



## **Annual Report**

### **HMP Leeds**

**January 2014 to December 2014**

## **SECTION 1**

### **STATUTORY ROLE OF THE BOARD**

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

The Board is specifically charged to:

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

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

## **SECTION 2**

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## **SECTION 3**

### **DESCRIPTION OF HMP LEEDS**

HMP Leeds is an inner city local prison serving the local courts of West Yorkshire. It is a Category B prison with an Operational Capacity of 1224. The establishment has four Victorian wings and two modern wings; one of the wings is dedicated to the vulnerable Rule 45 prisoners. Cells are either single or shared by two prisoners.

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

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

## **SECTION 4**

### **EXECUTIVE SUMMARY**

#### **Concerns**

#### **Policy**

The overall quality of prison life became a serious concern for the Board. This year saw major changes in staffing levels and management structures with the implementation of Benchmarking. The challenges presented by these changes were further exacerbated by an unusually high level of staff sickness at times.

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

HMP Leeds is a nineteenth century building lacking many modern facilities available in newer prisons. CCTV monitoring on the wings and other areas is not routinely available. Assaults perpetrated by prisoners, or alleged assaults by staff are not always recorded on camera resulting in disputed evidence, legal challenge and frequent complaints to both the prison complaint system, the IMB and the Ombudsman. The Governor has requested the installation of CCTV monitoring throughout the prison. The IMB would strongly support the investment in universal CCTV monitoring throughout the prison.

#### **Operational – not requiring a response**

In relation to the above, observed concerns reported by the Board were

- the cancellation and curtailment of regimes
- a reduction in accessibility to Visits
- a reduction in association time for the prisoners and consequently more time spent in their cells.
- Inadequate 24 hour CCTV recording facilities throughout the prison estate impacting on Safer Custody.

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

On a more positive note, the clinical environment in Healthcare has improved significantly. Patient information for prisoners in relation to their care is steadily improving with the introduction of care plans and daily handover between clinical staff and prison officers.

#### **Overall judgement**

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

The Board was concerned about the number and frequency of changes in higher level management and felt that this impacted on the stability within the prison. Although relationships between the Board and prison managers are generally good sustainability of these relationships was difficult to maintain at times.

It is good to report that throughout the year the care and respect shown to prisoners was of a high quality, with some exemplary cases. Also worthy of note is the dedication and commitment of the Senior Management Staff and many officers to achieve the challenging aims set before them. The IMB would strongly support the investment in universal CCTV monitoring throughout the prison.

## **SECTION 5**

### **AREAS WHICH MUST BE REPORTED**

#### **5.1 EQUALITY AND INCLUSION**

The ethos of the Diversity & Equality Action Team at HMP Leeds is to eliminate discrimination, harassment and victimisation within the prison.

Under the direction of the Team, HMP Leeds aims to advance equality of opportunity and foster good relations in all areas .

One of the main highlights of the year following the introduction of Benchmarking in the prison was the invitation extended to four researchers to explore how HMP Leeds has responded to issues of equality and diversity.

The research team , funded by the Economic and Social Research Council and the University of Bradford, aims to help both this prison, and the wider prison system by discovering what prisoners and staff consider to be the "best" way to respond to issues of equality and diversity especially under the new regime.

The team were able to attend workshops and any meetings, forums and events relating specifically to equality and diversity issues.

The team is still working on their report which is due soon.

#### **ETHNICITY AND FAITH GROUPS**

The appointment of the first Imam as head of Chaplaincy in the prison was important .This individual has extensive experience of the workings of prisons, whilst catering for the spiritual needs of the numerous Muslim prisoners.

Prior to the month of Ramadan an information paper was produced giving details of the meaning, time and observance of Ramadan.

The Paper contained useful information for both prisoners and staff.

The prison population is about 1200

Black and Ethnic Minorities	18%
White British	65%
Others	17%

Religious festivals and observations are celebrated. Prisoners are allowed a day off work to celebrate their own particular festival.

Christmas , Ramadan and other Faith celebrations were well attended , however due to the problem of staffing and other reasons some were missed this year .eg The Black History Week.

#### **AGE AND DISABILITY**

In the Prison Service, people aged 50years and over are classed as older prisoners.

