



**Annual Report
to
The Secretary of State**

covering the period
1st April 2014 to 31st March 2015

**The Independent Monitoring Board
HMP Pentonville
LONDON
N7 8TT**

EXECUTIVE SUMMARY

This has been another difficult year for Pentonville. There are factors which make this prison more troubled than most. Serving the courts of north and central London, it has a more than usually disadvantaged population; there is a rapid turnover; and because the great majority of prisoners are either awaiting trial or sentence, or have very recently been sentenced, the population tends to be in a very unsettled frame of mind. Like other establishments, Pentonville has had to adapt to reduced staffing levels which have led to restrictions in the regime and have also contributed to poor staff morale. We see the prison striving to improve its performance, but its failings are only too evident – squalid conditions, limited purposeful activity for prisoners, and an unacceptable level of violence.

There are staff shortcomings, but it would be wrong not to place on record that we see many staff, at all levels, making sterling efforts to provide a decent environment and to attend to the proper needs of prisoners. It is greatly to their credit that there has been a 29% fall in the recorded number of incidents of self-harm this year. There are continuing difficulties with recruitment.

Perhaps the area giving rise to the greatest concern is violence. The number of violent incidents recorded has increased by 40% over the last year and we frequently hear anxieties expressed by prisoners for their personal safety. Attention to many everyday requirements is lacking, and limitations in the prisoners' regime inevitably increase the level of frustration within the prison. The rising number of young prisoners aged 18-21, more than half of whom are on remand, and many of whom have active gang affiliations, has aggravated the situation.

Healthcare provision is generally good, but we have serious concerns about the imminent reduction in numbers of prison officers in the healthcare centre. The day-care facility is not as well used as we would like.

The prison has made consistent efforts to prevent the import of drugs, not always with conspicuous success. This year there has been an alarming escalation in the use by prisoners of new psychoactive substances ('legal highs'). The extent of their use remains uncertain because of difficulties with detection, but there is clear evidence of their increasing prevalence.

It is depressing to record that opportunities for rehabilitation are below what can be expected for a prison designated as a resettlement prison. Workshops offer insufficient places to keep all prisoners busy and give negligible opportunities to obtain worthwhile work qualifications. Education provision engages fewer prisoners than it should, and the prison library is scandalously underused.

A revised system for dealing with applications by prisoners has been well received, but formal prison responses to complaints are still generally below the standard expected in terms of both timing and quality.

We have observed before now that Pentonville is a prison in need of significant investment. We have seen no evidence that this problem has been seriously addressed by central government. Realistic bids for capital funding have met with limited success. Without

suitable investment Pentonville will go on failing to provide decency, will contribute nothing to rehabilitation, and will remain a dangerous place. It is a monument to a failed criminal justice policy.

THE STATUTORY ROLE OF THE IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated. The board is charged to:

- 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.
- inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.
- 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, to every part of the prison and to the prison's records.

This is the report of the Independent Monitoring Board, Her Majesty's Prison Pentonville, for 2015. It covers the period from 1st April 2014 to 31st March 2015.

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3 DESCRIPTION OF THE PRISON

Her Majesty's Prison Pentonville on Caledonian Road in inner North London is a Category B local prison primarily serving the magistrates' and crown courts in north and east London. The four cell blocks remain in size and layout much as they were when the prison opened in 1842 though cells originally intended for one prisoner now regularly hold two.

Pentonville holds Category B & C adult males and (since November 2013) Young Adult males (18, 19 and 20 year olds). Almost half the adults held are on remand. Most of the others are either prisoners serving short terms, those recently convicted but still unsentenced, or those sentenced to longer terms and awaiting transfer to other establishments. About 65% of the Young Adults are on remand and once sentenced they are transferred to other prisons. Almost 70% of prisoners are held for three months or less and very few for more than twelve months. The high turnover has major implications for assessment, education and treatment programmes.

Certified Normal Accommodation (CNA) is the Prison Service's own measure of uncrowded capacity. For Pentonville the CNA is 909 prisoners. A prison's operational capacity is the maximum number of prisoners it can hold without serious risk to safety, security, good order, and the proper running of the planned regime. During the reporting year the prison's approved operational capacity was 1310.

4 THIS REPORT

This report records the working of HMP Pentonville from 1st April 2014 to 31st March 2015. It is intended to monitor progress or lack of progress during that period. Each section details the work of a specific area of the prison of concern or particular interest to us.

The Executive Summary above identifies particular matters that the IMB considers a priority. We list specific questions for the Secretary of State, the Deputy Director of Custody, London, and the No. 1 Governor.

5 PARTICULAR ISSUES REQUIRING A RESPONSE

5.1 Questions to the Secretary of State

1. Will the Secretary of State guarantee HMP Pentonville the investment urgently needed to eliminate the squalor it suffers from and bring it up to the standards required for humanity and rehabilitative effectiveness?
2. Will the Secretary of State provide the resources necessary for the numbers of staff needed both to guarantee safety and to ensure that facilities key to rehabilitation – education, workshops, library, day-care – can be fully utilised?
3. Do the recruitment and retention figures for prison staff suggest that current London pay levels are, in the present job market, below those needed to sustain a stable, motivated and competent workforce?
4. When will the Secretary of State cease to authorise the holding of sentence-expired immigration detainees in Pentonville?

5.2 Questions to the Deputy Director of Custody, London

1. Can the Deputy Director of Custody explain why a very lengthy failure of the Healthcare Centre phone system was allowed to occur? What steps does he propose to take to ensure that this cannot occur again?
2. What is to be done to prevent overspill of the Vulnerable Prisoners' Unit?
3. What does the Deputy Director propose to do about the excessive number of Young Adults now held at HMP Pentonville? Given the current context of limited staffing and rehabilitation facilities, is the current mix of YAs and adults now envisaged as a long term strategy rather than a temporary measure?

