



**INDEPENDENT MONITORING BOARD**

**ANNUAL REPORT  
FOR  
HMP CARDIFF**

**REPORTING PERIOD**

**1<sup>ST</sup> SEPTEMBER 2014 – 31<sup>ST</sup> AUGUST 2015**

## **Description of Cardiff Prison**

**1 of 15**

HMP Cardiff is a traditional Victorian prison with its origins dating back to 1830. Its main role was a holding prison for remands and short to medium sentenced prisoners. The accommodation was typically Victorian with high levels of overcrowding with prisoners commonly sharing three to a cell.

New wings were added in 1996 to accommodate 200 prisoners, including 96 "lifers". A further refurbishment was completed in 2004 with an operating capacity increasing to 754 with a further 50 spaces added in December 2008, raising the capacity to 804. A further increase in 2014 raised the present capacity to 820.

Cardiff is a Category B prison, situated in the heart of the City and it largely serves Courts in the western half of South Wales and the South Wales Valleys. It holds a combination of Remands, Trials and Convicted prisoners. It offers a wide range of opportunities in training, education, detoxification from drugs and alcohol and addressing offending behaviour.

Cardiff receives Young Adults on remand which is in addition to its training prison function for prisoners sentenced to twelve months or less

The Prison Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an independent Board appointed by the Secretary of State from members of the community in which the prison is situated.

The Board is specifically charged to:-

(1)

Satisfy itself to the humane and just treatment of those held in custody within its prison and a 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 the prison has met the Standards and requirements placed on it and what impact these have on those in custody.

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

**3/1** The majority of cells within the prison are double occupied and there is a continued lack of decency and privacy for use of toilets in a large number of cells, in spite of highlighting the matter in a previous report. I am given to understand that the curtains remain in the store but are yet to be put up.

**3/2** Regular complaints are being received from the prisoners that the internal prison complaints system is not functioning efficiently. Response times are being constantly missed and even no response at all. This is resulting in the IMB having to involve themselves in matters which should have been sorted a considerable time ago. Efforts have been made to redirect matters to wing staff for daily matters and this has resulted in a reduction in IMB applications of 40% thus allowing more time for monitoring duties.

**3/3** So called "legal Highs" are a constant challenge. To prevent their use the Governor is making progress in detecting supply routes. Closer observation is provided during visits and the prison security dog has been trained in detecting these substances. Unfortunately, there have been horrific, self-inflicted injuries whilst under the influence providing "spice" within tobacco. Suitable warnings have been issued

**3/4** Personal body cameras have recently been provided to staff, which have proved to be an effective role in reducing confrontation. There is less enthusiasm to over react when they are made aware that prisoner's actions are being recorded.

**3/5** Huge improvements have been made in providing out of cell facilities, for two thirds of the day for work/education etc, but unfortunately, with such a large "churn" of remand prisoners, many prefer to stay within their cells and watch television. This is disappointing as the prison has made great strides in providing these arrangements and daily monitoring is taking place to reduce the numbers not in to work.

**3/6** Staff numbers and workload are of concern in spite of extra officers being appointed during the year. Bed watches, Detached Duties and escorts further reduce staff at the prison and particularly at weekends, when there is a heavy reliance on "payment plus" (overtime). It is a regular occurrence to have a restricted regime, where only half the prisoners are out of their cells at any one time, although efforts are made to make available the usual facilities. Problems have also been experienced in recruiting staff in a Diversity role. There have been many resignations as insufficient time has been available to carry out the duties of the role.

**3/7** The revised arrangements for Resettlement are bedding in with (CRC) Community Rehabilitation Company taking responsibility. Regular meetings are held to follow progress and matters are being closely monitored by the Board.

**3/8** There have been some uncertainty within the prison concerning the forthcoming ban on tobacco. There has been little detailed information provided up to the end of the reporting period but I am pleased to say that comprehensive details have now been circulated. This has an unknown outcome and we all need to continually monitor the situation.

