

Report on an announced inspection of

HMP Manchester

27 – 31 July 2009

by HM Chief Inspector of Prisons

Crown copyright 2009

Printed and published by:
Her Majesty's Inspectorate of Prisons
1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

Contents

Introduction	5
Fact page	7
Healthy prison summary	9
1 Arrival in custody	
<hr/>	
Courts, escorts and transfers	17
First days in custody	18
2 Environment and relationships	
<hr/>	
Residential units	23
Staff-prisoner relationships	26
Personal officers	27
3 Duty of care	
<hr/>	
Bullying and violence reduction	31
Self-harm and suicide	34
Diversity	37
Race equality	40
Foreign national prisoners	44
Applications and complaints	46
Legal rights	47
Substance use	48
Vulnerable prisoners	51
4 Health services	53
<hr/>	
5 Activities	
<hr/>	
Learning and skills and work activities	67
Physical education and health promotion	69
Faith and religious activity	71
Time out of cell	72
6 Good order	
<hr/>	
Security and rules	75
Discipline	77
Incentives and earned privileges	81

7	Services	
	Catering	83
	Prison shop	85
8	Resettlement	
	Strategic management of resettlement	87
	Offender management and planning	88
	Resettlement pathways	91
9	Recommendations, housekeeping points and good practice	101
	Appendices	
	I Inspection team	117
	II Prison population profile	118
	III Safety and staff-prisoner relationship interviews	121
	IV Summary of prisoner questionnaires and interviews	128

Introduction

Manchester is a 'core local' prison: a local prison that holds a small number of category A prisoners, and which is managed as part of the high security estate. It is the only such prison to be run under a formal Service Level Agreement, following a successful bid by the Prison Service when it was market tested in 2000. Ten years later, it is now facing another market test.

Unlike some of the other core locals, Manchester has always tried to ensure that it can meet the needs of the great majority of its prisoners, who could be found in any large local prison, while ensuring the security necessary for category A prisoners. This inspection found that still to be the case. There was a commendable amount of activity for a local prison, much of it focused on improving employability. The quality of much of the education and training was also high. The fact that category A prisoners were held on a separate landing meant that security arrangements for the rest of the prison did not unduly intrude on the regime. This did, however, create a very claustrophobic and restricted regime on the category A landing.

It was unfortunate that resettlement arrangements for the majority population, which had been commended at previous inspections, had deteriorated somewhat. The north west had led the way in the piloting of offender management arrangements – but this seemed to have stalled, with the withdrawal of dedicated funding. In a local prison where a large proportion of men had histories of drug and alcohol abuse, it was a serious gap that there were no substance abuse programmes. Nevertheless, there remained some good work with community and outside agencies and in some of the resettlement pathways. Resettlement work generally was in need of reinvigoration and direction.

At the 2001 inspection, after the Service Level Agreement, we had considerable concerns about safety at Manchester, with insufficient staff on the wings and limited contact with prisoners. Steps were taken to increase staff presence, and succeeding inspections found the prison to be much safer. It was still reasonably safe on this inspection, with good self-harm and suicide procedures and a relatively low use of force and segregation. However, over half the prisoners said that they had felt unsafe at some time, which was higher than at the previous full inspection in 2004. A third said they had been victimised by other prisoners, but a much larger proportion (44%) said they had been victimised by staff.

In our in-depth interviews with prisoners, our own observations and in the prison's own bullying survey, it was apparent that there was a pervasive lack of trust in staff among prisoners. Unusually, some prisoners were reluctant to talk to us for fear of reprisals – and in one instance, two prisoners were indeed given negative write-ups under the incentives and earned privileges scheme. We also observed communications between and among staff and prisoners which were regularly punctuated by expletives, or where staff shouted or were dismissive. On the other hand, we observed some good, constructive and helpful interactions between staff and prisoners, particularly in the first night and detoxification units. The prison had invested in a lot of prisoner consultation mechanisms; however, they were relatively ineffective in terms of outcome and problem-solving. Nor did prisoners trust the formal applications and complaints procedures.

Manchester is a complex and large prison, which needs to manage a varied population, including those involved in gang activity. It is commendable that it has managed to retain its local prison focus, and to provide purposeful activity for a large number of prisoners, while holding securely its category A prisoners. The focus and direction of its resettlement work needs attention: in particular, the services for drug and alcohol users. More fundamentally,

managers need to explore and remedy the lack of trust between some staff and prisoners, building on the strong relationships in some parts of the prison to ensure that interactions are both appropriate and positive.

Anne Owers
HM Chief Inspector of Prisons

October 2009

Fact page

Task of the establishment

HMP Manchester is a category A core local prison accommodating male adult prisoners sent to custody by courts in the Greater Manchester area (remanded, convicted or sentenced), classifying and allocating to training prisons if/when places are available. In April 2003, the prison moved into the high security estate, taking on increased category A work following the realignment of core local prisons.

Area organisation

Directorate of high security prisons

Number held

1,219

Certified normal accommodation

948

Operational capacity

1,269

Last inspection

Short follow-up inspection: 21–24 May 2007

Brief history

HMP Manchester opened in June 1868. Female prisoners were removed and transferred to HMP Styal in 1963 and remand prisoners were accepted from 1980. A major disturbance in 1990 required the prison to be rebuilt. The prison moved into the directorate of high security estate in April 2003.

Description of residential units

A wing	Inner section is for vulnerable prisoners, generally for non-sex offenders and poor copers	46
	Outer section is for ordinary sentenced prisoners (kitchen workers)	124
B wing	Voluntary drug testing wing	159
C wing	Lifer and long-term prisoner wing	135
D wing	Sentenced prisoners	157
E wing	Inner section is a self-contained unit for category A and E list prisoners	124
	Outer section contains the vulnerable prisoner unit and the segregation unit	46
G wing	Induction wing	133
H wing	Group work after detoxification wing	66
H1 wing	Deals with difficult and disturbed individuals (including vulnerable prisoner overflow and those with personality disorders) and challenges bullies through pro-social modelling	11
I wing	Detoxification wing	52
K wing	Unsentenced prisoners	222
M wing	Healthcare centre	39

Healthy prison summary

Introduction

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- performing well against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- performing reasonably well against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

- not performing sufficiently well against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- performing poorly against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Safety

HP3 The reception environment was reasonable, but procedures, particularly for newly arrived prisoners, needed improvement. First night arrangements were good, as was induction for those on G wing, but not for those in other areas. Self-harm and suicide procedures were good. There was a very new anti-social behaviour strategy, but

prisoners, especially vulnerable prisoners, reported feeling unsafe and were not involved in structured consultation. Levels of use of force were reasonable. Prisoners did not spend long periods in segregation. There were plans to introduce the integrated drug treatment programme. The establishment was performing reasonably well against this healthy prison test.

- HP4 There were long delays in returning some prisoners from court. Further delays were then experienced by prisoners on the vans waiting to disembark.
- HP5 Reception was busy. The environment was clean, in a good decorative state and able to meet the needs of the throughput of prisoners. The designated reception area for category A prisoners was inadequate. Prisoners were more negative than at comparator establishments about their treatment in reception. Staff were familiar with prisoners returning from court but distant and formal with new receptions. There were delays in moving prisoners on to residential units, and newly received prisoners could spend long periods in a holding room with no information and little interaction with staff or peer supporters. No showers were offered and not all prisoners (and no one needing to call abroad) had the opportunity to make a telephone call.
- HP6 Most prisoners were located on G wing for their first night. All prisoners were interviewed by an officer, a first night assessment was completed and the cell sharing risk assessment was reviewed. Prisoners on G wing had the opportunity to speak to an Insider or Listener before their location in a well prepared cell. Fewer prisoners than at comparator prisons felt safe on their first night.
- HP7 The rolling induction programme conducted on G wing was comprehensive and well delivered by staff. It was not replicated in other areas. There was a buddy scheme to address the needs of prisoners with diversity issues, but support arrangements were too informal. The induction booklet was available only in English, and a telephone interpreting service did not provide comprehensive information. Vulnerable prisoners located on H1 and E wings received the booklet but no formal programme. Prisoners were not fully engaged during the five-day programme. Some difficult prisoners were also re-located on G wing. While on G wing, prisoners could not access activities.
- HP8 The comprehensive suicide prevention and self-harm strategy adopted a holistic approach to support. The safer prisons team met monthly and included prisoners, but not all areas were regularly represented. The team monitored self-harm and near-fatal incidents. The monthly average of assessment, care in custody and teamwork (ACCT) documents opened in the year to date was higher than in the previous two years. ACCT documents were reasonably well completed, but case reviews were not sufficiently multidisciplinary. Listeners generally felt supported but reported difficulties in being unlocked at night. Not all night staff were aware of the procedure for arranging a Listener and not all carried anti-ligature knives.
- HP9 There was a comprehensive violence reduction strategy. Monthly meetings were multidisciplinary, but did not include prisoners, and prisoner consultation meetings did not include safer custody issues as a standing agenda item. The violence reduction coordinator collated information monthly and the team monitored a comprehensive range of violence indicators. A very new anti-social behaviour strategy had replaced the previous anti-bullying process, taking a wider view of what constituted unacceptable behaviour. Many of the responses concerning safety issues in our survey were more negative than those at comparator prisons.

- HP10 The segregation unit was generally clean and well maintained. The regime allowed all prisoners to access daily showers, telephones and exercise, but only by application first thing in the morning. Staff interacted well with prisoners on the unit and made efforts to minimise the time they spent there.
- HP11 The use of adjudications was high. There was little monitoring and analysis of adjudication data. Levels of use of force were reasonable and well monitored, with trends analysis. Recordings of planned removals and use of force paperwork demonstrated proportionate use of force, with an emphasis on de-escalation. Use of special accommodation was high, but efforts were made to relocate prisoners into standard accommodation at the earliest opportunity.
- HP12 Security arrangements for the different sections of the population were generally appropriate, with the exception of the monthly moving of all prisoners on the category A unit. Arrangements for closed visits and banned visitors balanced security requirements with support for families.
- HP13 Clinical management of substance users was safe but treatment options were limited. First night prescribing was satisfactory. The integrated drug treatment system (IDTS) was due to be introduced in November 2009. A specialist clinical team provided a good level of care and regular reviews but this was not yet fully integrated with the counselling, assessment, referral, advice and throughcare (CARAT) service. The positive random mandatory drug testing rate for the first six months of 2009 was high. The suspicion drug testing positive rate for the previous three months was only 41%. Not all requests were processed within the stipulated timeframe. Fewer prisoners than the comparator said that it was easy or very easy to get illegal drugs.
- HP14 The vulnerable prisoner population presented particular challenges in terms of safety. Research carried out during the inspection identified the most significant issues for this group as a lack of trust in staff and aggressive body language from staff and prisoners. Most vulnerable prisoners felt safe on the wings, but unsafe when moving around the prison.

Respect

- HP15 The external areas were bleak but internal areas were clean. Shared cells were cramped. Prisoners expressed a lack of trust in some staff. The personal officer scheme was understood but did not adequately support sentence progression. The incentives and earned privileges (IEP) scheme was not used as a behaviour management tool. Catering was reasonable. Wider diversity provision was in its infancy. Race equality work had been underdeveloped but was improving. Foreign national prisoners received support from the dedicated liaison officer but had insufficient support from wing staff. Prisoners had little confidence in the applications and complaints system. Health services were good but inpatients spent too long locked up. Overall, the prison was not performing sufficiently well against this healthy prison test.
- HP16 External areas were bleak. Communal areas were clean. Some cells on D wing had broken window panes. A significant number of cells designed for single occupancy were occupied by two prisoners and were cramped. Most prisoners could wear their own clothes but the arrangements for accessing them were unnecessarily complex.

- HP17 There was a perception by prisoners that there were delays in sending and receiving mail. There were insufficient telephones for the number of prisoners using them and some were not sufficiently private. There were delays in adding numbers to the PIN telephone system.
- HP18 Prisoners' perceptions of the incentives and earned privileges (IEP) scheme were negative, with regard to the transparency of the scheme and the consistency of its application, as well as the incentives available. The scheme was not used effectively as a behaviour management tool. We saw examples of prisoners being punished on adjudication and then being placed on the basic level for the same single incident.
- HP19 Staff-prisoner relationships were complex. There were positive relationships between some staff and prisoners, but we also found a high level of suspicion and a reluctance by prisoners to make complaints for fear of reprisals. Forty-four per cent of prisoners surveyed said they had been victimised by staff. The engagement of staff in residential units varied, and was strongest in the upper prison. Many fewer prisoners than in comparator prisons said that staff treated them with respect (56% against 70%) and this was particularly pronounced for Muslim prisoners. We heard, and were told of, strong language being used both by staff and, unchallenged, by prisoners. Arrangements for prisoner consultation were plentiful but not productive.
- HP20 Prisoners knew who their personal officer was, and personal officers understood their role. There had been reasonable consistency of allocated personal officers and most wing files contained two to four entries a month. The quality of these varied but in many cases were functional rather than recording interaction. Personal officers made some contributions to key issues for prisoners' progress but did not have strong links with sentence planning.
- HP21 Although prisoners had negative perceptions about the quality of the food, the meals we sampled were of reasonable quality. The kitchen was well managed and maintained and the serveries were clean. Prisoners could not eat in association and many of the in-cell toilets were inadequately screened. There was little consultation with prisoners on shop matters. The system for issuing ordered items disadvantaged vulnerable prisoners on A wing.
- HP22 There was no overarching diversity policy and no formal monitoring of minority groups, apart from black and minority ethnic prisoners. A relief disability liaison officer was appointed during the inspection to cover for a long sickness absence. Support for prisoners with disabilities was very limited. There was a dedicated nurse for older prisoners. There was a draft policy for gay, bisexual and transgender prisoners but this had yet to translate into services for this group.
- HP23 The race equality policy was outdated. Race equality was given a high priority, with a new team in place under the wider remit of diversity and safer custody. There had been recent improvements in the timeliness and depth of investigation into racist incident report forms but too many were submitted by staff saying that they had been accused of racism. Prisoners had little confidence in the system and consultation arrangements were unclear. Community engagement was developing.
- HP24 Some foreign national prisoners had been transferred to HMP Risley. Foreign national prisoners received support from the dedicated liaison officer. UKBA held twice-monthly surgeries. Use of interpreting services was good, but staff tended to use prisoners to interpret before considering using these services. There were few

translated materials available. Compared with British national prisoners, foreign nationals felt less safe on their first night and at the time of the survey, and were more likely to say they had been victimised by other prisoners.

- HP25 Prisoners had little confidence in the applications and complaints systems. Application log books did not record when or if responses were received. The quality of responses to complaints was variable. Monitoring data were collected but not formally analysed for patterns and trends. Legal services provision was good and proactive. A bail support officer tracked all remanded prisoners and approximately half of the referrals to ClearSprings in the current year had been successful.
- HP26 The work of the chaplaincy team was integrated into the regime. There was a range of faith-based activities. The space for Muslim prayers was inadequate for the number wishing to attend, and ablutions facilities were inadequate.
- HP27 A comprehensive range of primary healthcare services was available. Healthcare reception screening was comprehensive. There were visiting health professionals and no significant waiting lists for specialist clinics. Healthcare waiting areas were unsatisfactory for vulnerable prisoners, who felt unsafe and had no access to toilets. The management of chronic and communicable disease was good. Pharmacy services were good but the electronic prescribing system was not secure. Access to dental services was excellent. Healthcare for prisoners on the inpatient unit was appropriate, but they had too little time unlocked and the association area was in a poor state of decoration. The mental health in-reach team provided support and care across both primary and secondary care needs. Transfers to specialised mental health units were delayed.

Purposeful activity

HP28 Most prisoners were engaged in some form of work or education. The learning and skills provision was good. Around half of the work places available were wing based. The maximum time that a prisoner could spend out of his cell on a weekday was 11 hours; the minimum was three and a half hours. Library provision was comprehensive and access was good. Gym facilities were well utilised. Overall, the establishment was performing reasonably well against this healthy prison test.

HP29 Nearly two-thirds of the population were attending education or vocational training, and attendance was good. Some of the most popular courses were subject to waiting lists. The range and levels of provision were good. Achievement of qualifications was good and learners developed relevant skills. Initial assessment and information, advice and guidance were poor for vulnerable and high security prisoners.

HP30 There were enough activity places for 80% of the population. Approximately half of these were wing based. Prisoners developed work and employability skills. Work and vocational activities were limited for vulnerable prisoners.

HP31 During our roll checks, less than a fifth of the population was locked up. Fewer prisoners than at comparator prisons said that they spent 10 hours or more out of their cell. The core day offered prisoners who were enhanced and in full-time employment 11 hours' time out of cell but unemployed prisoners on a basic regime could spend as little as three and a half hours unlocked. Association had been

cancelled frequently in 2009, mainly in response to requirements for staffing unanticipated external escorts. Access to exercise was poor, especially for full-time workers.

- HP32 The library was well staffed, and staff provided a well managed and effective service. Access was good, and equitable for vulnerable prisoners. The library was well stocked and met the diverse language needs and interests of the population.
- HP33 There was a well equipped physical education facility, staffed by a team of well-trained and enthusiastic staff. All prisoners had access to gym facilities but systems on the wings to ensure fair access were not sufficiently robust. Cardiovascular fitness rooms were available on each wing. There were good links with the healthcare department. Achievements in relevant industry-recognised qualifications were good.

Resettlement

HP34 The reducing reoffending policy used only national data to inform provision. There was a backlog of offender management case work, which was being actively managed, and offender assessment system (OASys) assessments for prisoners who were out of scope were all up to date. Offender supervisor contact was good. There was no custody planning for those on remand or serving short sentences. Pathway provision was uncoordinated and ad hoc. There was a lack of structured provision for substance misuse. Although we saw some innovative plans for improved delivery of resettlement, our judgement was that currently the establishment was not performing sufficiently well against this healthy prison test.

HP35 The reducing reoffending policy outlined the work being undertaken in the pathways, as well as the strategic aims. National data had been used to inform pathway provision, in the absence of a local needs analysis. The reintegration needs of short-term and unsentenced prisoners had been identified as an issue, and the 'choose change' project provided reintegration support for a few short-term prisoners. The re-vamped reducing reoffending committee meeting was now informed by the pathways working groups. There were no formal discharge boards. The range of accredited offending behaviour programmes delivered was reasonable, apart from the lack of structured provision for drugs and alcohol.

HP36 There was no custody planning for remand and short-term prisoners. Prisoners in scope of offender management were allocated an offender supervisor, and the frequency and quality of contact with them were good. Sentence planning boards were not multidisciplinary, and key information that would inform the overall risk assessments was not routinely gathered. The backlog of offender assessment system (OASys) assessments from offender managers was monitored and escalated where appropriate. OASys completions for prisoners out of scope for offender management were up to date. The targets set were realistic and incorporated non-accredited programmes and vocational courses. However, thereafter, prisoners did not have a point of contact for support and their progress was not monitored. Prisoners serving indeterminate sentences for public protection and life-sentenced prisoners were managed by a mixture of trained probation and discipline staff.

HP37 The provision of interventions to deal with offending behaviour was well managed, with a range of programmes but nothing on victim awareness. Work was carried out

with sex offenders in denial, as well as with other prisoners who were unwilling to engage in programme work.

- HP38 All prisoners were categorised promptly and recategorisation reviews occurred regularly. Decisions were communicated to prisoners in writing, but in the form of a pre-printed slip, providing little information about the reasons behind the decision. Efforts were made to allocate on the basis of sentence planning need, predominantly in the north west area. Public protection assessments were made immediately and prisoners interviewed to explain the implications of any restrictions applied and how to challenge decisions.
- HP39 Resettlement pathway leads had been identified but pathway provision was uncoordinated and ad hoc. A prison link housing advice service was provided by two workers, who undertook housing assessments of all prisoners during the induction process. They provided continuing support for remand and short-term prisoners, but prisoners serving 12 months or more and who were not in scope of offender management did not receive sufficient accommodation support. A Jobcentre Plus worker saw all prisoners about benefit issues. There was no debt advice service and prisoners had yet to use the new service to open bank accounts.
- HP40 There were structures linking reducing reoffending with learning and skills but prisoners had limited access to pre-release courses. The prison had an understanding of local employment needs, and limited links had been established with local communities to help to support prisoners in finding employment on release.
- HP41 Mental health staff liaised with community healthcare providers before prisoners were released. Prisoners were invited to a discharge clinic, where they were given a letter for their GP or, if they did not have one, were advised how to access a GP on release. They were also given sufficient supplies of medication.
- HP42 The drug strategy policy did not make reference to the recently conducted needs analysis. Services for prisoners with primary alcohol problems were limited. The voluntary drug testing unit offered a supportive environment, including a peer support scheme. Links had been developed with drug intervention programme teams. The absence of an accredited drug and alcohol treatment programme was a significant gap in service provision.
- HP43 The visitors' centre was welcoming and provided good support to visitors. Despite the use of biometrics, visitors were required to provide full identification on every visit, and were turned away for minor discrepancies. Visits provision for most prisoners was good and the visits hall was bright and spacious. The visits hall for category A prisoners was smaller, with limited facilities. Family visits were available only for enhanced prisoners serving over three years. There were excellent links with Partners of Prisoners (POPs). The establishment had consulted with 40 families, to understand the impact of imprisonment on them. The education department provided a parenting course and Storybook Dads. Families had some involvement in sentence planning and ACCT reviews.

Main recommendations

- HP44 Prisoner consultation should be used to inform developments around violence reduction and improve perceptions of safety.

- HP45 Managers should explore the reasons behind prisoners' distrust of some staff, and the poor perceptions of Muslim prisoners in particular, and take appropriate action.
- HP46 Managers should encourage positive interaction by staff with prisoners, and model that behaviour themselves.
- HP47 The specific needs of older, gay, transgender and bisexual prisoners and those with disabilities should be identified and addressed.
- HP48 There should be custody planning for short-term and remand prisoners.
- HP49 There should be structured accredited programmes for alcohol and drug use.
- HP50 All prisoners should have access to some form of work, education or training.
- HP51 A resettlement needs analysis of the population should be completed, and the results reflected in the policy document and acted on.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 There were long delays in prisoners being returned from court. The cellular vehicles we looked at were clean and held refreshments. Prisoners waited too long on vans outside the reception area. Prisoners attending court were prioritised each morning and suitable clothing was available for those who needed it. Prisoners responded more negatively than at comparator establishments about arriving with their property.
- 1.2 The escort contractor was Global Solutions Limited (GSL) and relationships between reception staff and GSL were good. There were approximately 80 receptions each week and around 150 discharges each month.
- 1.3 Although GSL and reception staff had made efforts to ensure that prisoners did not experience long waits on their return from court, there continued to be significant delays. One example during the inspection was a prisoner whose court case had concluded at 11.31am but was not returned to the establishment until 3.45pm. Reception staff said that there had been some improvement, and the reception manager confirmed that work with GSL contractors was ongoing.
- 1.4 Prisoners in our groups told us that they had not travelled significant distances to the establishment but that they had been held on the vehicles for long periods waiting to disembark. On one day during the inspection, we observed cellular vehicles queuing outside the gate of reception. Prisoners could wait up to an hour on the vehicles and we observed one set of prisoners waiting 45 minutes to disembark while prisoners in a cellular vehicle in front of them were being brought through to reception. Video link was used regularly by the local courts.
- 1.5 Prisoners attending court were prioritised each morning, and a sufficient stock of clothing was held in the reception area for loan to prisoners who needed it. During the inspection, six prisoners who were 'lodging' at the establishment overnight en route to HMPs Risley and The Wolds were brought to the reception area at 7.30am and remained in the holding rooms until 9.30am. Reception staff said that they were not always told what time escort staff would arrive to collect prisoners who were being transferred.
- 1.6 The cellular vehicles we looked at were clean and held refreshments. In our survey, prisoners responded significantly more positively than at comparator establishments about their safety during transit, the attention paid to their health needs during the journey, their comfort and the frequency of toilet breaks. Prisoners were not handcuffed in the vehicles or when moved into the reception area, except for those who had been identified as presenting an escape risk. Prisoner escort records were fully completed and paperwork was checked thoroughly by reception and escort staff before prisoners were accepted.

- 1.7 Prisoners responded more negatively than at comparator establishments about arriving with their property (70% versus 81%). We saw two prisoners who had been transferred from other establishments arriving with nothing except the clothes they had travelled in, and one of these prisoners was not given sufficient information by induction staff about how he would obtain his property.