The main age group in the prison now is 25-40years with a small number of men between aged 60-70years and above.

The majority of the older prisoners reside on A wing where they have the popular weekly" get together" with various activities for this older group known as " the Ok club". The club has proved to be so successful that it has been suggested that it could be extended to the over 50s if the staffing levels permit.

A lift has been installed for disabled prisoners using wheelchairs.

## **PRISON RESPONSE TO HATE INCIDENTS**

The last year saw the introduction of the Hate Incident Scrutiny Panel. This body scrutinises at least ten Discrimination Incident Reporting Forms at each meeting, four times a year.

The purpose of the panel is to ensure transparency in the process for investigating reported Hate Incidents within the prison. The panel has input from external professionals in the field of Equality and Diversity who can provide constructive feedback.

The Panel is chaired by the Governor or Deputy, includes prisoner Diversity Reps, operational band 3 staff, invited external agencies with an interest/background in Equality and Diversity from West Yorkshire, the IMB and members from the prison Equalities Department.

Work undertaken by the Equality and Diversity Team is delivered with total commitment and dedication. They are to be congratulated.

## **5.2 HEALTHCARE INCLUDING MENTAL HEALTH**

Leeds Community Health are the primary healthcare provider, commissioned by NHS England. Specialist Mental Health services are provided by Leeds and York Partnerships NHS Trust. The service has a single medical lead for the three sites: Wetherby, Leeds and Wealstun, with a healthcare manager. This aims to provide consistency of delivery, training and best practice. The inpatient facilities are limited to a small number of individual rooms, as the policy is to transfer prisoners requiring specialist treatment to NHS secondary care facilities. The treatment room, consulting rooms and waiting rooms on healthcare have been refurbished during 2014.

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

It has been agreed between head of healthcare and the governor that prisoners residing in healthcare will in future be assessed on admission, have agreed documented treatment/management plans with appropriate patient input. Prison officer/clinician handover meetings will occur daily, in conjunction with the current weekly meetings. The aim is to provide a similar standard of care and patient involvement as the NHS in the community. The prisoners are generally satisfied with the delivery of healthcare, but at times encounter difficulty in accessing the service in a timely manner, particularly dentistry. Consultations are more flexible than in the community and the staff feel that they can devote the correct amount of time to their patients. Prisoner healthcare representatives on the wings provide consumer input to the service. The healthcare needs of all new prisoners are assessed on entering the prison, so that particularly vulnerable individuals can be identified early, supported and closely observed, if necessary. Contact with the service is high (29,000 contacts during October) including medicine supervision. It is proposed that more pharmacy technicians will be employed to improve electronic recording and improve skill mix. There have been a number of complaints relating to the dispensing of medication to prisoners by pharmacy staff. Healthcare has recognised that the prisoner identification system in use when dispensing medication needs improving. A review of the training for the pharmacy staff is planned. Prisoner photo ID cards have been in short supply, causing additional problems. Complaints have been received by the IMB relating to lack of exercise opportunities for prisoners accommodated in the healthcare wing. Staffing levels on healthcare have been reduced as part of benchmarking. Frequently prisoners have not been able to access the exercise yard even weekly. The management have recognised the need for improved staffing levels on healthcare to mitigate this.

### **5.3 LEARNING, SKILLS AND EDUCATION**

The prison offers 1277 activity places split between Education, Workshops and on wing employment. This means that every prisoner can attend one of the three at least once each day. Learning and Skills continues to provide an important element of the prison's resettlement agenda as well as being the main source of meaningful activity for the prison population.

#### Learning and Education

In the early part of the year the Board was concerned about the quality of some of the courses and the attendance figures. However, during the year both of these were noted to have improved, although it is still felt that attendance figures are lower than they could be.

Attendance is allocated by Manchester College and based on the number of students that a teacher can handle. The Board does not have definitive data on the reasons for non-attendance, but regime issues including late completion of medication distribution; lack of staff to escort prisoners to education; prisoner not being unlocked; - account for many. However on occasion prisoners simply do not bother to attend. There was a lack of rigour in dealing with this last group.

In July, Manchester College appointed a new team leader who is resident in the training block. An important part of the new role is finding out the reasons for non attendance. As a result of more rigorous management of wilful non-attenders and other initiatives, there are more of the right people, attending the right course, at the right level.