5.3 Questions to the No. 1 Governor

1. The number of Young Adults has far exceeded those originally expected.
 - a. Is the Governor satisfied that the needs of YAs can be met in this establishment?
 - b. What can be done to reduce their impact on levels of violence within the prison?
2. What long-term solution does the Governor propose to ensure that that library is no longer grossly under-used?

3. Is the Governor satisfied with the efficiency of the Visits' booking and entry systems? What actions can be taken to improve them?

6 EQUALITIES AND INCLUSION

Matters pertaining to Equalities and Foreign National Prisoners are overseen by the Safer Prisons and Equality team under the leadership of a governor.

6.1 Equalities

In April 2014 the prison began using the national Equality Monitoring Tool which seeks to monitor, on a quarterly basis, possible correlations between protected characteristics and various areas of prison life. Monitoring is by age, disability, ethnicity, religion and sexual orientation. The areas covered are IEP status, Adjudications charged and Adjudications proven, Complaints, Segregation days and Use of force. Where correlations or patterns are detected, Equality Impact Assessments should be completed and action plans produced. By March 31st 2015 two Assessments had been prepared. One – begun in November 2014 and worryingly not yet complete – concerned Use of Force. It appears, however, that Young Adults are over-represented. The other Assessment dealt with the IEP Scheme: it appears that BME prisoners are over-represented at both Basic and Enhanced levels, while non-BME prisoners are under-represented at Enhanced Level. We await the results of the actions planned to address this as well as negative perceptions of the IEP regime from Travellers, Foreign Nationals and disabled prisoners.

The Board understands that data on disability and sexual orientation is not yet adequate for EMT monitoring. Nevertheless, disability information is now captured upon a prisoner's arrival at Pentonville and over the first half of this reporting period, work was undertaken on Personal Emergency Evacuation Plans (PEEPs) for disabled prisoners.

The prison holds separate equalities meetings for prisoners every other month usually attended by between four and six prisoner representatives. The Board regrets that no one from the VPU has yet been able to attend these meetings. By the final quarter of the reporting period, the prison was also running workshops for a range of other groups such as prisoners with disabilities, Travellers, the over-55s and Young Adults. We note however that at the close of our reporting year (March 31st) the most recent Black and Minority Ethnic (BME) workshop had been in July 2014 even though BME prisoners make up approximately a third of the population. Given the rapid turnover most of them will have not had the chance to participate.

The Discrimination Incident Reporting Form (DIRF) system (by which incidents of discrimination, harassment and victimisation are reported for investigation) appears to have had mixed success over the reporting year in terms of the number of forms submitted. From a peak in June-August 2014 (of 11, 11 and 15 forms respectively), the last three months of the reporting period have seen only 9, 8, and 5 forms submitted. It is not clear why this should be the case but we hope to see greater use of them in the coming months as we suspect that discriminatory behaviour amongst staff and prisoners is not a declining problem.

6.2 Foreign National Prisoners (FNPs)

Numbers of foreign national prisoners remain high, up to a third of Pentonville's population. These include sole detainees – foreign nationals detained on immigration grounds after the expiry of their sentences. We are pleased that the number of such detainees has continued to fall – down from 38 at the end of March 2014 to just under 30 a year later. We nevertheless repeat the view expressed in our last report that such people should not be held in penal establishments.

A very positive development has been the embedding of Home Office Immigration staff, some of whom work on the late shift in Reception and who, since summer 2014, have been meeting the prison vans as they arrive. This means that FNPs are seen on their arrival and data specific to their situation as foreign nationals is immediately captured, enabling such matters as identity and immigration status to be dealt with more efficiently. Also on the positive side, a monthly workshop which attracts between sixty and seventy prisoners gives FNPs a chance to socialise with their compatriots and is usually attended by an outside voluntary organisation which provides specialist advice (such as finding legal advice and applying for bail). The Equalities department has also introduced 'First Contact' interviews during which FNPs are asked whether they require a translator or wish to contact their embassy and are provided with details of the PIN phone procedures. In addition, we are pleased to learn that simultaneous translation phones came into use in seven locations in March 2015.

7 EDUCATION, LEARNING AND SKILLS

7.1 Workshops

It is widely recognised that post-prison employability is key to reducing reoffending: training, a disciplined approach to work, and the opportunity to obtain externally recognised qualifications are therefore high priorities.

At Induction every prisoner is meant to be given a 'Basic Skills Assessment' (though some slip through the net) and offered the chance to apply for a job. Eligibility for jobs depends on a security assessment of the prisoner in relation to the risks of the job, and places on particular courses may be over-subscribed. At the end of the reporting period jobs were available in the kitchens, the fabric-sewing workshop, the multi-skills workshop (primarily carpentry), industrial cleaning and the clothing store. Most of these do not lead to qualifications. Work is also available around the prison in the form of wing cleaning, gardening, and various orderly jobs.

The prison normally holds around 1275 prisoners. On a typical morning or afternoon towards the end of our reporting period about 30% were engaged in some kind of work or education. A far smaller number, however, (and earlier in our reporting year, the figure would have been smaller still) were receiving industrial training which might provide them some degree of team discipline and with skills or qualifications to offer potential employers. The numbers are far too low for the resettlement needs of Pentonville's desperately under-skilled population. This in part reflects real practical difficulties: a very fast turnover, many prisoners on remand, and some sentences too short for some training courses. There are also specific management problems including those relating to mental illness, lack of fluency in English, Young Adults (YAs), and Vulnerable Prisoners (VPs). In addition, except for a small minority, prisoners are

allowed out of their cells for 'activities' for only half of each weekday. This means that any prisoner in Education cannot also receive training in the workshops. From a very low base, the provision of industrial training improved somewhat over the year, with a rationalisation of some aspects of the security banding process. Nevertheless the volume of training actually delivered is very disappointing, given that instruction costs would be marginal compared with the cost of imprisonment itself.

