positioned towards the centre.

Problems with the mail are still evident but not as acute as they were last year when the current system was first introduced.

Prisoners continue to be dissatisfied that they can only order items from certain approved catalogues, limiting their choice. They also dislike the fact that they have to pay in advance for items, many of which then prove to be out of stock. There is then a further delay for their money to be refunded to their accounts. When they are short of funds, this can be frustrating.

## **6. THE WORK OF THE BOARD**

There are currently 14 members on the Board out of a recommended complement of 20. However, we feel that this number is appropriate for the Board at the moment as it allows all members to visit the prison regularly and thus to remain aware of the constantly changing environment at HMP Norwich. The 4 new members have successfully integrated within the team.

During the reporting year, members of the Board have made 991 visits (this sum does not include the additional 182 visits at the 12 Board Meetings plus one Team Performance Review meeting held each year). This number represents 532 standard rota visits (including attending 318 meetings) plus monitoring the implementation of new initiatives, monitoring areas of special interest, 'call ins', attending reviews and planned and in-depth training days for the four new members plus their reviews. This figure for monitoring visits compares with 1070 visits plus board meetings in 2010-2011 and 966 visits plus board meetings in 2009- 2010.

The Board is focussed on how we manage our monitoring within the budgetary constraints set by the IMB Secretariat and endeavour to combine monitoring meetings and attending reviews with rota visits whenever possible. On a standard week, 3 members are on rota – each allocated on a rotational basis to monitor one of the 3 separately defined areas of the prison and also to deal with the applications which we receive daily. Additionally, they will attend appropriate meetings, visit the CSU on each visit, attend reviews, try to visit any prisoners on constant watch or identified as particularly vulnerable, follow up any new problems and will be on call, together with the Chairman and the Serious Incidents Officer. The Board has concluded that this is best practice but will continue to analyse our monitoring to ensure maximum efficiency.

The Board has received 730 written applications from prisoners throughout the prison concerning 875 separate issues - see table in Annex 1. This does not include all the verbal applications received whilst we are on the wings, some of which can be dealt with immediately. As last year, written applications regarding medical problems were the most numerous at 160, up 35 from last year. Other areas where written complaints increased were: transfers, bullying, employment, education, housing and applications using the confidential access system. Complaints decreased in the following areas: property, food, immigration, complaints about other prisons, mail, hygiene, regime, money. Approximately a similar amount of written applications were received about: sentences, visits, adjudications, I.E.P., re-categorisation, legal, racial, smoking, telephones, canteen and conditions. Our applications reflect closely those that are received by the prison under the Request Complaints system. We ask prisoners to use the official prison system for complaints first if they have come direct to us, when this is appropriate. However, we do feel that if there were a properly functioning personal officer scheme in place, dealing efficiently with wing applications, we, and the prison, would receive fewer of the more mundane applications that should be dealt with on the wing.

A Team Performance Review was held in February 2012 and improvements in our methods were discussed for 2012/13.

## **7. CONCLUSION**

The Board views HMP Norwich as a complex prison with multiple roles and aims, having some success in its efforts to improve.

We are broadly optimistic with the prison being driven strongly forward and the majority of the staff prepared to face the challenges ahead. The management is generally aware of the prison's shortcomings and planning for improvement in most areas is well advanced. We are of the opinion

that the prison would benefit from a term of consistent governance and continuity. Since 1990, there have been 9 governors plus one acting governor, the longest term held being 37 months, and two governors in position for under two years. As HMP Norwich is not straightforward, we feel that the future is best served by a period of stability to allow this capable Governor and SMT to put in place and embed the changes and improvements that are planned and necessary.

This year, the poor delivery of some sections of Healthcare provision, contrasting greatly with other good and caring aspects of that service, has undermined and influenced the daily performance of the prison.

We have concerns over the lack of sufficient purposeful activities for prisoners both whilst in the prison and employment opportunities when on ROTL and in open conditions. The prison has done some excellent work in advancing this area but the current economic climate is not helpful.

Staff at HMP Norwich work long hours with some very difficult members of society. They endeavour to help and assist them to the best of their abilities. It is a busy job and their workload has increased. However, not all members of staff have the same professional attitude and it is unfortunate that these individuals' perfunctory approach and uncivil conduct let down the good work of their colleagues.

The year ahead will not be easy with further financial cuts required; these cuts will only impede progress of measures aimed at rehabilitation of prisoners and the consequential and inevitable staff reductions could endanger the safety and security of prisons.