The Board feel that the system of only allocating up to the number that a teacher can handle, will always result in short falls due to legitimate reasons for non-attendance such as legal visits or illness. This can be seen from the figures for November & December 2014. Attendance Rates (number attended/ number allocated) were 62% & 57%, whereas Efficiency Rates (number attended/maximum class size) were only 44% & 46%.

If the average non-attendance figures were regularly reviewed, an airline system of over allocating could be tried. Such a system could make better use of the teaching resource. This over allocating system is used by the establishment for allocating places on workshops and induction courses and works well.

Towards the end of the year, a new Gym Mentoring course was piloted. This was run by gym staff and was managed in an innovative way. The course was not seen as 'education'. This has been very successful and it is planned that this and similar courses will be rolled out during 2015.

### **5.4 PURPOSEFUL ACTIVITY (INCLUDING WORK)**

Average attendance for the Workshops is 70% ; the Board appreciates that the prison has used/is trying a range of strategies to improve this figure.

Changes in workshop provision since the last reporting year have included the closure of PAT testing and the opening of Recycling. The latter is proving very successful.

Adjustments have been made since benchmarking, e.g. Workshop 3 can no longer offer sewing kit tuition. The Board would like to commend initiatives undertaken in Workshop 3. The range of work for outside contracting firms now includes quality woollen products and recycled denim and silk clothing.

This Workshop was responsible for the introduction of a Passport to Employment, a document giving comprehensive details of work experience which can be transferred to another prison if the prisoner is moved. After successful piloting, the Passport is now being used in all Workshops

## **5.5 SAFER CUSTODY**

### **Death in custody**

HMP Leeds has experienced seven deaths in custody during 2014 of which none have yet been to inquest.

Four deaths were by natural causes of which three occurred after transfer to an outside hospital. However one of the men involved was only briefly in hospital prior to death (he had collapsed in his cell the previous day). The fourth death occurred inside the Establishment.

All three self-inflicted deaths involved suspension and occurred on residential units. Inquests are often upsetting, and in order to support staff and residents, HMP Leeds has developed and delivered an inquest support package. A representative from the care team was present along with a staff member who was listed to appear. An overview of the process, the roles people play and the setup of a standard room are included in the package with notes for parties involved to take away and digest in their own time. The notes have been made into booklets which may be helpful in the event of future inquests.

In order to build relationships between HMP Leeds and others in relation to deaths in custody it has been agreed that a senior coroner will be invited to visit the Establishment

A number of PPO reports have been received though these predominantly concerned deaths prior to 2014. A total of 27 actions were identified and accepted. HMP Leeds has identified numerous issues in relation to our death in custody procedures. These have all been revised.

A full review of the Safer Custody function has been completed in response to the growing concerns relating to deaths in custody. An overview of how HMP Leeds looks after the men in care in terms of ACCT has been a priority (further information contained within this report) The identification of those who are socially isolated or those displaying signs of mental health problems is also a priority.

### **CSRA/CSRR:**

A real focus was placed on CSRA and CSRRs from the end of December 2014. This has seen a dramatic reduction in the number of unapproved and out of time CSRA/RRs. The reduction has helped the prison to scrutinise where errors are occurring which in turn has helped to safeguard prisoners who had been sharing with those who were a potential risk.

Training has been delivered, sometimes on an individual basis. In terms of quality CSRAs are now checked on a daily basis. Advice is issued and logged.

Violence Reduction: Reporting of violence within the prison (bullying, assaults etc.) does not indicate any signs of increased disquiet. Data relating to Violence Reduction reports submitted by staff during 2014 was not available for 2014 as a whole. Data for November and December indicates that there were 23 and 21 reports each month respectively. Concern exists that there is systematic underreporting within the establishment. A new VR policy has been devised which includes new ways of reporting and a safety net to capture all acts of violence. The team is working closely with security and have systems in place to identify those who require further management. Violence reduction measures include the delivery of the "Caring Dads" course working with Leeds City Council, the Jigsaw centre and HMP Leeds. This is a pilot scheme aimed

at those experiencing relationship difficulties. Long term funding is needed ensure the sustainability of the course. The IMB strongly supports such measures.

There were 324 'use of force' incidents in 2014. The Board is satisfied that forceful intervention is only used as a last resort and is well managed when employed.