Recommendations

- 1.8 Prisoners should be returned from court in a timely manner.
- 1.9 Reception staff should be informed of when escort contractors are due to arrive to transfer prisoners to other establishments.
- 1.10 Prisoners who are being transferred to other prisons should arrive in reception after those who are going to court have been dealt with.
- 1.11 Arrangements for moving prisoners from vans to reception should be improved so that they spend the minimum amount of time on cellular vehicles.
- 1.12 When prisoners arrive at the establishment without their property, they should be given advice and support on how they can retrieve it.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.13 Reception was busy but adequate for the majority population, although not for category A prisoners. Staff engaged well with returning prisoners, but more attention was needed for those newly arrived. There was insufficient access to telephones and none to showers, Prisoners' perceptions of reception were poorer than at comparator prisons and they spent too long there. First night arrangements on G wing were good but not all prisoners spent their first night in dedicated cells and fewer prisoners than the comparator said they felt safe on their first night. The five-day induction programme on G wing was comprehensive, although did not fully occupy prisoners, but arrangements for those on other wings were inadequate. The buddy system for those with special needs required development.

Reception

- 1.14 The purpose-built reception was a large, clean environment, which was busy but able to accommodate the throughput of prisoners. A core group of six staff, one senior officer and two operational support grades, worked in the reception area. The designated reception area for category A prisoners was inadequate and was essentially a thoroughfare between E wing and the segregation unit. It contained an X-ray machine, a small office and a metal detector in a confined space. Staff told us that when there were more than two prisoners attending court, the area was unsuitable and required prisoners to wait to board the cellular vehicle, as they

had only two holding rooms and a small area to work in. Prisoners' perceptions of their treatment in reception were significantly worse than at comparator establishments and than at the time of our survey in 2004.

- 1.15 The use of surnames was routine, but the approach of staff to prisoners observed in reception was in general respectful. Some staff were not sufficiently aware of the need to create a calm and supportive atmosphere for those newly arriving at the prison, particularly for the first time. Staff were familiar with those returning from court, but somewhat distant with new receptions, who spent a considerable time in holding rooms without any contact or facilities. There was a policy for vulnerable prisoners, and staff were conversant with it.
- 1.16 Prisoners were initially placed in one of three unlocked holding rooms, separating potential category A prisoners, vulnerable prisoners and E-list prisoners, which contained information about the Listeners and drug services. Vulnerable and high-risk prisoners remained in separate holding rooms, while those who were going to be placed on main location were moved to another holding room, where they waited to be seen by health services staff and drug workers, and for the cell sharing risk assessment (CSRA) to be completed. This holding room contained no information and the television was out of use. Prisoners returning from court were held in a separate holding room, which was left unlocked. All the displayed information was in English.
- 1.17 All prisoners were strip searched in a private cubicle and were required to sit on a body orifice security scanner (BOSS) chair. Prisoners responded significantly more negatively than the comparator about being searched respectfully (59% compared with 71%).
- 1.18 The health screen took place in a private room. The CSRAs were carried out by officers at a desk at the rear of the reception. This did not provide privacy, owing to staff and prisoners moving through the area, but we were told that an office would be used for this purpose in future. Attention was paid to prisoners who had received long sentences and those at risk of self-harm.
- 1.19 Prisoners were not given the opportunity to take a shower, despite good showering facilities in reception. Most prisoners were able to make one free telephone call in reception but if the recipient of the call was not available, they were not given a further opportunity to call another friend or family member. Prisoners who needed to make a telephone call abroad were not able to do so in reception.
- 1.20 Prisoners did not move onto residential units as soon as reception procedures had been completed, so newly received prisoners could spend up to four hours in a holding room in reception, with little interaction with staff and no access to the peer supporters who worked in reception. Reception staff relied on runners from K wing to escort prisoners to their first night accommodation. K wing staff were at dinner between 5.30pm and 6.30pm, so prisoners arriving at that time ate their meals in the reception area.
- 1.21 Vulnerable prisoners perceived that they had to wait longer in the reception area than prisoners on main location. However, we observed that all new receptions spent a long period in reception. During a busy afternoon, we observed one prisoner who had been granted bail waiting over two hours to be released. We were told by the senior officers that it was problematic to prioritise prisoners being discharged when prisoners were returning from court and new arrivals were being processed.

First night

- 1.22 Prisoners were supposed to be located on the second floor landing on G wing for their first night, but the throughput meant that they were located anywhere that there were spaces on G wing. The photographs and names of staff who worked on the wing were displayed for immediate familiarisation. Vulnerable prisoners were mainly located on H1, those requiring detoxification on I wing and category A prisoners on E wing for their first night. All prisoners were interviewed by an officer, and underwent a first night assessment and a review of their CSRA.
- 1.23 The first night risk assessment form was thorough and responded appropriately to prisoners' immediate needs. Prisoners on G wing had the opportunity to speak to an Insider or Listener before being located in cells that were well prepared and clean. However, fewer prisoners than the comparator said that they felt safe on their first night.
- 1.24 During the inspection, we observed new arrivals being located on G wing in the evening. We were told by staff that other prisoners on G wing would usually be locked up when new receptions arrived on the wing, so that staff could focus on the new arrivals; however, as more staff were allocated to the wing that night, all prisoners were out on association when the new receptions arrived on the wing. New arrivals were placed in the wing resource room, which contained a range of information. We observed prisoners out on association looking through the windows of the resource room and were told by staff that they did this so that they could identify new arrivals, to ask them for tobacco. Staff were attuned to this and ensured that prisoners new to custody were supported. Prisoners who arrived on G wing late in the evening still received good first night arrangements.
- 1.25 International telephone calls could only take place before 6pm, so some prisoners could not contact family and friends until the day after their arrival. Smokers' and non-smokers' packs were issued on G wing; the system for recovering the cost of these packs was fair. Prisoners arriving on the day that canteen sheets were submitted had to wait a further 10 days before being able to access goods. Letter-writing material and information about the establishment were also provided on G wing. Although showers were available, prisoners were not offered them, and in our survey prisoners responded significantly more negatively than at comparator establishments about having had access to a shower on their first night.

Induction

- 1.26 The rolling induction programme was comprehensive and well delivered by staff, and a tracking system ensured that prisoners received the appropriate sessions. The induction programme started on the first day after arrival. It was supported by a PowerPoint presentation and an induction booklet that was available only in English. A short video about the range of vocational training and education available at the establishment was also shown. A presentation was delivered by gym staff and by the Insider and Listener located on the wing. Housing and Jobcentre Plus workers met each prisoner to discuss accommodation and benefits needs.
- 1.27 Foreign national prisoners who did not speak English did not participate in the formal induction programme. They were seen by the foreign nationals coordinator, with the use of a telephone interpreting service, and were given translated information, which was not as comprehensive as the induction booklet.

- 1.28 The programme included an education assessment, but this only took place on Mondays, Wednesdays and Fridays. After the first session, some prisoners could be fast-tracked. Prisoners could not access education or employment while located on G wing.
- 1.29 The induction programme provided prisoners new to custody with an overview of the rules, regime and activities. Prisoners responded significantly more positively than at comparator establishments about having had an induction (78% compared with 74%).
- 1.30 The establishment operated a system referred to as the triple A system (assisted access and advice) in conjunction with the induction programme, to address the needs of prisoners with particular needs. Induction staff referred prisoners with a language barrier or literacy needs, or who were vulnerable but not at risk of self-harm, to the triple A system, where they would be paired with a buddy for support. The support arrangements were too informal. The induction senior officer told us that the buddies did not have formal roles; they had no job description and there was not a list of prisoners who would be suitable buddies.
- 1.31 The quality of the induction programme delivered on G wing was not replicated on other wings designated for new arrivals. Vulnerable prisoners on H1 and E wings received the induction booklet but no formal induction programme. In our survey, vulnerable prisoners responded significantly more negatively than main location prisoners about having had an induction course and whether the course covered everything they needed to know.
- 1.32 Before prisoners left G wing, a final interview with induction staff was conducted, to ensure that they understood the rules and regime and to give them a further opportunity to ask questions. Most prisoners were then located on K wing. Those requiring additional support could remain on G wing longer. However, the aim of providing support was undermined by the fact that other prisoners were held there who could not be moved on because of security reasons, or who had been returned there because of problems on other wings. We were told that this was a last resort before transfer out to another prison. We spoke to four prisoners who had been held longer on G wing and they complained about the limited regime and the fact that they could not access work or education from this wing.

Recommendations

- 1.33 There should be a suitable reception area for category A prisoners.
- 1.34 Prisoners should be addressed by their preferred name on arrival in reception.
- 1.35 All holding rooms should contain relevant information, and prisoners should have access to peer supporters in the reception area.
- 1.36 Cell sharing risk assessments should be completed in a private room.
- 1.37 All prisoners should be able to make a telephone call on arrival at the establishment.
- 1.38 Prisoners should be offered a shower in reception or on their first night.
- 1.39 Prisoners should be moved to their first night accommodation as soon as they have completed the reception process.
- 1.40 Managers should explore prisoners' poor perceptions of safety on their first night at the establishment.

- 1.41 Prisoners should be able to order canteen goods within 24 hours of arrival.
- 1.42 Foreign national prisoners who do not speak English should be given the same information as that provided to other prisoners on the induction programme.
- 1.43 Prisoners not located on G wing for their first night should receive an induction programme that informs them of the rules, regime and activities relevant to their location.
- 1.44 Prisoners should be fully occupied for the duration of the induction programme.
- 1.45 The triple A system should be reviewed to ensure that it delivers the intended outcomes for prisoners.
- 1.46 G wing should not be used to hold prisoners who cannot be located elsewhere in the prison.
- 1.47 Prisoners who are not able to be moved from G wing because they require extra support should have access to education and work.

Housekeeping point

- 1.48 The television in the holding room should be in working order and show information about the establishment.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 External areas were bleak. Communal areas and cells were generally kept clean. Many cells designed for single occupancy were occupied by two prisoners. The notices displayed were of variable quality and most were only in English. Monthly wing meetings were held but had limited attendance and were not an effective consultation mechanism. Access to showers was generally good, except on K and E (outer) wings. There were insufficient telephones and access was inconsistent. Arrangements for receiving property were too inflexible.

Accommodation and facilities

- 2.2 External areas were bleak. Some cells on D wing had broken windows, some with broken glass panes in them; although these had been reported regularly by officers, the works department came out to fix them only when there were a number to do.
- 2.3 There were over 300 cells across the prison designed for single occupancy which were occupied by two prisoners. This had resulted in a cramped environment, and in some cells there was not enough space for two tables, chairs and lockers. Prisoners on C wing complained that they were routinely kept awake by dogs barking throughout the night, as the dog kennels were located directly outside the cell windows, and there had been a number of formal complaints raised about this. The floors of the cells on K wing and showers in the top site were undergoing refurbishment at the time of the inspection.
- 2.4 Several toilets were without toilet seats, and officers and prisoners told us that they were rarely replaced when broken. Those cells that did not have separate toilet facilities had recently had privacy curtains put up.
- 2.5 Cell call bells were generally answered quickly. However, we observed officers carrying out a check of cell bells at a set time in the morning and not noticing a cell bell ringing on another landing for over 10 minutes, and it took officers 12 minutes to respond to a bell rung by an inspector. In our survey, 43% of prisoners said that their cell bell was responded to within five minutes, compared with the 39% comparator.
- 2.6 There was an offensive display policy, although it was not clearly displayed in any of the residential areas. It was mentioned in the induction paperwork and most prisoners had a reasonable understanding of it. The policy was not applied consistently across residential units.
- 2.7 Activity areas were all clean. Some of the equipment in use was worn and in need of replacement. The level of supervision during association periods varied from wing to wing.
- 2.8 The notices displayed were of variable quality and most were only in English. There was no provision made for prisoners with eyesight, literacy or language problems. Monthly wing

meetings were held, but were only attended by the wing officer, senior officer and representatives from the specific wing. There was no attendance from other departments, and the standing agenda did not cover safer custody or resettlement issues. The meetings were used as a forum by prisoners to raise issues, rather than as an opportunity for staff to consult prisoners. The quality of the minutes was variable and most did not record outstanding actions or progress made on any issues raised. The minutes were not published to prisoners in general. The use of peer supporters was developing.

- 2.9 The facilities list had recently been reviewed and some additional items had been added. This new list did not seem to have been widely published among staff or prisoners and was specific to the establishment.
- 2.10 Most telephones on the wings had privacy hoods, although there was inconsistency across the residential units as to when the telephones could be used; on some wings they were only available during association time and on others they were freely available all day. There were insufficient telephones, which often led to queues during the evening. There were significant delays in adding PIN telephone numbers to prisoners' accounts. There were notices next to all telephones informing prisoners that their calls might be subject to monitoring, but only in English. However, prisoners (including some foreign national prisoners with limited English) were aware that their telephone calls were being recorded.
- 2.11 There were no restrictions on the mail that prisoners could send or receive. Foreign national prisoners could exchange two ordinary letters for one airmail letter, and two airmail letters for one telephone call. The post room had received additional resources at the beginning of 2009 and was checked daily by the unit manager to ensure that all post was dealt with by 4.30pm each day. There was a perception by prisoners, however, that incoming mail was distributed some days after its arrival at the establishment, and that outgoing mail was not sent out on the same day.
- 2.12 The staff in the post room had clear instructions about their responsibilities, although none had received specific training. All incoming and outgoing mail was opened and checked for enclosures or unauthorised articles, and 5% of letters (both incoming and outgoing) were read. There were also separate lists of prisoners subject to public protection or security monitoring, and these prisoners' mail was forwarded to the relevant department. The only exception to this was the mail for all of the prisoners (approximately 170) on E wing (category A and vulnerable prisoners). All of this mail was read for security reasons, before being forwarded for public protection monitoring or distribution to prisoners. Prisoners on E wing (both inner and outer) were aware that all of their post was read and that this was the likely cause of the often considerable delay in receiving it.

Clothing and possessions

- 2.13 All prisoners were allowed to wear their own clothes, except those on the basic regime or on the escape (E) list. The process for accessing property was perceived by some staff and prisoners as being too complex. Although the initial period to receive property was thought to be generous (56 days) by prisoners who understood the system, prisoners who missed their window of opportunity had to wait six months before the next one. Items also had to be handed in during visits, unless a prisoner did not receive visits – and this was only established after he had not received any for a month – thus reducing the timeframe for receiving property. All property was held in secure storage in the reception area. There had been over 200 complaints about property during the previous six months, and at least 40 of these were recorded as being specifically about access and property being handed in.

- 2.14 Laundry facilities were adequate and there were sufficient quantities of prison clothing. There were no systems for providing older prisoners and those with disabilities with additional clothing or bedding, but officers provided this if it was needed. All prisoners on discharge were issued with a black holdall for their belongings. There was also sufficient clothing for prisoners who did not have clothes of their own.

Hygiene

- 2.15 The communal areas were generally kept clean. Prisoners were supplied with cleaning products once a week and were encouraged through the incentives and earned privileges (IEP) scheme to keep themselves and their cell clean.
- 2.16 The showering facilities on most of the wings were in poor condition, with paint peeling from the ceilings and floors, and mould clearly visible in some, and were mainly communal. Access to showers was generally good, except on K and E (outer) wings, where one landing's showers were out of use. There was reference in the minutes of the prisoner wing representative meetings to the fact that prisoners who worked all day were not able to shower before an evening visit.
- 2.17 All prisoners had weekly access to hygiene products. Laundered bedding was available on arrival and replaced weekly. There were some teething issues with the replacement of mattresses, because of a new stores procedure, but soiled mattresses were generally replaced quickly.

Recommendations

- 2.18 Broken windows should be mended immediately.
- 2.19 Two prisoners should not share accommodation designed for one.
- 2.20 Prisoners should have access to showers in private.
- 2.21 Prisoners should be able to shower or bath daily, before court appearances and before visits.
- 2.22 Officers should be able to monitor cell bells when they are carrying out other checks.
- 2.23 Prisoner consultative meetings should include representation from a variety of departments. Actions should be recorded and outcomes published.
- 2.24 The dog kennels should be removed to a place not directly outside prisoners' accommodation.
- 2.25 Delays in adding PIN telephone numbers to prisoners' accounts should be reduced.
- 2.26 All telephones should be fitted with privacy hoods.
- 2.27 The process for receiving property should be simplified.

Housekeeping points

- 2.28 Toilet seats should be replaced when broken.
- 2.29 Notices should be in a variety of languages and formats to suit the needs of the population.
- 2.30 The offensive display policy should be displayed throughout the establishment and applied consistently.
- 2.31 Telephones should be available to use whenever prisoners are unlocked.
- 2.32 Further investigation should be carried out into the perception that mail is routinely delivered late.

Staff–prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.33 There were some good relationships between staff and prisoners, but there was a high level of suspicion on the part of prisoners and a reluctance to make complaints for fear of reprisals. Strong language both by staff and prisoners was common. Staff engagement on residential units ranged from relaxed to distant. Fewer prisoners than at comparator prisons said that most staff treated them with respect, and this was more negative with Muslim prisoners.
- 2.34 When we asked staff what they considered as their primary role, some said that it was supporting prisoners, while others said that it was keeping order and maintaining discipline. The latter tended to be more remote. In general, relationships were better in the upper prison (which included the induction, unsentenced and detoxification wings) than in the lower prison, where sentenced prisoners, including category A prisoners, were held. In those units, residential staff did not generally consider themselves as key to reducing reoffending or supporting prisoners in completing sentence planning targets.
- 2.35 We observed a wide range of interactions and there was no consistency in what we observed. Some staff knew prisoners well, were respected by them and engaged with them effectively, whereas others were dismissive of prisoners and rude towards them. Some prisoners regarded staff with a high level of suspicion and some were reluctant to talk to inspectors for fear of reprisals, sometimes with justification (see paragraph 6.12). Staff and prisoners alike were observed to use strong language, routinely scattered with expletives. Most staff referred to prisoners by their surnames, and did not routinely knock before opening cell doors. We observed staff shouting critical comments to individual prisoners across landings, while prisoner orderlies were in general engaged with positively. Some prisoners said that staff treated them well if their 'face fitted', but that it was difficult for new prisoners to engage with staff. We noted a particular lack of engagement with foreign national prisoners, despite there

being a detailed focus on the importance of the relationship between the group officer and foreign national prisoners in the guidance produced for personal ('group') officers.

- 2.36 Staff were quick to challenge prisoners for breaching wing rules, but not for some more worrying behaviour, such as queue jumping (see section on catering). Prisoners were not given sufficient informal warnings, or the chance to amend their behaviour, and formal warnings were not adequately communicated to them (see section on incentives and earned privileges). We observed staff dealing with routine queries and avoiding the unnecessary use of application forms – although prisoners expressed dissatisfaction with formal complaints procedures (see section on applications and complaints). Prisoners were encouraged to attend activities and there was a positive approach to work and education.
- 2.37 Prisoners in groups were mixed in their responses about staff. Some reported good relationships, with examples of staff going out of their way to help them resolve problems. More reported difficulties in engaging with staff and said that they would not complain about individual problems they had experienced because they believed that staff victimised people who complained. In interviews with individual prisoners about their feelings of safety, four of the top five issues affecting safety related to staff attitudes (see Appendix III). Prisoners cited staff behaviour with prisoners, lack of trust in staff, aggressive body language of staff and lack of confidence in staff as key factors. The anti-bullying survey carried out by the prison in June 2009 also identified a lack of trust in staff as a key factor undermining prisoners' feelings of safety (see section on bullying and violence reduction).
- 2.38 In our survey, only 56% of prisoners, against the 70% comparator, said that most staff treated them with respect. This was particularly pronounced for Muslim prisoners, only 38% of whom believed that staff treated them respectfully (see section on diversity). Fewer prisoners than the comparator said they had a member of staff they could turn to for support (59% compared with 74%) and this was worse for vulnerable prisoners (48% compared with 63%). Black and minority ethnic prisoners were significantly more positive, with 74% saying that there was a member of staff they could turn to for help.

Recommendations

- 2.39 Prisoners should be addressed by their preferred name.
- 2.40 Staff should challenge prisoners appropriately when their behaviour is poor. These warnings should be informal in most cases and allow prisoners the opportunity to amend their behaviour before warnings under the incentives and earned privileges (IEP) scheme are issued.

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.41 The personal officer system was known as the group officer scheme. Prisoners knew who their group officer was, and group officers understood their role and generally showed a good knowledge of the prisoners in their care. There had been a reasonable level of consistency of

allocated officers, and most wing files contained two to four entries a month. The quality of these varied, although some were good, and in many cases they were functional rather than recording interaction. Personal officers made some contributions to key issues for prisoners' progress but did not have good links with sentence planning.

- 2.42 The personal officer scheme at the establishment was called a group officer scheme. It was supported by a good policy document and guidance giving clear instructions about what the role entailed.
- 2.43 In our survey, more prisoners than at comparator prisons and than at the previous inspection said that they had a personal officer (52% compared with 42% and 22%, respectively). They were, however, more negative than the comparator and at the previous inspection about whether they were helpful (46% compared with 67%). In our groups, most prisoners could name their group officer. Some prisoners spoke highly of their group officer, giving examples of when he or she had supported them. Others were less positive, saying that they rarely saw their group officer.
- 2.44 Officers were allocated on the basis of cells. This did not support consistency and meant that some prisoners had different group officers when they moved cells on the same wing. Despite this, most of the files sampled showed a good level of consistency of staff. All prisoners were allocated two officers, to ensure regular cover, although when staff were covering for long-term absences, this did not always happen. Prisoners knew that the group officer was their first point of reference and some used them as such, depending on their relationship with them. Few officers introduced themselves, and prisoners said that they had mostly found out who their group officer was by receiving a slip under their door, or by looking at the list attached to their cell door.
- 2.45 Group officers we spoke to showed knowledge about the prisoners in their care and most were aware of prisoners' personal circumstances and progress with respect to issues like transfers and offending behaviour programmes. When talking about the prisoners in their care, most staff used first or nicknames, in direct contrast to the way they spoke to prisoners on the wings.
- 2.46 The written evidence underpinning the group officer scheme was of a reasonable quality. Group officers had to complete monthly assessments in considerable detail, requiring them to meet prisoners. Files showed that entries were, in fact, more frequent (between two and four a month). The entries indicated informal contact between staff and the prisoner concerned, although the information was more often quantitative than qualitative. Some entries revealed good and specific knowledge of particular prisoners. Although a nominal 15 minutes per prisoner per week were allocated to personal officer work according to the prison's Service Level Agreement, few prisoners experienced this amount of time with their personal officer.
- 2.47 The 'group officer scheme guide' listed the first requirement of the role as being to ensure that improvement targets in relation to offending behaviour, education, employment and social skills were set and agreed in order to highlight areas to be addressed to allow the prisoner to progress through the system. However, few group officers did this. Although they contributed written submissions for parole reports, offending behaviour programme reviews and IEP reviews, officers we spoke to did not consider it their role to play a part in a prisoner's reintegration into the community, other than in terms of their behaviour. Even when officers had a good understanding of the needs of those on their caseload in terms of progression through their sentence, they tended to engage the offender supervisor (if there was one) if there were any concerns, rather than dealing with them themselves. In some of the best cases we saw, however, group officers had a close relationship with offender supervisors, and a joint approach was taken to encouraging and motivating prisoners. The involvement of group

officers in promoting positive behaviour and sentence progression, particularly through the IEP scheme, had significant room for development (see section on incentives and earned privileges).

Recommendations

- 2.48 All group officers should introduce themselves to the prisoners in their care within 24 hours of being allocated.
- 2.49 Group officer contact with prisoners and entries in files should be weekly, and the guidance amended accordingly.
- 2.50 Group officers should engage more with prisoners' progress through their sentence and reintegration back into the community, as envisaged in the scheme guide.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 The safer prisons team was proactive and well managed. The violence reduction strategy was comprehensive and overseen by a monthly violence reduction meeting. Not all areas of the prison were well represented, and prisoners were not included. Minutes did not always record discussion of underlying reasons for violence and anti-social behaviour. Prisoner consultation meetings did not discuss safety issues. In our survey, many of the responses to questions about safety were below those of comparator prisons and below the figures for 2004. A new anti-social behaviour strategy had replaced the previous anti-bullying strategy, but it was too early to comment on its success.
- 3.2 The safer prisons team was well managed by the head of safety and decency and was proactive. It consisted of a safer prisons coordinator, who managed a full-time deputy and a full-time violence reduction coordinator. Clerical support was provided by a safer custody administration officer. Each wing had a named violence reduction liaison officer with a published job description. The team was known to prisoners.
- 3.3 There was a comprehensive violence reduction strategy. This included details of how violence would be measured, using a wide range of indicators of anti-social behaviour, such as reports of bullying, adjudications, complaints, racist incident report forms, self-harm incidents, assaults and fights, security information reports and uses of force. It also included information about the recently introduced anti-social behaviour (ASB) strategy, which had replaced the previous anti-bullying scheme (see below). The aim of the scheme and a step-by-step guide for staff was included in a separate ASB strategy.
- 3.4 Governance of the violence reduction strategy was overseen by a monthly violence reduction meeting, and the terms of reference and details of the multidisciplinary team were included in the strategy. Meetings were chaired by the head of safety and decency, and the violence reduction coordinator also attended the safer custody meetings, providing links between the two areas. Several members of the team regularly attended, but some areas were poorly represented. For example, there had been no representation from the healthcare department or the offender management team between January and June 2009. Not all residential wings or areas such as reception, visits and the chaplaincy were represented at each meeting, and prisoners did not attend (see main recommendation HP44).
- 3.5 The violence reduction coordinator presented a comprehensive report at meetings, including details of the wide range of violence indicators. Assaults were graded red: 'potentially life-threatening'; amber: 'injuries requiring internal hospital treatment'; and green: 'minor injuries'. The report also included the name(s) of prisoner(s) involved, location, description of assault, whether any weapons were used and action taken. A variety of data was included in the report, compiled by a data analyst, including a comparison of the current month's statistics with those

from each of the previous 12 months. There was a relevant standing agenda for meetings. Minutes did not always record discussion of the underlying reasons for violence and anti-social behaviour.

