



REPORT ON

AN UNANNOUNCED FOLLOW-UP

INSPECTION OF

HM PRISON LINCOLN

5 – 7 DECEMBER 2001

BY

HM CHIEF INSPECTOR OF PRISONS

PREFACE

Lincoln is a prison which, a few years ago, was of considerable concern to the Inspectorate in terms of prisoner treatment and safety. This report records the continuing progress made over that period from a traditional Victorian local prison culture towards the healthy prison model we expect.

We found that 74 of the 145 recommendations followed up from the last report had been fully met, and a further 24 partially met. Some of those not met relate to the fabric of the building, where the necessary resources to achieve them have not been made available.

Lincoln provided a safe and respectful environment, with good staff-prisoner relationships, and where over 80% of the inmates felt safe. Residential staff knew many of their prisoners and were involved positively in monitoring and sentence planning. Although the prison is not part of the Safer Local Prisons pilot, the Governor of his own accord had allocated money for a full-time suicide awareness co-ordinator. There had been significant development of drugs work, and there was sufficient work available for sentenced prisoners.

There is, however, room for further improvement. The health care centre remained a cause for concern, with inadequate staffing and a restricted regime. Employment opportunities were not related to skills or resettlement needs, and not available at all to remand prisoners. Life sentenced prisoners needed to be moved on more swiftly to appropriate first stage lifer prisons.

The prison still has some way to go to deliver appropriate regimes and services for its varied population, some of whom will serve all their sentence there. However, this

report records the commitment of staff at all levels to caring for prisoners, which provides a promising and sound basis on which to proceed.

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February 2002

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INTRODUCTION

Short inspections have been developed to ensure that the Inspectorate visits and checks establishments between full inspections. They are carried out by a smaller team and are usually unannounced. Clearly they cannot serve the functions of full inspections but we believe that they are important in highlighting issues of concern or praiseworthy areas relating to the treatment of prisoners. They are not intended to cover every aspect of the prison.

As the basis for this unannounced inspection, we have taken the recommendations contained in the last full inspection in January 1999. Our report records our findings and describes the extent to which our recommendations had been implemented as well as recognising other changes that had taken place since January 1999. This report also takes into account what we were told by prisoners, staff and managers.

A team of three inspectors, Mrs. Ruth Whitehead, Mrs. Gail Hunt and Mr. Pat Mosley carried out this unannounced short inspection of HMP Lincoln in the period 5th - 7th December 2001.

As with all our inspections, they monitored the treatment of prisoners against the model of the healthy prison described in the thematic review, '*Suicide is Everyone's Concern*' HM Inspector of Prisons 1999. They debriefed the Governor and his senior management team before they left.

FACT PAGE

Type of Establishment

H M Prison Lincoln is a Category B local prison for adult male prisoners. The prison holds all classes of both remand and sentenced prisoners with the exception of Category A prisoners.

Area Organisation

East Midlands (North)

Number of Prisoners Held

527 on 6 December 2001

Certified Normal Accommodation

Base line 463 cells. The prison was undergoing a five year refurbishment programme and at the time of the inspection 377 cells were in use.

Operational Capacity

552 at the time of the inspection.

Last Inspection

11 – 15 January 1999

Brief History

Lincoln is a Victorian radial prison built in 1872. 'E' Wing is the newest Wing opened in 1992. A major refurbishment programme was under way in all the Victorian Wings. It was expected that all work would be completed in the spring of 2004 when the Operating Capacity would be approximately 708.

Description of Residential Units

At the time of the inspection A, C, E and J Wings were in use. The accommodation was cellular with over 55% double occupancy.

CHAPTER ONE

THE PRISON

1.01 HMP Lincoln is a Category B local prison currently holding 552 remand and sentenced adult male prisoners. There was a continuing programme of major refurbishment of all its Victorian wings. At the time of this inspection C Wing had just been refurbished and prisoners from B Wing had been relocated there allowing its closure for similar refurbishment. B Wing would reopen in August 2002 when A Wing would close for refurbishment. It was expected that all the planned work would be completed in the spring of 2004 when the prison would have an operating capacity of approximately 708 prisoner places.

1.02 The Governor had been in post for 18 months and many of his senior management team were also fairly new in post. Some 12 months ago a Management Consultancy Services report recommended savings of £450,000 which had subsequently been achieved through reducing staff from natural wastage and re-profiling with an imposed new shift system. Although the Health Care Centre had not been part of this exercise it continued to suffer with staff shortages arising from failure to fill vacancies and staff on long-term sick leave. Managing these deficiencies and planning a proper health care provision to meet the needs of patients were high on the Governor's list of priorities.

1.03 Lincoln had a dual role of local prison and training prison. The emphasis was on serving the courts. There was a recognition that it also had to take into account its many short-term prisoners who remained at Lincoln for the duration of their sentences. The establishment had some way to go in terms of delivering appropriate regimes and services for these different populations. One of the strengths that was clear to us from this short inspection was the commitment at all levels to caring for these prisoners. Staff in residential units and specialist departments, and middle and senior managers were enthusiastic. This was a promising and sound basis on which Lincoln could proceed.

CHAPTER TWO

PROGRESS SINCE THE 1999 REPORT

2.01 In this chapter we have commented on all the recommendations as they have been identified in the main body of the previous inspection report, that is in Chapters One to Nine. We have also included additional observations on significant changes and initiatives that were in progress during this unannounced inspection.

To the Director General

Health Care Services

2.02 *Contracts for health care services in prison should reflect best practice in NHS contracting. The Prisons' Board should ensure that Directorate of Health Care and the Procurement Services Group enter early discussions with the NHS Executive about contracting practice. (5.07)*

Not addressed at this inspection.

To the Governor

Life for Prisoners

2.03 *The provision of clothing to prisoners should be improved. (1.03)*

Achieved.

2.04 *The toilets should be descaled. (1.04 and 2.18)*

Achieved.

2.05 *The provision of leads for use with in-cell electricity supplies should be reviewed. (1.05)*

Achieved. Leads were provided in C Wing and E Wing and all radio leads sold in the prison shop were compatible with the radios sold.

2.06 *The cell painting scheme should be expanded to every landing. (1.06)*

Achieved.

2.07 *The grilles should be removed from cell windows. (1.07)*

Partially Achieved. There were no grilles on windows in C Wing and E Wing. Grilles had been progressively removed and at the time of the inspection only A Wing had grilles. These would be removed by July 2002 as part of the refurbishment programme.