1 Data captured was satisfactory in all areas. However the quarterly figures are not always available for the Diversity meeting. The performance hub provides a percentage on data compiled for each protection characteristic – 98% would be deemed as good data captured.

Unfortunately, meetings are regularly cancelled, often at short notice.

**Protected Characteristics.**

1. The number of prisoners in each age range has remained fairly constant. However, it is worth noting that only one prisoner in custody was of legal retirement age. Likewise, disability numbers remain constant, with those prisoners with learning difficulties or learning disabilities counting for the highest numbers.
2. An ongoing issue since February is that slippers and dressing gowns should be ordered for older prisoners who feel the cold.
3. Thick overcoats have been ordered and placed in Reception with slippers also provided on request.

**Foreign Nationals**

The number of foreign nationals at HMP Cardiff are higher than previously experienced, now at 10.2%

**Prisoner Representatives/Focus Groups/ Diversity Officers**

1. In February, both Diversity Officers relinquished their rolls, quoting their frustration at the lack of time allocated to undertake their duties. A replacement officer took up the role and one of the previously resigned officer agreed to stay on to assist the replacement.
2. Unfortunately, later in the year the new Diversity Officer also stepped down as there were still issues with having sufficient time allowed for release from normal duties to fulfil the Diversity allocated hours.
3. There have been no focus group meetings over the summer period owing to staff shortages and constant cross deployment of officers. Meetings have been cancelled at extremely short notice.
4. However, in the short period that the allocated officers carried out their duties, they achieved some good results and helped the establishment to achieve a good rating at a recent audit
5. More effort must be made to allow Diversity Officers to undertake their full allocated time to fulfil diversity duties and to hold regular meetings.

1. Education and skills provision is of a high standard. Education classes and workshops are well resourced and well managed, with a purposeful atmosphere. Relationships between prisoners and instructors are generally good and frequently excellent.

2. The standards achieved by prisoners in many cases are also very good and there are a wide range of opportunities to achieve external accreditation. Three prisoners achieved Koestler Awards in 2015 for craft, poetry and music. A Gold award was achieved in poetry. Prisoners have produced some excellent work in poetry, though there is currently no provision. It is also a pity that there is no provision for drawing and painting, an area which makes significant contribution to provision in other prisons.

3. Education and skills provision has benefitted from a return to full time provision. The experiment with a part time regime did appear to result in a significant reduction in prisoner's involvement in purposeful activity. The regime also clearly made management and provision of courses more difficult and had a negative impact on the progress of prisoners.

4. There is awareness in prison of the lack of basic skills amongst many prisoners. The Tools for Change course has been very successful and is popular with prisoners. This popular programme. The course aims to change behaviour and set life objectives and is offered to about 20 prisoners as a four week course, but there is a waiting list to join it. The recent focus on provision for prisoners with learning difficulties has resulted in a major change in activity for the inmates of the therapeutic wing, B1. These prisoners now have provision off the wing, including literacy, numeracy, horticulture and life skills. Early signs in terms of the provision are very positive, though there are many other prisoners in HMP Cardiff with learning difficulties.

5. The high turnover rate at HMP Cardiff provides a challenge in terms of the provision of education and skills. The number of prisoners not engaged in purposeful activity is regularly monitored and the team of Outreach tutors have clearly laid down procedure for working with these prisoners. However, the number of prisoners locked up on wings during activity time often appears high. Activity for those engaged in programmes is also sometimes interrupted or halted by administrative problems over such things as delays in the delivery of equipment to workshops and issues relating to contacts with outside partners.

**Healthcare and Mental Health**

1. The improvements noted in last year's report have been maintained and regular monitoring is undertaken by Health Care professionals within the department and from Cardiff and the Vale University Health Board.

2. Healthcare meetings are usually held quarterly and a designated action log allocated within the minutes. The Risk Register is regularly discussed and any Serious Incidents are logged as well as complaints and incidents more generally. Dental services and Mental Health services are now regular items on the agenda of the quarterly meetings, so that quality of service as well as safety are priorities that are discussed and monitored.