- 3.6 Prisoners received safer prison and violence reduction information during induction, as well as in the induction booklet. They were not included in the violence reduction meetings and were generally poorly consulted about safety (see main recommendation HP44). The prisoner consultation meetings did not include standing agenda items for either safer custody or violence reduction.
- 3.7 In our survey, many of the responses to safety questions were more negative than those of comparator prisons. Fifty-two per cent of prisoners had felt unsafe at the prison at some time, against a comparator of 39% and 43% at Manchester in 2004. Thirty-two per cent of prisoners said that they had been victimised by another prisoner, against a comparator of 22%, and 44% had felt victimised by staff, against a comparator of 26% and 30% in 2004. Safety was a particular issue for vulnerable prisoners (see section on vulnerable prisoners).
- 3.8 The establishment had not carried out a formal bullying survey since 2007, but a number of seemingly ad hoc surveys had been undertaken in the months before the inspection. Eighteen per cent of the population had responded to a safety survey in June 2009. The summary included the statement that, 'Factors relating to the "inmate code" and chosen responses to fear suggest a perpetual undercycle of violence. For example it is widely believed that prisoners should not inform on each other and should resolve problems between themselves... It is also widely thought that becoming tough or aggressive is a useful response to fear, therefore continuing the underlying threat of violence'. The survey also suggested a lack of trust in staff, particularly evident in the responses of vulnerable prisoners on A wing, which was identified as the least safe wing. Prisoners on E and G wings gave positive comments about staff. This survey reflected what many prisoners told us in groups and individually – that they would not complain to staff (see also section on vulnerable prisoners). Our own survey of wing safety also identified that more prisoners on A wing (inner) than on any other wing felt unsafe, not only in their cell but also during association, at work, at meal times, in showers, corridors and stairwells, and on landings. On A wing (inner), 70% of prisoners said that they had been victimised by a member of staff, and 90% by another prisoner. On H1 wing, 100% of respondents said that they had been victimised by another prisoner.
- 3.9 A number of prisoner meetings had taken place in March and April 2009, chaired by a principal officer and attended by as few as four and up to 12 prisoners. Four groups had been asked about safety and decency in the prison, and two more groups involved prisoners who had arrived at the prison during the previous week and were asked about their experiences. The minutes of these meetings simply recorded what prisoners had said in response to questions. There was no analysis of comments and no action plan to address any of the issues raised (see section on vulnerable prisoners).
- 3.10 A safer prisons awareness day and safety survey had been carried out in May 2009, involving a number of prisoners attending education on one day. Analysis of the meeting suggested that there had been violent incidents that had not been reported to staff, and recommended that the reason for this be explored more fully, 'in order to gauge the levels of confidence in reporting procedures and monitor any improvements since the introduction of the ASB strategy'.
- 3.11 A safer prisons telephone reporting line for families, visitors and prisoners was publicised. This was checked daily and calls were logged. A message that we left was acknowledged within 24 hours.

- 3.12 According to the ASB strategy, a prisoner would be placed on ASB stage one as a result of any persistent anti-social behaviour, and not simply as the result of bullying. The wing senior officer would interview the prisoner concerned and, if necessary, would place him on stage one, with targets designed to prevent the anti-social behaviour from recurring. Stage one was reviewed after 28-days. If there was no improvement after that time, the prisoner would either move to stage two or go straight to stage three, depending on his initial behaviour. This part of the assessment was completed by a principal officer and could involve restrictions on movement and access to money, and therefore to the prison shop. Stage two was reviewed after 14 days. Stage three required the involvement of a governor, and could result in segregation, closed visits and demotion to the basic regime. The strategy had not been operating long enough for us to assess its effectiveness.
- 3.13 Twenty-seven stage one ASB monitoring booklets were open at the time of the inspection, and there were four victim support booklets. The latter prisoners were reviewed after 28 days. A central log of ASB and victim support booklets was kept and incidents discussed at the violence reduction meetings. The booklets recorded the reason for intervention, action taken, investigation result, what the prisoner felt about his situation, and the support plan, which included targets for the prisoner concerned, most of which appeared to be realistic, although some were not. For example, the target set for one prisoner was to 'act in a pro-social manner', and it was not clear whether the prisoner would understand what this meant or where he would be able to get help if he did not. Another booklet recorded that staff were to observe and record relevant information, but no comment had been written in the two weeks since the prisoner had been placed on monitoring. There were no interventions to support either the victims or perpetrators of bullying, violence or any other anti-social behaviour.
- 3.14 A total of 240 bullying forms had been opened from January to December 2008, and 188 (including ASB booklets, which had been introduced in May 2009) had been opened from January 2009 to date.
- 3.15 The cell sharing assessments (CSRA) for all prisoners were re-assessed seven days after arrival, and a training package was shortly to be introduced to staff. The level of risk highlighted by the CSRA was colour coded for each prisoner in wing offices; this could be seen clearly and quickly by wing staff.

Recommendations

- 3.16 All areas of the prison should be represented at violence reduction meetings.
- 3.17 Minutes of violence reduction meetings should record analysis and discussion about underlying reasons for violence and bullying and action should be taken.
- 3.18 Information from the numerous prisoner safety surveys should be evaluated, brought together in one document and include an action plan to address identified issues.
- 3.19 A full confidential survey of prisoners' experiences and perceptions of anti-social behaviour and violence should be carried out annually to inform policy.
- 3.20 Appropriate interventions should be introduced to deal with the perpetrators of anti-social behaviour and support victims.
- 3.21 Managers should monitor the quality of, and response to, targets for prisoners monitored on the anti-social behaviour strategy.

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.22 The safer prisons strategy was comprehensive. The safer prisons team met regularly, although not all areas were represented. Assessment, care in custody and teamwork (ACCT) procedures were monitored and booklets generally well completed. Not all staff had received refresher training. There were not enough care suites and there was reluctance from some night staff to ensure that prisoners received the support of a Listener.
- 3.23 The suicide prevention and self-harm management strategy was a comprehensive document. It outlined the role of all staff in assessment, care in custody and teamwork (ACCT) procedures and recognised risks to prisoners, including relevant instructions about the early days in custody, changes of status and the nature of some offences (for example, violence against a family member and homicide). However, it did not include any reference to vulnerable prisoners. It included protocols for food refusal, dirty protests, escort, transfer and release, and management of prisoners with 'particularly challenging' behaviour. There was also information about how to support prisoners affected by an incident of self-harm by another prisoner.
- 3.24 There were published protocols for the use of safer cells in the healthcare department and segregation unit, and there was also a protocol for the level and type of interaction required of staff supervising a prisoner on a constant watch.
- 3.25 The safer prisons team met monthly. The meeting was chaired by the head of safety and decency, and was attended by a cross-section of staff, including Listeners, and representatives from other organisations, including the UK Border Agency and Global Solutions Limited, the escort provider. Not all areas were regularly represented. For example, not all residential wings were represented each month, and there was no representation from probation or education staff. Minutes of meetings evidenced discussion of a variety of appropriate issues, with trend analysis and action points noted as necessary.
- 3.26 The safer prisons coordinator produced a comprehensive report each month which included information about staff training and Listener and Samaritans issues, comments on the quality of ACCT procedures, the numbers of ACCT documents open and a thorough analysis of incidents.
- 3.27 Incidents of self-harm were graded according to severity: red for 'fatalities in the prison or occurring within 24 hours of release'; amber for a 'concerted attempt of suicide and/or a serious act of self-injury that may be classed as a "near-miss"'; and green for 'minor injuries such as cuts and scratches that do not require outside hospital treatment'. Monitoring of incidents included the action taken at the time and any follow-up action.
- 3.28 In our survey, 54% of all prisoners, more than the 43% comparator, said that staff had asked them if they needed help/support with feeling depressed or suicidal when they first arrived; 50% of vulnerable prisoners said that this was the case, compared with 15% of others. Fifty

per cent of prisoners (better than the comparator) said that they had received information about the support available for those feeling depressed or suicidal on their day of arrival. Only 15% of all prisoners said that they had met a Listener within 24 hours of arrival, which was lower than the 28% comparator and a drop from the 28% who had said that this was the case in 2004. None of the vulnerable prisoners said that they had met a Listener.

- 3.29 In the consultation meetings with newly arrived prisoners (see section on bullying and violence reduction), several had said that they had not been given any information on anti-bullying, the Listener scheme, the bullying line or the Samaritans. Some had not been able to make telephone calls in reception or on their first night wing (see section on first days in custody). The lack of telephone calls for new prisoners was highlighted in two death in custody investigations. There had been 13 deaths in custody since the previous inspection, six of which had been self-inflicted, and one prisoner had died within six hours of his release. This latter death was under investigation by the Prisons and Probation Ombudsman. The prison was awaiting the report into this post-release death. Formal investigation reports had not yet been received in all cases, and there were 16 inquests outstanding.
- 3.30 A death in custody action plan was incorporated into a continuous improvement plan, which was reviewed at the safer prisons meetings. There was evidence of improvements to practice resulting from investigations. For example, emergency radio codes had been introduced to alert health services staff to the nature of incidents, to ensure that appropriate equipment was brought to the scene, and an 'older prisoner' nurse had been appointed to address the needs of men over 55 years of age.
- 3.31 A published 'timeline' was produced by the safer prisons team for each death in custody; this recorded the prisoner's date of arrival and the dates and description of actions taken up to the time of death. Timelines included offence details, age, risk as identified from the CSRA, and wing location(s).
- 3.32 There had been 280 acts of self-harm in 2007, 163 in 2008 and 177 between January and July 2009, which was a significant increase. A total of 17 incidents of self-harm had taken place in July 2009, involving nine prisoners.
- 3.33 A total of 278 ACCT documents had been opened in the year to date, and 19 were open at the time of the inspection. This compared with 377 opened during 2008 and 407 in 2007. There was evidence that ACCT documents were opened according to need; staff did not wait until a prisoner actually self-harmed. The quality of care for those on open ACCT documents was generally good and assessments identified relevant concerns. ACCT assessors were from a range of disciplines. Not all reviews were fully multidisciplinary. Many were held with the senior officer, the prisoner and another wing officer. Comments in ACCT documents were regular but quality varied. Many entries were simple observations but there was also evidence of staff engagement with prisoners. Regular quality checks were made of open and closed ACCT documents and action taken to address identified shortfalls.
- 3.34 Near-fatal incidents of self-harm resulted in a 'near miss' report. This recorded the severity rating of the act, as well as the age, status, ethnicity and reception date of the prisoner, whether he was involved in an activity, and the location, time and method of self-harm. Reports also recorded the action taken and any lessons learned. For example, one prisoner was known to become particularly anxious about a court appearance, and it was recommended that 'more frequent case reviews should take place as the date comes close'. Another near-miss report highlighted a trigger as 'any deterioration in relationship with his partner'.

- 3.35 The deputy safer prisons coordinator had conducted a survey in July 2008 of 18 prisoners on open ACCT documents, to 'identify the specific needs of individuals subject to ACCTs'. Conclusions highlighted numerous needs, including the need for improved care maps, many of which were reported not to meet the needs of prisoners, improved empathy from some staff, and direct links between substance misuse and self-harm and histories of dysfunctional families. Prisoners could be referred to the National Association for People Abused in Childhood, the mental health in-reach team and the chaplaincy for support.
- 3.36 All new staff received ACCT foundation training; 16% of the senior management team had been trained in both foundation and case management, as had 77% of principal officers and 69% of senior officers. Just over 50% of all staff had received ACCT refresher training during 2008/09.
- 3.37 There were 19 Listeners, and more were involved in training. The Listeners we spoke to said that they were generally supported by staff but reported that some staff would not unlock prisoners to see them, particularly during the night. They were well supported by regular meetings with Samaritans. There was a lack of privacy for Listeners and prisoners to speak together; most cells were shared and there were only three care suites. One of these was on G wing, the first night centre, and was the only care suite for G, H, I and K wings. Only two Listeners were provided for these wings, although they could go to the other wings from where they were based on G wing. Care suites had also been opened on A and C wings.
- 3.38 Listeners could speak to non-English-speaking prisoners using a telephone interpreting service, but were reluctant to do this as an officer had to be present, which breached confidentiality, and it was unclear how such prisoners would be supported. Category A prisoners could not access a Listener. Samaritans telephones were available on all wings. There was no formal record of their use; Listeners suggested that these telephones were often offered to prisoners at night, in preference to unlocking a Listener. One officer on night duty appeared to be unaware that the Samaritans telephone could be given to a prisoner during the night.
- 3.39 Staff working at night were generally alert to potential risks, although one officer was not carrying his anti-ligature knife during his rounds. They were all first-aid trained. All staff knew where the emergency response kits were, if anyone had arrived on the wing during the day and if any prisoners were on an open ACCT document.
- 3.40 Fire-hose boxes on the wings were not open, a situation we had identified during the previous inspection, and night staff had not had fire safety training. The mechanics of fighting a cell fire were cumbersome and unsafe and involved collecting an attachment from one place, a fire hose from another and then breaking through a small glass-covered hole, through a covering to the fabric of the cell wall.
- 3.41 Although cell cards were usually displayed outside cells, they were missing on some wings, which meant that it was not possible at a glance to see that a cell was occupied or that it had two people rather than one person in it. Staff on the wing could therefore not identify which cells needed to be opened in the event of an emergency evacuation, other than by referring to the roll board in the office.

Recommendations

- 3.42 All areas of the prison should be represented at safer prisons meetings.

- 3.43 All staff should receive assessment, care in custody and teamwork (ACCT) refresher training.
- 3.44 All night staff should carry an anti-ligature knife.
- 3.45 Care suites should be provided on all wings.
- 3.46 All prisoners should have access to a Listener at any time of day or night.
- 3.47 Prisoners requesting access to a Listener during the night should only be offered a Samaritans telephone as an alternative if a Listener is not available.
- 3.48 The prison should carry out investigations into apparent self-inflicted deaths within a week of release from custody, to establish learning.
- 3.49 Fire hoses and any equipment necessary for introducing them into cells should be quickly accessible during the night, and night staff should receive fire safety training.
- 3.50 All occupied cells should have cell cards with the names of prisoners in them clearly visible.

Diversity

Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

- 3.51 There was no overarching diversity policy and no formal monitoring of minority groups, apart from black and minority ethnic prisoners. The equality and diversity strategy was not specific to prisoners and included targets for staff. Just over a half of staff had received diversity training in the previous three years. There was no adapted accommodation and few aids provided for prisoners with a disability, and no general recognition of the needs of older prisoners or those with disabilities.
- 3.52 There was no overarching diversity policy to describe how the needs of all minority prisoner groups, including gay, bisexual and transgender, vulnerable and older prisoners, would be met (see main recommendation HP47).
- 3.53 There was no formal monitoring of minority groups, apart from black and minority ethnic prisoners, to ensure that they were not being victimised or excluded from any activity.
- 3.54 There was a published equality and diversity strategy 2009–2011, but this was not specific to prisoners and included staffing issues. The diversity action plan 2008/09 included in the strategy contained an action plan with targets that primarily referred to staff, rather than prisoners. The majority of targets were 'completed' or 'ongoing', with few specific completion dates.
- 3.55 A draft policy for gay, bisexual and transgender prisoners, dated June 2009, was waiting for approval by senior managers. The policy was not informed by an analysis of the prison

population (see main recommendation HP47). Five per cent of all prisoners, including vulnerable prisoners, identified themselves as gay or bisexual.

- 3.56 A full-time diversity manager had been in post since February 2009. She was aware that diversity issues needed considerable development, as were senior managers. The governor had recently replaced the diversity team, and the new team had a vision of what was required of them. The team was enthusiastic and dedicated and worked closely with the foreign nationals officer and the violence reduction team in improving services. There was no administrative support.
- 3.57 Fifty-two per cent of staff had attended general diversity training in the previous three years. Prisoner diversity representatives had received some training two weeks before the inspection, to assist them in recognising discrimination and in completing racist incident report forms (RIRFs).

Disability and older prisoners

- 3.58 The prisoner disability policy, dated June 2009, had been approved by senior managers in July 2009. It was not based on a needs analysis and contained no evidence that prisoners had been involved in its development (see main recommendation HP47). Much of the policy was aspirational and had yet to be implemented. Prisoners with a disability were not provided with adapted facilities and regimes, and not all those declaring a disability were assessed by the disability liaison officer (DLO) for an action plan to be drawn up.
- 3.59 The DLO post had lapsed owing to the long-term illness of the post holder, and a temporary DLO was appointed on the first day of the inspection. He had not received any specific training for the role.
- 3.60 All new prisoners completed a disability declaration form in reception. These had been stored in the absence of the previous DLO and had only recently been collated. Statistics dated June 2009 showed that 86 prisoners had disclosed a disability, although some of these men were no longer in the prison. There was no formal procedure for prisoners to disclose a disability post-reception. In our survey, 26% of all prisoners (equivalent to over 300 prisoners), and 32% of vulnerable prisoners, said that they had a disability. This indicated that assessments were not sufficiently thorough.
- 3.61 The diversity manager had undertaken a small survey of some men who had disclosed a disability and appeared to be in most need. An assessment of each was kept by the diversity manager. However, not all prisoners had been assessed to ascertain their need.
- 3.62 Support to prisoners was ad hoc, appearing to rely on them asking for help, rather than providing help through an assessment and care plan. There were no care plans or evidence of joint work between wing staff and others, such as health services staff.
- 3.63 Much of the accommodation was unsuitable for those with physical disabilities; for example, wing serveries were on the ground floor and showers on the first floor. There were no adapted cells for prisoners with disabilities, and few aids and adaptations. None of the residential units had shower cubicles or baths adapted for use for less able prisoners or those with disabilities. Shower chairs had recently been provided on all wings, but prisoners did not generally know about these; they had to be asked for, and we saw some still in their cellophane wrapping in wing offices. Activity areas were mainly unsuitable for older prisoners and those with

disabilities. There were no adaptations to telephones for prisoners with hearing or mobility difficulties.

- 3.64 Evacuation chairs were provided in some areas but could not be used by all staff, as they had not had the necessary training. This meant that prisoners with disabilities were unable to attend education classes. There were stickers on the doors of prisoners who had been identified locally by wing staff as needing assistance in the event of an emergency, and one wing had a roll board with the names of prisoners who would need physical assistance, as well as those who would need notifying of an emergency. The walls around the doors of some cells on two of the wings had been painted bright orange. On one wing, staff said that this was to help visually impaired prisoners to find their cells; on another wing, officers said that it was to assist staff, to ensure that these cells were evacuated in case of an emergency; and on a third wing, we were told that it was to identify Listeners. There were some personal evacuation plans in place, but they were not always readily accessible by staff and not all prisoners who required assistance had one; staff only prepared evacuation plans when they had been informed officially that a prisoner had a disability, leaving older and infirm prisoners without a formal plan of assistance.
- 3.65 We were told that officers would not push wheelchairs, as they had not had the training to do so. Hearing loops were available in reception and the visits rooms, but staff working there were unaware of this. The diversity manager had portable hearing loops, but this was also unknown to staff.
- 3.66 Dial UK had been commissioned to carry out a disability access audit for all high security prisons, and had produced an individual improvement plan. This prioritised the action necessary in structural, procedural and policy work using red (top priority), amber and green (lowest priority) recommendations. The survey covered all types of disability and not just access issues. The resulting report, published in March 2009, made 54 red, 40 amber and 78 green recommendations. Red recommendations included implementing appropriate seating in the multi-faith room for prisoners unable to kneel, arm rests to chairs and colour contrast between the seating and the surrounding area in the visits room. It also reported that the emergency call bell in the toilet could only be reached from a sitting position and was out of reach of a person lying on the floor. Actions for red recommendations were required 'immediately', and amber 'as soon as possible'.
- 3.67 There was no formal system of paid prisoner carers, although an unofficial system operated. The carers, usually the cell mate of the prisoner concerned, helped with basic needs such as collecting food but had not received any specific training and were unpaid.
- 3.68 There were no forums for older prisoners, those with disabilities or most other minority groups, although the diversity manager was planning to introduce a forum for men with disabilities.
- 3.69 There was no general recognition of the needs of older prisoners, even though 31 prisoners were aged 60–69 years and 13 were aged 70 plus; the oldest prisoner was 78 (see main recommendation HP47). There was a named 'older prisoner' nurse, who saw all prisoners over 55 years of age and provided good healthcare support (see section on health services); as with disability issues, the needs of this group appeared to be considered the responsibility of the healthcare department.

Recommendations

- 3.70 There should be monitoring of all minority groups in relation to access to the regime and issues of discipline and treatment. A multidisciplinary team, led by a senior manager, should ensure appropriate action is taken.
- 3.71 The diversity team should be provided with administrative support.
- 3.72 All staff should be trained in diversity and race equality awareness.
- 3.73 The disability liaison officer should receive training for the role.
- 3.74 The number of older prisoners and those with disabilities should be monitored and analysed to ensure that their needs are appropriately addressed, and prisoners should be consulted about their individual needs and care.
- 3.75 The disability policy should set out how prisoners with a disability have been involved in its development.
- 3.76 Up-to-date lists of prisoners with disabilities or mobility problems should be available to all wing staff, and a personal evacuation plan should be in place for all prisoners who need one.
- 3.77 There should be dedicated adapted cells on all wings.
- 3.78 Less able prisoners should have access to shower cubicles or baths that have been adapted for use.
- 3.79 Appropriate adaptations should be made for accessing telephones for prisoners with hearing or mobility problems.
- 3.80 The recommendations of the Dial UK survey should be implemented immediately.
- 3.81 There should be a formal carer scheme for prisoners who require additional support.
- 3.82 There should be forums for older prisoners.
- 3.83 The needs of older prisoners and those with disabilities should be the responsibility of residential staff and the diversity team, as well as health services staff.

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.84 Race equality was reasonably well developed and managed at a strategic level by a senior manager. The race equality policy was outdated. Prisoners had little confidence in the racist

incident reporting system and staff appeared to lack confidence in dealing with race issues. More black and minority ethnic prisoners expressed feelings of victimisation than their white counterparts.

Race equality

- 3.85 The race equality policy was outdated and did not fully reflect what the prison was trying to achieve. There was a comprehensive action plan, which included both local and nationally identified issues of concern.
- 3.86 Race equality was managed at a strategic level by the director of safety and decency. The director was supported by the governor, who showed a commitment to race issues. He was involved at city level in a process to tackle race issues in Manchester and had forged some community links. The day-to-day management of race was carried out by a diversity manager, race equality officer (REO) and a deputy REO, who were all full time and new to their posts.
- 3.87 The governor chaired the bi-monthly race equality action team (REAT) meeting, which discussed matters relating to race, diversity and foreign national prisoners at a strategic level. The deputy governor chaired a second meeting, which met in the intervening months, with the aim of ensuring that actions from the main REAT meeting were followed up and implemented. The minutes showed an appropriate level of discussion on relevant topics and management information. Issues and trends from analysis of collected data had clearly been identified and action taken where needed. The race equality action plan (REAP) was comprehensive and covered issues identified both locally and nationally, with all actions being time bound.
- 3.88 There were race equality notices in most areas, containing information and photographs of some of the staff involved, but not prisoner representatives.
- 3.89 Responses from black and minority ethnic prisoners in our survey were not, in general, more negative than those of white prisoners, except with regard to specific victimisation on grounds of race or religion. However, the perception of Muslim prisoners was more mixed, with negative perceptions in significant areas. They were more likely than non-Muslims to report poor treatment in reception and to have felt unsafe on their first night, and only 38%, compared with 58% of non-Muslim prisoners, said that most staff treated them with respect (see main recommendation HP45). There were no specific consultation arrangements with Muslim prisoners, and no monitoring by religion. There were also issues in relation to facilities for worship (see section on faith and religious activity).
- 3.90 While there was frequent consultation with a small group of black and minority ethnic prisoner representatives, there were no support groups for the wider population of black and minority ethnic prisoners, who made up 24% of the prisoner population. The representatives were recruited from every wing. They met monthly, at separate times, with the governor, deputy governor, REOs and foreign nationals officer. The prisoner representatives reported that things had generally improved recently and that some matters had been addressed, but the minutes from these meetings did not clearly show the issues that had been raised or what action had been taken to address them. There was some confusion as to the purpose of each of the separate meetings and a feeling among the representatives that things could get overlooked with so many different managers involved in the consultation process.