2.08 *The cells should be returned to single occupancy. (1.07)*

This had been rejected by management. The cells were used in accordance with the cell certificates agreed with the Area Manager, and to return to single cell occupancy would reduce the operational capacity. We understood the pressure to provide prisoner places but hold the view that prisoners should, in the main, be in single cells.

This recommendation is repeated.

2.09 *Evening association for prisoners should be reviewed. (1.12)*

Achieved. The disparity between the numbers of prisoners out of their cells in association during the week and on weekend evenings had disappeared

2.10 *The number of prisoners on the enhanced level of the Incentives and Earned Privileges scheme (IEPs) scheme should be reconsidered both for periods of association and to allow more well behaved prisoners to have access to other enhanced privileges. (1.14)*

Partially Achieved. There was still a ceiling on the number of prisoners who could gain enhanced status, determined by the number of prisoners considered manageable when in association. Given the length of time many sentenced prisoners spend at Lincoln, it seemed unfair that they had to wait until a space become available to have evening association. **The decision to operate a quota for enhanced level should be reviewed.**

2.11 *A more detailed explanation of prisoners' conduct should be properly recorded. (1.15)*

Achieved. Staff had received training and documentation was completed properly.

2.12 *Personal Officers should be encouraged to use greater initiative in getting to know those in their charge. (1.17)*

Partially Achieved. This recommendation had been incorporated into the annual staff development targets of prison officers. This had resulted in some improvement but not to the required level. (See 2.80 below.)

2.13 *Sentence Plans could draw upon Personal Officers to help deal with the issues of drug abuse and other behaviour problems. (1.17)*

Not Achieved. Only occasionally did prison officers or indeed any other member of staff attend sentence-planning boards. Sentence planning boards were dealt with by the staff in the sentence planning unit. **This recommendation is repeated.**

2.14 *The incentives scheme and the recording of conduct should be expanded. (1.17)*

Achieved. History sheets sampled on C and E Wings showed a balanced reporting of prisoners' behaviour.

2.15 *A policy on the display of pornographic and offensive material should be published and enforced across the establishment. (1.20)*

Achieved.

2.16 *All staff and managers on E Wing should receive training in the handling and supervision of vulnerable prisoners. (1.23)*

Partially Achieved. Training in sentence planning had given staff an insight into the particular issues surrounding sex offenders.

2.17 *On E Wing, a higher priority should be given to ensuring daily routines are maintained. (1.23)*

Achieved. Following the introduction of new shift patterns, prisoners in E Wing received regular exercise, association and showers.

2.18 *The roles of F and J wings should be reviewed. (1.30)*

Achieved. F wing was no longer used for prisoner accommodation. J wing held up to 20 prisoners, most of whom were employed in the kitchen and the Principal Officer (PO) Caterer had taken over responsibility for this residential unit. Prison officer catering staff acted as Personal Officers for those prisoners working in the kitchen.

2.19 *If J wing is to continue in its existing role the daily staffing levels should be reduced. (1.26 and 1.30)*

Achieved. (See 2.18 above). The Unit was normally staffed only during association periods.

Other Observations

2.20 The whole of the prison was generally clean and tidy. There was an atmosphere of calm and orderliness. We observed good relationships between staff and prisoners which both confirmed to be the case. A contributing factor was that many prisoners returned to Lincoln on a regular basis over the years and were met by staff who had worked at the establishment for many years.

2.21 The recent formation of a Prisoners Regime Committee was a positive step. This committee was chaired by the Head of Residence and attended by prisoner representatives from each wing. The committee covered most aspects of prisoners' life and gave them an opportunity to contribute to the regime at Lincoln.

2.22 Prisoners told us that Lincoln was a safe prison. The psychology department had completed an anti-bullying survey in July 2001 and had drawn the same conclusion.

Reception

2.23 *Staff supervising prisoners employed as cleaners and food handlers should receive the requisite training in health and hygiene practices. (2.03)*

Achieved. All staff had received training and the catering Principal Officer monitored training needs rigorously

2.24 *Prisoners employed in reception should be trained as Listeners. (2.04)*

Partially Achieved. There were trained listeners in the First Night Centre and they were made available to reception.

2.25 *The small holding room situated on the left of the entrance to the holding rooms areas was not suitable for this purpose and should be taken out of use. (2.05)*

Management believed that this could not be taken out of use unless a new purpose built reception was available and had rejected this recommendation. At the time of the inspection the room was used as a store. **The small holding room on the left hand side of the entrance to reception should not be used to hold prisoners.**

2.26 *The vandalised hand basin should be replaced. (2.06)*

Achieved.

2.27 *All new arrivals should have a shower before leaving reception. (2.11)*

Achieved.

2.28 *A policy for the disposal of foul and infected clothing should be put in place. (2.12 and 7.29)*

Achieved.

2.29 *Reception staff should be trained in the safe cleaning of blood and other body fluids. (2.12)*

Achieved.

2.30 *The provision of meals for reception should be reviewed. (2.13)*

Not Achieved. The management action plan had stated that pre-packed microwave meals would be available. They were not. Management told us that usually prisoners were offered a microwaved baked potato. Staff told us nothing had changed. **This recommendation is repeated.**

2.31 *The system for cleaning and storing prisoners' clothing should be reviewed. (2.14)*

Achieved.

2.32 *Appropriate covers should be fitted to all lights. (2.15)*

Achieved.

2.33 *A purpose-built reception should be funded. (2.17)*

Not Achieved. There was no funding available for this project. **This recommendation is repeated.**

First Night Centre

2.34 *Reading and writing material should be provided. (2.19)*

Achieved.

2.35 *The first night cells should be fitted with suitable radios. (2.19)*

Achieved.

Induction

2.36 *A proper induction programme for prisoners received directly into the Health Care Centre and the Vulnerable Prisoner Unit should be provided. (2.20)*

Not Achieved. We were told that those prisoners who were admitted directly into the hospital were placed on the induction course as soon as they were discharged into the wings. There was no induction programme for vulnerable prisoners. **There should be an induction programme for vulnerable prisoners.**

2.37 *The provision of a "welcome bag" containing a few simple creature comforts should be considered for all remand prisoners. (2.22)*

Achieved.

2.38 *The induction programme should be reviewed. (2.23)*

Achieved. The programme had been made relevant and at the time of the inspection a further review had been almost completed.

Self-Harm

2.39 *Patterns of self-harm incidents across the establishment should be monitored.*
(2.24)

Achieved. Information was provided monthly by the psychology department for discussion at Suicide Prevention Team (SPT) meetings.