HMP Norwich has the desire to improve and, if given the opportunity, will succeed with determined secure management and conscientious, dedicated staff.

# APPENDIX 1

## 2011-12 APPLICATIONS DATA

The Board receive a large number of applications, mainly from the Reception Site.

### Physical applications received:

**730** (In 2010-2011, 725 applications were received)

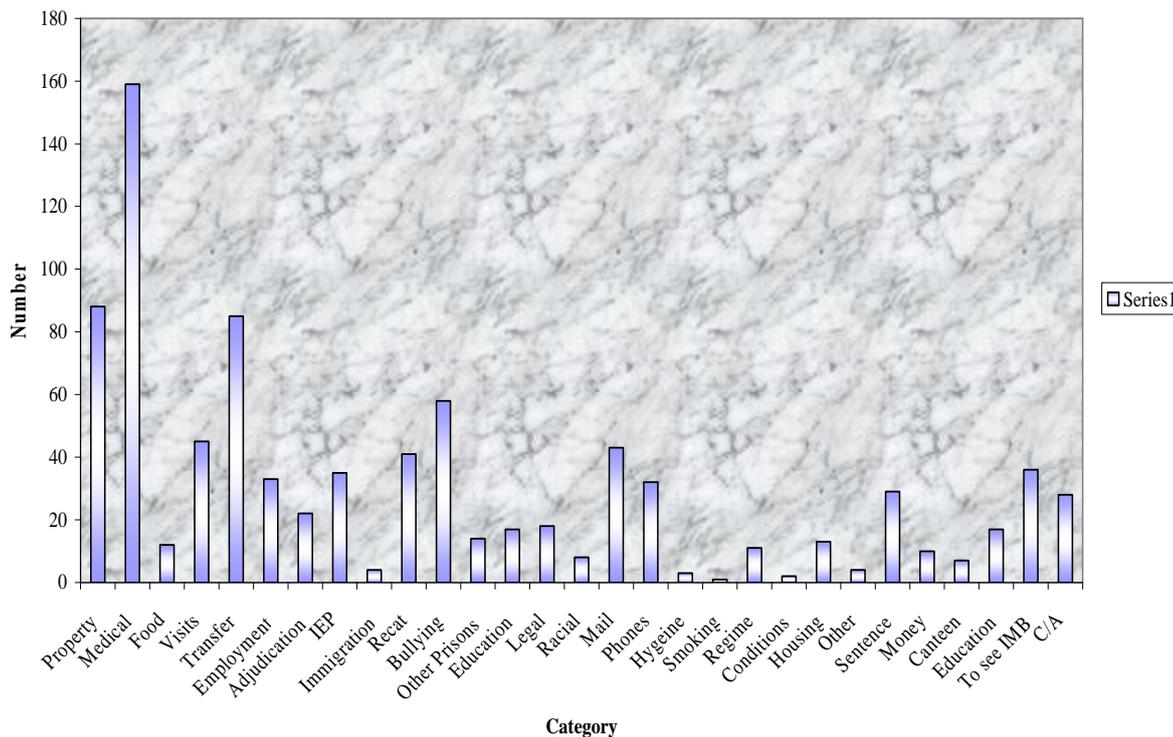
(This does not include all the verbal applications received and dealt with).

### Separate issues raised: (n.b. more than one box can be ticked on an application):

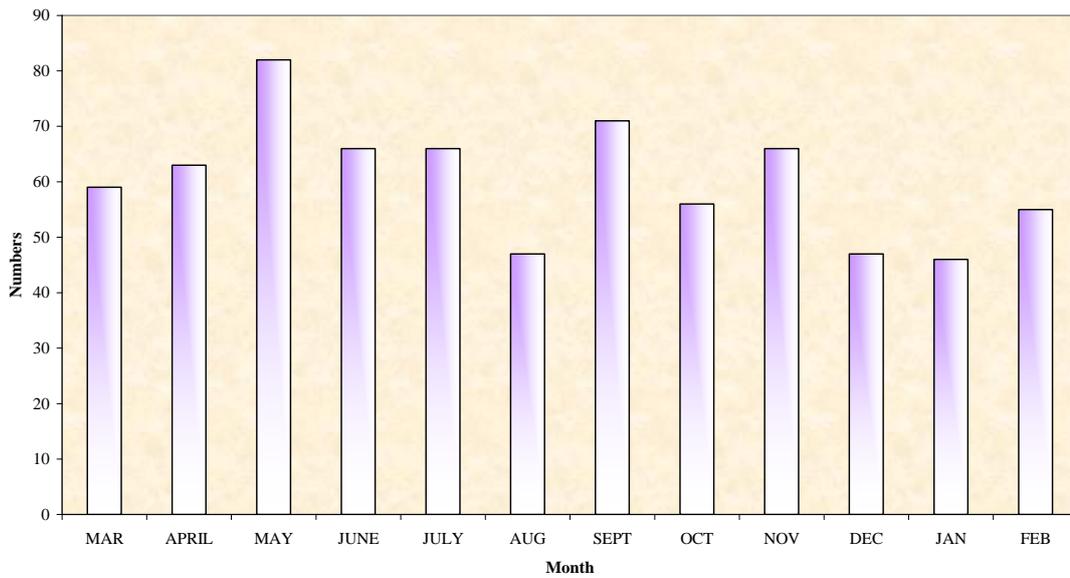
**875** (In 2010-2011, 841 separate issues were raised).