3. Two Dental Registrars have been appointed and some educational work has been undertaken. The number of complaints from prisoners about poor dental service has dropped considerably.

4. There continues to be a problem with patients not turning up for dental appointments and earlier in the year there was a problem with an x-ray machine, which resulted in patients having to be sent out to the University Hospital of Wales, which had a significant cost in terms of escorts and prisoner officers being out of the prison.
5. There have been a number of changes in the Inreach Team during the past year. Several new staff have been appointed and a Band 6 nurse from within the department with considerable experience in this specialist area is considered to be a welcome addition to the team. The weekly Mental Health Referral meeting is proving a success, resulting in improved communication and a multi – disciplinary meeting between Healthcare, Inreach and Custodial Managers to consider the needs of more challenging prisoners has led to a better understanding of different roles.
6. Healthcare staff are concerned that the facility continues to be used in their view inappropriately, for prisoners who believe their safety is compromised on the main wings. Then places for prisoners who need to be admitted to Healthcare for treatment or monitoring of genuine health concerns are not available.
7. The In Reach team consists of a Team Leader Nurse, Band 7, and a Band 6 Primary Mental Health nurse. There is a Consultant Psychiatrist, Forensic Psychologist, a part time Psychotherapist, who also works with Veterans, a part-time Band 6 Occupational Therapist and a part time Band 3 Occupational Therapist. The main Healthcare team also has Registered Mental Health nurses and, where possible, on most days one nurse is on rota to work alongside the Primary Mental Health Nurse. There is a minimum of 6 weeks wait for psychological therapy.
8. The Consultant Psychiatrist works 7-8 half day sessions per week. He attends the referral meeting, runs Primary and Mental Health clinics, he sees prisoners with ADHD other prisoners who are in the Healthcare department.
9. Approximately 1000 prisoners have been diagnosed with mild to severe mental health problems during the last year.
10. There is a high “churn” of prisoners in HMP Cardiff and this does affect the referral to of prisoners with mental health problems. There are 400 new receptions to the prison each month and these are all seen on arrival by a nurse.
11. This is clearly an essential service provided by the team and the dedication and enthusiasm among team members is remarkable.
12. Smoking Cessation, which is being rolled out to the Welsh prisons, is to be implemented in Cardiff on a gradual programme between Januarys to April 2016. This will have considerable implications for the Healthcare Department, in particular the Pharmacy. The large churn of prisoners passing through HMP Cardiff will cause complications because the prisoners do not necessarily arrive from Welsh prisons and will therefore not have been subject to non - smoking restrictions previously. Many prisoners will have developed their smoking habit over a number of years. The Healthcare Team will be providing patches for prisoners and this will have implications for stock and staffing resources.
13. The Pharmacy staff are continuing to work hard to reduce the number of undesirable drugs administered. Prisoners are often unhappy when, after clinical review, the strength of their medication is reduced.

14. Gym Instructors have liaised with Physiotherapy Staff in delivering exercise regimes for some healthcare patients.

15. A Health Needs Assessment Project has been set up as a result of a Prison Inspectorate recommendation in 2013 and the anticipation of a possible further inspection in the near future. This has been undertaken by a Public Health specialist from the local health board.

16. During the last two years the Healthcare Team has become more cohesive as a team. As a result, the professional services they provide have improved and the prisoners are receiving an even better service. A number of challenges remain but these are being met with focussed attention.

17. Drug Strategy meetings are held every 2 months and draw on expertise from CARATS, Security, Healthcare, Psychology, and others, where trends, therapeutic strategies, detection, intelligence and residence are among the aspects discussed.