2.40 *The management of the central register for F2052SH forms should be reviewed.* (2.26)

Achieved. This was being undertaken by the newly appointed Suicide Awareness Co-ordinator.

2.41 *The standard of case reviews should be improved and discussions and conclusions should be recorded in detail.* (2.27 and 2.28)

Achieved. We attended an SPT meeting at which this was an agenda item.

2.42 *Officers should be encouraged to work more closely with prisoners at risk of self-harm, made aware of the importance of their role in this field, and improve entries on relevant forms.* (2.29)

Partially Achieved. Many staff were already engaging with prisoners and the need to record such interactions was one of many jobs facing the new co-ordinator. Training in suicide awareness supported this objective.

2.43 *Efforts should be made to ensure that privacy is maintained during the transfer of F2052SH forms around the establishment.* (2.30)

Achieved. This was no longer an issue with current prisoners at risk of self-harm.

2.44 *Efforts should be made to encourage staff support of the Listener scheme.*
(2.31)

Achieved. The inclusion of a Listener and his unhesitating participation in the SPT meeting demonstrated a commitment to the scheme.

2.45 *Consideration should be given to placing holds on Listeners.* (2.32)

Achieved. This option was taken with the consent of individual Listeners.

2.46 *Prisoners should have access to Listeners during lock-up periods and Listeners should be involved in the reception and induction processes. (2.33)*

Partially Achieved. Access during lock-up at night depended on whether Listeners were prepared to be alone in a cell with a prisoner in need. No suitable Listener suites were available. There was no Listener in reception although a Listener from the first Night Centre was made available when requested. A session of the Induction programme included a presentation by a Listener. **A suitable Listener suite should be available in each wing and in the Health Care Centre.**

2.47 *Wherever possible prisoners sharing with those at risk of self-harm should be a voluntary commitment. (2.33)*

Achieved. We were told that although it should not be the responsibility of one prisoner to 'look out' for another, where a prisoner at risk of self-harm was placed in a cell with another prisoner, the latter was told of potential problems in this context.

Other Observations

2.48 Although Lincoln was not amongst the 30 local prisons centrally funded by the Safer Prisons policy group in Prison Service Headquarters, the Governor had taken the commendable decision to fund a full-time Suicide Prevention Co-ordinator from his budget. This would enable the assembling of information and promotion of good practice at this local prison to take place.

Catering

2.49 *The changing facilities for both staff and prisoners should be improved. (2.36)*

Not Achieved. The changing facilities for prisoners remained the same. Staff could change in a nearby Portakabin but this was a less than satisfactory arrangement. New changing areas were to be provided as part of the refurbishment of A Wing to commence in 2002.

2.50 *The food trays should be heated prior to use. (2.37)*

Achieved. All food trays were placed in heated trolleys prior to use, except in the hospital where plastic trays were used because of Health and Safety Issues.

2.51 *Certificated training should be offered to prisoners working in the kitchen. (2.38)*

Achieved. Prisoners selected to work in the prison generally were serving a sentence of at least 12 months. A range of basic, certificated courses such as food hygiene, COSHH and fire training were completed by all prisoners involved in the handling and serving of food. Of the 14 prisoners working in the kitchen at the time of our visit, 7 were registered on NVQ courses, which were available at levels 1 and 2 and were assessed by the Industrial Catering Officers

2.52 *All prisoners should have access to fresh air during the working day. (2.39)*

Achieved.

Visits

2.53 *The booking system should be reviewed. (2.40 and 3.39)*

Achieved. Opening times for the booking line had been extended. Prison visitors were processed through the official visitors' booking system.

2.54 *The searching of female visitors should be improved. (2.41)*

Partially Achieved. A discrete searching area had been designated for this purpose. Despite efforts to recruit more female officers, it was not possible to guarantee that a female officer was always available to undertake searches

2.55 *The system for ensuring that visitors having the same name as the banned visitors were not prohibited from visits by mistake, needs reviewing. (2.43)*

Achieved. Arrangements for banned visitors and closed visits were closely monitored and with the visitors' agreement photographs were taken to confirm identity.

Information about banned visitors was routinely shared between all prisons in the region and any ban imposed for breach of rules in one establishment also applied to all local prisons

Prison Shop

2.56 *Staff with ongoing responsibility for the shop should be identified to encourage ownership and improvement. (2.47)*

This recommendation was no longer applicable following the contracting out of the prison shop. We were told that the significant cost of the service contract came from the prison's budget, and that considerable management time was spent in dealing with problems with the contractor and prisoners' complaints about the service. Prisoners told us that the cost of items was exorbitant compared with normal shop prices; substitute items were not of a similar nature and they felt exploited. After examining the price lists we were bound to agree with them. **The Prison Service should review the contracting out of prison shops to provide prisons with a cost effective service and prisoners with choice and value for their money.**

2.57 *Access to the prison shop by vulnerable prisoners should be improved. (2.48)*
Achieved.

Education

2.58 *A review of the appropriate levels of administrative, clerical and technical support to the Department should be undertaken, particularly given the expansion of work funded by Comprehensive Spending Review bids. (3.02-3.05)*

Achieved. An additional full time teaching post had been created and the administrative post increased to full time. No technical support was provided.

2.59 *An audit of the requirements, photocopying, equipment etc for the enhanced provision should be carried out in order to determine an appropriate level of funding per student hour. (3.06)*

Achieved. Funding was approximately twice its previous level. A review of the appropriate levels of administrative, clerical and technical support to the Department should be undertaken, particularly given the expansion of work funded by CSR bids.

2.60 *Resources need to be provided to fund any additional learning needs identified through assessment. (3.10)*

Achieved. Comprehensive Spending Review funds had made this possible.

2.61 *The layout and location of education facilities needs to provide for staff facilities. (3.20)*

Not Achieved. Accommodation was a constant problem for the education department. The department was to be relocated for a period of three months from January 2002 to enable roofing work to take place to the education block. Staff facilities were limited. **We repeat the recommendation.**

2.62 *The value added to regime activities by full use of the domestic science room should be recognised. (3.13)*

Not Achieved. The room had been removed from use and there were no immediate plans to reinstate it.

2.63 *The education department should prepare a Development Plan which incorporates the outcome of analysing prisoner need across the establishment. (3.08-3.10)*

Achieved. Prisoner needs were routinely assessed on induction and education records were retained for approximately 3 years. The Development Plan was seen to be of limited value given the specific requirements of the contract. The education department had achieved a superior rating in the last Standards Audit.