As is very obvious from the graph below, the largest proportion of applications received were concerning medical issues.

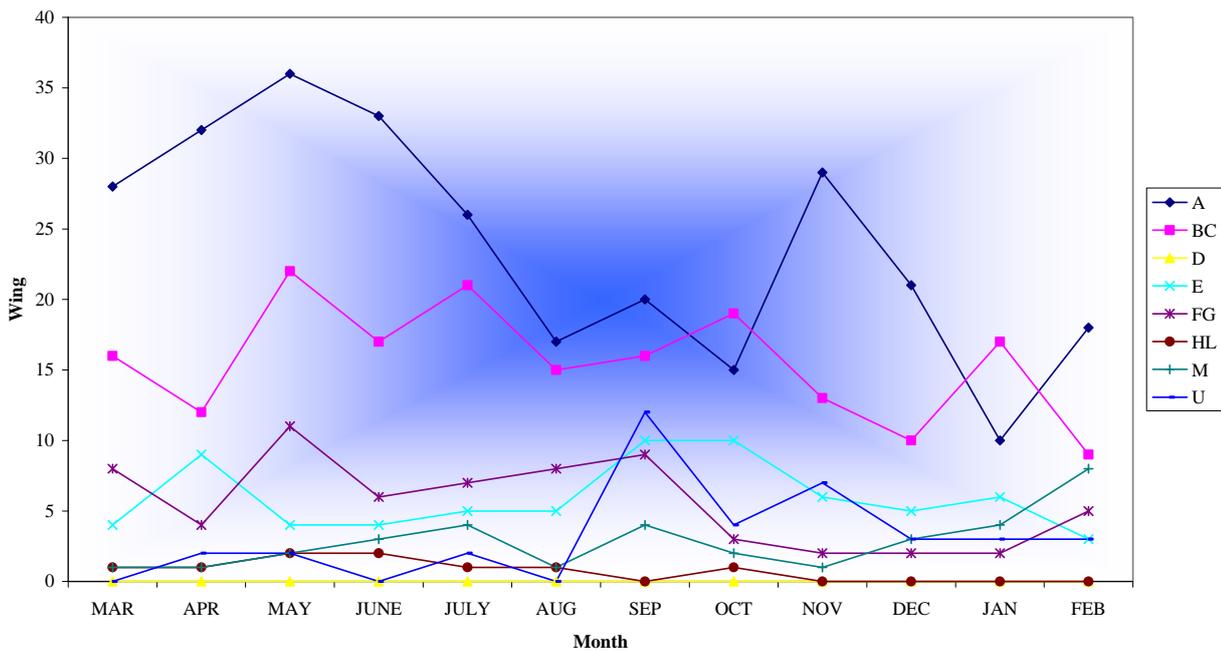
Issues Ticked on Applications



Applications by Month



Wing/ Month Analysis



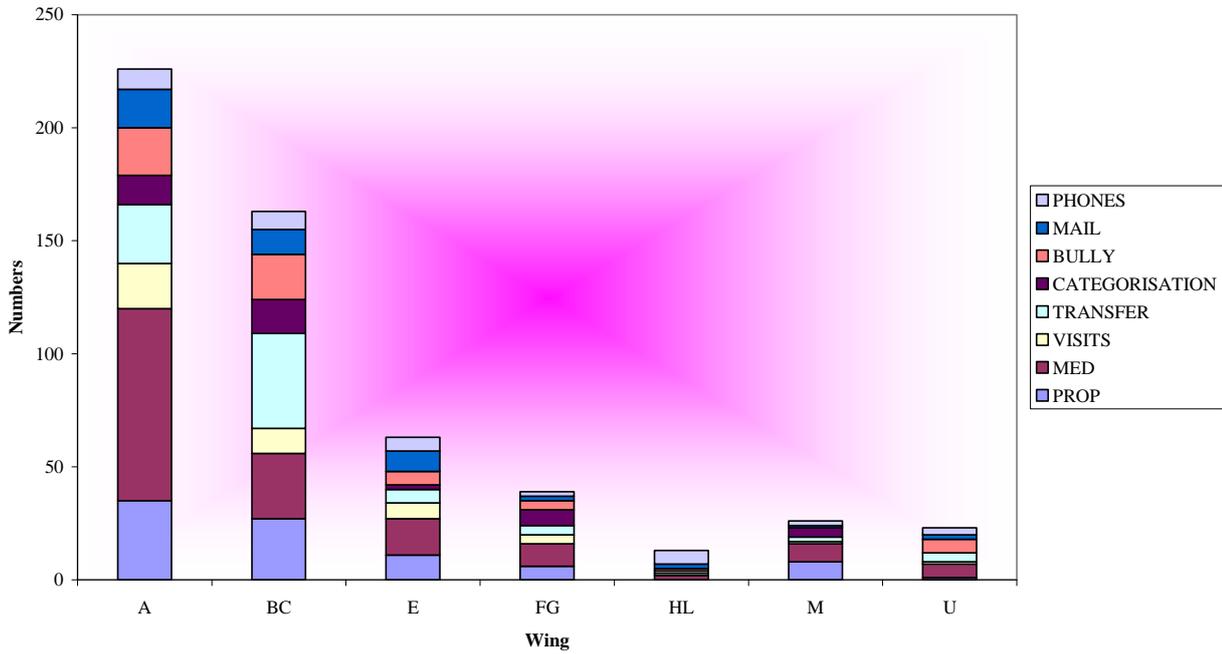
Most Applications (78) received from A6 landing (Vulnerable Prisoners)

Other 'prolific' landings (40+ applications): A3, A4, A5, B3

Higher amount of applications from CSU (U) in September due to one occupant making multiple applications

No applications were received from prisoners in Britannia House (D) (except when the prisoner had been returned to closed conditions).

### Major Issues by Wing



The average time taken to complete applications was 6 days. A new, tighter time-tabled applications system was introduced in the reporting period. Prisoners are updated regularly of the progress of their applications.

“To see IMB” was used 36 times- a strong contingent not wishing to write down their issues.

## APPENDIX 2

Extracted from the Bradley Report Executive Summary. Published April 2009

### **Custodial sentences**

40. For some individuals, a custodial sentence will be necessary. Where this is the case, they should have access to appropriate treatment, rehabilitation and resettlement services. Prisoners have significantly higher rates of mental health problems than the general public. The range of conditions and illnesses that fall into the 'mental health problems' category is broad, representing a similar range of mental health problems to that suffered by people living in the community. It therefore requires a similar range of services to treat them effectively, although evidence suggests that prisons are currently struggling to do this.

41. It is widely accepted that the impact of prison on mental health is far from positive. Given this, early and accurate assessment is vital. By the time someone comes into reception at prison, they should already have been assessed for mental health problems or learning disabilities at least once, by the police and possibly the courts.