18. A major issue is the use of the so-called legal highs and particularly Spice. Drug Dogs can now detect it which is a great help but there is a considerable risk of its malevolent use by some prisoners on others. Various Strategies are being used to help build awareness amongst the prison population, starting at Induction. The multi – media group in Learning and Skills are developing education videos to regularly illustrate to all inmates the risks and physiological consequences.

19. Programmes do exist for alcohol dependency but rely heavily on interpersonal counselling which is not always easy to facilitate. The impending ban on smoking scheduled to take effect is bound to have consequences for prisoners and staff. A broad range of strategies aimed at minimising detrimental impacts is being considered. E-cigarettes are already available as a canteen item

### **Purposeful Activities - Including Work**

1. All Prisoners are able to engage in purposeful activities for three quarters of the day.
2. Prisoners leave the wing at approx. 8.15 Monday to Thursday and Friday afternoon is available for showers, cell cleaning etc. Through - out the weekend there are unlock periods.
3. There is an exercise education centre, nine workshops producing interesting work, mending, commercial cleaning, painting and decorating, printing, a kitchen and laundry
4. Motor mechanics although housed in an old gym building it is manned by enthusiastic staff.
5. Provision is also described under Education and Skills.

## **Resettlement**

1. Resettlement within HMP Cardiff is now managed via a Community Rehabilitation Company (CRC); the contract is held by St Giles Trust, who have a service level Agreement with Working Links. Initial contact with CRC is by way of an assessment completed within 5 working days - there is 100% completion rate on these assessments. Resettlement works on a multi – disciplinary basis with St Giles Trust working jointly with Healthcare, Education and Substance Misuse Support workers within the Prison.

2. The CRC offer preparation for release programmes 12 weeks prior to release, many of which are co-delivered with peers. Prisoners are offered and encouraged, but not compelled to take part in courses run by the CRC, such as Housing, Money Management and Employability. These “pathways” are still a work in progress and are improving. A number of courses are run to increase employability, CVs & Interview skills.

3. Nergy run a workshop with the aim of aiding Prisoners to establish relationships with a view of brokering jobs. This will be done via a telephone conference etc. as a sort of Recruitment Agency.

Careers Wales and Working Links also offer support.

4. A number of programmes are run to address offending behaviour or “soft skills”. However, as a remand and short sentence prison the constant turnover means it is difficult to offer some programmes to all prisoners. The Tools for Change course, is popular, but there are not enough spaces and so a priority list is required.

5. Accommodation: Following the legislative changes brought about by the Housing Act 2014 (Wales) and Social Services and Well-being (Wales) Act 2014 Prisoners are no longer in priority need when they leave with regard to homelessness. However, If homelessness is recognized an application is created by CRC which goes to the Offender Manager in the community for risk assessment. A Prison Link Worker from Gwalia Housing also attends the Prison regularly to support prisoners with their accommodation requirements.

6. Money management: Although historically the prison was able to support prisoners in opening bank accounts neither the prison nor CRC are now resourced to do this; tthis is a national issue and NOMs are attempting to resolve it. Currently prisoners within Cardiff HMP can access Credit Unions Job Centre Plus for help with benefits and other related queries via staff referral which appears to be working

7. PACT has a role within Resettlement in re-establishing, developing and maintaining family ties. They run numerous courses as well as family days. They also set up and run a baby group for children under 1, a relationship course, a parenting course and Every Visit Counts,

8. Domestic violence courses are run in conjunction with Women’s Aid and there are family literacy courses. Any prisoner who is on “closed Visits” is referred to PACT to see if support is required.

9. PACT have also been contracted to run “through the Gate Services” but unfortunately these will not be in place until January. Currently these services seem to be managed by various substance misuse and accommodation charities, although in the case of high risk offenders Community Offender Managers are involved.

10. On the whole the changes are viewed as positive. It aims to meet prisoners needs in a more structured manner and to aid the prison approach of persuading Prisoners to “invest in their community” both inside and outside the Prison.