HMP Leeds is a nineteenth century building lacking many modern facilities available in newer prisons. CCTV monitoring on the wings and other areas is not routinely available. Assaults perpetrated by prisoners, or alleged assaults by staff are not always recorded on camera resulting in disputed evidence, legal challenge and frequent complaints to both the prison complaint system, the IMB and the Ombudsman. The Governor and the IMB would strongly support the investment in universal CCTV monitoring throughout the prison.

### **ACCT:**

The Board is pleased to note that in all known cases of self-harm or potential self-harm an ACCT document was opened. There were 958 ACCTs opened in 2014. The officers on the wings are well aware of which prisoners are on open ACCTs and monitoring appears to be robust.

However, the quality of the ACCT paperwork has been an area of concern recognised at all levels within the prison. A new Safer Prisons Manager has been appointed and has already taken steps to address this issue. There is currently a lack of data on the efficacy of the measures put in place to risk-manage self-harm.

In September 2014 quality checking of ACCT documentation commenced. This is ongoing. Deficiency slips have been implemented which highlights errors and requests rectification within 24 hours. These systemic quality controls have helped in terms of accountability and targeted training.

A system is now in place to ensure mental health attendance at ACCT reviews. This system is still in its very early days but is working well.

A full staff training package to address old practices and cultures whilst introducing more up to date, effective systems has been devised.

### **Summary:**

The Governor is aware of the risks carried by the function and the need for immediate action. She has agreed to a further operational member of staff to work within the department.

The manager of the department has changed and the function structure has been adapted to push the Safety priority. This now incorporates the Segregation Unit.

A Safety Intervention Meeting now takes place weekly. This meeting helps devise structured care plans for those who present as complex in terms of behaviour, violence, isolation or other risks.

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

## **5.6 SEGREGATION UNIT ,CARE AND SEPARATION, CLOSE SUPERVISION**

There were some difficult periods in the Segregation Unit during the first half of the year, but since September improvements have been apparent.

Whilst understanding the changes caused by benchmarking, on a number of occasions the Board reiterated a point made in last year's Report that the Segregation Unit was not always staffed by officers with the relevant training.

The appointment of a dedicated team should help to resolve this. A Death in Custody in late December 2013 led to a number of investigations and reviews. Actions from the findings resulted in a change of Safer Custody Governor, the suspension of an officer, an appraisal of Safer Accommodation and the appointments of another officer and an in-reach nurse.

Some Board members experienced difficulty when trying to carry out duties, but after clarification about procedures, the situation improved.

At times, members have praised the attitude of officers, in particular that of the Custodial Manager who exhibited a very professional attitude balancing a serious illness and work.

The Board also wishes to acknowledge that staff coped extremely well with a number of prisoners who had mental health issues.

There have been inconsistencies with Seg/Board communication and GOOD Reviews, and one of the quarterly adjudications standardisation meetings did not take place, but since the appointment of the new Safety Custody Governor, record keeping and management of the Unit have begun to be more efficient.

As in the 2013 Report, the Board wishes to state that it is satisfied with the care and concern shown to the men.

## **5,7 RESETTLEMENT**

The Board is pleased to report that good work continues in this area. Strong partnerships and unsupervised ROTL are helping to create work opportunities. The Resettlement Peer Workers role positively promotes available services through mentorship and helps streamline applications, referrals and applications. Peer Workers and their clients have both spoken positively to the IMB about these services and the experiences they offer.

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

Future planned developments include co-location of all resettlement partners in a Resettlement 'Village' on E/F wings. The Resettlement 'Market Place' has been running for almost twelve months. The aim is to consolidate delivery and improve the discharge planning process. All prisoners will be invited to attend six to eight weeks before their release. Advice will be given on accommodation, healthcare needs, e.g. registration with a GP, dentist and CARATS involvement. Short courses, e.g. Debt Management and CV writing, will be on offer.