Managing racist incidents

- 3.91 Five racist complaints boxes were available for submitting RIRFs. Forms and boxes were not readily available in all areas, and some prisoners had to ask staff for a form and then return it to staff when it had been completed. This had led to a lack of confidence in the system, and some prisoners in our groups said that they did not bother complaining because of the lack of confidentiality and fear of recrimination if their complaint was about a specific member of staff. This had been recognised by the diversity team and new boxes had been ordered to ensure that there was one in every serverly area. Prisoners had also been made aware that they could obtain a RIRF from the prisoner diversity representatives and return it through them when completed. This had led to a number of recent complaints being submitted through these representatives. The existing boxes were now emptied by the REOs to maintain a level of confidentiality for those using them.
- 3.92 One hundred and thirty-one RIRFs had been submitted since January 2008. Many of the reports had been submitted by staff complaining that a prisoner had stated that they were racist. The expectation was that the REOs would challenge and investigate these cases, leading us to believe that staff lacked the confidence to deal with race issues. This had been identified by the diversity team, but a new training package was not expected to be implemented before October 2009. RIRFs submitted before the new team had been appointed had often been poorly investigated and the timeliness of responses had been poor. Recent RIRFs had been more thoroughly investigated by the team, and few deadlines had been missed in the reporting process. Prisoners and staff were kept informed of progress with their complaints, and a comprehensive response was given when investigations were complete.
- 3.93 An independent adviser, who was self-employed and had no affiliation to any organisation, provided some quality assurance of RIRFs, although none of her findings had been recorded. The governor signed off on all RIRFS and had held one meeting with prisoner representatives to carry out some quality assurance processes with them. This meeting had been recorded. The prisoner representatives reported that, as a result of this meeting, they understood the investigation process more fully and why decisions had been made. They were able to feed this information back to other prisoners.

Race equality duty

- 3.94 Race equality impact assessments had been completed for the mandatory areas in 2007/08 and were out of date. A new national impact assessment system was awaited and the impact assessments appeared as a standing item on the race equality action team (REAT) agenda.
- 3.95 There was a calendar of diversity events, although little had been done in recent months to celebrate diversity. There were plans to recognise Black History Month, and arrangements were under way for Ramadan.
- 3.96 The REO had a system for identifying prisoners with racially motivated offending behaviour or who had demonstrated racist behaviour in custody. This information was collated in a racist and discriminatory prisoner log. However, there were no links with offender management, in particular the public protection team, and no evidence of any interventions or action taken to address identified issues. A decision had been made at the July REAT meeting that all prisoners who declared themselves racist or who held racist views should automatically be placed on the basic regime. A RIRF we examined came from a prisoner on the standard regime who had declared a desire to retract a statement he had made on reception about

being racist so as to secure a single cell. A comprehensive plan had been put in place to challenge his motivation to change; he had addressed the issues raised and written a comprehensive statement of his current views. He had been downgraded to basic, despite his efforts to change.

Recommendations

- 3.97 The race relations management team should investigate the reasons behind the poorer survey responses from Muslim prisoners.
- 3.98 There should be clear terms of reference for consultations with prisoner diversity representatives, and minutes of meetings should identify and follow up action to be taken as a result of the meetings.
- 3.99 There should be forums for black and minority ethnic prisoners to enable them to air their views and receive support.
- 3.100 All prisoners should be able to obtain and submit racist incident report forms in confidence.
- 3.101 Independent quality assurance of racist incident report forms should reflect current best practice. Outcomes from the process should be clearly recorded, and follow-up actions identified and carried out.
- 3.102 Race equality impact assessments should be updated for key policies.
- 3.103 There should be a calendar of events promoting cultural awareness throughout the year.
- 3.104 The racist and discriminatory prisoner log should include interventions or action taken to address identified issues.
- 3.105 There should be effective links between the race equality officer and the public protection team to identify and manage prisoners identified as racist.
- 3.106 Prisoners who declare that they are racist or who have racist views should not automatically be downgraded to the basic regime when they have met targets set to address this.

Housekeeping point

- 3.107 Race equality notices should include photographs of all key personnel involved in race equality matters, including prisoner representatives.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.108** The UK Border Agency held twice-monthly surgeries for foreign national prisoners. There was some use of interpreting services. Initial information for foreign national prisoners was available in different languages, but little else subsequently.
- 3.109** The management of foreign national prisoners at a strategic level rested with the director of safety and decency, and day-to-day management with the diversity manager and foreign nationals officer. Issues relevant to the foreign national population of 177 prisoners (12.6%) were dealt with at the REAT meetings. Immigration matters were dealt with by three administrative officers.
- 3.110** The foreign national policy was in draft form. It was comprehensive and contained details of the support available and legal considerations for foreign national prisoners. However, it did not contain up-to-date information about foreign national prisoners' PIN telephone credit and under governance arrangements referred to the disability policy. The policy was also unclear about the role of the foreign nationals officer and residential unit liaison officers who had been identified two weeks before the inspection.
- 3.111** Foreign national prisoners were identified on reception and were seen by the foreign nationals officer, who carried out an assessment of their needs. He also provided them with a foreign nationals' guide, which was available in several languages. A total of 321 such interviews had taken place since November 2008.
- 3.112** There was access to telephone interpretation services, which had been used 250 times since January. These were also available in the visitors' centre. Although some translated materials were available, they were only general notices and initial induction information. Residential staff tended to ask the foreign nationals officer to arrange interpretation, which could be by using prisoners to interpret, rather than accessing interpretation services themselves. There was a list of staff and prisoners who were able to speak foreign languages. Staff tried to ensure that prisoners were located on wings with others who spoke the same language. However, this arrangement was informal and not all prisoners had been so located.
- 3.113** The prisoner diversity representatives, who were not paid for their work, were expected to cover foreign national prisoner matters as part of their remit, but it was not always clear if the views of the wider foreign national population were taken into consideration. A recent initiative involved providing a forum for Irish travellers, which had identified some specific issues.
- 3.114** The recent implementation of a national Service Level Agreement (SLA) between the Prison Service and the UK Border Agency (UKBA) had seen some foreign national prisoners transferred to HMP Risley, which was the designated 'hub' prison for the north west area and, as such, would provide the most comprehensive services. HMP Manchester was a designated 'spoke' site and provided some services. This included fortnightly surgeries with UKBA, which all newly received foreign national prisoners automatically attended. Other foreign nationals were able to access the surgeries by appointment. The surgeries were well advertised around the prison, and the foreign nationals officer made efforts to ensure that prisoners attended. The prison also had a close working relationship with the local enforcement office, and prisoners generally did not experience long delays in being deported or transferred to immigration removal centres. Information about obtaining independent advice was made available, and a local organisation had agreed to attend at the time of the next and subsequent UKBA surgeries, although this had not yet happened. The foreign nationals officer had assisted 25 prisoners in writing to independent advice centres, and advice and support had been obtained in every case.

- 3.115 At the time of the inspection, eight prisoners were being held beyond their sentence expiry date, one for 26 months and the others having completed their sentences in recent weeks. The prisoner detained for the longest had suffered severe mental health problems and had been sectioned under the Mental Health Act earlier in his sentence. An assistant director from UKBA had been assigned to his case, owing to the complexity of his situation.
- 3.116 Prisoners in our groups said that they had had difficulty in obtaining free PIN telephone credit monthly, and in lieu of visits. This had been recognised as an issue by the diversity manager and a new system devised which had not yet been implemented. The blue foreign national telephone cards, which provided cheaper telephone calls, had proved to be faulty in many instances, and refunds had not yet been obtained for prisoners. This left some foreign national prisoners unable to maintain contact with their families. An additional barrier to maintaining family ties for this group lay in their visitors having problems in booking visits, as some did not speak English. This had resulted in some families attending the external visitors' centre to obtain assistance in booking visits and then returning on another day to have the visit.
- 3.117 Compared with British national prisoners, foreign nationals felt less safe on their first night and at the time of our survey – with 40% reporting that they felt unsafe at present. They also reported more negatively on their experience of being searched in reception, and on access to Listeners (see section on self-harm and suicide). They were more likely to say that they had been victimised by other prisoners.

Recommendations

- 3.118 The foreign nationals policy should reflect current provision, clarify the roles of the foreign national and residential unit liaison officers, and ensure that it meets the needs of the population.
- 3.119 Foreign national prisoners' forums should be held to gain collective views from this group, particularly in relation to safety.
- 3.120 Staff should be made aware of all translating and interpreting services available. They should not rely on prisoner interpreters for confidential or complex matters or expect the foreign nationals officer routinely to arrange such services.
- 3.121 Information in different languages should be provided to foreign national prisoners on a variety of subjects, including all policies relating to the management of prisoners.
- 3.122 The procedure for the provision of free PIN telephone credit to foreign national prisoners should be clarified and implemented immediately.
- 3.123 The problems relating to faulty blue telephone cards should quickly be resolved with the suppliers.
- 3.124 Translation services should be introduced for non-English-speaking visitors to book visits.

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.125 The applications system did not provide assurance to prisoners that their applications were dealt with in a timely manner. Complaints were dealt with at an appropriate level, although the quality of responses was mixed. Some could have been better dealt with through an application. Prisoners expressed dissatisfaction with both the applications and complaints systems. There was some quality assurance and analysis of complaints.
- 3.126 Information explaining the applications and complaints procedures was displayed on all wings and information was given to prisoners during induction, including some information in languages other than English.
- 3.127 Applications forms were freely available. In our survey, only 41% of respondents, against the 50% comparator, said that their applications were dealt with promptly. The system for the management of applications did not record when or if responses were received and it was not possible for us to ascertain which applications had been dealt with.
- 3.128 Fewer respondents to our survey than the comparator said that complaint forms were easy or very easy to obtain. There were yellow boxes located on each wing for prisoners to post complaint forms. These were emptied every day by the complaints clerk. A full range of complaints forms was not available on every wing.
- 3.129 Only 16%, against the 35% comparator, said that complaints were dealt with fairly, and 26%, against the 38% comparator, that they were dealt with promptly. The feedback from prisoners in our groups confirmed these perceptions. Vulnerable prisoners also expressed a lack of trust in the complaints system.
- 3.130 Issues raised using the formal complaints system ranged from minor to appropriate. A significant number could have been more appropriately dealt with using the applications process. The most common areas of complaint were accessing property, visits, healthcare and matters relating to telephones. The quality of responses was variable. Although some provided a satisfactory response, others were poor and merely repeated the establishment's rules and routines, rather than answering the prisoner's specific issues. Performance reports indicated that no complaints had been substantiated between April and July 2009. Quality checks were carried out by the audit team.
- 3.131 Complaints information was collated on the basis of location, subject matter and ethnicity. The data were presented in several formats, with the main analysis being carried out at the violence reduction meetings. This was limited to the number of complaints received compared with previous months.

Recommendations

- 3.132 Wing application logs should include information relating to who is dealing with the complaint, and when a response is received and given to prisoners.

- 3.133 Responses to complaints should fully address the specific matters raised.
- 3.134 Prisoners' lack of confidence in the complaints system should be engaged with and steps taken to improve matters and publicise these measures.
- 3.135 A detailed written analysis of complaints should be carried out by ethnicity, disability, location and prisoner type.

Housekeeping point

- 3.136 A full range of complaint forms should be freely available in all residential locations.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.137 Legal service officers were deployed every weekday, and there was no backlog of applications. None had received any refresher training. Bail support was provided daily, except at weekends, and no cover was provided for the current post holder.
- 3.138 Information about legal service and bail information was included in the prisoner information booklet. The availability of bail and legal service officers (LSOs) was also displayed on G wing, the first night and induction wing. LSOs visited other wings to speak to prisoners as necessary.
- 3.139 There were three part-time LSOs, and one LSO was deployed daily on G wing, sharing a base with the bail officer. LSOs had received training some years earlier but had not had any refresher training; no training was currently available nationally.
- 3.140 All sentenced prisoners were seen by an LSO on the day after arrival (apart from weekends) to ascertain if they understood what had happened to them in court and if they had lodged an appeal or wished to do so. LSOs regularly dealt with questions about home detention curfew and licence recall. A record was kept of prisoners seen and action taken. There was no backlog of applications.
- 3.141 In our survey, 43% of prisoners, similar to the comparator, said that it was easy or very easy to communicate with their legal representative, and 67%, against the 58% comparator, said that it was easy to have legal visits.
- 3.142 LSOs did not routinely deal with queries from foreign national prisoners, automatically referring these to the foreign nationals officer. We were told that prisoners rarely asked for help with family or child care proceedings, and we saw no notices on wings advising prisoners whom they could contact for advice in relation to parental rights or children's welfare.
- 3.143 There were two bail support officers, employed by the Probation Service. However, one officer had been on sick leave for some time, and no cover had been provided in her absence. In our survey, 21% of prisoners, against the 28% comparator, said that they could obtain bail information. The bail support officer saw remanded and trial prisoners on the day after their

arrival from Monday to Thursday; there was no weekend cover. She explained what was available and assessed those eligible for their suitability for bail.

- 3.144 Prisoners could be referred to ClearSprings, a private company providing bail support and accommodation services. An offer of a place could be made within a few hours. Of 87 assessments carried out in the year to date, 60 had been referred to ClearSprings, 26 of which had been successful. The bail officer saw each prisoner to explain the result of his application.
- 3.145 Forty-eight per cent of prisoners said that staff had opened letters from their legal representative when they were not present. This was an improvement on the 53% who had said that this was the case in 2004, but was lower than the 42% comparator. There was a clear audit trail of all legally privileged mail that had been opened by staff, including the requirement for a governor to authorise this.

Recommendations

- 3.146 National training, including regular refresher training, should be provided for legal services officers.
- 3.147 Information should be displayed to advise prisoners where they can get information about family and child care issues.
- 3.148 Cover should be provided for the existing bail information officer in her absence.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.149 The establishment was preparing to implement the integrated drug treatment system (IDTS) in November 2009. Current clinical management was safe but treatment options limited. Drug and alcohol dependent prisoners were located on dedicated units and received a good level of care, but this had not been fully integrated with counselling, assessment, referral, advice and throughcare (CARAT) support, and there was no structured group work on the detoxification/stabilisation unit. Prisoners with complex needs could access a dedicated dual diagnosis nurse. Random mandatory drug testing positive rates exceeded the annual target.

Clinical management

- 3.150 New arrivals were screened and tested at reception. Treatment for prisoners dependent on alcohol started immediately, and opiate users received symptomatic relief medication. All were seen the following day by the specialist team from Manchester Drug Services (MDS), the provider of clinical substance misuse services. Clinics were also held at weekends.
- 3.151 During the previous six months, 646 prisoners had required clinical management; this figure included 237 alcohol detoxifications. The integrated drug treatment system (IDTS) was due to be introduced in November 2009. At present, buprenorphine detoxification was the main mode

of treatment. Eligibility criteria meant that only five prisoners were prescribed methadone at the time of the inspection. Under IDTS, methadone treatment would be started on the first night. It was of concern that remand prisoners were not currently maintained.

- 3.152** Clinical management protocols had been reviewed and were due to be ratified. Healthcare and MDS leads attended clinical governance meetings.
- 3.153** The clinical service consisted of a specialist consultant, a pool of doctors experienced in treating substance dependency, a band 7 clinical nurse specialist, a band 6 and five band 5 nurses. IDTS funding allowed for an extra three clinical sessions and the appointment of a band 7 manager, as well as five additional band 5 nurses.
- 3.154** Buprenorphine consumption was well supervised by a team of officers. The treatment room was located between I and H wings. Controlled drug cabinets and methadone dispensing systems had been installed throughout the prison, but were not yet in use.
- 3.155** Prisoners received a good level of care, and the clinical team had an open door policy in the afternoons. Care plans were reviewed regularly, but this was not done jointly with the counselling, assessment, referral, advice and throughcare (CARAT) service. While each prisoner had a named CARAT worker, who also took responsibility for arranging community appointments, there were no multidisciplinary meetings to coordinate care.
- 3.156** I wing, the establishment's stabilisation/detoxification unit, could accommodate 54 prisoners. This unit did not have dedicated 24-hour nurse cover, but an 'on-call' system. Officers had undertaken substance misuse awareness training and worked closely with the clinical team, but prisoners did not receive group work support.
- 3.157** Following stabilisation/detoxification, prisoners moved onto the neighbouring H wing, which had 66 spaces. Here, officers delivered a locally developed two-week health promotion course, and a small gym was available, but, due to staff shortages, this was underused. The unit operated a frequent drug testing programme; positive tests resulted in a 'relapse interview' and a support plan, which could include secondary detoxification.
- 3.158** Prisoners with complex needs could access a dedicated dual diagnosis nurse, who provided daily input on I and H wings and usually saw prisoners within 24 hours. She worked closely with clinical and wing staff and offered mental health awareness training to officers. We were told that officers consulted her about the behaviour of prisoners before taking disciplinary action. She carried an active caseload of 15 clients and also ran group work sessions at the day centre. Those with severe problems were referred to her colleagues in the mental health in-reach team, and she attended the weekly multi-agency team meetings. Pre-release case conferences were held for clients falling outside of the care programme approach.

Drug testing

- 3.159** The establishment's year-to-date random mandatory drug testing (MDT) positive rate stood at 12.2%, against a target of 9%. During the previous three months, 126 suspicion tests had been conducted, resulting in a 41% positive rate. We were told that requests for tests often arrived too late; since April 2009, 34 out-of-date referrals had been received.
- 3.160** MDT was well managed by a dedicated group of three officers. MDT staff also carried out a high number of risk assessment tests – 218 in the previous three months – and 10 prisoners

were subject to frequent testing in July. Altogether, 15% of the population were tested every month. Tests were spread throughout the month and also conducted at weekends.

- 3.161 Test results and finds pointed towards the main drug of use being cannabis, followed by heroin, with use in the top prison presenting the main concern. The establishment had developed a supply reduction action plan, but this was out of date. Supply reduction meetings took place monthly to coordinate and monitor measures; these were attended by the drug strategy manager. Prisoners testing positive were referred to the CARAT service.
- 3.162 In our survey, 26% of respondents said that it was easy or very easy to get illegal drugs in the establishment, against a local prison comparator of 32%.

Recommendations

- 3.163 Clinical services should be extended to offer a more flexible regime based on individual need, and incorporate stabilisation and maintenance provision.
- 3.164 Clinical and counselling, assessment, referral, advice and throughcare (CARAT) services should be fully integrated, and jointly plan and review prisoners' care.
- 3.165 The establishment should ensure that target tests are undertaken within the required timeframe.
- 3.166 The supply reduction action plan should be updated and incorporated in the wider prison drug strategy.

Housekeeping point

- 3.167 The small gym on H wing should be used regularly by prisoners.

Good practice

- 3.168 *A dual diagnosis nurse saw prisoners with complex problems within 24 hours; she provided a good range of services and worked closely with the substance misuse team, as well as with wing staff.*
- 3.169 *Officers staffing the drug treatment units had undertaken substance misuse awareness training, worked well with clinical staff and provided health promotion sessions post-detoxification.*
- 3.170 *Pre-release case conferences were held for clients falling outside of the care programme approach.*

Vulnerable prisoners

- 3.171 Vulnerable prisoners were accommodated on three wings. Responses to our survey from vulnerable prisoners were significantly more negative than those of other prisoners in many

areas, including feelings of safety. Some safety concerns may have resulted from the mix of prisoners on some wings.

- 3.172 Vulnerable prisoners and 'own protection' prisoners were accommodated on A wing (inner), E wing (outer) and H1. We were told that A wing generally accommodated non-sex offenders and prisoners classed as poor copers, and that E wing also held category A and E (escape risk) vulnerable prisoners. H wing was described as an overflow wing, until space became available on E wing.
- 3.173 Some vulnerable prisoners needed protection from others owing to the nature of their offence, and others needed protection owing to issues such as debt or gang associations.
- 3.174 Responses to our survey by vulnerable prisoners were significantly more negative in many areas than those from other prisoners, including feelings of safety. Eighty-two per cent of vulnerable prisoners said that they had felt unsafe at the establishment at some time, compared with 46% of others; 73% (compared with 23% of others) said that they had been victimised by another prisoner and 64% (compared with 40% of others) by a member of staff. Seventy-two per cent of vulnerable prisoners (compared with 25% of others) said that they had felt threatened or intimidated by another prisoner or group of prisoners, and 60% (compared with 34% of others) said that they had felt threatened by staff. Some safety concerns appeared to result from the mix of prisoners on some wings, rather than threats from prisoners on other wings.
- 3.175 It appeared, from conversations and a breakdown of survey responses, that vulnerable prisoners on A wing (which held those who found it difficult to cope with prison life) were more likely to feel unsafe. Survey numbers are very small, but this should be explored further.
- 3.176 Abuse was shouted by prisoners on other wings when vulnerable prisoners moved from their wings. Some prisoners had been placed on stage one of the anti-social behaviour strategy (see section on bullying and violence reduction) as a result of throwing water out of their cell windows onto a group of passing vulnerable prisoners. There appeared to be an acceptance of the verbal abuse by some officers, who told us that the abuse 'went both ways'.
- 3.177 In safety interviews carried out during the inspection, the most significant issues identified by vulnerable prisoners were lack of trust in staff, aggressive body language from staff, aggressive body language from prisoners and the healthcare facilities (see section on health services).
- 3.178 In meetings that the prison had held with groups of prisoners, including vulnerable prisoners, in March and April 2009 to find out their perceptions of their treatment and safety (see section on bullying and violence reduction), vulnerable prisoners had said that they felt safe with 'regular' staff but that they were wary of other staff. One prisoner said that some staff did not interact with vulnerable prisoners, and that he found staff unapproachable. Other comments included that there were too many own protection prisoners on the unit who would not come out of their cells, that they were verbally abused on their return from work and that older people felt intimidated by the verbal abuse they received. When asked if they complained about adverse comments, prisoners said that they would not inform on other prisoners because it was ineffective and because, according to one prisoner, an officer had previously torn up a complaint of this kind. The minutes contained no action points recording what, if anything, would be done to address the issues raised.
- 3.179 Two young men, aged 18 and 20, were accommodated on E wing (outer). Although a risk assessment had been carried out on the younger man before he had left the healthcare

department to move to the wing, it had not addressed any specific risks. There was no up to date risk assessment in evidence for the 20-year-old prisoner. There was no individualised care planning for either of these apparently dangerous and disturbed young men. Staff were aware of some of the potential for harm and told us about the actions they had taken to protect these young men, but there was no documentary evidence to this effect, and the focus had been on the harm that they might cause to others, rather than the harm that might come to them.

- 3.180** Some vulnerable prisoners complained about food contamination. There was no evidence for this, although trolleys in the kitchen were marked to identify their destination (see section on catering).

Recommendations

- 3.181** There should be an investigation into the poor perceptions of safety on the vulnerable prisoner wings, and action taken as necessary.
- 3.182** A thorough risk assessment should be undertaken for any young person accommodated with older adult men on all wings, and should address specific possible risks associated with accommodation on a vulnerable prisoner unit. This should be recorded.

Section 4: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

4.1 There was evidence of strong support from the primary care trust. Primary care services had improved and there was access to a range of in-house and visiting specialist clinics. Vulnerable prisoners expressed concern about safety in waiting rooms. The introduction of telemedicine had significantly reduced the number of prisoners going out of the prison for NHS assessment. The healthcare application system was not sufficiently robust, and the absence of prisoner focus groups meant that prisoners were unaware of significant changes in healthcare delivery. Pharmacy services were good. Dental services had greatly improved over recent months, with initial assessments completed within seven days. The management of external NHS appointments was efficient, and inpatient health provision satisfactory. Mental health in-reach services provided a good service to a small proportion of the prison population but the balance between primary and secondary mental health provision did not meet the mental health needs of the population.

General

- 4.2 Health services were commissioned by the Manchester Primary Care Trust (PCT). The prison was strongly supported by the PCT, and there were regular forums through which they met. The general manager for specialist services with responsibility for prison health provided the direct link with the prison; she had established excellent relationships with prison staff and provided robust support to the whole team. A comprehensive health needs analysis had been completed in 2008 and updated in 2009. The prison director of health was a member of several committees, including the Prison Partnership Board and the Integrated Governance Subgroup.
- 4.3 Overall, there was good access to health services, most of which were comparable to those found in the community. Health services were delivered from discrete areas in the prison; the main healthcare department was located adjacent to E wing, with treatment rooms on A, D, E and I wings. In addition, there was a healthcare room in the reception area. The main department was based on a race track design, with several offices and clinical areas. There were plans to increase the number of treatment areas in the department. There was a regular cleaning schedule for all healthcare areas, with directly employed dedicated cleaners, who also cleaned wing-based treatment areas.
- 4.4 The healthcare department had two waiting areas, one for vulnerable prisoners and the other for prisoners from the main prison. Both were stark, and only the main waiting room had a toilet. This was an issue for vulnerable prisoners, who were often there for some time. There was anecdotal evidence that some vulnerable prisoners would not go to the healthcare department because of the lack of toilet facilities and the fact that the waiting rooms were adjacent to each other, and that they were subject to abuse at times. There was no health promotion material available in the waiting rooms, although it was available in the corridors, and the television used for health promotion videos was obsolete and had not been used for some time. The seating was uncomfortable, with wooden slatted benches in one room and

metal benches in the other, and would have been inappropriate for prisoners with arthritis or joint problems who had to wait for long periods. Opposite the waiting rooms was the main office, which had good sight lines to the waiting rooms. It was appropriately equipped with cupboards and medical equipment. There was a notice board opposite the office, which contained the names of patients. Each patient was listed under a named clinic, which indicated the nature of their health problem. This breached medical confidentiality. An electronic medical information system, SystemOne, had been installed in all healthcare areas throughout the prison.