11. However there are 3 concerns:

- Veterans- CRC is not contracted to offer support and so veterans are being signposted to the British Legion and Care for Combat who offer a mentoring service
- Statistics and information on how the service is working needs to be improved; some information is anecdotal, but this appears to be being looked at regionally
- Under financing /resourcing, in an attempt to focus on the shortfalls in service St Giles Trust are bidding for money to enable another case worker and administrator to be employed

### **Safer Custody**

1. HMP Cardiff have experienced deaths over this year which always causes concern and raises questions. Whilst no fault is levelled at this department specifically, identifying vulnerable and suicidal prisoners must remain a priority. During the year the IMB representatives have sat in on main wing inductions and first night inductions. These have included both regular and health questionnaires being filled out whilst IMB monitor these.
2. One observation that may need attention is the practice of questioning prisoners and filling in their form whilst standing publicly in the Reception corridor. On busy Reception evenings, when staff are trying to process as expediently as possible, two health staff and two officers are assigned the three available rooms in this area. This means that one prisoner undergoing his first night induction is interviewed in the corridor by another officer. Other prisoners, and indeed the IMB representative have heard questions like “now do you feel suicidal?” and other pertinent questions asked while they are standing up near a table. There is no question that officers are doing a very thorough job with good interaction, but one wonders if a corridor is the best place to undergo such a sensitive and important first night review.
3. An IMB representative does not attend every meeting but minutes are monitored to identify trends or problems. Topics include a monthly report from the Safer Custody manager, Samaritans Report, HMP Cardiff Safer Custody improvement plan, Safer Custody Wales, Training Matters and Violence Reduction. The figures relating to the number of ACCTS open and incidents of self - harm are recorded and discussed.
4. The no smoking campaign is to go live in Cardiff for staff and visitors. This will be rolled out to the general prison population in the New Year. With around 80% of prisoners using tobacco, already some comments and threats are heard about possible insurrection and indiscipline over how this will be implemented, by the prisoners. Whilst not a problem now, staff are in discussions with NOMS on a safe introduction scheme

and this must be essential to avoid an escalation of either violence or unsafe custody conditions.

### **Segregation Care and Separation, Close Supervision Units**

1. The Board is satisfied that the following range of core functions, activities and facilities are met at HMP Cardiff.
  - a. The conditions, facilities, regime [for own protection (OP), own interest (OI) and good order or discipline (GOOD) prisoners], staffing and security in the unit are appropriate. The paper work, including daily log segregation history sheets, initial segregation health sheets, open ACCT/ACDT forms, has been accurately kept and is up to date.
  - b. The Board was informed within 24 hours of the moves to segregation and a Board member was able to see and speak freely with each prisoner. Cellular confinement, special accommodation and mechanical restraints were used appropriately and dirty protests were managed professionally and safely.
  - c. Care and Separation Unit (CASU) staff maintain a good dialogue with Healthcare and In Reach to manage the care of prisoners with mental health issues. Problems with “long stayers” on the unit are regularly reviewed at Governor level. Issues of concern may be raised for discussion by the IMB member who is an established member of the Segregation Monitoring and Review Group (SMARG).
2. Recent events resulting from the Supreme Court Appeal judgement stating that the extension of segregation beyond an initial 72 hour period was the sole responsibility of the Minister of Justice had a systemic impact on prison procedures. IMB members were instructed to “Disagree” with decisions to extend Segregation. Revised rules and procedures are now in place to comply with the judgement
3. The central role of the IMB at Reviews has been re-emphasised by NOMS and better coordination of segregation review board (SRB) timings to facilitate IMB attendance need to be pursued with the Governor.
4. The SMARG meets quarterly and is chaired at senior Governor Level. Considerable change and innovation was prompted by the last full inspection (2013) by HMCIP. The changes are being effectively implemented and there is a much more enlightened and imaginative approach to managing behaviour.