The view of the Board is that, despite the best efforts of some well-motivated and expert training staff, far too few prisoners are able to learn new and useful skills and leave more employable than when they entered. The keen and lucky acquire useful skills and documented qualifications; they are a minority.

7.2 Education

Education provision transferred from A4e to Manchester College in February 2015. The fact that it had been known for some time that the provider was to change meant that there was no development of provision in our reporting period. In early March a curriculum review was started which it is hoped will lead to an expansion of the currently limited provision of courses and workshops especially those that provide qualifications. Attendance has improved and is now running at 60% against a target of 80% though prison staff shortages created problems in getting prisoners to classes. English is not a first language for many prisoners and a large number have low levels of literacy. At March 31st there was capacity for 48 prisoners a day to take English as a Second Language (ESOL) classes with qualifications up to Level 2. Further expansion of this facility would be very desirable.

7.3 Library

There were 8100 recorded visits to the library in the reporting year, an increase over 7031 last year. Both figures, however, are significantly lower than in previous years, down from a peak of 12,300 in 2011-12. There is no separate total for general library visits from the wings but as they are now scheduled on a totally inadequate four afternoons a week only, it is likely that this figure is even lower than last year's. The split shift regime means that at best, prisoners only get to the library once a fortnight but staff shortages have meant that officers have frequently not been available to provide escorts. In addition, systems for alerting prisoners to their allocated library sessions are inadequate and, when prisoners do get the chance to attend, they are frequently brought late and/or taken back early. After a period without orderlies, three were assigned to the library, who, for the reasons given above, often had little to do.

Monthly meetings of the Quality Improvement Group (which covers the library) are often cancelled. Altogether, it is hard to avoid the impression that the library is a low priority and that library visits are regarded as a dispensable luxury whereas they are actually a right under prison service instructions.

On the positive side, Pentonville was once again the highest performing prison in the country in *The Six Book Challenge* with 697 prisoners beginning and 351 completing it. *Family Fables* continues well and is offered twice a month. Prisoner Advice Service legal sessions (formerly monthly, now every other month) have been successful for those prisoners able to access them here. The library-based Shannon Trust Reading plan started on the promise of an

allocated officer for six hours a week but this failed to materialise. The scheme is now running on the wings, facilitated by prisoner volunteers during association.

7.4 Physical Education

Although the new gymnasium had not opened by the end of our reporting year, the prison had managed to provide a good number of locations for PE including a weights' room in a former workshop. Assessed courses were available including a basic health, safety and first aid qualification, and a qualification for would-be personal trainers much prized for its self-employment potential. Unfortunately only twenty six prisoners were able to acquire qualifications of any kind, eighteen at level 2 and eight at Level 3. PE is popular with prisoners, it is beneficial to their physical and mental health and it may even help to keep down the level of violence by reducing the chronic boredom and frustration of imprisonment; it is therefore a matter of serious concern that staff shortages and cross-deployment (temporary re-allocation to other areas) cause the cancellation of so many sessions.

8 HEALTH CARE AND MENTAL HEALTH

General

The prison has to care for a population which is challenging: there are much higher levels than in the outside community of mental illness, substance abuse, personality disorder and lifestyle-related physical disorders, including blood-borne viruses.

Healthcare services within the prison have been delivered to a reasonably efficient standard throughout the year, despite the inevitable disruptions arising from the change of healthcare provider in May 2014 and the severe shortage of uniformed officers (resulting from New Ways of Working) who are essential for escorts to appointments and to maintain security. Nevertheless the substantial loss of experienced managers and professional staff (including the most senior grades) and a heavy reliance upon locum and agency arrangements had an inevitable effect on continuity.

Telephones in the Healthcare Centre stopped working in February and patient phones were still out of order at the end of our reporting period, reportedly because of a contract issue. The geography of the prison and staff shortages make it extremely difficult for staff to get patients to phones that work. Contact with families for some of the most vulnerable prisoners has been affected causing great distress. In addition, Healthcare staff were initially unable to contact outside agencies involved in the care of prisoners unless they made the journey into the main prison and subsequently they had to rely on the issue of a very limited number of mobile phones to do so, a wholly unsatisfactory situation.

Administration

On 1st May 2014 Care UK assumed responsibility from the previous NHS provider for the provision of primary and secondary health services other than those relating to mental health. Barnet, Enfield and Haringey Mental Health Trust, previously responsible for the provision of forensic psychiatric services, in addition assumed responsibility for providing mental health

in-reach and day-care care services. The lead GP left during the year and by the year-end had not been replaced but the permanent Head of Healthcare, on temporary leave for much of the year, returned in January 2015.

During this year, the Board's ability to monitor and assess aspects of delivery was affected by erratic arrangements for internal clinical governance and what appeared to be the limited availability of accurate performance data.

Healthcare Centre

Pentonville has a purpose-built healthcare centre with twenty two inpatient beds, a number of consulting rooms and a day-care facility for those patients with mental health problems or physical disabilities. Most inpatient beds are occupied by men who are seriously mentally unwell and throughout the year the wards were full, or nearly so. We have continued to be impressed by the patience and care that staff display in their interactions with patients, some of whose behaviour can be exceptionally challenging. As well as nurses, the facility is staffed by dedicated officers, initially a team of sixteen but reduced to twelve by the end of the reporting year and due to fall to ten later in 2015. This will mean that only a small handful of officers are on duty at any one time to deal with patients who can be particularly disturbed and sometimes very violent. Of particular concern is the prospect that at night there will be no fully qualified officers and only two Operational Support Grade (OSG) staff to assist the medical staff.