- 4.5 The dental surgery was in a reasonable condition. The dental chair, operating light, X-ray machine and cabinetry were in good working order. Cross-infection control procedures were generally sound. However, there was no washer–disinfector. There was a current proposal to sterilise dental instruments at a local hospital central sterilising facility but in the meantime there were insufficient hand instruments. All the available hand instruments and hand pieces were autoclaved at the beginning of the surgery and stored, uncovered and unbagged, on work surfaces. The X-ray machine was maintained appropriately but there was no quality assurance programme for radiographs.
- 4.6 The pharmacy was located in the healthcare centre and was in good decorative order, clean and tidy. There were medicines refrigerators in the pharmacy and the treatment rooms. With the exception of E wing, records of refrigerator temperatures were adequately maintained. The refrigerator on E wing did not have a thermometer, and recent entries on the temperature record sheet simply stated ‘No thermometer’.
- 4.7 None of the four wing-based treatment rooms were purpose built, having all been adapted from cellular accommodation. Many were unsuitable for prisoners with disabilities. While they were all generally clean, none was suitable for its role, some had carpeted floors and all were in need of modernisation. The E wing treatment room was particularly poor and in urgent need of refurbishment. It was small, cramped and afforded no privacy for prisoners needing to be examined. Security in the room was also poor and presented a high risk for staff working there.
- 4.8 Healthcare facilities in reception had just been increased with the introduction of three new interview rooms, in addition to the doctor’s room, which was satisfactory.
- 4.9 The inpatient unit was clean and reasonably well decorated, with the exception of the association room, which was dirty and in a poor state of decoration. The association room contained exercise equipment, a pool table, a television and a locked cupboard housing a small library. It was scheduled for refurbishment as part of the Lime Art project (an external health and art project). There were 22 single cells in use, all with integral sanitation. The remaining 16 cells were no longer in use. All the beds were on the prison’s certified normal accommodation. During the inspection, there were 13 patients on the unit and four wing cleaners. A protocol with clear admission criteria supported the reduction in bed spaces.
- 4.10 A gated cell was being used to monitor a patient recently admitted from reception on an open assessment, care in custody and teamwork (ACCT) document. The King’s Fund had sponsored a project to convert two of the disused cells into a safer cell, with facilities for nursing patients with complex needs.
- 4.11 The inpatient unit had three offices. There was no treatment room; patients were taken to the main healthcare treatment rooms or treated in their cell. Inpatients could not dine out of cell. There was a small education room at the end of the disused landing. Inpatients had access to daily showers but they told us that the water was often cold. A bath was also available.

- 4.12 An infection control audit had been completed in 2007 but we were unable to see a copy of the report. A PCT-employed specialist infection control nurse was due to join the staff and would review infection control facilities.
- 4.13 A senior nurse had been identified as the link for older prisoners. The nurse had previous experience of working with the elderly and had also worked in palliative care. She maintained a register of all prisoners over the age of 55 (38 at the time of the inspection, most of whom were located on E wing) and saw them as soon as possible after admission to the prison. She held older persons clinics on E wing every week; attendance was voluntary. She had liaised with elderly care organisations in the community and had established good working relationships with the PCT, and was able to borrow appropriate equipment for less able-bodied prisoners. She had also established excellent working relationships with prison staff, as well as being highly respected by older prisoners, many of whom attended her weekly clinics just for a chat.
- 4.14 On admission, prisoners were given information about health services. The booklet was comprehensive but out of date, and had not been produced to a high standard, with duplicate pages and poor photocopying. It was printed only in English.

Clinical governance

- 4.15 All health services staff were employed by the prison. The director of health was an E grade manager and registered general nurse (RGN). The large clinical staff group included a mixture of RGNs, registered mental health nurses (RMNs) and healthcare assistants (HCAs). Several healthcare officers (HCOs), some of whom were nurse qualified, were also employed. The primary care manager was a healthcare senior officer and an RGN, and the inpatient manager was a healthcare principal officer (PO) and an RMN. A few nursing posts were vacant. Many of the nursing staff had completed training in the management of chronic disease, and one had completed a minor surgery course. Five registered nurses had completed the non-medical prescribers' course. Supporting all healthcare functions was a large PCT-funded team of discipline officers (non-clinical), managed by a PO, and there was also a small team of administrators, one of whom had completed a course in British Sign Language, which she used to assist prisoners and staff with hearing difficulties.
- 4.16 There was good professional ongoing training for staff, and many had completed additional short courses to the benefit of patients. Clinical supervision was supported but uptake by nursing staff was limited, despite having a dedicated morning each month to discuss professional issues. Regular team meetings took place and were minuted.
- 4.17 Medical cover was comprehensive and provided through a PCT-employed full time GP and five other part-time salaried GPs. They provided 11 clinical sessions for patients each week. A GP was in the prison every day, including weekends. One of the salaried GPs was in the prison every evening until 8pm or until all new receptions had been seen. The PCT out-of-hours service was used. Pharmacy staff were employed by the prison and comprised a full-time pharmacist and a locum pharmacist one day a week. There was a vacancy for a second full-time pharmacist. The pharmacy manager was a pharmacy technician, who was supported by another technician.
- 4.18 Two part-time locum dentists, accompanied by a dental nurse, held six sessions each week, and an additional two sessions were due to be added in August 2009. A physiotherapist, podiatrist and optician held regular clinics at the prison.

- 4.19 The director of health was the Caldicott guardian. There were electronic clinical records, using SystemOne. Those we reviewed were good, with comprehensive and appropriate entries. All staff used the system and there were no paper records in use. Old clinical paper records were securely archived on site.
- 4.20 Resuscitation equipment, including six defibrillators and five sealed emergency bags, were strategically located throughout the prison. Daily checks were made of the equipment, as well as after use. All emergency bag seals were broken monthly and the contents checked. The levels of equipment had been recently reviewed to ensure that only appropriate equipment was held. Staff received annual training in the use of the equipment and there was a rolling programme to train health services staff up to Intermediate Life Support level.
- 4.21 All staff had access to NHS and PCT guidelines and other information.
- 4.22 There was no dedicated healthcare forum for prisoners. Complaints were dealt with initially by the departmental head, who investigated and responded. If the prisoner was dissatisfied with the response, the complaint would be escalated to the governor and onward to the PCT. Notices informing prisoners of the Patient Advisory Liaison Service were in all areas of the prison. All complaints were discussed at the clinical governance meetings and the director of health's secretary kept a register of all complaints.
- 4.23 The management of communicable disease was good, with appropriate vaccinations offered during the reception screening. There were links with the local Health Protection Agency, and a communicable diseases consultant visited the prison whenever necessary. A member of the health services team went to the induction wing every day to promote immunisation clinics, and we were told that uptake was high.
- 4.24 Prisoners were asked to consent to the sharing of clinical information with relevant agencies during the reception screening process.

Primary care

- 4.25 The healthcare department was busy and provided a comprehensive range of services. However, prisoners were dissatisfied with overall health systems and their delivery. There was evidence of good systems being in place but not being used. For example, although there was a results information slip to advise prisoners of blood test outcomes, some prisoners did not appear to receive any information following investigations. One prisoner told us that he had had blood taken for investigations three weeks earlier but had not received the results. On investigation, we found that his results were normal, but he had not been informed and was concerned.
- 4.26 All prisoners arriving at the prison were seen in reception by health services staff and had an initial health screen completed. Any concerns, for example in the case of diabetic patients, were recorded by staff and immediately referred to the appropriate health professional. Any prisoner who disclosed that he was on medication was asked for permission to contact his GP for verification of this. Internet search engines were used to locate GP contact details if the prisoner was unsure of precise details. The prisoner's immunisation history was taken and appropriate immunisations, such as hepatitis B, were offered. When nurses felt that a prisoner had mental health problems which might place him at risk of self-harm, he was placed on an ACCT document to ensure regular monitoring, and if necessary was admitted to the inpatient department for extra support. All prisoners serving life sentences were seen by the GP. A

second screen was completed within 72 hours and, again, any concerns highlighted by the patient or staff member were actioned immediately through onward referrals.

- 4.27 Prisoners on the residential wings had access to health services through the application system. Application forms were held on the wings and there were dedicated healthcare boxes for completed applications. Despite this, some prisoners sent open application forms through the internal mail. Application forms did not have a pictorial alternative as well as the narrative.
- 4.28 Most clinics were held in the main healthcare department, known as the 'centre'. The exception was G and K wings, where the GP held clinics on the wing. Centre clinics included podiatry, smoking cessation, nurse practitioner and sexual health. A nurse was allocated to support the dentist, in addition to his existing nurse, and the podiatrist. Another nurse was allocated to the centre office every day to manage patient throughput, which was an inappropriate use of professional expertise.
- 4.29 The nurse practitioners ran general clinics, in addition to regular individual specialist clinics, including asthma, diabetes and chronic heart disease. They were able to prescribe certain treatments and medication. The system worked well, with support and mentorship from specialist community nurses. Phlebotomy clinics were run every day. All applications were triaged by a senior nurse, and where appropriate the patient was seen by a nurse practitioner. Those prisoners requesting specifically to see the GP were placed on the GP's list. The average waiting time for the GP was up to seven days; urgent cases were seen on the day of application.
- 4.30 An administrator compiled the clinic lists, as well as producing individual appointment slips for prisoners. The slips and the complete list were given to wing staff every evening by nursing staff doing medication rounds. The system was not robust, and individual appointment slips could be lost. The average percentage of prisoners failing to attend GP clinics in May 2009 was 15% (the latest figures available). Prisoners who failed to attend appointments for no apparent reason were followed up and offered up to three further appointments. If they still failed to attend, they were removed from the waiting list.
- 4.31 The introduction of a telemedicine consultation system had significantly improved care. All nurses had received training in its use and it was an important tool in assisting with the diagnosis of conditions. It had also reduced the number of prisoners having to attend Accident and Emergency departments and outpatient departments in the community.
- 4.32 There were several visiting health professionals, who held regular clinics. This included a physiotherapist, podiatrist and optician. All waiting lists were at a manageable level at the time of the inspection. The primary care manager controlled the lists well and added extra clinics when necessary.
- 4.33 A full-time healthy prison coordinator had been employed by the PCT Public Health Development Service department. The purpose of the role was to encourage prisoners to adopt healthier life styles while in custody. The coordinator facilitated prisoner groups to discuss health topics, and encouraged them to discuss and debate issues in relation to their health, the health of those around them and that of their families. The sessions took place on all residential units, including the inpatients unit and the mental health day care centre. There were plans to train additional health services staff and prisoners to deliver specific health promotion topics.
- 4.34 Sexual health specialists held regular clinics at the prison, and condoms were available from wing treatment rooms.

- 4.35 Work was ongoing to make health services more community based. A limited number of services, including vaccination clinics, were held on the wings but until wing-based facilities were improved, this would remain an aspiration.

Pharmacy

- 4.36 The pharmacy was open from 9am until 5pm on Monday to Friday. Most medicines were given in-possession (IP). An IP risk assessment was carried out by the doctor or a nurse prescriber, and the result entered onto the clinical record. However, there was no documented evidence of the risk assessments. A written IP policy referred to risk assessment forms needing to be completed; however, such forms did not appear to be used. When IP medication was dispensed, it was recorded appropriately, but patients did not sign to acknowledge receiving it.
- 4.37 Prescription and administration charts were appropriately maintained, as were patient medication records. Prescriptions dispensed for named patients were recorded but the records did not include medicines administered from general stock. However, the pharmacy staff had full access to the SystmOne prescribing records, and these were routinely used for clinical checks
- 4.38 There was an out-of-hours cupboard in the healthcare department and another in reception. If necessary, out-of-hours access to the main pharmacy could be facilitated by a nurse accompanied by a doctor. Records were made of any medicines removed.
- 4.39 The pharmacist provided counselling sessions and medication reviews for patients.
- 4.40 Medicines were administered from wing treatment rooms at 7.15am and 6pm daily. None of the treatment areas provided confidentiality. The worst was E wing, where medicines were given to patients through small holes cut into Perspex screens fitted to the full-length gates. Although many prisoners shared cells, no lockers were available for the storage of IP medication.
- 4.41 Only a limited list of medication, including paracetamol soluble tablets and ibuprofen tablets, was available from the special sick list. Patients were normally given only a single dose of special sick medication, and this was a cause of concern. There were no patient group directions, which would allow greater use of limited medicines. The policies for special sick and out-of-hours provision were limited. The special sick policy was little more than a list of available medicines and made no reference to clinical checks or record keeping. A medicines and therapeutics committee meeting was held bi-monthly and attended by all relevant stakeholders. Aggregated prescribing data were made available to this committee, but this was not evidenced by the minutes of recent meetings.
- 4.42 Pharmacy reference books were out of date in some areas. A prescribing formulary was in place and adhered to. An electronic prescribing system was in use, to generate printed prescriptions for all IP medication. Prescriptions for medicines to be given by administration were hand-written on standard prescription and administration charts, and details of these prescriptions were also entered on SystmOne. Most of the hand-written prescriptions we inspected were in order, although we found three examples where no quantity had been stated and 28 days' treatment had been assumed because the medicines were regular repeats.
- 4.43 Pharmacy staff made occasional stock checks, and requests for stock were reviewed by the pharmacy before supply. There were records to account for the use of 'abusable' stock lines, and there had been occasional audits of prescribing of medicines liable to abuse. Pre-packs

were available, on which there was a space for the nurse to add the patient name before supply, but the packs were not dual-labelled and there was no system to allow professional control.

- 4.44 Medicines were dispensed throughout the day in the pharmacy. IP medicines were sealed in clear plastic bags for each patient, with repeat prescription request slips attached. Four plastic crates were kept on the pharmacy floor, each representing a particular treatment room. As medicines were dispensed, they were placed in the relevant crate. At the end of the day, the contents of each crate were transferred to a lockable case and taken to the appropriate wing. There was evidence that some medicines had been transferred to the wrong wings in the past, leaving patients without medication. It appeared that the current system was not sufficiently robust to prevent this from happening again. The management of controlled drugs was satisfactory.
- 4.45 Keys for all treatment rooms, including keys to controlled drugs cabinets, were stored in a key safe in the main healthcare office. The key safe had a digital lock but there was no register of who accessed the keys, or when they were removed or returned.

Dentistry

- 4.46 Dental care was of a good standard and delivered by two part-time locum dentists and a dental surgery assistant. The dentists held eight sessions a week, and this was to increase to 10 sessions the week after the inspection. Documentation relating to professional standards and training was in order, except for the dental surgery assistant, who had not completed resuscitation training. A prison-employed HCA assisted the dentist, which appeared to be a waste of resources. Several of the nurse practitioners had undergone dental triage training at the local dental hospital, and triaged the dental waiting lists. Applications for routine treatment were placed on the dental waiting list. Applications deemed urgent were seen at the next dental session or referred to a local dental hospital. The telemedicine facility was used for trauma and out-of-hours cover.
- 4.47 The dental waiting list had reduced dramatically during the two months before the inspection. At the time of the inspection, 31 patients were on the list; the longest had been waiting less than a week. Ten to 12 patients were seen at each session, including both urgent and routine treatments. All prisoners attending the clinic were brought down at the same time, resulting in long waiting times in the holding rooms. Any patient not seen by the dentist by the end of the session was given another appointment, usually within two weeks. It was estimated that up to 25% of booked patients did not attend or were not seen.
- 4.48 There were no lockable metal filing cabinets for dental clinical record storage, and the room adjacent to the dental surgery was in need of renovation, as it was not equipped to provide a storage area for central sterilising services department (CSSD) instrument packs, supplies and clinical records.
- 4.49 A full range of NHS treatment was offered, and courses of treatment were completed efficiently. Oral health education was not routinely given and there was no oral health education literature available.

Inpatients

- 4.50 Inpatient services were good. The unit was managed by a PO, who was also an RMN. Another non-clinical PO was responsible for all other discipline staff, including HCOs, some of whom

were registered nurses. There was an imbalance between clinicians and operational staff, which led to a more disciplinary than therapeutic management approach.

- 4.51 Two registered nurses (RMN and RGN) were allocated to each shift, including night duty, wherever possible. One of the nurses on the night shift also carried the healthcare radio for the prison. There were three discipline officers during the day and two officers at night. Despite the recent significant reduction in the number of beds, the number of non-clinical discipline officers remained the same. Only one of the officers had completed mental health awareness training.
- 4.52 There were constructive relationships between health services and discipline staff. The patient handovers between each nursing shift included discipline staff. We were told that patient information was shared with discipline staff on a 'need to know' basis.
- 4.53 At the time of the inspection, there were 13 inpatients, most of whom had mental health needs. One of the patients had complex physical health needs and was on a constant watch owing to frailty and the risk of falls. Another patient was undergoing regular chemotherapy at a local hospital, while another had been waiting for almost a year for admission to a medium secure unit. One patient on an open ACCT document had been admitted for overnight intensive support, and was transferred back to the wing the next day following an ACCT review. A second patient on an open ACCT document had been admitted from court during the inspection.
- 4.54 The associate specialist psychiatrist did a round on the unit every day and the GP visited once or twice a week.
- 4.55 The electronic inpatient records that we checked were complete, with up-to-date assessments, care plans and appropriate medical alerts in place
- 4.56 Patients told us that they felt supported by health services staff, and we saw nurses engaging positively with patients and displaying professional and sensitive attitudes. However, nurses sometimes talked to patients through the door hatch, when they were not unlocked, and prisoners told us that this happened regularly.
- 4.57 The published regime enabled patients to be out of their cells for a maximum of eight hours a day during the core week and six hours at the weekend. We visited the unit at different times when we would have expected patients to be out of cell, and found all 13 locked up. We found that the prison risk assessment did not always reflect the therapeutic needs of patients. Prisoners told us that they had too little time unlocked and that association was sometimes cancelled, dependent on staffing levels. Staff confirmed this, but said that cancellation was infrequent. Patients who were able to exercise were taken out to the E wing exercise yard or used the exercise equipment in the association room. The association room was in a poor state of decoration.
- 4.58 There was no health promotion material visible in the unit, although the healthy prisons coordinator ran weekly health promotion sessions which reflected the same range of programmes as that available to prisoners on the residential wings.

Secondary care

- 4.59 The management of prisoners attending external NHS appointments was good. The PCT part-funded an SO to provide a link between the prison and the local hospital. The PO had established excellent working relationships with all hospitals in the local community and met

them regularly to ensure that working policies and protocols functioned well. Prisoners arriving with existing appointments would have their appointments honoured but the time rearranged. Where there was a conflict of interest regarding urgent appointments, the lead GP was always consulted to establish priorities. Between May and July 2009, 212 external appointments had been booked and 129 prisoners taken out, with only seven appointments cancelled owing to staffing issues. Twenty-six appointments had been cancelled by prisoners refusing to attend appointments for various reasons, 14 had been cancelled by the hospitals and the remainder had been cancelled for other reasons, which included court appearances, home detention curfew and more urgent appointments taking priority.

- 4.60 Prisoners were also placed on a medical hold if they were waiting for specialist appointments; at the time of the inspection, 55 prisoners were on a medical hold.

Mental health

- 4.61 A mental health in-reach team (MHIRT) was provided by Manchester Mental Health and Social Care Trust. This included a full-time associate specialist psychiatrist, twice-weekly visits from a consultant psychiatrist and a team of eight full-time and two part-time band 7 community psychiatric nurses (CPNs). One of the part-time CPNs had been seconded to the team leader post. There was a longstanding vacancy for an occupational therapist.
- 4.62 A prison-employed band 6 RMN was the primary mental health lead nurse. She accepted referrals from all staff, including the MHIRT, and was responsible for supporting 'beating the blues', a cognitive behavioural therapy-based e-programme in the main healthcare department. She also provided the mental health awareness training for prison staff during their induction and represented the healthcare department at safer custody meetings.
- 4.63 The MHIRT operated on weekdays and had an average caseload of between 15 and 20 patients. The team covered a wide spectrum, from primary mental health needs to acute severe and enduring mental illness. Only data for June 2009 were available, and showed a team caseload of 65, which represented 5% of the prison population.
- 4.64 Where appropriate, patients were actively involved in their care plans, although there was no documented evidence of this. We were told that families were involved in care decisions through their local community mental health team (CMHT). When there were pre-existing care programme approach arrangements with local CMHTs, these were continued on referral and before release.
- 4.65 In our survey, only 27% of prisoners (against a comparator of 47%) said that they felt they had received help from the MHIRT. We were told that a significant proportion of prisoners had personality disorders and mental health needs, and yet there was no clinical psychology support to provide specific advice and interventions for this group.
- 4.66 The associate specialist psychiatrist and the CPNs visited the segregation unit regularly to see prisoners, as well as responding to individual referrals or requests.
- 4.67 The MHIRT clinical records we saw had appropriate referral, assessment and care plans. Urgent referrals were seen on the same day, except at weekends, and all non-urgent referrals were seen within 36 hours.

- 4.68 At the time of the inspection, there were four patients waiting for transfer to external specialist psychiatric units, with average transfer delays of approximately four to five months. One patient had waited almost a year for a medium secure bed.
- 4.69 Day services were run from a large room on F wing. The room was used as a thoroughfare by staff trying to access their offices; this resulted in group sessions being unnecessarily disturbed. Day services were led by a CPN, supported by a group therapist. The data from June 2009 showed that 26 patients had been supervised by the CPN, who carried out a varied range of open and closed groups and individual interventions. The small number of patients accessing this service did not meet the overall mental health needs of the prison.

Recommendations

- 4.70 The waiting rooms in the main healthcare centre should be refurbished to provide appropriate seating.
- 4.71 The television in the healthcare waiting rooms should show health promotion material, and other health promotion material should be available for prisoners to read.
- 4.72 Toilet facilities should be available for all prisoners waiting to be seen in the healthcare department.
- 4.73 Movement from the healthcare waiting rooms should be properly supervised to ensure that vulnerable prisoners do not feel threatened.
- 4.74 All healthcare facilities, especially wing-based treatment rooms, should be subject to an infection control audit, and its findings acted on.
- 4.75 The prison and the primary care trust should agree a refurbishment programme for all wing-based treatment rooms to ensure that health services are delivered in appropriately furnished and equipped facilities. This should include the immediate refurbishment of the E wing treatment room.
- 4.76 Inpatient beds should not form part of the prison's certified normal accommodation.
- 4.77 A prisoner healthcare focus group should be implemented, with regular minuted meetings.
- 4.78 Prisoners should be informed of all test results.
- 4.79 The director of health should ensure that nursing staff are not used to assist health professionals in exercising their clinical duties, to ensure that clinical time is not wasted. This includes the use of a registered nurse to manage the centre office clinics.
- 4.80 GP sessions should be altered so that clinic waiting times meet NHS standards.
- 4.81 The healthcare application system should be revised to ensure that it meets the needs of patients and staff and is not subject to abuse. Application forms should have a pictorial alternative, as well as text.

- 4.82 All patients should not be brought to the dental clinic at the same time, so that prisoners are not held in waiting rooms for long periods, only to find that there is no further clinical time left for them to be seen.
- 4.83 The rates of prisoners failing to attend appointments should be regularly monitored and investigations undertaken to establish the cause for non-attendance.
- 4.84 The systems for allocating and distributing medicines to treatment rooms should be improved.
- 4.85 The in-possession risk assessments for each drug and patient should be fully documented, with reasons for the determination recorded.
- 4.86 All prescriptions should be legally written and include the quantity prescribed.
- 4.87 All pre-packs should be dual-labelled. When the pre-pack is dispensed against a prescription, one label should be removed from the pack and attached to the prescription chart, which should then be sent to the pharmacy so that the pharmacist can check that the prescription was appropriate and that the correct item was supplied.
- 4.88 The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. Patient group directions should be produced to allow supply of more potent medicines by nursing staff, where appropriate.
- 4.89 The security arrangements for keys to treatment rooms and controlled drugs cabinets should be tightened up.
- 4.90 The plan for the central sterilising services department (CSSD) service should be implemented as soon as possible. In the meantime, dental instruments should be appropriately stored.
- 4.91 The inpatient association room should be refurbished urgently.
- 4.92 Daily cleaning schedules for the inpatient unit should include all areas of the unit. Regular monitoring of cleanliness, comparable with the NHS Patient Environment Action Team system, should be undertaken.
- 4.93 A treatment room should be provided on the inpatient unit.
- 4.94 The inpatient structure should ensure clear overall management responsibility for the unit, and the manager should be a registered nurse.
- 4.95 The number and grades of discipline staff on the inpatient unit should be reviewed to ensure that the therapeutic purpose of the unit is not compromised.
- 4.96 Mental health awareness training should be mandatory for all inpatient unit staff, with regular updates.
- 4.97 Time out of cell on the inpatient unit should be increased.
- 4.98 There should be provision for inpatients to dine out of cell.