2.64 *The department should audit staff skills, qualifications and experience in order to identify any gaps in the skills base. (3.13)*

Achieved. All education staff were appropriately qualified and there were no identified skill gaps within the department.

2.65 *Appropriate furniture, storage facilities and a whiteboard for education activities on E wing should be provided. (3.20)*

Partially Achieved. As the room used was a multi-purpose room, it was not practical to have designated furniture or storage. Teaching staff took resource boxes with them to classes. A whiteboard had been provided and the general environment was felt to provide an adequate learning environment.

2.66 *There needs to be a better communication strategy to inform education staff of developments within the prison. (3.23)*

Achieved. The Education Manager attended both the Governor's and regimes meetings and passed on any relevant information to his staff. The department sent representatives to the Suicide Awareness, Health and Safety and Equal Opportunities committees.

2.67 *Management needs to consider how it can fund education's participation in prison activities which work towards individual prisoner achievement (such as offending behaviour programmes and sentence planning reviews). (3.23)*

Not Achieved. Education staff were not involved in any Offending Behaviour Programmes. Written contributions were made to sentence planning reviews.

2.68 *A comprehensive review of library services in the establishment should take place to determine what role and duties should be undertaken respectively by the librarian, the library officer, unified staff and library orderlies. The Library Advisory Committee should be involved. Consideration should be given to the use of IT and appropriate library software. (3.24-3.27)*

Achieved. According to the Action Plan in response to the last inspection report, this review was completed in April 2000 to coincide with the new Service Level Agreement. Library opening times had been extended and a fixed timetable produced for librarian attendance.

2.69 *The place of careers education and vocational guidance in the curriculum and across the regime should be reviewed. (3.28)*

Achieved. APEX trust has been working in the establishment since May 1999.

Physical Education

2.70 *The area available for weight training and specialised exercise equipment should be expanded. (3.30)*

Not Achieved. No funds had been secured to take this forward. **We repeat the recommendation.**

2.71 *Cleaning standards in the sports hall should be improved. (3.30)*

Achieved. New cleaning procedures were in place and the PE area was clean and tidy.

2.72 *The use of PE staff to cover generic duties should be avoided. (3.31)*

Not Achieved. In the period 21 September – 2 December 2001, 22 days of PE provision, mainly at the weekends had been lost because PE staff had been re-deployed to other duties. **We repeat the recommendation.**

2.73 *Sports and games trained staff should be deployed to augment the PE programme. (3.31)*

Not Achieved. We repeat the recommendation.

Other Observations

2.74 The sports field had been closed since May 2001 after drugs had been thrown over the wall and a hacksaw blade found on the field. Whilst we recognise that security measures were an important consideration, this should be balanced against the continuing need to provide a full PE programme for prisoners. **Consideration should be given to resuming use of the sports field as soon as possible.**

Employment

2.75 *Responsibility for identifying and allocating labour for the five workshops should be given to the Industrial Manager. (3.35)*

Partially Achieved. For the main prison, initial work places were still allocated by labour control officers based in A Wing. E Wing staff liaised directly with the two workshops for vulnerable prisoners. The Industrial Manager chaired a weekly Labour Board for changes in allocation.

Other Observations

2.76 Remand prisoners were not given the opportunity to work. There were sufficient workplaces for the sentenced population without resort to excessive numbers of cleaners and orderlies. Although the range of work available was limited, there seemed insufficient emphasis on trying to place prisoners in the work most

appropriate to their skills or resettlement needs. **The Labour Board should, where appropriate, take account of prisoners' skills, knowledge and preferences.**

2.77 The main purpose of employment was still seen as providing prisoners with time out of their cells. With more than half the prisoner population serving a sentence of over two years, many prisoners would spend a significant proportion if not all of their sentence at Lincoln. Following the planned refurbishment of the residential blocks it was expected that the population would rise to about 708 prisoners, and that the additional places would be used for sentenced prisoners. Senior managers had begun to consider how to expand and develop work and training opportunities to respond to the resettlement needs of this population.

Chaplaincy

2.78 *A multi-faith room should be provided. (3.37)*

Not Achieved. With accommodation at a premium, this recommendation had been deferred until the completion of the refurbishment programme. At the time of our visit, prison records showed that 20 prisoners (fewer than 4%) were of a faith other than Christian.

2.79 *Facilities for religious classes should be improved. (3.38)*

Not Achieved. This recommendation had not been accepted by the prison as the lack of facilities had never been raised as a problem by the Chaplaincy. There were no plans to provide more classes.

Probation and Throughcare

2.80 *The system for dealing with probation applications should be reviewed. (4.05)*

Achieved.

2.81 *A clear protocol required to be developed and linked to an expanded personal officer scheme. (4.05)*

Not Achieved. There was some personal officer work taking place but it was fragmented and lacked managerial supervision. **This recommendation is repeated.**

2.82 *The Sentence Planning Process should be reviewed and improved to provide a coherent and integrated process. (4.09)*

Achieved. Sentence management had been relocated to the OCA unit, which had responsibility for co-ordinating the whole process.

2.83 *The excellent work that was being done in the Inmate Development Pre Release (IDPR) unit should be recognised and used to its full potential by the proper integration with scheme management and throughcare. (4.13)*

Achieved

Other Observations

2.84 The IDPR had continued to develop with a revamped course about to commence. It was regrettable that only twenty prisoners each month would benefit from the course.

2.85 Lincoln was ahead of its targets for the delivery of accredited programmes at the time of the inspection. The prison had been selected to pilot the MORE (Motivating Offenders to Rethink Everything) programme, which would commence shortly for those prisoners serving less than twelve months

2.86 At the time of inspection Lincoln held eleven life sentence prisoners, of whom five had failed while on licence in the community and six had been sentenced recently. They had all been at Lincoln for some considerable time, over a year in two cases. The establishment was not equipped to provide these prisoners with the regime they required. **Lifer Management Unit should move these prisoners to suitable prisons as soon as possible.**

Observation, Classification and Allocation (OCA)

2.87 *The workload of staff working in the OCA department should be reviewed and expanded. (4.16)*

Achieved. Following the integration of the sentence-planning unit within the OCA unit, staff work profiles had been re-constructed resulting in an increase of one prison officer.

Health Care

2.88 *There should be urgent discussions between the prison and the provider as to whether the service provided meets the requirements of the contract. (5.08)*

The current contract would end in ten months time. The identified needs of patients at Lincoln were to be taken into account when the next contract was let.