Also located in the centre is day-care provision mainly for prisoners with mental health problems. It has been expanded and improved considerably under the new contract with the appointment or pending appointment of a number of occupational therapists, including the new manager, and a psychologist and psychological assistant. Day-care is developing and has begun to offer various therapeutic interventions such as anxiety management, anger management, coping skills and psycho-education group work, in addition to continuing with an established range of activities such as art, pottery and music. By the last quarter of our reporting year Day-care was reasonably well attended with between ten and fifteen prisoners each morning and a similar number in the afternoon. It is a valuable resource and we would like to see it regularly used to capacity.

Reception

On arrival, prisoners need to be assessed for physical, mental, drug and alcohol problems. Statistics show that the first few days in custody are some of the most risky in terms of self-harm, so this screening is vital. Since the volume and timing of receptions through the evening is not predictable, it is a challenge to the medical staff on duty, but in our view the screening process appears to be managed well and appropriate care is delivered.

Primary Care (physical)

Primary care services include Reception (where all prisoners are medically screened), nursing and general medical services, and allied services including physiotherapy, podiatry, optometry, dentistry and radiography. There is a team of GPs, who, as regular locums, bring with them a knowledge of Pentonville and are able to provide a degree of continuity to work with patients. The GPs run daily clinics. A nurse-run 'walk-in' clinic operates daily in the

main prison with seventeen clinics per week. A Long Term Conditions specialist nurse provides clinics four times a week for around the approximately two hundred prisoners with diabetes, asthma, epilepsy, hypertension and chronic obstructive pulmonary disease. Pharmacy technicians offer a smoking cessation service. The waiting time for this service is currently six weeks. A twice weekly in-reach service provides support and treatment to prisoners with sexual health issues. There are also daily Wellman and Hepatitis B vaccination clinics, twice-weekly phlebotomy clinics, and twice weekly wound management clinics. The pharmacist runs a twice-weekly medication compliance clinic.

Mental Health

A mental health in-reach team offers assessment and triage and wing-based treatments and liaises with external providers for those prisoners requiring mental health aftercare on release. The team deals with between thirty and thirty five referrals per week. Integration of the mental health team with healthcare delivered on the wings is expected to improve with the appointment of two mental health workers specifically to work on the wings. The mental health team offers monthly mental health awareness training for prison officers and other staff who may request it. A senior clinical psychologist works with patients on the wards and with the in-reach team. Two consultant psychiatrists work two days per week each with daily provision of psychiatrist clinics.

Many of those convicted of crime have psychiatric or personality problems, and it is inevitable that prisons therefore contain a substantial proportion of such people. However, a prison is clearly not an appropriate place to hold those with serious and long-term mental illnesses. Such men, who are a considerable strain on the staff, have difficulty in taking advantage of prison rehabilitation services and require a medical regime. The prison, for example, cannot compel inmates to take medication, unlike an NHS hospital. During the year over seventy inmates were transferred under the Mental Health Act to secure psychiatric units or psychiatric intensive care. These transfers have not infrequently been subject to considerable delays.

A small team – the Enhanced Support Service (ESS) – began work on a trial basis in the prison in September 2014. The team, which includes a mental health practitioner, a psychologist and a prison officer, handles a caseload of up to twelve prisoners whose behaviour has proved repeatedly disruptive and difficult to manage. The aim is to reduce the incidence of disruptive and aggressive behaviour and self-harm among these prisoners, several of whom have a diagnosis of personality disorder.

Complaints

Prisoners' complaints about healthcare frequently relate to delays in obtaining medical appointments. While it is clear that some inmates have had to make repeated requests – an issue that is being addressed – waiting times for appointments are on a par with, or better than, waiting times in the community, with an average of one week's wait to see a GP and six weeks for dentistry.

Complaints that prisoners could not attend the appointments they had been given because of a lack of escort officers were a problem during the year but seemed to have improved by the end. Any failure to provide an escort – either to an appointment within the prison, or to an

external hospital – is an obvious matter of concern and the Board remains alert to this issue. However, the non-attendance rate for appointments, which is monitored, can be due to various causes.

There is another class of frequent dispute where the prisoner wishes to be prescribed a different drug, or different dosage, from that which the doctor judges appropriate. This is perhaps inevitable in a population where drug dependency is common and where the doctors have to take note of the ‘tradeability’ of various drugs within the prison's informal drug economy.

9 SAFER CUSTODY (Suicide Prevention, Self Harm, Violence Reduction & Listeners)

Self-harm

To the credit of staff, the number of reported self-harm incidents fell by an impressive 29% from 639 last year to 450. There were three deaths, of which one was apparently self-inflicted. The risk of prisoners self-harming is particularly high in a prison such as this with a rapidly changing population and prisoners at a tense stage of their incarceration. Arrangements in place to deal with this risk include a dedicated safer custody team which holds monthly meetings with residential and other staff. These meetings are usually well attended and serve to highlight relevant issues and trends. The prison has a number of Listeners. These are Samaritan-trained prisoners whose role is to offer support to fellow prisoners at risk of self-harm. The system is well supported by prison management, but the turnover of prisoners is such that the number of Listeners is invariably well below the optimum figure. ACCTs – documents which assist in the planning of care for those most at risk - also play an important part. Too many such documents are of poor quality, lacking significant information and failing to articulate the needs of at-risk prisoners.

Violence reduction

The increase in the level of violence has been a worrying feature of the last year. The number of recorded violent incidents has gone up significantly, rising from 614 last year to 870 this year (an increase of 40%). Although a strategy is in place to deal with violence the prison is struggling to contain the problem, and we too often hear concerns expressed by prisoners who are fearful for their safety. Officers also suffer from prisoners’ violent behaviour – nearly 40% of incidents were directed towards staff. The frustrations generated by limitations of the regime, and by the failures to address many everyday concerns of prisoners, contribute to the tensions and create a climate in which violence is easily sparked. The increasing use of ‘legal highs’ is likely to be a factor, too. Those who are identified as serial offenders may be involved in detailed reviews of their behaviour, but these can address only a small element. The Enhanced Support Service seeks to engage particularly troublesome individuals, but again this cannot deal with the large number of violent incidents.