- 4.99 The mental health trust should appoint a full-time team leader.
- 4.100 The mental health trust should ensure that out-of-hours arrangements for its patients are in place.
- 4.101 There should be a full range of mental health services, to cover both primary and acute mental health needs, and clarity about responsibility for delivering them.
- 4.102 Specialist clinical psychology services for patients with personality disorders and mental health issues should be introduced.
- 4.103 Day services should be available for those less able to cope with life on the wings.
- 4.104 The day services venue should be changed to prevent disruption to therapy sessions.

Housekeeping points

- 4.105 The notice board used to identify clinics and prisoners attending the healthcare department should be relocated, so that the names of prisoners and clinics meet confidentiality requirements.
- 4.106 All medicine refrigerators should be equipped with maximum/minimum thermometers and temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2–8°C range. Medicines should not be used if there is doubt about the suitability of their storage conditions.
- 4.107 Patients should be required to sign for the in-possession medicines they collect.
- 4.108 Only current pharmacy reference books should be in use.
- 4.109 Lockable cupboards should be provided in the cells of patients who receive in-possession medication.
- 4.110 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management.
- 4.111 The healthcare information booklet should be updated and produced to a sufficiently high standard. It should also be available in pictorial view and in languages other than English.
- 4.112 Replacement lockable metal filing cabinets should be provided for dental clinical record storage.
- 4.113 The room adjacent to the dental surgery should be renovated and equipped to provide storage areas for CSSD instrument packs, supplies and clinical records.
- 4.114 'Clean' and 'dirty' zones in the dental surgery should be signed.
- 4.115 There should be a quality assurance programme for dental radiographs.
- 4.116 The dental surgery assistant should update resuscitation training.
- 4.117 Oral health education literature should be available.

4.118 Health promotion material and displays should be provided for inpatients.

4.119 The temperature of the showers in the inpatient unit should be checked regularly.

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 There were enough activity spaces for 80% of the population and 63% were able to participate in education or training. Achievements in, and the quality of, education and training were good, as were standards of work. Prisoners in work developed work and employability skills. Information, advice and guidance (IAG) on G wing was good but insufficient on other wings. Places were allocated fairly, although there were waiting lists on the more popular vocational training courses. Classroom attendance and punctuality were good and pay rates fair. Arrangements to monitor the quality of education and training were thorough, but some aspects had yet to be fully embedded. Good use was made of data to review and improve learning and skills. Data were collected on the performance of different groups, but were not yet used to set improvement targets. The library was well stocked and organised but small for the number of prisoners who used it.
- 5.2 The head of learning and skills was responsible for all education, vocational training, work, PE and the library. Provision was well managed. The learning and skills strategic plan had a clear focus on developing the learning and skills provision to meet prisoners' employability needs. Communication between learning and skills and the education provider was good. Data were used well to review and improve provision. However, data on the performance of different groups were not used to set improvement targets.
- 5.3 Education classes were provided by The Manchester College, and Pendleton College provided training and assessment in catering. The education department was open on weekdays and provided outreach provision on the wings. There was no weekend provision and only one business club session to help develop opportunities for self-employment on release, which was not available to all prisoners. The education provider was also responsible for vocational training in the plastering and industrial cleaning workshops.
- 5.4 There were 241 education and 186 vocational training places. Sixty-three per cent of the population participated in education or training. Prisoners could attend education on a full- or part-time basis. The majority attended part time and worked or participated in vocational courses for the remainder of the day. There were accredited courses in bricklaying, painting and decorating, and sport. In addition, literacy and numeracy courses and key skills were offered in all contract workshops, the gym and in vocational training. Allocation to education and training and rates of pay were fair.
- 5.5 Prisoners on G wing received an initial assessment of their literacy, numeracy and language support needs during induction. A designated information, advice and guidance (IAG) worker provided prisoners with information on the range of courses in education, vocational training

and work. For prisoners who were not placed on G wing on arrival at the prison, IAG was weak, and only those who requested education received an initial assessment.

- 5.6 Tutors and instructors had good relationships with prisoners and worked hard to motivate them. There was a high degree of mutual respect. Classroom attendance and punctuality were good. Tutors promoted equality and diversity well in sessions. Short bespoke programmes helped to raise learners' understanding of equality and diversity. A black history course attracted prisoners from a range of different cultural backgrounds. Discussions on complex issues were managed well by the visiting speaker, and stereotypical views were challenged and debated.
- 5.7 Quality improvement systems in education had improved outcomes for learners, and achievements were good. Teaching and learning were effective, particularly on ESOL courses, where learners made good progress. Target setting on individual learning plans was poor for some learners, and targets were often too broad. Progress reviews were insufficient, mainly focusing on what had taken place in the session and not on what a learner had achieved or had to do in order to achieve to improve his employability opportunities.
- 5.8 A range of courses was offered to develop personal and social skills. They included a wide range of art modules, modern foreign languages, art history, psychology, criminology, healthy living, family relationships, alcohol and drug awareness, and parenting skills. The prison had recently introduced a victim awareness course, although it was not yet accredited. Open and distance learning programmes were also available. A wide range of enrichment activities was provided, including music workshops.
- 5.9 Achievements on vocational training courses were good. Prisoners developed skills, confidence and self-esteem that improved their employability opportunities. In construction crafts, learners developed good commercial skills in painting and decorating, plastering and brickwork. However, some vocational courses had waiting lists and could only be accessed in the last 12 months of a prisoner's sentence. Prisoners training in the kitchen developed good food preparation and production skills.
- 5.10 There were 408 work places available in the morning and 405 in the afternoon. Of these jobs, 168 were as wing cleaners. Fifty-five per cent of prisoners in jobs were engaged in training. Prisoners in work developed good work and employability skills, and a good proportion developed literacy, numeracy and key skills. However, four vocational workshops had no discrete area for skills for life delivery and support, and the noise in the contract workshops was distracting for learners. Contract workshops provided opportunities for prisoners serving longer sentences to develop their supervisory skills and progress to peer mentor roles.
- 5.11 Vulnerable prisoners had access to contract workshop jobs in textiles, upholstery and printing, and to the laundry, where National Vocational Qualifications were available up to level two, but did not have access to construction crafts, industrial cleaning or to the business club, to help to develop opportunities for self-employment on release. There were plans to develop a more advanced printing workshop to help vulnerable prisoners to develop better employability skills.

Library

- 5.12 Library services were provided by Manchester Council Library and Information Services. The library was situated in the education area and was well staffed by one full-time and two part-time chartered librarians. Two orderlies supported library staff. Induction into the orderly role and ongoing training were provided but this did not include relevant accredited training.

- 5.13 Timetabled access was good for most prisoners. This was facilitated by a full-time dedicated library officer. The library was open for 52 and a half hours a week. Prisoners could attend for one daytime and one evening session a week. Vulnerable prisoners had equitable access to the facilities. Additional visits were arranged for individual prisoners to research legal issues or undertake a practice theory driving test on the computer.
- 5.14 Library use had increased over the previous few years, from 5,105 visits in 2003/04 to 13,049 in 2008/09. Additional library collections had been established on the high security wing and the segregation unit. These were supervised and the stock updated regularly by the librarians.
- 5.15 The library ran Storybook Dads, with 40 CDs completed since March 2008. It hosted a range of activities throughout the year, including a writer in residence, and a celebration of poetry and performance had been held during Adult Learning Week. A quarterly prison magazine had been established which celebrated creative writing, as well as the cultural heritage of foreign national prisoners. A part-time magazine orderly supported this.
- 5.16 Effective communication between librarians, learning and skills staff and prisoners informed book procurement. Prisoners were regularly questioned about their interests through focus groups. Stock levels and lending analysis were monitored closely to identify trends and match stocks to requirements. The library had 17,008 items of stock, an increase of 17% on the previous year. Library staff were responsive to requests from ESOL and foreign national prisoners. An increasing stock of fiction and non-fiction books was available in 33 languages, as well as bilingual dictionaries. A few newspapers were available for foreign national prisoners. A good selection of up-to-date legal books and Prison Service Orders was available. The accommodation was small for the range of stock displayed and the increased number of prisoners accessing the library.

Recommendations

- 5.17 Information, advice and guidance services should be extended to include all prisoners on entry to the prison.
- 5.18 individual learning plan targets and reviews of learner progress should be refined and improved.
- 5.19 There should be more vocational training and work opportunities for vulnerable prisoners to allow them to develop better employability skills.
- 5.20 Discrete area for skills for life delivery and support for contract workshops should be provided.
- 5.21 Library accommodation should be reviewed and extended.
- 5.22 Accredited training should be provided for orderlies in the library.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education

inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

5.23 There was a well-equipped PE facility, staffed by a dedicated team of well trained and enthusiastic staff. Nine residential wings had cardiovascular fitness rooms. All prisoners had appropriate access to gym facilities, although allocation systems on some residential wings to ensure fair access were insufficiently robust. Success on relevant industry-recognised qualifications was good.

5.24 Prisoners had the opportunity to attend the gym for at least two sessions each week. Prisoners who worked during the day could attend on Friday afternoons and at weekends. Vulnerable prisoners had access to the gym during the evenings. Further opportunities for physical exercise were available during association in the wing-based fitness rooms, although on C wing this was available only to enhanced prisoners. Well-planned remedial programmes were provided for prisoners referred to PE from the healthcare department. There were no separate fitness programmes for older prisoners.

5.25 PE accommodation and facilities were good. The main facilities included an indoor sports hall, spacious modern weights and fitness rooms and a suite of classrooms. Outdoors, an all-weather field was used for football and other team sports. In addition to these facilities, there were nine cardiovascular fitness rooms situated on the wings. Drinking water was not available in these rooms. PE staff were enthusiastic and consisted of a senior officer and gym instructors, supported by five prison orderlies. All but the two newest instructors had teaching qualifications.

5.26 Before using the gym, prisoners attended a comprehensive induction and completed an individual activity readiness questionnaire. Prisoners who had not attended the gym induction were not allowed to use the wing-based fitness rooms. Prisoners were issued with clean kit before each session. The shower rooms were clean and well maintained. Gym activities were not seen as alternatives to normal prison exercise.

5.27 Records showed that approximately 40% of the prison population accessed the gym facilities. In our survey, 37% of respondents said that they went to the gym at least twice a week, compared with 41% at comparator establishments. Attendance at recreational activities had been good over the previous two months, with 86% of available places being filled. Attendance at the gym was by application on the residential wings. However, residential wing records were not sufficiently robust to ensure that access was equitable and fairly rotated when more prisoners wanted to attend than there were places.

5.28 A range of relevant and industry-standard accredited courses was delivered, leading to qualifications that could provide opportunities for employment on release. These included sports leader and gym instructor awards. Success rates on these courses were high. Other courses included drug awareness, massage, general fitness, weight training theory and first aid.

Recommendations

5.29 There should be robust systems on the wings to ensure that access to the gym is fair and equitable.

Housekeeping point

- 5.30 Drinking water should be provided in wing-based fitness rooms.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 5.31 Prisoners were required to apply to attend all religious services. The space provided for Muslim prayers was too small for the numbers wishing to attend, and ablution facilities were inadequate. Some services clashed with property exchange and gym. Chaplains were active and visible in the establishment, represented on key committees and occasionally involved in sentence planning and assessment, care in custody and teamwork (ACCT) reviews. There was a range of activities but no formal courses, and community links were well developed.
- 5.32 The chaplaincy had a well-publicised programme of services and provision of other activities. Some services clashed with property exchange facilities and gym activities. Prisoners could request to see a chaplain in private, and the team worked together to cover generic pastoral duties.
- 5.33 At the time of the inspection, the chaplaincy team was carrying two vacancies, for a full-time Church of England and a sessional Church of England chaplain. There was a full-time Free Church chaplain, who was covering the duties of the coordinating chaplain, a full-time Roman Catholic chaplain and one and a half full-time equivalent Muslim chaplains. All other provision was provided on a sessional basis, and staff reported little difficulty in providing for prisoners of different faiths.
- 5.34 Facilities consisted of offices, a large chapel and a world faith centre in the education department. The world faith facility was smaller than the main chapel area and was used for some services for vulnerable prisoners and for Muslim prayers. The facility was too small for the number of Muslims wishing to attend prayers, resulting in services being staggered over a three-hour period on Fridays. Ablution facilities for Muslims were inadequate, with an area no bigger than a large cupboard provided for washing. Prisoners told us that they often had difficulty in getting a shower on the wing before attending prayer services. Attendance at all corporate worship was by application, to enable security staff to check who was attending each service.
- 5.35 The chaplaincy team provided a range of activities, such as prayer and discussion groups, but no formal courses. Two sessional chaplains were trained counsellors and provided a counselling service for a range of issues for all prisoners. The team was integrated into the daily life of the prison and was represented at key meetings such as the race equality action team and safer custody meetings. They routinely saw all new receptions and those in segregation. They attended segregation reviews and some assessment, care in custody and teamwork (ACCT) reviews, and contributed to sentence planning when required. The team had been closely involved in providing family liaison during two recent deaths in custody following extended periods of illness and palliative care. A team of prison visitors was coordinated by the chaplaincy for prisoners who did not receive visits.

- 5.36 Relationships with community-based faith groups were well developed and some volunteers came into the prison to lead worship and other activities. Formal links had been established with local parishes and the community chaplaincy, which assisted in the continuity of work carried out with prisoners in custody in such areas as meeting prisoners at the gate and post-release support in the community for up to six months. There were also established links with Out There, an organisation that provided advice and support to prisoners' families.

Recommendations

- 5.37 Regime activities should be scheduled to enable prisoners to attend corporate worship, without having to choose between key activities.
- 5.38 Prisoners should not have to apply to attend any corporate worship.
- 5.39 There should be a facility large enough for all Muslims to pray together, and adequate ablution facilities.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 5.40 Time out of cell for prisoners was good and most were engaged in some form of activity. Prisoners could spend as much as 11 hours out of cell or as little as three and a half hours. Association had been cancelled frequently in 2009 but staff tried to minimise the impact of this. Access to exercise was poor for those who worked full time.
- 5.41 During our roll checks, less than a fifth of the population was locked up. This compared well with other, similar prisons, both locals and core locals. There was an approximately equal split between those engaged in activities off the wing and those active on the wings. Part of the on-wing activity was 'administrative time', which had recently been introduced to allow those with part-time or no work to undertake domestic duties such as cell cleaning and making telephone calls. This was limited to half an hour, except when it included exercise, and was not yet enshrined in the published core day. In our survey, fewer prisoners than the comparator said that they spent 10 hours or more out of their cell. The core day offered prisoners who were on the enhanced regime and in full-time employment 11 hours' time out of cell, but unemployed prisoners on the basic regime could spend as little as three and a half hours unlocked.
- 5.42 Daily routines were published on the wings but not adhered to consistently. Association was particularly liable to alteration and prisoners we spoke to were confused about the start and finish times of evening association. The regime on G wing was particularly subject to alteration.
- 5.43 Association had been cancelled frequently in 2009, mainly in response to requirements for staffing unanticipated external escorts. A central log of this was kept and staff tried to minimise its impact. Access to exercise was poor, especially for full-time workers. Although the opportunity for time in the fresh air was offered daily, except in extremely inclement weather, it clashed with other activities (see recommendation 5.56). There was no flexibility to allow time in the fresh air in the evening in the summer. Waterproof clothing was available to prisoners on request.

- 5.44 A range of recreational activities was available (see section on learning and skills and work activities), which prisoners were encouraged to engage in. Activities for vulnerable prisoners were more limited than for the rest of the population. For example, non-vulnerable prisoners could access a wide range of support on B wing, but none of this was available for prisoners on E wing (outer) or A wing (inner) (see section on drugs and alcohol).
- 5.45 All category A or potential category A prisoners were held on E wing, with the outer section holding vulnerable prisoners. While their accommodation was in a reasonable condition and time out of cell good, the environment was claustrophobic and their access to activities off the wing non-existent, as the route to the work area was deemed too insecure. Even where prisoners had been taken off the list and moved to other wings, they were confined to wing work for a further six months. While the holding of all high security prisoners together in this way ensured that the rest of the prison could run a regime suited to a local prison, better activity provision was needed for category A prisoners.
- 5.46 Prisoners were allowed to choose whether they attended out of cell activities and, although no formal record was kept, wing files showed a good awareness of when prisoners kept to their cells and support was offered.
- 5.47 The regime was run reasonably punctually during the day. Delays occurred most often in the evenings, often around medication administration times or late roll checks before the evening meal. Many prisoners complained that they were also locked up earlier than advertised in the evenings. Senior prison managers were aware of this and monitored evening association start and finish times.
- 5.48 Opportunities for association were good and could amount to as much as four hours, including the time for the evening meal and the morning and afternoon administrative time.
- 5.49 All prisoners were able to associate in-cell or on landings and had access to limited facilities, such as pool tables. Much of the equipment, particularly on the top site, was in poor condition and the tables on G wing were held together with Sellotape. Most K and G wing prisoners were unable to play pool in the evenings because the pool table was located on a landing where they were only allowed during the day.
- 5.50 Staff were present on the wings during association and well distributed across the various landings. Prisoner activity was well supervised. The quality of the interaction between staff and prisoners during association varied enormously, with staff on some wings located on upper landings, observing the prisoners below and distant from them, and others spending the evening mixing with prisoners around the wing. B wing staff were predominantly located in the office during our visit.

Recommendations

- 5.51 There should be a wider range of activities available to category A prisoners.
- 5.52 The wing 'administrative time' should be part of the published core day.
- 5.53 Association start and finish times should be adhered to.
- 5.54 Vulnerable prisoners should have access to peer support.
- 5.55 Staff should engage with prisoners proactively during association.

5.56 All prisoners should have access to one hour a day in the fresh air.

Housekeeping point

5.57 Association equipment should be kept in good condition and replacements made when needed.

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

6.1 There were effective systems to manage, and respond to, the flow of security information. There was an appropriate distinction between the security arrangements needed for the different sections of the population. Access to the regime for non-category A prisoners was not restricted by unnecessary security considerations, although work-related risk assessments were not sufficiently robust. Arrangements in relation to closed visits and banned visitors were fair and proportionate. Governance of strip searching was not sufficient.

Security

- 6.2 Physical and procedural security measures were well managed and sound. Dynamic security was reasonable and staff were proactive in this area, with security information reports (SIRs) indicating that they passed on intelligence informed by their interactions with prisoners. However, there was scope for improvement, given the variable quality in staff relationships with prisoners (see section on staff-prisoner relationships).
- 6.3 A total of 3,358 SIRs had been submitted in the year to date, compared with a total of 7,852 in 2008, which would mean a 20% decrease if the submission of SIRs continued at the current rate. The security department was aware of this decrease, and linked it to the substantial drop in SIRs related to drug dogs, as a result of a change in training, which had led to fewer, but more reliable, indications on visitors.
- 6.4 Analysis of security information was conducted by a dedicated team of operational support grades, and this fed into weekly profile meetings, the monthly executive security committee and the monthly multidisciplinary security committee. Weekly profile meetings focused on operational issues as they arose and were attended by representatives from those areas that appeared to have emerging issues, on the basis of analysis of SIRs; for example, a particular wing might be experiencing a high number of SIRs submitted in relation to drugs. The executive and multidisciplinary committees focused on the strategic management of issues highlighted by analysis, and the minutes from these meetings demonstrated sound management of areas identified as having potential risks. In line with all other high security estate prisons, the management of all extremist security-related intelligence was carried out by a separate group within the security department.
- 6.5 The management of security procedures was complex, in that the prison managed both a high security population and a traditional local one, both with different risks and needs. Efforts had been made since the previous inspection to apply distinct security arrangements that reflected the risk presented by each group. One such example was that dog patrols no longer lined the route taken by 'local' prisoners to get to education and workshops, as had previously been the case.

- 6.6 Risk assessments for access to activities for prisoners not on the category A unit were reasonable, with 30 prisoners (2.5%) restricted from accessing activities at the time of the inspection. However, the risk assessments were based on intelligence received, rather than confirmed, meaning that the restrictions placed on these 30 prisoners had been based on the category and number of SIRs received relating to them, without further corroboration. While the current system was effective in highlighting potential risk, insufficient work was carried out to determine actual risk.
- 6.7 All prisoners on the category A unit, including category B prisoners, moved cells monthly, which seemed disproportionate.
- 6.8 Strip searching was carried out on all prisoners entering and leaving the prison in reception, all prisoners undertaking a mandatory drug test, all prisoners subject to a cell search and all prisoners entering the segregation unit, with the exception of those attending for adjudications. Additionally, 10% of all prisoners from the local part of the prison attending visits were randomly strip searched, and all category A unit prisoners were strip searched following a visit, either legal or domestic. Strip searches occurring during mandatory drug tests and visits were logged, as were those conducted during a cell search. However, there was no log of strip searches conducted in reception or the segregation unit. The local policy also stated that staff could randomly strip search a prisoner if they were suspicious that the prisoner had an illicit article concealed on their person, but this was not logged either, so the establishment had no way of monitoring the extent to which these searches occurred.
- 6.9 Squat searching was authorised in the local policy, under authority from a governor, in the event of sufficiently suspicious circumstances; neither the squat search nor management authorisation for it was logged.
- 6.10 At the time of the inspection, 22 prisoners were subject to closed visits. Although they had all been placed on closed visits for three months, they were reviewed monthly, and we came across examples where intelligence indicated a reduction in risk, and prisoners had subsequently been removed from closed visits before the three-month period had elapsed. There were 11 visitors currently subject to bans, 10 for three months and one for a month. Reasons for closed visit conditions and bans were proportionate and appropriate, the majority being for attempts to traffic items or abuse of staff.

Rules

- 6.11 Prison rules were explained to all prisoners on induction, and all prisoners were required to sign compacts that detailed the behaviour expected of them. Rules were also displayed prominently on all units, although in a different format on each wing.
- 6.12 Staff were quick to challenge inappropriate behaviour. However, we came across examples of a disproportionate approach, with two prisoners receiving incentives and earned privileges (IEP)-related 'write-ups' in their wing files for 'threatening' to speak to inspectors about staff in a negative fashion.

Recommendations

- 6.13 Prisoners should only be restricted from accessing activities on the basis of actual risk, rather than the number of security information reports relating to them.

- 6.14 The frequency with which prisoners are required to move cells on the category A unit should be commensurate with their current security category.
- 6.15 All strip searching should be logged, and related data regularly analysed by managers.
- 6.16 All squat searches should be logged and sufficient authorisation evidenced in each case.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 6.17 Levels of adjudications were high and were on target to exceed the previous year's total. Monitoring and analysis of adjudication data were insufficient to establish and respond to emerging patterns and trends. Quality assurance measures were robust. Levels of use of force were not high and the quality of associated paperwork was excellent. De-escalation was emphasised both in the paperwork and in the recordings of planned interventions that we viewed. The use of special accommodation was high. The number of prisoners located in the segregation unit was high, but other than those serving cellular confinement, few remained for more than a few days.

Disciplinary procedures

- 6.18 Although anecdotal information from managers indicated that the use of adjudications had fallen, this was contradicted by adjudication figures; there had been 1,335 adjudications in 2008 and 803 in the first six months of 2009. If adjudications were to continue at this level, this would result in a 20% increase from the previous year.
- 6.19 The minutes from the adjudication standardisation meeting showed little monitoring and analysis of adjudication data; this lack of analysis was reinforced by conversations with managers, who were unaware of the four offences making up the largest proportion of adjudications – positive drug tests, unauthorised possession of items, threatening or abusive language and disobeying a lawful order – and of the potential reasons underlying the high levels of these offences.
- 6.20 All prisoners had their charges explained to them by staff issuing the paperwork and also by the adjudicating governor, and staff made efforts to ensure that they were understood. The adjudications we observed were sound in practice, with adjournments for legal advice if requested by the prisoner, and prisoners were given sufficient opportunity to provide their version of events. A sample of adjudication paperwork showed that punishments were reasonable and in line with the published tariff. Records of adjudications were of a good standard, with appropriate investigation of circumstances carried out by adjudicating governors, reflecting a robust approach to quality assurance, which involved the governor checking the paperwork of all adjudications held.
- 6.21 There had been issues relating to the attendance of an independent adjudicator in the first four months of 2009, following the retirement of the judge who had been carrying out referred

adjudications. As a result, 60 adjudications had been not proceeded with. Since April 2009, an independent adjudicator had attended every month.