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

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

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

## **5.8 RESIDENTIAL SERVICES (ACCOMMODATION, FOOD,CATERING, KITCHEN)**

### **RESIDENCES and REGIMES**

Throughout the year the IMB has seen the effects of Benchmarking on the numbers of staff. This has been made worse by the requirement to send increasing numbers of experienced prison staff to southern establishments on Detached Duties.(DD)

The establishment has been fortunate in being able to recruit new members of staff, who can bring new blood and ideas to their role. However, they do not possess the experience of those being sent away on DD. As the IMB reported last year, the result has been that the board has often found members of staff on a wing who do not have the in-depth knowledge of the prisoners on that wing.

The abolition of line route and the introduction of a new, common regime has improved the situation. During the year, however, the regime has been affected in various ways for example, not having enough staff to –

- allow the full association period stated
- accompany prisoners to the library
- do some of the essential administrative tasks

The establishment has undoubtedly experienced significant problems with the prison Complaints system, during the year. There have been a number of changes in the administrative staff, but more importantly, managing the complaints system has not been a priority for the establishment, as a whole.

During the year, a total of 3825 complaints were logged by the establishment, of which only 62% were handled in the required time frame. Late replies accounted for 15%, but it is not possible to see the degree of lateness. Most worrying is the 23% who did not receive any reply, with the functions responsible being spread throughout the establishment.

The IMB have continually come across prisoners who have no faith in the system. This is reinforced by our own data on applications to the IMB. Of the 252 logged during the year, 43% had either not followed the prison's own complaints system, or had not waited for a reply. On numerous occasions where a prisoner had put in an IMB Application at the same time as a Comp 1, in the hope that the IMB would reply .

A further example of the impact of reduced staffing can be seen in the increase in complaints relating to mail. The number of complaints relating to mail have risen steadily from around nine per month in the early part of the year, to around 20 per month over the last few months. It has moved to third in the list of the most frequent types of complaint.

Staff numbers in all areas of the establishment is a concern, but particularly on the wings. With the lack of continuity and experience of staff, the IMB are worried that the prisoners will take advantage of the situation and that there will be an increase in criminal behaviour – use of mobile phones, drug misuse and bullying.

## **SECTION 6 OTHER AREAS**

### **6.1 DRUG STRATEGY AND SECURITY**

Over 2014 the Drug Strategy and Security Committee within HMP Leeds continued to set objectives monthly which aim to keeping both the public and the prison population safe.

A constant major focus is on preventing and disrupting the continuing flow of drugs into the prison.

Success in achieving the security objectives results from good quality intelligence followed up by appropriate actions. Intelligence is received by security officers from incident and serious incident reports submitted via the Mercury system, introduced in 2013. Over the year analysis of this information found that it related closely to the key security objectives so it was considered 'quality intelligence'.

Cell searches, close observation of some prisoners and their visitors, and surveillance of activity in high risk areas of the prison and grounds are all examples of responses to alerts raised by intelligence.

HMP Leeds' local mandatory drug testing target rate of 5% expresses the senior management team's determination to stop the misuse of drugs within the establishment. However, despite sustained effort, the result of 6.7% achieved in March 2014 was the closest the prison came to achieving this. In her informal summary of the year, circulated to staff in January 2015, the Governor assigns HMP Leeds' MDT rate as an area for improvement, stating it has 'steadily risen over the year to October, though November and December have been better we have an ongoing battle preventing drugs getting into and circulating around the establishment'.

Increased vigilance and security operations over the last twelve months have disrupted identified trafficking but new routes are constantly developed and exploited. However these efforts continue with the support of external agencies.

The Zero Tolerance to Drugs policy (whereby anyone found with drugs is disciplined and offered help and support to change their decisions regarding drugs) was reviewed in July, affirming local management's commitment to apply this consistently throughout the prison.

Support for offenders with drug or alcohol issues continues to be delivered on the both recovery wing and post recovery wing through the Drug and Alcohol Recovery Service (DARS) provided by the charity Lifeline. Service users can access a wide range of interventions dependent on individual need and as reflected in their recovery plan.

Lifeline states in its Annual Report 2014 that:

'These interventions may be delivered in a one to one session, groups or in cell packs. There is also access to mutual aid and peer support groups. DARS work closely with other services within the prison to maximise offenders' physical, social, human and cultural recovery capital'

Key developments over the year included:

- Launch of a two week recovery programme

- Increasing work with visitors through provision of drug awareness information at the Jigsaw visitor centre
- Increasing awareness (and awareness raising) of the proliferation and consequent dangers of Novel Psychoactive Substances (NPS) including SPICE and other synthetic cannabinoids
- Development of a guide to managing prisoners suspected of using NPS
- Departure of two members of the award-winning DARS team in 2014, including Drug Strategy Manager Dave Browne, who was replaced by Emma Stewart, DARS Team Leader
- Effects of the upheaval in the prison's management as a result of benchmarking included frequent disruption to the mutual aid peer support groups due to lack of officers available to escort prisoners to these sessions.