In addition to being concerned at the recorded number of violent incidents, many IMB members report prisoners (and staff) saying that they do not feel safe. We expressed anxiety about safety in our last report and think that the prison environment has seriously deteriorated in this respect. Some of the increase in violence can be attributed to the growing number of Young Adults (YAs) housed in the prison. They are responsible for a disproportionate number

of violent incidents. Gang rivalries are especially prevalent in – but not confined to – this age group. We frequently hear complaints from prisoners whose association with a gang renders them vulnerable to violence within the prison. Although the prison liaises with police in the community the effectiveness of efforts to keep rival gang members apart is limited.

10 THE WINGS

10.1 C, D, E, F, and Jubilee (A Wing is dealt with in Section 14)

The wings at Pentonville are, for the most part, bleak places where prisoners – many on remand or awaiting sentence and therefore particularly tense – experience a regime that often fails to provide a decent and humane environment. Many say they do not feel safe. Cells are cramped, lack privacy for basic personal functions, and are often dirty or ill-equipped. Prisoners on all wings except Jubilee are endlessly frustrated by the frequent cancellation of everything that gets them out of their cells. The Board notes with dismay the number of times association (and therefore access to showers and phones) or other activities are cancelled because of staff shortages and cross-deployment. Prisoners find maintaining contact with families difficult and staff are often too few and too busy to help with individual problems though Board members encounter, and prisoners pay tribute to, those staff who make strenuous efforts to meet prisoners' many needs.

In spite of efforts at repainting and refurbishing, the age of the prison shows in the difficulty of controlling infestations of cockroaches, mice, and on at least one occasion - infestation of the D5 showers by tiny flying insects said to bite. Although C and D wings have cells with a separate space for the toilet (unlike other wings) they have a neglected air. Board members repeatedly report litter, including bedding, thrown from upper landings outside the covered walkway between D wing and the Healthcare centre, litter in the walkway itself, and rubbish left in various inside areas. E wing, which takes prisoners after their initial detoxification on F wing, is perceived as less intimidating than some other areas though the arrival of Young Adults is felt to have caused increased tension and violence here as elsewhere. The gully outside the wing also attracts thrown down rubbish which is too infrequently cleared away. Prisoners find F wing (detoxification) more agreeable than other parts of the prison and are frequently reluctant to move which is said to cause delays in allocating new prisoners in need of drug services. The G wing yard has been frequently littered with rubbish which on one occasion enabled a fire to be started.

Jubilee Wing is open only to prisoners who have given up drugs and are engaged in appropriate drug-related courses. Random drug testing is supposed to take place twice a month but staffing limits sometimes prevent this. Although only one officer is needed for a test, officers prefer two of them to be present – one to test and one to witness. The wing is very popular because the regime there is more relaxed. Relations between officers and prisoners are excellent and there is almost always a calm, friendly atmosphere. This small area presents a contrast to the rest of the prison. Although some problems are clearly caused by prisoners themselves, only major investment can provide a decent environment for incarcerated individuals and the staff who care for them.

10.2 Segregation Unit (E1) and Adjudications

The Segregation Unit is regularly full and there is often an overflow onto E2. This suggests a higher rate of occupancy than in previous years but this is almost impossible to demonstrate in figures because of the rapid turnover which also makes it difficult to support statistically the impression that Young Adults seem to be disproportionately present, perhaps reflecting

their sometimes disproportionate involvement in violent incidents. The status of 'YA' is not always noted on the unit office whiteboard but it would be useful for IMB members when visiting. We welcome the fact that cells have been re-decorated since our last report.

The number of adjudications has risen this year which takes up considerable staff time and limits what they can offer for segregated prisoners who sometimes complain of missing exercise or showers. It also means that IMB visitors often have to talk to prisoners through closed cell doors which is hardly civilised and can be difficult especially if the unit is noisy.

As in past years Board members feel that unit staff do very well in coping with especially difficult prisoners, flooding, fires, smashed-up cells, and dirty protests; and that they remain calm, pleasant and helpful and maintain generally good relations with their charges who seldom complain about staff. The main complaints are missed exercise or showers and the length of time it takes for property to be delivered from the wings. Board members particularly commend the conduct of Good Order and Discipline (GOOD) reviews, usually by the current governor in charge of the unit. He is well prepared, clear, helpful and fair in dealing with prisoners, managing reviews and making decisions.

We note that the use of special accommodation, once a rarity, now seems more frequent perhaps reflecting the increase in amount of violence in the prison. On one occasion a prisoner spent a whole night there. We hope that the fact that the unit is often busy especially during adjudications does not mean that prisoners are spending longer than they should in these cells.

Infractions of prison rules are usually dealt with by a judicial hearing – known as an adjudication – before a governor. Minor breaches may be dealt with by the IEP system; the more serious are heard before an independent adjudicator (a District Judge), who alone can award added days to a sentence. Allegations of serious criminal offences are referred to the police for investigation. Adjudications take place Monday to Saturday. Prisoners have the opportunity, subject to certain rules, to obtain legal advice and representation; and interpreters are available when needed.

The number of adjudications, particularly those heard by an independent adjudicator, has risen considerably this year. The independent adjudicator now has to visit weekly instead of fortnightly and may have several dozen cases to deal with. The system is one of complex paperwork and strict time limits, and sometimes cases are dismissed because time limits are exceeded or the paperwork is inadequate. In particular, wing conduct reports – essential for fair sentencing – are often missing or inadequate. This, in part, no doubt reflects the lack of continuity of staffing on the wings, so an individual officer may know little of a prisoner's conduct over a period. Staffing pressures also cause difficulties in the attendance of officers giving evidence.