The use of force

- 6.22 Levels of use of force were not high, with 211 incidents involving the use of force in 2008 and 115 in the first six months of 2009. This worked out at 9.5 per 100, which was slightly higher than at other comparator local prisons but lower than other core locals. A good range of data was collated, the one notable exception being the use of special accommodation. The data were analysed at the quarterly use of force committee, but minutes reflected only a verbal presentation of the data, with little quality analysis. Additionally, although collated, data relating to the frequency of involvement of staff in use of force incidents were not presented at the meeting.
- 6.23 Data indicated that there were no particular hotspots in the prison in relation to the use of force, although levels were slightly higher on G and K wings and the segregation unit. Non-compliance was the major reason for the use of force, particularly in these areas, relating mostly to refusal to relocate cells, which managers described as a major issue.
- 6.24 The quality of use of force paperwork was excellent, with officers providing distinct, comprehensive accounts of their actions. Attempts to de-escalate were recorded in all examples sampled, and all documentation had been certified by an appropriate manager. Injury report forms were included for all incidents of use of force, regardless of whether or not injuries had been sustained by the prisoner.
- 6.25 All planned interventions were video-recorded, and those that we viewed demonstrated a professional and appropriate approach by all staff involved, with a particularly strong emphasis on de-escalation.
- 6.26 Four unfurnished cells were classified as special accommodation, two for general use and two for prisoners on dirty protests. While those allocated for general use contained mattresses on raised plinths, those designated for dirty protests contained mattresses lying directly on the floor.
- 6.27 The use of special accommodation was high, with 41 uses in 2008 and 22 in the first six months of 2009, equating to it being used for 19% of all use of force incidents over the combined period. Managers we spoke to were surprised at this figure, which was indicative of the lack of monitoring of use of special accommodation by the use of force committee. All prisoners were strip searched if relocating to the special accommodation from anywhere other than the segregation unit, but their own clothing was returned to them. Scrutiny of related paperwork evidenced detailed reasons for its use on all occasions and regular attempts to de-escalate. In addition to standard Prison Service procedures, a multidisciplinary review was held within an hour of a prisoner relocating to special accommodation.
- 6.28 There were several examples of prisoners remaining in an unfurnished cell in excess of 24 hours, all relating to prisoners refusing to leave the special accommodation. Managers visited at regular intervals, and paperwork demonstrated that staff had made efforts to persuade prisoners to relocate to normal accommodation; all prisoners had eventually relocated of their own volition.
- 6.29 One prisoner had been located in special accommodation while subject to assessment, care in custody and teamwork (ACCT) procedures following an assault on a member of staff.

Paperwork recorded a sustained period of aggressive behaviour on the part of the prisoner, suggesting appropriate use of the special accommodation, and a multidisciplinary review had taken place following the decision to place him there. This had resulted in the prisoner being subject to constant watch arrangements for the duration of his stay in special accommodation.

- 6.30 There had been two occasions in the previous 12 months when a body belt had been used, both involving the transfer of a prisoner. Paperwork completed by staff indicated that the prisoners had been non-compliant for the greater part of both journeys, and both had been removed from the body belts on arrival at the receiving establishments.

Segregation unit

- 6.31 The segregation unit was clean and well maintained, with the exception of the shower facilities located on the second landing. These were in a poor state of repair, particularly the walls and ceiling. In addition to the previously mentioned four unfurnished cells, there were another 20 cells, split between two levels. Two cells had been converted into holding facilities for prisoners waiting for adjudication. Accommodation was clean, and staff made daily checks.
- 6.32 Staff in the segregation unit had a professional approach to their role, and were knowledgeable about the prisoners located there. At the time of the inspection, six prisoners were located there, in addition to the two resident cleaners. The prisoners that we spoke to were positive about staff on the unit, and this was also true of prisoners that we spoke to in our groups who had spent time on the segregation unit.
- 6.33 A total of 217 prisoners had been located on the segregation unit in the first six months of 2009, a high figure, which managers explained as reflecting the issues they had in relocating prisoners from their induction units to other parts of the prison. Most prisoners remained on the segregation unit for less than a week, unless serving cellular confinement punishments of longer periods. Three prisoners had spent more than three months on the unit in the previous six months; one had been a close supervision centre prisoner and the other two had been subject to the managing challenging behaviour strategy – all three had had their locations determined by external Prison Service committees.
- 6.34 The regime allowed for daily access to exercise, showers and telephone calls, but only if prisoners were out of bed and dressed when staff came to their door at approximately 8am to ask them if they wished to use these facilities. Failure to be dressed at this time meant that they forfeited access, a situation made more unreasonable by the fact that staff did not wake prisoners, and that none of the six currently in the segregation unit had alarm clocks.
- 6.35 We were told by staff that association was available to prisoners who were long-term residents of the segregation unit, and a pool table was provided for such circumstances. Records were not maintained to evidence this, and staff were unable to state accurately how many prisoners had accessed association. In addition, the definition of long term varied between officers. Cardiovascular equipment was available but this was used only by the two cleaners and long termers and, again, no records of such usage were maintained.
- 6.36 Access to activities was restricted, but risk assessments were carried out on prisoners undertaking offending behaviour programmes, and we were provided with evidence showing that one prisoner who had been located in the segregation unit for his own protection had been risk assessed and subsequently allowed to attend an enhanced thinking skills course. In-cell education was provided for prisoners who requested it, and a teacher visited from the

education department every Tuesday and Wednesday afternoon for any prisoner seeking additional help.

- 6.37 Access to religious services off the unit was restricted for all prisoners, but ministers from each faith visited the unit to attend to religious needs.
- 6.38 The IEP scheme was run as on normal location, and staff were assigned to prisoners as personal officers. Televisions were allowed for prisoners on the standard regime who were not subject to loss of their television as an adjudication punishment.
- 6.39 Paperwork recording initial and ongoing authorisation to locate prisoners on the segregation unit gave basic but clear reasons for its use, and multidisciplinary reviews were held every two weeks for all prisoners located there, and always included attendance from representatives of the Independent Monitoring Board (IMB) and the healthcare department.
- 6.40 Records of contact were maintained for all prisoners located on the unit but, while three entries were made every day, they were always by officers and were perfunctory in nature, appearing to give little indication of the extent of the interactions that took place. Prisoners were visited daily by a governor and a member of the chaplaincy team, and often by other departments such as the IMB and healthcare department, but there was little record of these visits made in prisoners' records.

Recommendations

- 6.41 Data relating to adjudications should be collated and analysed routinely to identify and respond to emerging patterns and trends.
- 6.42 Minutes from the use of force committee meeting should evidence quality discussion and analysis of the data presented.
- 6.43 Mattresses in the dirty protest special accommodation should not be placed directly on the floor.
- 6.44 The showers on the second landing of the segregation unit should be refurbished to an acceptable standard for use.
- 6.45 All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls.
- 6.46 The definition of long-term residents in the segregation unit should be clearly defined for staff, and such prisoners should be given access to gym facilities and risk-assessed association.

Housekeeping point

- 6.47 Records should accurately reflect the levels of interaction between prisoners in the segregation unit and the staff involved.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.48 The incentives and earned privileges (IEP) policy had recently been updated, and staff and prisoners demonstrated an understanding of it. The scheme was not used effectively as a behaviour management tool. Prisoners expressed a perception of inconsistent application of the scheme by staff. Prisoners could experience the double jeopardy of being punished on adjudication and placed on basic for the same single incident.
- 6.49 The IEP policy had recently been reviewed and updated, and provided clear guidance for staff in applying the scheme. Staff and prisoners we spoke to demonstrated an understanding of the scheme. As yet, no impact assessment had been carried out on it to establish any differential outcomes for different prisoner groups, and there had been no impact assessment since 2007.
- 6.50 Over the previous six months, approximately 30% of the population had been on the enhanced regime at any one time, and no more than 2% had been on basic. The monitoring of IEP data lacked focus; the number of prisoners on each level was monitored daily by residential managers, and data related to IEP were also presented at other forums, such as the violence reduction committee. However, it was unclear what analysis of the data took place, or how such analysis fed into the review of the local IEP policy and practice.
- 6.51 The policy stipulated that all prisoners should be reviewed at least annually, but there was no system for ensuring that this happened, and managers admitted that this was not the case.
- 6.52 The scheme was not used effectively as a behaviour management tool. Targets for prisoners on basic were generic – ‘comply with staff instructions’, ‘remain drug free’ – and provided little guidance for prisoners to address the issues that had led to their downgrade. Paperwork that we saw for basic prisoners on G and K wings all contained three pre-printed targets, regardless of the reasons for their downgrade: ‘demonstrate pro-social behaviour’, ‘attend your allocated activities’ and ‘comply with lawful instructions of staff’.
- 6.53 A sample of enhanced prisoners’ wing files showed that some had received a number of negative entries over a period of time and yet had not been subject to any review boards; managers agreed that there were individuals on the enhanced regime whose behaviour did not merit it. A similar sample of standard prisoners’ wing files showed that there were some whose behaviour had been good and who appeared to meet the criteria for enhanced, yet had not applied for enhanced or been encouraged to do so by their personal officer, despite the group officer scheme policy stating this as one of the aspects of the role.
- 6.54 These factors may have accounted for the significant number of prisoners, both in our groups and individually, who complained about a lack of consistency in the application of the scheme by staff (see also paragraph 6.12). Another factor may have been the process of issuing negative entries. If a prisoner committed an infringement that was deemed not serious enough to require adjudication, a member of staff would record a negative entry in the wing file; two negative entries in one month would result in a written manager’s warning. A further negative entry would result in a review board. There was no requirement in the policy for staff to inform the prisoner concerned that he had been subject to a negative write-up and we came across

many instances where prisoners had not been told, giving them no opportunity to amend their behaviour or challenge the negative entry.

- 6.55 Most prisoners felt that there were insufficient differences between the levels of the IEP scheme to motivate them to move up levels, although the establishment had made changes to the privileges allowed on the enhanced level.
- 6.56 We came across examples of prisoners receiving a punishment following adjudication and being placed on basic shortly thereafter. The policy stated that any prisoner found guilty of a single 'serious offence' would be subject to a review board; staff and prisoners felt that this process was a formality, and that downgrades were automatic.
- 6.57 All downgrades, either from enhanced or standard, were ratified by a residential governor, who also arbitrated on appeals against any IEP decision. Twenty-five appeals against IEP review board decisions had been made, and the decision of the board had been upheld in all but one of them.

Recommendations

- 6.58 The incentives and earned privileges (IEP) policy should be impact assessed, to ensure that it is fair for all segments of the population (that is, older prisoners, black and minority ethnic prisoners, Muslim prisoners, vulnerable prisoners and prisoners with disabilities).
- 6.59 Data related to the IEP scheme should be regularly analysed, and the results used to ensure consistent and fair application of the scheme and to inform future reviews of policy and practice.
- 6.60 Prisoners should be reviewed regularly to ensure that they are on the appropriate level of the IEP scheme and as an ongoing incentive for positive behaviour.
- 6.61 Prisoners should be notified of any warnings they receive under the IEP scheme.
- 6.62 Prisoners should not receive a punishment on adjudication and then be placed on basic for the same incident.

Section 7: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 7.1 The main kitchen and serveries were clean and adequately equipped. Breakfast was not served on the morning it was eaten. Food was sometimes served too long after leaving the kitchen, and temperatures were not taken immediately before serving. Many prisoners complained about the quality of meals and there was limited consultation with them. Prisoners had to eat in-cell, with inadequately screened toilets.
- 7.2 The large main kitchen was clean, and well maintained and managed. Food was stored and prepared in suitable conditions, and staff and prisoners were appropriately dressed. The kitchen was adequately staffed and employed approximately 46 prisoners on a 'three days on and one day off' rota, which ensured that around 30 prisoners worked each day. All prisoners working in the kitchen and serveries had received hygiene training, and national vocational qualifications were available to prisoners working in the main kitchen.
- 7.3 Food was taken to wing serveries in trolleys, and food temperatures were taken before leaving the kitchen and on arrival at the wings; temperatures were not logged at the point of serving. Serveries were clean and adequately equipped, and servery workers were appropriately dressed.
- 7.4 A chef was allocated to wing serveries weekly, to check comment books and complete a servery check list, which recorded checks of cleanliness, maintenance issues and use of appropriate clothing. The food comment books showed evidence of regular checks by catering staff.
- 7.5 Prisoners pre-selected their meals from a three-week menu cycle, which included six hot and cold choices for lunch and tea. Menus indicated halal, vegetarian, vegan and low-fat options. Only some of the lunch and tea choices included a piece of fruit. When fruit was included in a meal choice, the published menu stated that this was 'in lieu of sweet and supper bun'. Breakfast packs, including milk, were given to prisoners with their evening meal.
- 7.6 Prisoners had raised concerns about the cross-contamination of halal foods at race equality meetings. In March 2009, it was recorded that contamination occurred 'by staff helping themselves by dipping chips into stews, Halal or not'. The action plan stated that this 'would be looked into', but the minutes of the following month again recorded that 'there is still cross-contamination'. A short training course had been introduced about the correct serving of halal meals, which was being delivered to all servery workers.
- 7.7 We saw food being served at 6.20pm on two wings, on different evenings, after leaving the kitchen at 5.25pm. Officers on 1 wing (the detoxification wing) told us that food was 'regularly' served at around 7pm, as prisoners collected medication first.

- 7.8 The catering manager attended race equality meetings but there was no attendance by catering staff at wing consultation meetings. These meetings appeared to be attended by only a small number of prisoners and one member of staff. The minutes of the meetings recorded numerous complaints about food, including not getting the ordered meal choice, undercooked food, small portions and cold food. Minutes sometimes noted 'kitchen staff' as an action point, or included no action point at all. Minutes did not record any response from catering staff to comments made at consultation meetings.
- 7.9 Few formal complaints were submitted about food, but prisoners complained to us about its quality and quantity. We saw comments from Independent Monitoring Board members in some wing food comment books that the 'vegetarian option was luke-warm and tasteless', and 'chips cold'.
- 7.10 A catering survey had been carried out approximately five months before the inspection but it had not been analysed owing to the absence of the collator. Information from a survey published in March 2008, based on a small number of respondents, recorded dissatisfaction with food. Only 5.6% of prisoners had described food as 'good' and 41.6% as 'poor'; 36.8% had described the temperature of their (hot) lunch meals and 26.4% of (hot) tea meals as 'cold'.
- 7.11 In our survey, only 23% of men said that the food was good or very good, against a comparator of 26%, although this was an improvement on the 14% who had said that this was the case in 2004. There was little difference between the responses of black and minority ethnic and white prisoners, but foreign national prisoners and Muslim prisoners were more positive than others.
- 7.12 The quality of the food we tasted, and portion size, appeared reasonable. We saw inadequate supervision of prisoners waiting to be served at some serveries, with numerous prisoners openly queue jumping without being challenged.
- 7.13 Vulnerable prisoners complained about contamination of their food. There was no firm evidence for this, but trolleys in the kitchen were marked to identify their destination. We were told that kitchen staff loaded the trolleys for the vulnerable prisoner wings.
- 7.14 Prisoners did not have kettles in their cells and were not automatically provided with flasks. They were unable to make a hot drink during the night. Cold water in the cells was drinkable.
- 7.15 Meals had to be eaten in-cell, with inadequately screened toilets; there were no facilities for prisoners to eat communally.

Recommendations

- 7.16 Food temperatures should be taken and recorded at the point of serving.
- 7.17 The results of the catering survey should be analysed and the results used to improve provision.
- 7.18 Breakfast should be served on the morning it is eaten.
- 7.19 Fruit should be provided freely to all prisoners.
- 7.20 Food should be served within 45 minutes of leaving the kitchen.

- 7.21 Catering staff should be represented at wing consultation meetings, and issues raised by prisoners should be followed up and actions recorded.
- 7.22 Prisoners queuing outside the serveries should be properly supervised.
- 7.23 Opportunities should be provided for prisoners to dine in association; if prisoners are required to eat in their cells, toilets should be fully screened.
- 7.24 Prisoners should be able to make a hot drink after evening lock-up.

Housekeeping points

- 7.25 Training to reduce the cross-contamination of halal meals should be delivered to staff as well as prisoners.
- 7.26 Food trolleys should not have their wing location identified.

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

- 7.27 The prison shop contract had changed to a new provider in January 2009. The shop list had been reviewed regularly but not in full consultation with prisoners, and black and minority ethnic prisoners expressed dissatisfaction with the range of goods. There was no catalogue service. Some prisoners were disadvantaged by the delivery system.
- 7.28 The contract for the prison shop had been managed by DHL/Booker since January 2009. The shop list contained up to 350 items, which was similar to the previous list. Black and minority ethnic prisoners we spoke to said that there was an insufficiently diverse range of goods on offer, and our examination of the list found this to be true. The list was reviewed every three months, although prisoner consultation about the shop was limited to discussion with a small number of prisoners on K wing.
- 7.29 New receptions could wait up to 10 days before they received their first full shop order. Shop orders were delivered to prisoners during evening association on different days, depending on their location in the prison. The system for delivering orders disadvantaged vulnerable prisoners on A wing, as they were locked up during the evening association period, without access to telephones to facilitate the delivery, while prisoners on other wings were able to participate in association while receiving their goods.
- 7.30 There was no catalogue ordering system. Plans were under way to introduce this facility for enhanced prisoners.

Recommendations

- 7.31 Prisoners, including black and minority ethnic prisoners, should be routinely consulted about the shop and the items available to them.

- 7.32 Vulnerable prisoners on A wing should not be locked up during association when their shop goods are delivered.
- 7.33 All prisoners should be able to order goods from catalogues.

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 The reducing reoffending policy had been revised in February 2009 but was not informed by a local needs analysis. There were gaps in provision for short-term and unsentenced prisoners. The reducing reoffending committee met monthly and monitored each of the reducing reoffending pathways. Pathway working groups had recently been established. There was no pre-discharge board, or consultation with prisoners about resettlement issues. There was a reasonable range of offending behaviour groups but a significant gap in the structured provision for drugs and alcohol.
- 8.2 The reducing reoffending policy had been revised in February 2009. The policy outlined the establishment's strategic aims and some of the current and planned work in the provision of the reducing reoffending pathways. The policy was not informed by a needs analysis but by a range of national data sources.
- 8.3 The director of reducing reoffending had overall responsibility for the policy. A mapping exercise of the population and the gaps in pathway provision was planned but that there were significant gaps in meeting the resettlement needs of short-term and unsentenced prisoners, who made up 43% of the population. The 'choose change' project provided reintegration support but only for a small number (25) of short-term sentenced prisoners, as it was still in its pilot stage.
- 8.4 The reducing reoffending committee met monthly, and had changed its terms of reference in March 2009, in line with the re-draft of the policy. Meetings were attended by each of the pathway leads and informed by the seven reducing reoffending pathway working groups which had recently been established. There was an action plan for each of the pathways, which was monitored at the committee meeting, although many of the target dates were for the end of 2009, or 2010. Although resettlement pathway leads had been identified, pathway provision was as yet uncoordinated and ad hoc.
- 8.5 There was limited access to pre-release courses and no pre-discharge boards. There was no formal monitoring of whether prisoners' resettlement needs were being met adequately. Although the reducing reoffending committee meetings were supposed to be informed by consultation with prisoners, resettlement issues were not an agenda item in any of the prisoner consultative meetings and were not discussed (see section on residential units). In our survey, prisoners were more negative than at comparator establishments about knowing whom to contact about a range of resettlement issues, and there was little information displayed around the wings.
- 8.6 A range of accredited offending behaviour programmes was delivered; there were some gaps that had been identified by the establishment, one of which was the lack of structured provision for drugs and alcohol (see section on resettlement pathways and main recommendation HP49).

Recommendations

- 8.7 Prisoner consultative meetings should include an agenda item about resettlement issues.
- 8.8 Pre-discharge boards should be run at least six weeks before prisoners are released.
- 8.9 Current provision in the resettlement pathways should be better publicised to prisoners, so that they are aware of whom to contact about the support available.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 8.10 There was no custody planning for remand and short-term prisoners. Prisoners in scope of offender management had good contact with offender supervisors. There was a backlog of 80 offender assessment system (OASys) assessments for in-scope prisoners; this was routinely monitored and escalated where appropriate. The team of three OASys assessors was up to date with OASys completions for low- and medium-risk offenders but there was no follow-up. Lifer meetings were held but these were not meaningful and there was little evidence of action or outcomes for indeterminate-sentenced prisoners. Public protection was well managed.

Sentence planning and offender management

- 8.11 There was no custody planning for remand and short-term prisoners (see main recommendation HP48). Limited resettlement needs were addressed during the first night assessment and induction process, such as accommodation needs and benefits, but little else. Prisoners were only asked about their resettlement arrangements by the discharge coordinator at the point of discharge in the reception area, in what appeared to be a means of gathering information about key performance targets.
- 8.12 There were 430 prisoners in scope for offender management (321 phase two and 109 phase three) and 43 life-sentenced prisoners. Offender management staff were dispersed across the establishment. Their location on the wings enhanced the frequency of contact with prisoners but made it difficult for them to meet as a group to discuss practice issues.
- 8.13 There were three distinct groups of staff who managed prisoners in scope of offender management, and low- and medium-risk prisoners. Two probation officers and two discipline staff supervised a mixture of phase three and life-sentenced prisoners. There was a group of six offender supervisors who managed phase two offenders, and three offender assessment system (OASys) assessors who completed assessments on low- and medium-risk prisoners. The overall management of the offender supervisors was complex. Life-sentenced prisoners did not come under the responsibility of the offender management unit (OMU) but under residential management, and a range of managers supervised the offender supervisors and probation officers. We were told by the director of reducing reoffending that once the OMU was located on the Croft site of the establishment, which was in progress during the inspection, the

management structure would be streamlined and all the above prisoners would fall under the responsibility of the OMU.

- 8.14 All in-scope prisoners were allocated offender supervisors and most were seen within two days of arrival. The frequency of contact with offender supervisors was good. There was a minimum standard set for all phase two prisoners to be seen monthly; some were seen more regularly, depending on their needs, but most were seen at least every six weeks. The quality of contact was good, focusing not only on sentence plan targets, but also on motivating prisoners to access the regime and education and training opportunities. OMU managers sampled cases, to monitor the quality of contact with prisoners. The monitoring of OASys quality had lapsed with the transfer of the deputy offender manager (a senior probation officer), who had not yet been replaced. The task had been delegated to the public protection manager, but May and June 2009 OASys assessments had not been monitored.
- 8.15 Offender supervisors were also tasked with the clearance of PIN telephone numbers, which they undertook during an evening duty. This impacted on their workload. On one day during the inspection, there were 150 telephone numbers that needed to be cleared. It was unclear why they had been tasked with this role.
- 8.16 There was a backlog of approximately 80 OASys assessments for in-scope prisoners. This was partly due to some prisoners arriving at the establishment without assessments or sentence plans completed. Additionally, offender managers used the sentence planning board meeting to complete the OASys assessments following the board. Some sentence planning boards did not take place, owing to offender managers cancelling at short notice, and consequently the assessments were not completed. Offender managers' attendance at sentence planning boards was monitored and chased up where necessary. In the previous six months, 197 sentence planning boards had been arranged, and offender managers failed to attend or cancelled nearly a quarter of them (48). Since the monitoring had been introduced, fewer offender managers had failed to attend.
- 8.17 The sentence planning boards were not multidisciplinary and mainly involved the offender supervisor, offender manager and the prisoner. Some offender supervisors informally requested information from other departments, but key information that would inform the overall risk assessments was not routinely gathered. One sentence planning board we observed was well managed and engaged the prisoners in setting realistic targets. In our survey, 56% of prisoners, against the 40% comparator, said that they had a sentence plan, and 66% of them had been involved in the development of the plan and 65% said that they could achieve some or all of their sentence plan targets in the prison, both of which were similar to the comparators.
- 8.18 Of the sentenced population, 27% (195) were serving sentences of over 12 months but were not in scope of offender management. Three OASys assessors were responsible for completing assessments for this group and all were up to date. Once completed, prisoners were sent a notice informing them they could request a copy. Thereafter, there was no ongoing support for this group from offender managers or personal officers to achieve targets.
- 8.19 The management of home detention curfew (HDC) was good; 41 prisoners had been released subject to HDC in the previous six months. Many prisoners opted out of this scheme, preferring end of custody licence (ECL), and a large number were transferred to other establishments and their HDC paperwork was sent with them.