2.89 *Long term sick leave should be managed more effectively to reduce the burden on remaining staff. (5.09)*

Partially Achieved. On one day during this inspection, one quarter of the health care staff were on long term sick leave. The new Health Care Principal Officer was attempting to reduce these absence levels using appropriate management methods.

2.90 *Appointment procedures should be expedited to avoid staff loss between interview and clearance for appointment. (5.09)*

Not Achieved. As with other establishments, Lincoln was subject to central procedures but other methods of shortening the process were being explored.

2.91 *Consideration should be given to advertising for a senior nurse to act as clinical manager for the service. (5.10)*

Partially Achieved. Alternatives using NHS staff were being considered.

Management of Health Care

2.92 *In view of the many changes of senior staff it is important that a shared vision of the future of the service and an understanding of its current problems is established. (5.12)*

The time needed to manage health care at G5 level should be re-examined. (5.12)

Achieved. A Health Care senior manager had been in post for 18 months and a new Principal Officer had been appointed to the Health Care Centre. A new strategy was being devised with the involvement of the Governor to improve the provision and its delivery.

2.93 *Team building should be extended to involve doctors as well as nursing staff. (5.13)*

Partially Achieved. This was part of the new management structure for Health Care.

2.94 *A needs assessment set out in the HCS should be completed urgently in co-operation with the local NHS health authority. (5.14)*

Achieved. This had been completed in July 2001.

2.95 *The health care budget should become needs based. (5.14)*

Not Achieved. This should form part of any strategy plans and **we repeat the recommendation.**

2.96 *Arrangements should be in place to ensure that all doctors working in prison have a relevant continuing professional development programme and are involved in audit. (5.15)*

Primary care should be given by or under the direction of fully trained GPs. Their availability should be reviewed. (5.17)

Achieved. Since doctors were provided by an external contractor, this was the responsibility of the contractor.

2.97 *Standards for surgeries are set in HCS 3.1 and should be met. (5.18)*

Achieved.

2.98 *Cleaning schedules should be established, adhered to and their effectiveness monitored. (5.19)*

Achieved.

2.99 *Consideration should be given to resiting the unfurnished room adjacent to the nurses' office. (5.20)*

No longer relevant. The unfurnished room had been taken out of commission.

2.100 *An effective call system is required as a matter of urgency. (5.21)*

Achieved. We tested the in-cell alarm of one of the patient's rooms. The alarm was audible, the light came on outside the cell and on the repeater board by the nurses' office.

2.101 *The treatment of mentally ill in-patients should be under the supervision of a fully trained psychiatrist. The prison should enter discussion with the local NHS health authority and local mental health NHS Trust about ways of achieving this.* (5.23)

Partially Achieved. The situation at the time of this inspection was that the prison had no full-time psychiatrist and a locum service was being provided by psychiatrists from Rampton and Arnold Hall as an interim measure. There was no named psychiatric consultant although Trent Health Authority had undertaken to provide one within the next few weeks.

2.102 *The in-patients' regime should be reviewed.* (5.24)

Not Achieved. Severe staff shortages in the Health Care Centre meant a very poor regime for patients. There was no association and patients spent on average six hours out of their rooms comparing unfavourably with prisoners in normal location who spent an average of 10½ hours out of cell each day. We were told that on most days, other than exercise and coming out of rooms for treatments, patients often spent much the day locked in their rooms. Association periods depended on staff availability. Patients could have two gym sessions per week and, if possible, they were unlocked to make telephone calls in the evening. This regime did not improve on the weekends. The continuing difficulty with staffing was having a severe impact on the daily lives of patients who should be receiving treatment and care in a therapeutic environment. **The regime for in-patients should be improved considerably.**

2.103 *The problems in securing timely assessment and transfer of mentally disordered patients should be discussed with the mental health at the Trent regional office of the NHS executive and with the local authority.* (5.25)

Partially Achieved. However, with no current full time psychiatrist this job had fallen to a health care officer.

2.104 *Visiting psychiatry sessions should be provided.* (5.25))

Achieved.

2.105 *The good work that was done by the original senior doctor in auditing assessment and transfer times should continue as a matter of routine. (5.25)*

Achieved.

2.106 *Cancellations due to staff shortages should be audited with methods of reducing their occurrence put in place. (5.27)*

Achieved.

2.107 *Health Care Standard 1.3 should be met. (5.29)*

Not Achieved. The improvements in Reception to which this recommendation refers were contained in a planned modernisation programme. **We repeat the recommendation.**

Other Observations

2.108 The staffing problems in the Health Care Centre were causing considerable difficulties for staff who worked there and for senior managers. Consequences for patients were a much reduced regime and little time out of cell. Out-patient clinics which required Health Care officers as part of the administrative arrangements were affected too. The weekly Hepatitis clinic had not been run for three weeks, the Well Man clinic scheduled to run fortnightly had not operated for months, and the Asthma clinic had similarly failed to take place.

Pharmacy

2.109 We were unable to see the pharmacist during this short inspection and the treatment rooms in the Health Care Centre were, quite correctly, locked. We did however see some paperwork which enabled us to consider part of the following recommendation:

2.110 *Maximum/minimum thermometers should be present in all fridges and a daily record of fridge temperatures (maximum and minimum) should be recorded. (5.35)*

Partially Achieved. Records of fridge temperatures showed only one figure to indicate whether it fell within the requisite temperature range. This did not meet the recommendation and **both maximum and minimum refrigerator temperatures should be recorded.**

Dental Care

2.111 *The deficiencies in standards of the dental surgery should be addressed. (5.56)*

Achieved.

Good Order

2.112 *Staff working in the communications room should receive the appropriate training. (6.03)*

Achieved.

Segregation Unit

2.113 *The graffiti should be removed from cells in the Segregation Unit. (6.08)*

Achieved.

2.114 *The toilet should be descaled. (6.08)*

Achieved.

Incentives and Earned Privileges (IEP) Scheme

2.115 *The warning system for the IEP scheme should be reviewed. (6.10)*

Achieved.

2.116 *Regular reviews of prisoners' progress should be considered. (6.11)*

Achieved. Prisoners' progress was being reviewed every two weeks.