The Board has some concerns about the freedom of prisoners to call witnesses and we note that the standard of proof is not always as high as it should be in the case of a disciplinary procedure. In addition, prisoners are frequently confused by what they perceive as the inconsistency between adjudication decisions and what the prison calls administrative actions such as being put on closed visits or IEP downgrading. Closed visits, which prisoners perceive as punishment, usually last for three months (and can last longer) even where there has been an acquittal on adjudication. Nevertheless IMB members report hearings as being fair in most cases.

10.3 Vulnerable Prisoners Unit

This unit is mainly for sex offenders but sometimes also accommodates a very small number of others (such as ex-policemen or people well known to the public) who cannot be safely located elsewhere. It is located on the top floor of F wing which remains one of the lighter, cleaner and more attractive areas of the prison. F5 prisoners generally speak highly of the staff who care for them and Board members usually observe them to be very supportive to and respectful of prisoners. The main problems have been extensive and repeated kit shortages; frequent cancellation of gym sessions; limited access to education with only basic maths and English available and taught on the open landing during association with consequent disruption; and missed medical appointments caused by lack of staff to escort prisoners to the Healthcare Centre. While many of these problems are prison-wide, they present extra difficulties for Vulnerable Prisoners who are additionally dependent on staff and restricted in their access to other parts of the prison. A new system of getting prisoners to healthcare appointments was introduced in September which has reduced the problem (though we note that the long-promised safe and separate waiting area has still not been provided). From February the supply of kit seemed to have been satisfactory. The unit can accommodate only forty four prisoners but the Board is concerned that there are frequently more than this number, some of whom have to be accommodated on the landing below. Pentonville has no courses enabling sex offenders to address their offending behaviour and yet there is huge difficulty in transferring them to more suitable establishments. It can only be said, therefore, that their particular rehabilitation needs cannot be met at Pentonville.

11 KITCHENS AND CANTEEN

The plan to release prison officers back to the wings and appoint civilians in their stead has hung over the kitchen all year badly affecting morale. Recruitment has not been very successful – there were still officers in the kitchen at the end of the reporting year. On the plus side, the number of prisoners engaged had risen from last summer – when there were sometimes as few as six – to twenty by December 2014. The kitchen had a notable success in successfully managing the provision of the evening meal for fasting prisoners during Ramadan though they had to depend on the goodwill of kitchen staff and not wing staff to deliver hot meals up until 9.30pm. They also supplied African/Caribbean food on Fridays in Black History month.

Although the kitchens were brand new in October 2012 every rota visit seems to note some piece of equipment needing repair – freezer seals, fryers, ovens – and there are complaints about both the original state of some items and the time it takes to get them serviced or repaired. Some equipment such as the bread ovens will never now be used because of estate-wide changes to meals – a dreadful waste of resources.

The kitchens do their best with a daily food budget that fluctuates between £1.96 and £2.10 per prisoner. Vegetables and a piece of fresh fruit are provided with the evening meal. Nevertheless, some prisoners complain about small portions and being hungry. This may arise in part from unfair distribution at the serveries but it is doubtful whether a sufficient and healthy diet can be supplied, particularly to young men, for so little money.

For a period of three months from December 2014 – February 2015 there were serious problems over canteen delivery with bags arriving without the claimed contents or not

arriving at all. The problem appeared to originate from another prison where canteen bags were being made up. By the end of the reporting year it seemed to have been resolved.

12 CHAPLAINCY

With the long-awaited appointment of a full-time Anglican chaplain, the team now has four full-time and thirteen sessional chaplains overseeing a wide spectrum of belief from mainstream faiths to Paganism. We have been concerned about the lack of an Orthodox service but this year arrangements have been made for a volunteer to take one every six weeks and we hope that steps will be taken to provide such a service every week. Last year's report noted the need for a Mormon chaplain: one has now been appointed and is currently awaiting clearance. There have been improvements in group attendance partly as a result of arrangements made with Education which have reduced clashes between religious and education sessions. We are pleased to note that staff are making greater use of the chaplaincy in addressing prisoner issues, for example all prisoners on ACCTS now receive at least one weekly visit. The Synagogue has been refurbished and is open to use by all religious groups. Also under the aegis of the chaplaincy, Muslim Youth Helpline is extending its face-to-face service to Pentonville in addition to offering telephone support it already offers here. We regret that a programme intended to help prisoners to find a religious support organisation after release, in operation elsewhere in London, is not available at Pentonville for lack of funding.

13 VISITS

Visitors can book visits by telephone or e-mail. The telephone booking service has not improved at all over the reporting period. Visitors continue to complain about having to wait for over one hour on the phone to make a booking or of not being able to get through at all. There is often just one member of staff dealing with telephone calls and there are times when the phones are left unmanned.

There are two ways of booking visits by e-mail. The first is emailing directly from the prison's website. This appears to be working well. Visitors generally receive an email back confirming the time and date of the visit within two or three working days. The second option is the government's website but the request form there (used by 75% of visitors) is not fit for purpose: it omits an essential requirement – the visitor's address – so that the prison has to ask visitors to send in their address before a visit can be confirmed. In addition the website fails to say that proof of address is required. On average thirty five visitors a week arrive with suitable ID but no proof of address and are turned away, a cause of much distress.

At the beginning of the year visitors could expect to be granted a visit if they gave forty eight hours' notice. Now, at least seven days' notice is required because the number of social visits' sessions has been reduced and they quickly become booked up. Two of the weekly sessions have been cancelled – one to make space for legal visits and another because it was undersubscribed. In addition, the capacity of the visits hall has been reduced from fifty six to forty seven to create an extra play area for children. All this means that remand prisoners, who are entitled to three visits a week, are unlikely to be able to receive any visits during the first ten days of their incarceration which, if it is their first time in prison, is a particularly traumatic time for them.