42. Recently, there have been several reports which are critical of the impact that sentences of Indeterminate detention for Public Protection (IPP) have on prisoners, particularly on their mental health, and on those with existing mental health problems or learning disabilities.

#### Recommendation

- A study should be commissioned to consider the relationship between imprisonment for public protection sentences and mental health or learning disability issues.

### **Reception**

43. As at any stage of the criminal justice system, it is vital that the prison has all relevant information about an offender's health needs when they come into prison reception. Although the general consensus is that the current health screen is an improvement on previous ones, there is concern that it is not being properly implemented and it is still not able to identify individuals with learning disabilities. In addition, prison reception should not be the first point at which a health need is identified. It should be the next point in the criminal justice system at which information can be added to an individual's file, and information from community, police or court assessments should already be available. The presence of liaison and diversion services at these points would assist in this flow of information.

#### Recommendations

- An evaluation of the current prison health screen should be undertaken in order to improve the identification of mental health problems at reception into prison.

- Urgent consideration should be given to the inclusion of the identification of learning disabilities as part of this screen.

### **Primary care mental health services**

44. A recent study suggests that the majority of those in prison with diagnosed mental health problems could be adequately and safely treated within primary care. This correlates with the results from the general community where it is estimated that 80% of mental health issues are treated without recourse to secondary services.