2.117 *Once prisoners have achieved the criteria for enhanced regime they should not be placed on a waiting list before being allowed the extra privileges. (6.13)*

Partially Achieved. All prisoners on the enhanced regime were immediately allowed the extra privileges with the exception of association where the number of prisoners permitted were limited. **All prisoners on the enhanced regime should be allowed association according to the enhanced regime privileges list.**

2.118 *The range of earnable privileges should be extended. (6.14)*

Achieved

Anti-Bullying Strategy

2.119 *The authorisation for prisoners segregated under the anti-bullying scheme should be reviewed. (6.17)*

Achieved. It was rare that a prisoner was segregated under the anti-bullying scheme. When it was considered necessary to segregate a prisoner, the procedures required authorisation by a governor grade and the completion of appropriate documentation.

2.120 *The anti-bullying strategy should be reviewed with the purpose of challenging prisoners with the effects of their behaviour. (6.18)*

Achieved. The anti-bullying strategy included the provision of an anti-bullying programme and group therapy courses.

2.121 *The prison's anti-bullying strategy should be included as part of the induction process. (6.19)*

Achieved. All prisoners attending induction were given a useful, informative and well-illustrated pamphlet on anti-bullying.

Drugs Strategy

2.122 In reviewing progress against the recommendations made in 1999, we acknowledged there had been significant developments in the area of drugs work in prisons since that date. These developments, most notably the introduction of Counselling, Assessment, Referral and Throughcare services (CARATs), meant that some of the recommendations made in 1999 were no longer appropriate.

2.123 *A programme of training in substance abuse should be delivered to staff. (6.30)*

Partially Achieved. Drug awareness training was included as part of the in-house training programme. There were plans to add a session to cover the CARATs service.

2.124 *The MDT should have its own computer with a basic statistical programme such as Excel. Records should be kept on this computer database and reports produced on regular three monthly basis. (6.42)*

Not Achieved. Provision of computer equipment had been overtaken by the QUANTUM project. Regular reports were produced manually.

2.125 *The routines for cell searches should be reviewed. (6.47)*

Achieved. Responsibility for searches had passed to the Security Group.

2.126 *All prisoners should receive a drugs health programme as part of their induction. (6.51)*

Achieved. Drugs matters were covered by First Night Centre staff and as part of induction.

2.127 *Staff should receive training in drugs health care and link this session to identified needs. (6.53)*

Not Achieved. However, the introduction of CARATs workers meant that all prisoners received an individual assessment.

2.128 *The Inmate Development and Pre Release (IDPR) courses should be maintained according to the programme. (6.54)*

Partially Achieved. Staffing issues and shortages still meant that at times the IDPR courses had to be postponed or cancelled.

2.129 *An appropriate pre-release course designed to meet the needs of prisoners should also be introduced. (6.57)*

Achieved.

2.130 *The prison should introduce a drug free area. (6.67)*

Not Achieved. Given the nature of the prisoner population, the provision of a drug free area was seen as problematic. Plans to provide a drug free unit on J and E wings had not been progressed. However, 125 prisoners were signed up to a voluntary testing programme and there were plans to extend this to include vulnerable prisoners in E Wing.

2.131 *The drug free landing should be policed by regular monitoring through voluntary testing, with inducements to make movement to such a landing attractive. (6.67)*

Not Achieved. See 2.129 above.

2.132 *Staff should receive training to enable them to act as counsellors. (6.60 and 6.68)*

Not Achieved. The introduction of 3 full time equivalent CARAT workers posts had made this recommendation obsolete.

2.133 *The establishment should take advantage of the monthly training programme that is currently run by Turning Point. (6.69)*

Not Achieved. The CARATs contract had been awarded to Compass and the Turning Point resource was no longer available.

2.134 *Health education on the subjects of HIV/Aids and hepatitis should be given to all prisoners. (6.71)*

Partially Achieved. CARATs workers were expected to cover issues of HIV, Aids and communicable diseases as part of their work. Staff received presentations on HIV issues from a consultant doctor and a nurse from a nearby hospital. Information for staff and prisoners was available throughout the establishment.

2.135 *A full-time professional Prison Drugs Co-ordinator should be appointed. (6.30)*

Achieved. Although not yet fully operational, a Principal Officer (Operations) had been designated to co-ordinate service delivery. A designated Senior Officer acted as the Drugs Co-ordinator. The Deputy Governor continued to act as the Drugs Strategy Co-ordinator which involved liaison with and representation on outside groups.

2.136 *Uniform staff should be fully involved in the drug strategy. (6.32)*

Not Achieved. In the absence of a strategy to involve uniformed staff in any structured way, the Drugs Strategy depended entirely on individual officers who were interested in and committed to it.

2.137 *All prisoners need to receive drug health education. (6.51 and 6.63)*

Achieved. This was included in the CARATs' workload.

2.138 *The introduction of an appropriate substitute opiate detoxification programme should be provided. (6.64)*

Not Achieved. The current protocol did not meet the requirements of PSO 3550, which sets out the new standard "Clinical Services for Substance Misusers". There were no protocols for those using crack/cocaine or amphetamines.

2.139 The suggested detoxification schedule using dihydrocodeine would be inadequate for long-term and heavy users, particularly for those who had been on methadone prescriptions, and dihydrocodeine is not licensed for the management of drug dependence. Subutex (buprenorphine) is licensed for the management of drug dependence and we have seen it used effectively. **An appropriate substitute opiate detoxification programme which meets the requirements of PSO 3550 should be provided.**

2.140 *Co-ordination of services should be undertaken. (6.31)*

Achieved. The dedicated Senior Officer Drugs Co-ordinator post had been developed to achieve this outcome.

2.141 *MDT should be unpredictable. (6.39-6.40)*

Achieved.

2.142 *MDT should produce its own regular reports which should be used to inform service provision. (6.39-6.42)*

Achieved. We saw copies of monitoring reports produced by the Psychology Department. The reports were discussed at the security and drugs forums within the prison.

2.143 *Drug free areas need to be introduced to the prison alongside a programme of drug free workplaces. (6.66-6.67)*

Not Achieved. Management had not considered this viable given Lincoln's role as a local prison.

2.144 *A comprehensive review of staff training is required with basic training being given as well as more advanced specialist training for those with specialist roles. (6.66-6.71)*

Not Achieved.

The Estate

2.145 We were pleased that progress had been made but deprecate the lack of funds for the other work which is required.

2.146 *The programme of refurbishment should be maintained. (7.01)*

Achieved. Refurbishment of C Wing was completed; B Wing was in progress with a completion date of June 2002 and A Wing would be completed by March 2004. It was a credit to staff and prisoners that this extensive programme was being carried out with minimal perceivable disruption to the normal regime.