## **6.2 RECEPTION AND FIRST NIGHT CENTRE**

The Reception and the First Night Centre are consistently maintaining good cooperation. Issues raised in the last annual report including the transfer of newly admitted prisoners between units have been tackled and improvements were satisfactory.

### **Reception**

Following the implementation of benchmarking, both the Reception and the First Night Centres are experiencing low staffing levels..

Although the plan to refurbish the reception was confirmed in 2013 work has not commenced to date. The limited space and poor conditions are challenging for the prison staff who perform an outstanding job maintaining prisoners' dignity during the admission or dispatch of each prisoner. Following the implementation of benchmarking, both the reception and the first night centres are experiencing low staffing levels. Unfortunately further difficulties arise when inexperienced prison officers are deployed in these centres . Staff morale has been low particularly following a 50% reduction in staffing levels in the first night centre.

### **First Night Centre**

The biggest challenge for the unit relates to the accommodation of individual prisoners. The challenge lies in between prisoners who have specific needs (drug treatment, VP) or those who refuse to be transferred to an allocated location for a valid reason may be difficult to accommodate safely. Consequently, before the particular space is available and safety assessment has been signed off, the prisoners remain in the unit resulting in overcrowding.

## **6.6 VISITS and VISITORS CENTRE**

Early in 2014 HMP Leeds introduced a new Visitors Order (VO ) form , this was to bring the prison into line with other establishments ( up to this time Leeds had used its own VO ) . Initially there were teething problems but these seem to have been ironed out.

The majority of visits are booked on line but there are still visits booked by telephone. Due to staff reductions early in 2013 telephone bookings are only available between Monday & Friday and this is slightly " hit & miss " depending on how many operators are available.

During the course of the year the IMB has spoken with visitors and the general opinion is that visits are relatively easy to book. The IMB has spoken with a number of first time visitors to gain their reaction to first time prison visits. Whilst most were apprehensive before the visit they found the process of booking in on site and the actual visit not as bad as first thought and they were treated very well.

The Legal visits centre was inspected after a complaint from a prisoner regarding the lack of privacy due to the visiting rooms not having ceilings. On a number of occasions the IMB has spoken with solicitors and prisoners regarding this complaint. Without exception all people felt that legal visits were conducted in a confidential atmosphere and even with the "open topped" rooms, trying to follow other peoples conversation in an adjoining room would be extremely difficult.

General visits still seem to be going well although some visitors still attempt to smuggle banned items through this route. The IMB have noted that CCTV operators are not always available to man the CCTV room during visits.

The IMB attempted to find out how many visitors have been caught trying to smuggle banned items via visits but this information is only available on a monthly basis in conjunction with the Security report.

There are no annual figures and therefore comparisons with previous years are not possible

There were nine complaints regarding visits during 2014

## SECTION 7

### THE WORK OF THE INDEPENDENT MONITORING BOARD

<b>BOARD STATISTICS</b>	<b>2013</b>	<b>2014</b>
Recommended Complement of Board Members	20	20
Number of Board members at the start of the reporting period	11	11
Number of Board members at the end of the reporting period	12	9
Number of new members joining within the reporting period	3	2
Number of members leaving within reporting period	2	4
Number of attendances at meetings other than Board meetings	48	35
Total number of visits to the prison (including all meetings)	459	343
Total number of applications received	242	252
Total number of segregation reviews held	/	/
Total number of segregation reviews attended	28	44