Legal firms continue to complain about the inability to book urgent legal visits at short notice and of having to give two or three weeks' notice. This is because of the limited availability of rooms and the inordinately long time it takes for the prison to respond to e-mails – usually four working days. The only time that legal visits can be arranged at relatively short notice is on Friday mornings when they take place in the visits' hall where there is usually spare capacity, but often a lack of total privacy.

Visitors have also complained about the length of time they have to wait to have their ID checked to gain entry to the prison. Visitors' fingerprints and facial photographs are taken on their first visit; these are then used for proof of ID for subsequent visits. Unfortunately there are only two fingerprint terminals and, often, one of them is not functioning. Consequently it can take up to two hours to process the average one hundred visitors. Another matter for concern is that there have been several cases where visitors have been turned away because a prisoner actually waiting for them in the visits hall was reported as not being located.

14 RECEPTION, A WING AND FIRST NIGHT CENTRE, and INDUCTION

14.1 A Wing and First Night Centre

Changes in the Reception process in August 2014 mean that prisoners now go through all the reception processes before being taken to A Wing. The new arrangement is a marked improvement on the earlier system particularly in preventing the alarmingly late finishes reported on last year. The presence of Home Office Immigration Staff in Reception has been particularly useful in speeding up the identification of foreign national prisoners and those who may have immigration issues.

Most prisoners stay on A Wing for about a week and do not access work or education until they move off. Staff claim that the much lower level of staffing imposed by New Ways of Working has been detrimental to new prisoners, as officers are no longer able to offer the support and facilities that prisoners need at such a difficult time. The presence of Insiders is therefore especially important in helping newcomers, especially those in prison for the first time, to adjust and find out what they need to know. In general, however, prisoners seem to like being on A Wing, and are often reluctant to move.

On their first day, most prisoners attend an Induction originally conducted exclusively by Officers. Since August 2014, Induction has frequently been carried out by or with the help of Insiders – prisoners who have been trained to assist other prisoners in various ways. This method seems to work very well, with Insiders making extra efforts to ensure prisoners attend and understand. On their first afternoon prisoners should take a Basic Skills Assessment designed to test their maths and English. In the following days, prisoners are introduced to Education, the library, and aspects of Healthcare. There are undoubtedly difficulties for prisoners in having to absorb a large amount of information quickly and this is especially so for those whose first language is not English or whose literacy makes use of printed induction information less accessible.

15 IPP AND LIFE-SENTENCED PRISONERS

Pentonville remains a wholly unsuitable location for prisoners serving an indeterminate sentence for public protection (IPP) and those men sentenced to life imprisonment as it provides little or nothing in the way of rehabilitative work - primarily offence-and offending-related courses - that would enable them to demonstrate to the Parole Board that their risk is sufficiently low to merit release. At the end of the reporting year, nine life-sentenced prisoners were held in Pentonville, a pleasing reduction on the numbers being held at the same point in the previous year. HM Inspectorate has commented that no lifer should remain in Pentonville for more than twelve months and it is concerning that some had been held for longer, one for almost two years. It is equally concerning that there were twenty prisoners serving an IPP sentence, well up on the numbers at the same point in the previous year. Seven of these men had previously been released but had been recalled to custody and were awaiting a Parole Board hearing.

16 DRUGS AND SECURITY

16.1 Drugs

It is estimated that the majority of men imprisoned have been illegal drug users before conviction and the recreational use of drugs is a dominating factor in the running of the prison in a variety of ways. Efforts to address the problem begin at Reception where a system is in place to identify prisoners who are drug-dependent and may therefore require treatment during withdrawal. Prisoners so identified are sent primarily to E and F wings where there is a well-developed Integrated Drug Treatment Strategy (IDTS) run by NHS private provider Care UK, to detoxify and stabilise them. There is also very considerable support from external agencies such as Phoenix Futures, Narcotics Anonymous and Alcoholics Anonymous which offer counselling and advice, and assist those discharged from prison to move to similar services in the community. Prisoners who give up their drug dependency and commit themselves to regular drug testing to prove their continuing compliance have the opportunity to move to Jubilee Wing, where there is a particularly relaxed regime.

Nevertheless, a substantial minority of prisoners continue as illegal drug users within the prison. A Mandatory Drug Testing (MDT) programme is in place, and the proportion of tests which were positive did not vary greatly during the year, remaining at around 11% with only one monthly figure reaching as high as 14%. This is substantially lower than the 16.8% average noted in our previous report. It would however be optimistic to imagine that this figure represented more than a minimum of the prisoners using drugs. There is also now thought to be significant use both in the community and in the prison of new psychoactive substances ('legal highs') particularly the synthetic cannabinoid known as 'spice' which is much more difficult to detect – it does not show up on the current MDT tests – and which can lead to exceptionally violent behaviour. This is of considerable concern both to the staff and to the Board, as it represents an increasing problem with few available tools for its management.

As well as the direct health effects of drugs and their role in motivating theft and robbery, the demand for drugs is a prime driver of much of the inter-prisoner debt-related violence, of the economics of gang structures, and potentially of corruption. We therefore strongly support the

prison's commitment to treating and managing the problem and to cutting off the sources of supply.

16.2 Use of Force

Use of Force statistics are now clearly separated into Adults and YAs. The number of prisoners against whom force was used appears to have increased and Young Adults are very over represented.