45. To properly address the mental health needs of the prison population, current services need to move away from a reliance on the provision of mental health inpatient care, towards the development of robust models of primary mental health services. This should be supported by other activities such as education and training.

#### Recommendations

- Robust models of primary mental health services should be developed, ensuring an appropriately skilled workforce to assess and treat those with mild to moderate conditions.
- Primary mental health care must include a range of non-health activities to support well-being in prison.

#### **Mental health in-reach**

46. Recent evaluations of the mental health in-reach service recognise that the teams are no longer able to focus on the people they were set up to serve, the severely mentally ill, but have through necessity also taken on those who are not receiving appropriate treatment from other services.

#### Recommendations

- The Department of Health should examine the current role of mental health in-reach teams and explore how they can be refocused on providing services for those with severe mental illness. This should include the development of liaison and diversion services to undertake some of the current non-clinical activities.
- NHS commissioners should seek to improve the provision of mental health primary care services in prison.
- The involvement of non-health agencies, including statutory and third sector providers, should be urgently considered in order to improve the support for prisoners with mental health problems or learning disabilities.

#### **Transfers to hospital**

47. Historically, transferring prisoners to hospital for treatment of an acute mental illness has been problematic, and prisoners have had to endure lengthy waits. There has been progress over recent years and a reduction in transfer delays has occurred, but it is still the case that a number of patients have to wait for long periods of time.

48. This issue has been addressed in this year's central mental health contract. Although not mandated in the contract, there is a suggestion that transfer waiting times should be reduced to a minimum, with an expectation that this be included in local contracts. This is an encouraging start: however, if real progress is to be made in this area the issue must become a higher priority and be made one of the mainstream requirements.

49. In addition, some concerns have been raised about the issue of the security of some NHS-commissioned secure services for prisoners transferred under the Mental Health Act. A number of absconders and a few rare escapes have highlighted the importance of ensuring that receiving secure services have an appropriate level of physical, procedural and relational security so that the public can feel fully confident in the diversion of acutely mentally ill patients from prison custody.

#### Recommendations

- The Department of Health should develop a new minimum target for the NHS of 14 days to transfer a prisoner with acute, severe mental illness to an appropriate healthcare setting.

- This new target should be included as a mandated item in the Central Mental Health contract and included in the next edition of the Operating Framework.
- The Department of Health should expedite planned work on assessing the quality of security at low- and medium-secure mental health facilities in order to retain public confidence in the diversion of prisoners with mental health problems to these facilities.

### **Services for people with dual diagnosis**

50. Drug and alcohol issues are a major problem among the prison population and dual diagnosis is common. Mental health services and substance misuse services in prisons do not currently work well together; national policy is developed separately for mental health and for substance misuse, and this is reflected on the ground, where dual diagnosis is used as a reason for exclusion from services rather than supporting access.

#### Recommendation

- Improved services for prisoners who have a dual diagnosis of mental health and drug/alcohol problems should be urgently developed.

51. In addition, a large proportion of the in-reach caseload is taken up with people with personality disorder. There is currently no formal provision of services for people with personality disorder in prison, despite the fact that such services are available in the community. In addition, there is no coherent and agreed inter-departmental approach to the management of personality disorder within the criminal justice/health sector.

#### Recommendations

- An evaluation of treatment options for prisoners with personality disorder should be conducted, including current therapeutic communities in the prison estate.
- An evaluation of the dangerous and severe personality disorder programme should be conducted to ensure that it is able to address the level of need.
- In conjunction with other government departments, the Department of Health, the National Offender Management Service and the NHS should develop an inter-departmental strategy for the management of all levels of personality disorder within both the health service and criminal justice system, covering the management of individuals with personality disorder into and through custody, and also their management in the community.

## APPENDIX 3

### USE OF FORCE AND C & R DATA

There were **238 Incidents of Use of Force/C & R** in the reporting period: Locations as below:

60	A Wing
47	B Wing
45	C Wing
1	M Wing
1	E Wing
5	F Wing
2	G Wing
41	CSU
6	Reception
14	Healthcare
16	Other (including outside locations e.g. hospital)

### Ethnic Breakdown of Use of Force

Asian Indian	1
Asian Pakistani	2
Asian any other background	1
Chinese	1
Black Caribbean	18
Black African	10
Black any other background	3
White UK/British	177
White any other background	8
Mixed Caribbean	7
Mixed African	1
Mixed Asian	2
Mixed any other	2
Prefer not to say	4
Any other ethnicity	1