**APPLICATIONS  
RECEIVED BY  
IMB**

<b>Code</b>	<b>Code</b>	<b>Subject</b>	<b>2013 Totals</b>	<b>2014 By Code Total</b>	<b>2014 By Code Total</b>	<b>% Inc/Dec</b>
<b>A</b>						
<b>Accommodation</b>	<b>A1</b>	<b>Cell quality</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>5</b>
	<b>A2</b>	<b>Wing/cell allocation</b>	<b>2</b>		<b>4</b>	
<b>B</b>						
<b>Adjudications</b>	<b>B1</b>	<b>Adjudications - internal</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>6</b>
<b>and Segregation</b>	<b>B2</b>	<b>Adjudications - external</b>				
	<b>B3</b>	<b>Rule 45/49 segregation</b>				
<b>C</b>						
<b>Diversity</b>	<b>C1</b>	<b>Racial issues referred to prison/IRC staff</b>	<b>2</b>	<b>10</b>	<b>3</b>	<b>6</b>
	<b>C2</b>	<b>Racial issues not referred to staff</b>	<b>1</b>			
	<b>C3</b>	<b>Other diversity issues, e.g. disability</b>	<b>7</b>		<b>3</b>	
<b>D</b>						
<b>E/T/E and regimes</b>	<b>D1</b>	<b>Education/employment</b>	<b>8</b>	<b>11</b>	<b>12</b>	<b>17</b>
	<b>D2</b>	<b>IEP</b>	<b>3</b>		<b>5</b>	
<b>E</b>						
<b>Family/visits</b>	<b>E1</b>	<b>Visits</b>	<b>26</b>	<b>41</b>	<b>9</b>	<b>18</b>
	<b>E2</b>	<b>Resettlement issues</b>	<b>4</b>		<b>1</b>	
	<b>E3</b>	<b>Mail/Pin phones</b>	<b>11</b>		<b>8</b>	
<b>F</b>						
<b>Food/kitchen related</b>	<b>F</b>	<b>Food/kitchen issues</b>	<b>6</b>	<b>6</b>	<b>3</b>	<b>3</b>
<b>G</b>						
<b>Health related</b>	<b>G</b>	<b>Health issues</b>	<b>38</b>	<b>38</b>	<b>32</b>	<b>32</b>
<b>H</b>						
<b>Property</b>	<b>H1</b>	<b>Property related to previous prison/IRC</b>	<b>19</b>	<b>32</b>	<b>16</b>	<b>46</b>
	<b>H2</b>	<b>Property related to current prison/IRC</b>	<b>10</b>		<b>26</b>	
	<b>H3</b>	<b>Canteen/Argos/Facilities list</b>	<b>3</b>		<b>4</b>	
<b>I</b>						
<b>Sentence related</b>	<b>I1</b>	<b>Basic sentence (inc. remand time)</b>	<b>7</b>	<b>17</b>	<b>9</b>	<b>27</b>
	<b>I2</b>	<b>HDC</b>	<b>1</b>		<b>6</b>	
	<b>I3</b>	<b>Immigration/deportation</b>	<b>1</b>		<b>3</b>	
	<b>I4</b>	<b>Categorisation</b>	<b>4</b>		<b>4</b>	
	<b>I5</b>	<b>Police days</b>				
	<b>I6</b>	<b>ROTL</b>	<b>3</b>		<b>3</b>	
	<b>I7</b>	<b>Parole Board</b>	<b>1</b>		<b>2</b>	
<b>J</b>						
<b>Staff/Prisoner/ detainee related</b>	<b>J1</b>	<b>Apps about staff</b>	<b>4</b>	<b>6</b>	<b>27</b>	<b>31</b>
	<b>J2</b>	<b>Apps about prisoners/detainees</b>	<b>2</b>		<b>4</b>	
	<b>J3</b>	<b>Apps from staff</b>				
<b>K</b>						
<b>Transfers</b>	<b>K</b>	<b>Transfers</b>	<b>13</b>	<b>13</b>	<b>17</b>	<b>17</b>
<b>L</b>						
<b>Miscellaneous</b>	<b>L</b>	<b>Miscellaneous</b>	<b>20</b>	<b>20</b>	<b>30</b>	<b>30</b>
<b>M</b>						
<b>Applications</b>	<b>N1</b>	<b>Not followed application procedures</b>	<b>36</b>	<b>42</b>	<b>14</b>	<b>14</b>
	<b>N2</b>	<b>Those not deemed not be an IMB issue</b>	<b>6</b>			
		<b>TOTALS</b>	<b>242</b>		<b>252</b>	<b>4</b>