## **Reception**

1. Reception, first night and induction arrangements are thorough with few prisoners feeling unsafe on arrival. The Board regularly monitor all three areas.
2. B1 Wing provides a supportive environment for those less able to cope. Levels of self-harm are higher than what we would like but intervention at an early stage (ACCT) prevents ongoing problems.
3. Many prisoners continue to have delays in being transported following Court appearances and, although this has been reported previously, the situation has deteriorated with prisoners undertaking extended road journeys from other prisons, experiencing up to 10/12 hours in extreme cases, between arrival at Court and arriving at their cell. It is accepted that the prison can do little to improve these times other than to remain on duty, often quite late, to ensure matters can be dealt with urgently and professionally.
4. Improvements have been made to monitor first night arrivals, who are transferred to C wing and doubled up in a shared cell and plainly identified on the cell door as new arrivals. Excellent support is available at all times from trained Peer Advisors. Formal induction training commences at 10.00 on that wing the following morning. The Board attends these sessions.

## **Catering**

1. There is a high level of satisfaction regarding catering with only six negative comments received in the past year. Catering is carried out to a high degree within the prison kitchen with a varied and healthy menu, including fresh fruit with adequate portions for all. Food is served hot and well presented at the various serveries throughout the prison.
2. Full dietary requirements are provided for all levels of religious needs and special mention must be made of providing for Ramadan, which this year was an exceptional long period of fasting, undertaken to meet all religious needs. Complimentary comments from Muslim prisoners have been received in relation to the manner in which the catering was carried out.

**THE WORK OF THT INDPENDENT MONITORING BOARD**

BOARD STATISTICS	2014/2015
Recommended Complement of Board Members	17
Number of Board members	12
Number of Board Members at the end of the reporting period	9
Number of new members joining within the reporting period	0
Number of members leaving within the reporting period	3

Total number of Board meetings during the reporting period	12
Total number of visits to the Establishment	379
Total number of segregation reviews held	167
Total number of segregation reviews attended	30
Date of Annual Team Performance Review	March 2016

Code	Subject	Year 2010/2011	Year 2011/2012 No Report	Year 2012/2013	Year 2014/2015
A	Accommodation	16	0	8	11
B	Adjudications	1	0	0	0
C	Equality & Diversity(in Religion)	7	0	16 of	7
D	Education/Employment /Training inc IEP	5	0	24	38
E1	Family /visits inc mail & phone	7	0	25	66
E2	Finance / pay	11	0	36	14

F	Food-kitchen related	4	0	15	4
G	Health related	10	0	159	56
H1	Property (within current establishment)	29	0	33	19
H2	Property (during transfer – in another establishment)	11	0	52	50
H3	Canteen, faculties, Catalogue shopping Argos.	11	0	9	7
I	Sentenced related (incHDC ROTL,parole,release dates – re- cat etc	31	0	89	56
J	Staff – prisoner-detainee concerns inc bullying	20	0	17	13
		2011/12	2012/13	2013/14	2014/15
K	Transfers	21	0	46	27
L	Miscellaneous	70	0	141	65
	Total number of IMB applications	416	0	770	426
	Of total number of IMB Confidential Access was	54	0	24	36

**PRISON POPULATION BREAKDOWN**

		18/20	Over21
Un- sentenced	14.3%	12	99
RECALL	10.79%	3	80
REMAND	19.79%	12	141
SENTENCED	54.5%	13	411
DETANEES	0.4%	0	2

**NATIONALITY**

BRITISH	89%
FOREIGN NATIONALS	10.2%
NOT STATED	0.8%

Abbreviations used within this report

IMB - Independent Monitoring Board

HDC - Home Detention Curfew

BME - Black Minority Ethnic

ACCT - Assessment Care and Custody Team Work

CASU - Care and Separation Unit

SMARG – Segregation and Monitoring Review Group

IEP – Incentive and Earned Privileges Scheme

CRC- Community Rehabilitation Company

OP- Own Protection

GOOD- Good Order and Discipline

SRB – Segregation and Review Group

CARATS – Councilling, Assessments, Referral, Advice Throughout