2.147 *A new gatehouse should be included in the development plan for the prison. (7.03)*

Not Achieved. To date no funds had been forthcoming, as priority was being given to refurbishment of prisoner accommodation. **We repeat the recommendation.**

2.148 *The development plan should include demolition of the former gymnasium building to allow more economical use of the space. (7.04)*

Not Achieved. This building was now used as a workshop for Vulnerable Prisoners. The recommendation had been rejected owing to other competing projects.

2.149 *Ganders should always provide protection for the wall structure. (7.05)*

Not Achieved. This recommendation had been rejected on the basis that the gander was a security device and that the changes recommended in our report would provide a potential escapee with a hooking point. Construction Services had made attempts to

introduce drips to shed water away from the Wall but this had limited success. There was found to be no seal between the gander and the wall; Construction Services had been advised of this defect in 1999 but remedial work had not taken place.

2.150 *The existing workshop flat roof should be covered by a lightweight pitched roof. (7.06)*

Partially Achieved. There were plans to repair the existing roof to prevent leakages. Priority was given to repairing the decaying parapet wall also mentioned in paragraph 7.6 of our inspection report.

2.151 *The louvered sections in the workshop should be replaced. (7.07)*

Not Achieved. An emergency bid for funds had been rejected.

2.152 *Battery maintained lighting should be checked after dark and any shortfall made good. (7.08)*

Achieved.

2.153 *All plant rooms should be fitted with gates. (7.09)*

Partially Achieved. About 80% of this work was completed. The remaining gates had been purchased but awaited Works staff time to install them.

2.154 *Plant rooms should be clean and tidy at all times. (7.10)*

Achieved.

2.155 *Cleaning standards should be improved. (7.11)*

Achieved.

2.156 *There should be a systematic method of monitoring all overflow water pipes. (7.12)*

Achieved. As part of the prison's greening policy, all staff were expected to be vigilant and report any such faults.

2.157 *As many prisoners as possible should be attached to the Works Department.*
(7.13)

Not Achieved. Security considerations and the generally low number of Category D prisoners held at Lincoln continued to limit the allocation of prisoners. One alternative to fully employed prisoners would be to identify a pool of suitable prisoners who could be called upon to undertake specific, time limited projects.

Fire Precautions

2.158 The progress recognised in our 1999 report had once again been allowed to lapse. The prison was breaking the law on items 2.162, 2.163, 2.166, 2.167 and 2.168. We considered that staff, prisoners and visitors were being exposed to real and needless risks. **These items should be dealt with as soon as possible.**

2.159 We noted that managers did not implement the Fire Inspection report findings and considered that they would be at real risk of being outside the law, and therefore culpable, in the event of an accident.

2.160 We were told that following changes to the staff profile a full time Fire Officer post had been created in September 2001. Prior to that date, the time allocated to this work had been limited and unpredictable. **Safety issues which will not be rectified as part of the refurbishment programme should be resolved and thereafter kept up to date.**

2.161 Staff training had been given a low priority as a result of which a backlog of training had developed. This will take considerable effort and commitment to rectify. **The Fire Training programme should be brought up to date.**

2.162 *The Training Programme should be pushed ahead and a new mock-up cell provided.* (7.15)

Not Achieved. Whilst the majority of new staff to the prison attended a Fire Induction programme of one hour, no Basic Fire Training had been provided from February to November 2001.

2.163 *All departments should have an evacuation exercise every 12 months at least. Some should be carried out after dark, in the patrol state and with double locks in position as well as during the normal working day. (7.16)*

Not Achieved. Although the action plan indicated there had been eight evacuation exercises in the period up until August 2000, we were told none had taken place during 2001. There was a plan to schedule one exercise per month with effect from January 2002.

2.164 *Fire escape routes should be surveyed, indicated by up-to-date signs and double locking not allowed to negate the routes at any time. (7.17)*

Achieved.

2.165 *Safety issues noted in the Fire Inspection Report should be put right and the programme should not be allowed to slip. (7.18)*

Not Achieved. The prison had completed a self audit early in 2001 and had identified those outstanding areas requiring attention.

2.166 *Hosereels should be checked to ensure full cover for the buildings and those requiring more than one person to operate should be replaced. (7.19)*

Not Achieved. See 2.164 above.

2.167 *Fire audible alarms should be uniform throughout the prison, either bells or horns but not a mixture. (7.20)*

Not Achieved. Whilst the fire alarm system was being replaced as part of the refurbishment of the residential units, some areas such as the charity workshop and visits area had no alarm system.

2.168 *The extinguishers should all be kept up-to-date. (7.21)*

Achieved.

2.169 *Every encouragement should be given to putting fire precautions work on computer. (7.22)*

Achieved. This development had been welcomed for the improvement in efficiency and the saving of staff time that it had created.

Health and safety

2.170 *The Health Care Centre cell call system should be put into working order urgently, tested regularly, and maintained in working order. (7.25)*

Achieved.

2.171 *Snow clearing and gritting should be more effective. (7.26)*

Achieved.

2.172 *The pottery kiln should be made secure and protected. (7.27)*

Achieved. We recommended protection and a cage had been erected around the kiln. The Fire Inspection Report required that the kiln be removed. Whilst our recommendation was considered adequate in the circumstances, the Fire Inspection report was 'fail safe' and must take precedence

2.173 *Testing of portable appliances should be programmed. (7.28)*

Achieved. Staff had been trained for this purpose.

2.174 *The workloads of uniformed staff should be reviewed. (8.17)*

Achieved.

2.175 *The management of the staff deployment procedure should be reviewed. (8.18)*

Achieved.

CHAPTER THREE

HEALTHY PRISON SUMMARY

3.01 We include in our inspection reports an appraisal of the establishment's performance as measured against the model of the healthy prison as described in our 1999 thematic review *'Suicide is Everyone's Concern'*. Whilst the opportunities for a wider assessment are limited in a short unannounced inspection such as this, we have nevertheless continued to base our findings on what we have heard from prisoners and staff and from our own observations.

3.02 Although all the recommendations in the previous report, and commented on here in Chapter Two, are about specific areas of work within the establishment, they are also important in the wider context of the healthy prison. They provide an insight into the overall 'health' of the establishment and allow us to assess whether any improvements have been made since the last inspection.