17 PRISONERS REQUESTS AND COMPLAINTS

Applications

The new prison Applications system introduced in November 2012 remained in use (with small modifications) until the autumn of 2014. On most working days all the general applications collected early that morning had been processed by the end of the day but the speed and helpfulness of the replies remained unsatisfactory. Following consultations with prisoners and staff, a new Applications system was introduced at the end of October 2014. A team of Insiders (prisoners employed to assist their peers) was established on each wing to assist prisoners with filling in Applications (other than those concerning Healthcare and PIN phones). Insiders are available during every association period and have access to information on a wide range of prison matters. They also receive update training delivered by various prison departments, and are 'on hold' (not transferred to other prisons) to ensure consistency. Wing staff continue to have a role in dealing with prisoners' personal issues and Insiders have been told to direct all queries of a sensitive nature to them. Insiders log all applications and they are collected daily. With some margin for flexibility, responses (which the Insiders also log) should be made within five working days. Prisoners' Complaints (and applications to the IMB) are still submitted via separate boxes on the wings. The end of our reporting year was too early for data on the effectiveness of the new system but it seems to have much to recommend it.

Complaints

The majority of prisoners' complaints result from a failure by staff to deal quickly with their problems which not only causes log-jams in the written complaints' system but can lead to an unnecessary and costly escalation – for example with prisoners taking to the netting over relatively minor matters. Nevertheless some officers go to considerable lengths to try to resolve difficulties over matters such as property and PIN phones. It is particularly important that they do so since many prisoners have limited literacy skills and cannot use a writing-based system without help.

We remain very concerned about the number of prisoners' written complaints in recent years. There were a total of 4129 in our reporting year, an average of 344 per month. Several reviews in recent years have led to revisions in the system but it remains clear that prisoners do not have confidence in the complaints system. Many still complain to Board members that they receive late replies or none at all. A prison analysis of a 50% sample of complaints made in March 2015, confirms that there are delays with only 76% of replies sent in time. 95%, however, provided a full answer to the complaint, an encouragingly high level. The Board will watch with interest to see whether more replies can also be made on time.

18 MAKE-UP OF THE INDEPENDENT MONITORING BOARD

In March 2014 the IMB at HMP Pentonville had 17 members. 7 members resigned during the reporting year and 7 were appointed.

18.1 Weekly Rota Visits

Members on rota duty regularly monitor the prison's facilities and treatment of prisoners, giving a sense of how Pentonville is running. Key areas (Healthcare, the Segregation Unit and the Vulnerable Prisoners' Unit) are reviewed each week, with other areas visited less frequently. The IMB member on rota will visit the prison several times in the week and write a report at the end of it. This is sent to the No.1 Governor, who responds in writing to specific concerns in time for our monthly Board Meetings part of which he also attends to answer questions.

18.2 Applications

Members speak to prisoners who have put in written applications. In the period of this report, the IMB received 1470 such applications. This is an increase of 18% on last year and more than three times as many as in 2010-11 when the number was 395. Some applicants are not seen on the first occasion because they are at court, on visits, or otherwise engaged; arrangements are made for them to be seen the following week if their problems cannot be addressed without their being seen. Prisoners may also put in applications under confidential access. These are dealt with by the member on rota. Additionally, members will meet prisoners, as well as staff, during their visits to the prison, and frequently receive and respond to prisoners' oral applications if they are urgent. It should be noted that this means that the actual number of appeals for assistance is even higher than the figures above suggest.

<i>Area</i>	<i>Year to 31st March 2014</i>								
	<i>Approximate percentage of written applications dealt with</i>								
	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>	<i>2014</i>	<i>2015</i>
Property and Cash	20	25	21	23	14	14	18	23	31
Medical	8	12	13	11	12	9	12	12	13
Transfers/Category	10	9	12	9	11	9	12	10	7
Sentence Calculation	4	5	5	3	6	8	5	3	4
Regime	5	4	4	2	8	6	7	3	5
Visits	7	8	8	11	8	5	3	3	3
Telephones	1	2	5	5	2	4	5	6	5
Mail	4	1	<1	1	2	4	**	**	**
HDC	-	-	-	-	2	4	2	5	2
Legal issues	-	2	2	1	3	3	2	<1	1
Requests / Complaints	5	3	2	2	3	3	3	3	3
Bullying	1	2	3	2	3	2	3	4	3
General IMB advice	2	4	2	2	1	2	2	2	1
Housing/Resettlement	-	2	2	<1	1	2	1	<1	2
Assault	1	1	2	1	2	2	***	***	***
Work	3	1	3	2	-	2	5	3	1
Education	<1	2	<1	<1	1	2	1	1	1
Licence recall, etc	5	2	2	5	4	2	1	1	1
Adjudications	1	3	<1	2	2	2	1	<1	1
Foreign Nationals	5	1	2	4	3	2	4	5	>2
Probation	<1	1	<1	2	2	1	1	1	1
Food	2	1	<1	2	4	1	<1	<1	>1
Library	0	0	0	0	-	<1	<1	<1	-
E-man status*	<1	1	0	0	-	0	<1	<1	>1
Racial abuse/incident	-	1	<1	1	-	0	1	<1	>1
Miscellaneous	14	7	11	9	8	9	9	10	3

* *Prisoner regarded as at high risk of attempting to escape.*

***Included in property/cash*

****Included in bullying*

- *Not recorded separately.*

ANNEX 1 – BOARD STATISTICS

Part 1 - General Statistics

Recommended complement of Board Members	22
Number of Members at the start of the reporting period	17
Number of Members at the end of the reporting period	17
Number of new Members joining during the reporting period	7
Number of Members leaving within the reporting period	7
Total number of written applications received	1470
Total number of segregation review meetings held	51
Total number of segregation review meetings attended	51

Part 2 – Membership at end March 2015

Member

Gordon Cropper

Chair

Jean Silkoff

Vice Chair

Ann Waters

Vice Chair

Emma Bell

Alan Bevan

Peter Cousins

Nicola Finnerty

Gabriel George

Anna Hart

Sally Inman

Susan Lee

David Miller

Mohammad Nafissi

Camilla Poulton

Naomi Rich

Board Development Officer

Mollie Weatheritt

Sara Zalin

Information Officer