Test 1 – The weakest prisoners feel safe

3.03 3.03 Lincoln provided a generally safe environment for its prisoners. A recent anti-bullying survey by the psychology department in July 2001 showed that over 80% of respondents felt safe in Lincoln. The Governor had specifically allocated sums from his own budget to fund a full-time Suicide Awareness Co-ordinator and self-harm was being properly monitored through statistical information. There was a feeling of calm about the prison. There was still no proper induction programme for prisoners received directly into the Health Care Centre and the Vulnerable Prisoner Unit.

Recommendation:

- **All prisoners, especially those experiencing their first time in prison, should have a proper induction programme irrespective of where they are located.**

Test 2 – Prisoners are treated with respect as individuals

3.04 Relationships between staff and prisoners were good. The recent formation of a Prisoners Regime Committee was also a positive commitment by management. Staff knew many of their prisoners, the Personal Officer scheme was in operation and entries in prisoners' wing history sheets displayed a balance in the entries made about prisoners' behaviour. Involvement in the Extended Thinking Skills programme and with sentence plan review boards were other ways in which staff became involved with their prisoners.

3.05 The problems in staffing the Health Care Centre severely affected the daily regime for in-patients and the provision of some clinics in which Health Care officers were involved. A health care needs analysis had been carried out in July 2001 in conjunction with the NHS. Before some of this could be implemented, senior managers had to resolve the question of existing staffing resources.

3.06 Hot meals were still not guaranteed in reception, and the service provided by the prison shop in terms of cost and accuracy of filling orders was unacceptable to many prisoners. In terms of Fire Precautions, the progress recognised in our 1999 report had lapsed. A full time Fire Officer post had been created in September 2001.

Recommendations:

- **The regime for in-patients should be considerably improved.**
- **Appropriate staffing of the Health Care Centre and the regular provision of clinics should be achieved as soon as possible.**
- **Prisoners who arrive in reception outside normal meal times should be provided with hot meals.**
- **The service provided by the contracted out prison shop should be reviewed.**
- **Measures to meet fire precaution requirements should be expedited.**

Test 3 – Prisoners are fully and purposefully occupied and are expected to improve themselves

3.07 3.07 There were sufficient workplaces for the sentenced population without recourse to excessive number of cleaners and orderlies. However, prisoners' existing

skills or resettlement needs were not necessarily considered when work was allocated. Remand prisoners were not given the opportunity to work. Since the population would increase after refurbishment work had been completed, senior managers had already begun to consider how to expand and develop work and training opportunities. Existing skill training included NVQ courses in the kitchen.

Recommendation:

- **The policy that remand prisoners are not offered work should be reconsidered.**

Test 4 – Prisoners can strengthen links with their families and prepare themselves for release

3.08 There had been significant developments in the area of drugs work such as the introduction of Counselling, Assessment, Referral and Throughcare services (CARATs). Preparation for release had not been formally adopted at the time of this inspection although its introduction was imminent. Careers education and vocational guidance in the curriculum was now provided through the APEX Trust. Lincoln was one of the prisons selected to pilot the MORE (Motivating Offenders to Rethink Everything) programme. Progress on the accredited Extended Thinking Skills programme was good. There were 11 life sentenced prisoners most of whom had been there for over 12 months.

Recommendation:

- **Lifer Management Unit should move prisoners to appropriate prisons as soon as possible.**

CHAPTER FOUR

SUMMARY OF RECOMMENDATIONS AND GOOD PRACTICE

RECOMMENDATIONS

To the Director General

Prison Shop

- 4.01 The Prison Service should review the contracting out of prison shops to provide prisons with a cost effective service and prisoners with choice and value for their money. (2.56)

Probation & Throughcare

- 4.02 Lifer Management Unit should move these prisoners to suitable prisons as soon as possible. (2.86)

The Estate

- 4.03 A new gatehouse should be included in the development plan for the prison. (2.148)

To the Area Manager

Residential units

- 4.04 The cells should be returned to single occupancy. (2.08)

To the Governor

Residential units

- 4.05 The decision to operate a quota for prisoners on enhanced level privileges should be reviewed. (2.10)
- 4.06 Sentence Plans could draw upon Personal Officers to help deal with the issues of drug abuse and other behaviour problems. (2.13)

Reception

- 4.07 The small holding room on the left hand side of the entrance to reception should not be used to hold prisoners. (2.25)
- 4.08 The provision of meals for reception should be reviewed. (2.30)
- 4.09 A purpose-built reception should be funded. (2.33)

Induction

- 4.10 There should be an induction programme for vulnerable prisoners. (2.36)

Self-Harm

- 4.11 A suitable Listener suite should be available on each wing and in the Health Care Centre. (2.46)

Education

- 4.12 The layout and location of education facilities should provide staff facilities. (2.61)

Physical Education

- 4.13 The area available for weight training and specialised exercise equipment should be expanded. (2.70)
- 4.14 The use of PE staff to cover generic duties should be avoided. (2.72)

- 4.15 Sports and games trained staff should be deployed to augment the PE programme. (2.73)
- 4.16 Consideration should be given to resuming use of the sports field as soon as possible. (2.74)

Employment

- 4.17 The Labour Board should, where appropriate, take account of prisoners' skills, knowledge and preferences. (2.76)

Probation and Throughcare

- 4.18 A clear protocol should be developed and linked to an expanded personal officer scheme. (2.81)

Health Care

- 4.19 The health care budget should become needs based. (2.95)
- 4.20 The regime for in-patients should be improved considerably. (2.102)
- 4.21 Health Care Standard 1.3 should be met. (2.107)

Pharmacy

- 4.22 Both maximum and minimum refrigerator temperatures should be recorded. (2.110)

Incentives and Earned Privileges Scheme

- 4.23 All prisoners on the enhanced regime should be allowed association according to the enhanced regime privileges list. (2.117)

Drugs Strategy

- 4.24 An appropriate substitute opiate detoxification programme which meets the requirements of PSO 3550 should be provided. (2.139)

The Estate

4.25 The wall structure should be protected. (2.150)

4.26 The louvered sections in the workshops should be replaced. (2.152)

Fire Precautions

4.27 To avoid staff, prisoners and visitors being exposed to real and needless risks, items 2.162, 2.163, 2.166, 2.167 and 2.168 should be dealt with as soon as possible. (2.159)

4.28 Safety issues which will not be rectified as part of the refurbishment programme should be resolved and thereafter kept up to date. (2.161)

4.29 The Fire Training programme should be brought up to date. (2.162)

EXAMPLES OF GOOD PRACTICE

- 4.30 Information about banned visitors was routinely shared between all prisons in the region and any ban imposed for breach of rules in one establishment also applied to all local prisons. (2.55)