Categorisation

- 8.20 Initial categorisations and categorisation reviews were up to date, and informed by feedback from areas in the establishment with which each prisoner had dealings. Decisions relating to categorisation were documented and provided clear reasons, but prisoners received pre-printed slips that provided little more than the result of the decision.
- 8.21 All prisoners serving four years or more were reviewed annually, with those serving shorter sentences reviewed every six months.
- 8.22 Allocations were made predominantly in the north west area. Any prisoner willing to go out of area to pursue sentence planning targets relied on his offender supervisor to make individual arrangements on his behalf, rather than the usual allocation processes within the observation, classification and allocation (OCA) department (see paragraph 8.27).
- 8.23 The number of category C prisoners held at the establishment, 698 (58%), was much higher than used to be the case at a local prison, but was considered by managers to reflect a recent change in the demographics of the prison population, where local prisons are increasingly holding sentenced prisoners unable to progress to a training prison. Of these, 60 were serving indeterminate sentences for public protection (IPP), with 34 on a hold for courses or training. Nine were lifers and one was on a hold for the thinking skills programme.
- 8.24 The establishment held 10 category D prisoners at the time of the inspection, with the longest having been there for five weeks. This prisoner, along with three others, was due to be transferred on the final day of the inspection. Records indicated that category D prisoners spent a small amount of time at the establishment before transferring to a more appropriate prison.

Public protection

- 8.25 Public protection was well managed by the public protection unit, and prisoners were informed in person and in writing about any restrictions applied. Identification of prisoners with public protection issues was initially triggered during reception. Wing staff and managers were notified about such prisoners, and they were all interviewed by a public protection officer, who informed them of the means by which the assessment could be challenged. The public protection team met weekly with representatives of relevant departments to ensure that all prisoners who should be subject to public protection measures had been identified and that appropriate measures had been put in place. Monitoring arrangements were reviewed at this meeting. At the time of the inspection, there were 22 multi-agency public protection arrangements (MAPPA) cases and 177 prisoners subject to harassment or child protection restrictions.

Indeterminate-sentenced prisoners

- 8.26 At the time of the inspection, there were 109 IPP prisoners and 43 life-sentenced prisoners. All of these prisoners had had the implications of the sentence explained to them at some stage and had been given written information. The lifer clerk monitored all prisoners on remand who would potentially receive a mandatory life sentence.
- 8.27 Most sentence plans for this group were up to date, with only four overdue. The lifer staff we spoke to told us that they were generally able to move prisoners on to other establishments,

but that this was difficult with indeterminate-sentenced vulnerable prisoners. Although the relationship between OCA and lifer staff was described as improving, there were difficulties in negotiating moves to establishments outside the north west area for indeterminate-sentenced prisoners who were keen to progress their sentence plans. A joint meeting had recently been held with OMU and OCA staff to increase awareness of their respective roles.

- 8.28 Parole reports were up to date, and the collation of paperwork for parole hearings was well coordinated by the lifer clerk. There were 30 IPP prisoners who were past tariff, 22 of whom had had their tariff expiry hearings and been given new parole dates; 13 life-sentenced prisoners were past tariff, 12 of whom had been given new parole dates.
- 8.29 Lifer meetings were held on C wing, but the minutes did not reflect any meaningful discussion for the lifer representatives and showed little evidence of any action taken or outcomes for indeterminate-sentenced prisoners.

Recommendations

- 8.30 Sentence planning boards should include contributions from all departments, to ensure that all appropriate needs are considered in preparing sentence plan objectives.
- 8.31 Offender supervisors should not be tasked with PIN telephone clearances.
- 8.32 The backlog of OASys assessments should be cleared.
- 8.33 There should be sentence and custody planning for prisoners out of scope of offender management arrangements.
- 8.34 Observation, classification and allocation (OCA) staff should establish links with prisons outside the north west area to facilitate moves for prisoners who need to undertake programmes at these establishments.
- 8.35 All prisoners should receive written notification, in their own language, of any decisions relating to categorisation, with clear reasons for the decision reached.
- 8.36 Lifer forums should have clear terms of reference; indeterminate-sentenced prisoners should be encouraged to attend and should have access to the minutes of the meeting.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

- 8.37 Two housing officers assessed all prisoners through the induction process, but only provided continuing support for remand and short-term prisoners. Despite the focus on employability, links with employers were underdeveloped and most prisoners had no pre-release courses. Pre-release healthcare procedures were well managed. Jobcentre Plus workers met all new

receptions to provide advice and support regarding benefits issues. There was no debt advice service and prisoners had not yet taken advantage of the new service to open bank accounts.

Reintegration planning

Accommodation

- 8.38 Accommodation advice was provided by the English Churches Housing Group. Two housing workers from this group undertook housing assessments on all prisoners during the induction process, and provided continuing support for remand and short-term prisoners to maintain their tenancies or secure accommodation on release. They were only contracted to assess 90% of all new prisoners and provide advice to a minimum of 42 prisoners a month. They had established links with community organisations, not only in the north west area, but also nationally. Prisoners who were in scope of offender management received support from offender supervisors and offender managers to secure accommodation before release. However, prisoners serving 12 months or more who were not in scope of offender management did not receive sufficient advice and support to secure accommodation.
- 8.39 The establishment's key performance targets recorded that 90% of sentenced prisoners, and nearly 89% of prisoners serving less than 12 months, were discharged into settled accommodation. Housing workers told us that it was more difficult to secure accommodation for prisoners who lived outside the north west area, who comprised approximately 30% of the population. While applications were made to local authorities and housing providers, this did not guarantee accommodation on release, and these prisoners were recorded as leaving with no fixed abode. There was no overview of the reasons why some prisoners were released with no fixed abode or who these prisoners were.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.40 The learning and skills strategy was aligned with the resettlement objectives of the prison and supported the reducing reoffending objectives. However, information, advice and guidance (IAG) and assessment of prisoners' needs by education staff were not effectively communicated to the OMU and there were few formal links with sentence planning.
- 8.41 IAG was available from either the three education IAG workers or two education, training and employment prison officers. There was support to develop CVs, complete job applications and help prisoners deal with disclosure. It was not always clear who provided these services.
- 8.42 A preparation for employment course was available, although this was targeted at prisoners who were seeking employment in the construction industry. A designated preparation for release course was not available to all prisoners before release.
- 8.43 Most prisoners released from the establishment returned to the greater Manchester area, and the prison had a good understanding of local employment needs. Links had been established with local communities, such as Salford Council, which helped to support prisoners in finding employment in the Salford area on release.
- 8.44 The prison had some links with employers, although it was recognised that these links were underdeveloped. It also had links with external colleges, and prisoners had the opportunity to continue training that had started in the prison. Opportunities for vulnerable prisoners to

improve their employability in the prison were limited. The prison had not been successful in achieving its key performance target of 30% of prisoners achieving employment on release.

Mental and physical health

- 8.45 Discharge clinics were held in the main healthcare department and prisoners were invited to attend. They were given a letter for their GP, outlining their healthcare while in prison. Those without a GP were advised how to access one. They were also given a five-day supply of medication to give them sufficient time to see their GP. Mental health staff ensured continuity of care for prisoners being released into the community.

Finance, benefit and debt

- 8.46 There was an action plan for the development of this pathway, but it was not based on a local needs analysis. Many of the objectives had a target date for the end of 2009, and there was little in place during the inspection.
- 8.47 Jobcentre Plus workers met all new receptions to provide advice and support about benefits issues. There was no debt advice service, and prisoners had not yet taken advantage of a new service to open bank accounts. A budgeting course was available through the education department.

Recommendations

- 8.48 Prisoners serving over 12 months but not in scope of offender management should receive ongoing support and advice from housing workers to address their housing needs.
- 8.49 There should be monitoring of all prisoners released with no fixed abode, to identify any gaps in service provision and to form a strategy to support prisoners who are likely to be released homeless.
- 8.50 Pre-release courses should be introduced and available to all prisoners before release.
- 8.51 Vocational opportunities should be increased for vulnerable prisoners.
- 8.52 Links with employers should be improved.
- 8.53 Links between learning and skills and sentence planning should be formalised.
- 8.54 Specialist debt advice services should be available to all prisoners.

Drugs and alcohol

- 8.55 The counselling, assessment, referral, advice and throughcare (CARAT) service did not offer group work modules. The absence of an accredited drug and alcohol treatment programme was a significant gap in service provision. Local prisoners had good resettlement support. Additional support was available to prisoners on the voluntary drug testing unit.

- 8.56 The director of reducing reoffending led the drug strategy, and a grade F manager coordinated and managed the different strands. The former chaired bi-monthly drug strategy meetings, where appropriate departments were represented, and had developed links with community planning bodies.
- 8.57 A comprehensive needs analysis had been conducted in preparation for implementing the integrated drug treatment system (IDTS), but the drug strategy policy did not incorporate this, and the document lacked up-to-date targets and action plans.
- 8.58 A detailed alcohol health promotion and treatment strategy had been ratified, and an action plan set out how the prison and NHS Manchester planned to build on existing services and develop new interventions to deliver the alcohol treatment pathway.
- 8.59 The in-house counselling, assessment, referral, advice and throughcare (CARAT) service consisted of a manager who was a part-time senior officer, three civilians, eight officers and an administrator; the team carried two vacancies. One of the civilian workers currently provided casework supervision. Management arrangements were under review and the prison was in the process of recruiting a full-time service manager.
- 8.60 CARAT workers provided input to the induction programme. The annual triage assessment target of 1,506 had been exceeded in the previous year, but the team was running slightly below target for the first quarter of 2009; we were told that this was owing to a more static population.
- 8.61 The active caseload stood at 288, which was relatively low for the size of the population, and another 84 files had been suspended. File checks showed that not all comprehensive assessments and care plans had been completed within the required timeframe.
- 8.62 The CARAT team was due to implement short IDTS group work modules, but no group work modules were offered and there had been no structured, accredited drug and alcohol programme for some time (see main recommendation HP49).
- 8.63 Services for prisoners with primary alcohol problems were limited. CARAT workers provided prisoners with an in-cell work pack, but no ongoing casework or structured psychosocial support to prisoners during and after detoxification or stabilisation. The remit of the healthy prisons coordinator included offering brief interventions to those with a low to medium need, and the group work course on H wing contained an alcohol awareness session, but peer support and Alcoholics Anonymous (AA) meetings were only available on B wing (the voluntary testing unit).
- 8.64 The CARAT team was represented at appropriate multidisciplinary meetings and the manager attended the IDTS steering group. A range of joint working protocols with other departments and providers had been developed; the protocol with health services was out of date and currently under review. CARAT and clinical staff liaised regarding the throughcare needs of individual prisoners, but services were not yet integrated; the co-location of teams and the introduction of joint care procedures was part of the IDTS implementation. There was no mechanism for service user feedback to inform future service provision.
- 8.65 Links had been established with drug intervention programme (DIP) teams, most of whom had appointed prison in-reach workers. The AddAction resettlement centre, located just outside the prison, offered key working, group work and family support to prisoners from the city of Manchester. The service was part of the DIP partnership and consisted of a manager, seven workers and 15 volunteers; they had been in contact with 52 prisoners at the establishment

during the previous three months, worked closely with CARAT and clinical services and attended drug strategy meetings.

- 8.66 In our survey, only 38% of prisoners (against the 61% comparator) did not know who in the prison could help them contact external drug or alcohol agencies on release.
- 8.67 Voluntary drug testing (VDT) was available to prisoners, independent of location. The establishment met the target of 322 compacts a year; the testing frequency had recently been reduced to once a month. VDT was conducted by B wing officers, and procedures included strip searching all prisoners. Prisoners in trusted positions were expected to sign up to VDT, but a separate compliance testing compact was not in place.
- 8.68 B wing operated as a drug-free wing. Its 164 prisoners could access a wide range of additional support. An abstinence-based, 12-week course called the reduction and motivation programme (RAMP) was offered by an outside agency, AA groups met weekly, health promotion sessions were held and an officer ran relaxation classes. Peer supporters had developed courses covering drug and alcohol awareness and relapse avoidance; six peer supporters, some of whom were trained Listeners, assisted at induction and provided post-detoxification support to fellow prisoners. The scheme was coordinated by an officer.

Recommendations

- 8.69 The drug strategy document should be updated and contain detailed action plans and performance measures.
- 8.70 The establishment should ensure that appropriate management and supervision arrangements are in place for the counselling, assessment, referral, advice and throughcare (CARAT) service.
- 8.71 The CARAT team, in partnership with health services, should offer structured psychosocial support to prisoners during and after detoxification or stabilisation.
- 8.72 The CARAT service should develop a mechanism for service user feedback to inform future service provision.
- 8.73 There should be a clear distinction between compliance and voluntary drug testing compacts.
- 8.74 Prisoners subject to voluntary drug testing or compliance testing should not be strip searched.

Good practice

- 8.75 *The AddAction resettlement centre provided a comprehensive range of services and support to local prisoners and their families.*
- 8.76 *Prisoners on the voluntary drug testing unit could access a range of courses and a peer support scheme.*

Children and families of offenders

- 8.77** Fewer prisoners than at comparator establishments said that they were able to receive their entitlement to visits, but access to visits had recently improved. Visitors said that it could be difficult to get through on the booking line. Visitors had to have their identity documents checked on every visit, and some were turned away daily owing to minor discrepancies. Prisoners had to wait in the visits hall for long periods before their visitors arrived. The atmosphere during visits was relaxed, and visitors regarded staff highly. Vulnerable prisoners and their visitors were easily identifiable to others. The children and families pathway was underdeveloped. Family visits were available to prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme who had three or more years left to serve. Vulnerable prisoners could access a family visit every six months but the criteria were over-restrictive.
- 8.78** Domestic visits were provided on weekday afternoons and evenings, and on weekend mornings and afternoons. In our survey, fewer prisoners than at comparator establishments said that they were able to receive their entitlement to visits. The visits system had been changed between the survey being carried out and the inspection, resulting in an improvement in prisoners' access to visits, and visits starting on time. The visits booking line was open from 8.30am until 5pm on Monday to Friday. We had to ring several times before getting an answer, and were offered domestic and legal visits for the next day. There was no other facility for booking visits, and visitors we spoke to said that they had often had difficulty in getting through on the booking line.
- 8.79** Information about visits was available to prisoners on induction, and to their visitors on arrival for their first visit, in the form of a detailed booklet provided by the visitors' centre.
- 8.80** The visitors' centre was located outside the prison and was managed by the English Churches Housing Group. The centre was large and bright, with adequate facilities for the number of visitors using it. A range of information was displayed, and there was a children's play area and a play worker. Visitors could hand in property, although the desk for doing this was high and did not afford privacy. Prisoners and visitors complained about the system for checking visitors' identities in the centre. Despite the use of biometrics, visitors were required to provide full identification on every visit. A number of visitors were turned away daily owing to minor discrepancies in their documentation and in the details recorded on the biometric system, such as misspelling of names by visits booking staff and incorrect addresses. Approximately a month before the inspection, almost 100 visitors had been turned away because of such issues. A new system had been introduced to ensure that visitors' identification details matched those held on the biometric system. The system had been withdrawn but was due to be re-introduced on 1 August. 2009.
- 8.81** Staff in the centre offered a meet-and-greet service, and general advice and support for visitors. They also provided a signposting service, directing visitors to several organisations that could provide more specific support and advice. These included Partners of Prisoners (POPs) and Out There (see section on faith and religious activity). POPs was funded by the local drugs and alcohol support team and worked with families in areas such as substance misuse, applications for prisoners to drug and alcohol services, safer custody and more general matters relating to having a family member in custody.
- 8.82** On the day we observed visits, visitors were taken over to the visits hall in good time. Prisoners were brought to the visits hall before the start of visits, regardless of whether or not their visitors had arrived. Some prisoners waited in the visits hall for up to 50 minutes before

discovering that their visitors had not turned up. They described to us the 'walk of shame' they had to take in front of other prisoners and their visitors back to the holding cells if their visitors did not come.

- 8.83 The visits hall was large and bright. Visitors complained about the furniture in use, which could prove difficult for pregnant women or larger individuals owing to a lack of space between the seats and tables. Prisoner artwork was displayed on the walls, along with some general information for visitors. We observed positive interactions between staff, prisoners and visitors, with staff offering advice to visitors on a variety of matters. The atmosphere was relaxed and welcoming, and visitors we spoke to regarded staff highly.
- 8.84 A small section of the visits hall was reserved for use by vulnerable prisoners and their visitors, making them easily identifiable to others. All prisoners were required to wear red bibs, which were dirty and in a state of disrepair.
- 8.85 There was a large children's play area, which was staffed by volunteers from the visitors' centre. A range of refreshments was offered for sale, served by volunteers. Neither the play area nor refreshments were available during evening visits. Prisoners attending evening visits were not able to have an evening meal before attending visits, as they were required to be in the visits hall before the evening meal was served on the wings.
- 8.86 There were seven closed visits booths in the downstairs area, in sight but out of hearing of staff. There were four interview rooms and two video link courts in this area and six legal visits booths.
- 8.87 The facilities for category A visits were above the healthcare centre. The area was much smaller and provided fewer facilities than the main visits hall. It contained two vending machines, which were often not filled after weekend visits, no children's play area or toys, no changing facilities for babies and no easy access for visitors with a disability. We observed one visitor having to return to the visitors' centre to change her baby's nappy before returning to the visits area; this took almost half an hour out of her visit with her partner. A new initiative had been introduced, whereby the visitors' centre provided children with activity packs in both the category A and general visits hall.
- 8.88 There was a recently identified pathway lead for children and families. The pathway was included in the resettlement strategy and there was an action plan to address issues raised by families and the prison. Provision for families and children under the pathway was underdeveloped.
- 8.89 A new initiative involved consultation in the form of family forums between the governor and 40 families so far (not including visitors to category A prisoners) and between the pathway lead for children and families and Out There. This had resulted in some improvements and discussions about visitors' experiences and other relevant matters.
- 8.90 Family visits were available to prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme who had three or more years left to serve. Vulnerable prisoners could have a family visit every six months but the criteria were over-restrictive and prison staff had identified only seven vulnerable prisoners who would qualify for the visits. Additional visits were available on a case-by-case basis in emergencies, and one such visit had been arranged during the inspection by the chaplaincy team. There was no policy for providing additional free letters or telephone calls, although staff said that they would arrange telephone calls for urgent matters. There were no facilities for prisoners to receive incoming calls from children.

- 8.91 A parenting course was provided by the education department, as was Storybook Dads (see section on learning and skills and work activities). Prisoners' families were involved in a limited way with sentence planning, in palliative care for the terminally ill, and assessment, care in custody and teamwork (ACCT) reviews for prolific self-harmers. Families involved in the family forums had expressed a wish to be more involved in day-to-day matters relating to their family members in prison.
- 8.92 There had been no use of release on temporary licence for the purpose of maintaining family ties.

Recommendations

- 8.93 Alternative methods for booking visits should be provided and visitors should be able to book their next visit before the current visit ends.
- 8.94 The visitor information booklet should be made available to prisoners on induction, so that they can send it to their visitors before their first visit.
- 8.95 Visitors should be admitted to visits after their identity has been confirmed on the biometrics system, without having to produce proof of their identity on every visit.
- 8.96 Alternative seating should be provided for those who have difficulty using the current seating (for example, pregnant women).
- 8.97 The use of bibs for prisoners during visits should cease.
- 8.98 The children's play area and refreshments facilities should be available during all visits sessions.
- 8.99 The category A visits area should be improved, to include baby changing facilities, equitable access to refreshments, a children's play area and toys, and easier access for visitors with a disability.
- 8.100 Family forums should include visitors to category A prisoners and should continue.
- 8.101 All prisoners should have access to family visits.
- 8.102 The children and families pathway policy should be developed to enhance contact with children and ensure that all prisoners have access to family visits, subject to risk assessment.
- 8.103 Families should be more involved in day-to-day matters affecting their family members in custody.
- 8.104 Release on temporary licence should be used for the purpose of maintaining family ties for suitably assessed category C and D prisoners.

Housekeeping point

- 8.105 Prisoners should not have to wait in the visits hall for long periods before their visitors arrive.

Good practice

- 8.106 *Family forums, where prisoners could meet the governor and key prison staff to discuss family matters and visits, were a good new initiative.*

Attitudes, thinking and behaviour

- 8.107 A range of courses was provided, with the notable exception of victim awareness. Personal officers and offender supervisors were supportive and efforts were made to engage prisoners who refused to participate in programme work.
- 8.108 The accredited courses available at the time of inspection were the thinking skills programme (TSP), healthy relationships programme (HRP) and sex offender treatment programme (SOTP). The control of violence for angry impulsive drinkers (COVAID) programme was due to start shortly after the inspection. TSP was on schedule to provide 90 places over nine courses, HRP 16 places over two courses, SOTP 16 places over two courses, and COVAID 30 places over three courses.
- 8.109 The last needs analysis had been conducted by the programmes department in 2008 and had identified the need for the COVAID programme, with 58% of prisoners held at the time committing offences while under the influence of alcohol. A notable absence was any victim awareness course; we were told that this was due to a lack of funding.
- 8.110 Resources for programmes were good, with five good-sized group rooms, toilet facilities and two areas incorporating kitchen worktops providing tea-making facilities. Vulnerable prisoners were not restricted in accessing courses, as the layout of the classrooms allowed courses for mainstream and vulnerable prisoners to be run concurrently.
- 8.111 Waiting lists at the time of the inspection were not excessive. Fifteen prisoners had been assessed as suitable for, and were waiting to take part in, SOTP and one was on the waiting list for HRP, with another 17 undergoing assessment. A total of 40 prisoners, 23 of whom were vulnerable prisoners, were waiting to take part in TSP. The number of vulnerable prisoners on the TSP waiting list had grown to this level as national instructions stated that vulnerable prisoners were not to take part in the course until further notice. Priority for courses was determined by appropriate factors, including release date, level of risk, motivation and sequencing in relation to other courses.
- 8.112 Managers in the programmes department reported good support from personal officers and offender supervisors, with approximately 80% of all post-course reviews attended by personal officers. Offender supervisors had requested guidance in working with sex offenders maintaining their innocence, and the programmes department had held a workshop to address this issue.
- 8.113 Ongoing work was being carried out to address issues related to prisoners who were unwilling to engage in programme work. Once an offender supervisor had carried out an initial assessment identifying the need for a particular course for a prisoner, if the prisoner then refused to engage, he would remain on a separate list relating to the course, and regular contact would be made by the programmes department with both the prisoner and offender supervisor to attempt to address the underlying issues behind the refusal to engage.

- 8.114 A drop-in centre ran one evening a week on both A and E wings to address any issues that prisoners might have with SOTP, and a notice board had been put up on E wing that regularly answered anonymously submitted questions about this programme.

Recommendation

- 8.115 A victim awareness course should be provided for prisoners assessed as suitable to take it.

Section 9: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

To the governor

-
- 9.1 Prisoner consultation should be used to inform developments around violence reduction and improve perceptions of safety. (HP44)
 - 9.2 Managers should explore the reasons behind prisoners' distrust of some staff, and the poor perceptions of Muslim prisoners in particular, and take appropriate action. (HP45)
 - 9.3 Managers should encourage positive interaction by staff with prisoners, and model that behaviour themselves. (HP46)
 - 9.4 The specific needs of older, gay, transgender and bisexual prisoners and those with disabilities should be identified and addressed. (HP47)
 - 9.5 There should be custody planning for short-term and remand prisoners. (HP48)
 - 9.6 There should be structured accredited programmes for alcohol and drug use. (HP49)
 - 9.7 All prisoners should have access to some form of work, education or training. (HP50)
 - 9.8 A resettlement needs analysis of the population should be completed, and the results reflected in the policy document and acted on. (HP51)

Recommendation

To NOMS

-
- 9.9 National training, including regular refresher training, should be provided for legal services officers. (3.146)

Recommendations

To GSL

-
- 9.10 Prisoners should be returned from court in a timely manner. (1.8)
 - 9.11 Reception staff should be informed of when escort contractors are due to arrive to transfer prisoners to other establishments. (1.9)

Recommendations

To the mental health trust

-
- 9.12 The mental health trust should appoint a full-time team leader. (4.99)

- 9.13 The mental health trust should ensure that out-of-hours arrangements for its patients are in place. (4.100)

Recommendations

To the governor

Courts, escorts and transfers

- 9.14 Prisoners who are being transferred to other prisons should arrive in reception after those who are going to court have been dealt with. (1.10)
- 9.15 Arrangements for moving prisoners from vans to reception should be improved so that they spend the minimum amount of time on cellular vehicles. (1.11)
- 9.16 When prisoners arrive at the establishment without their property, they should be given advice and support on how they can retrieve it. (1.12)

First days in custody

- 9.17 There should be a suitable reception area for category A prisoners. (1.33)
- 9.18 Prisoners should be addressed by their preferred name on arrival in reception. (1.34)
- 9.19 All holding rooms should contain relevant information, and prisoners should have access to peer supporters in the reception area. (1.35)
- 9.20 Cell sharing risk assessments should be completed in a private room. (1.36)
- 9.21 All prisoners should be able to make a telephone call on arrival at the establishment. (1.37)
- 9.22 Prisoners should be offered a shower in reception or on their first night. (1.38)
- 9.23 Prisoners should be moved to their first night accommodation as soon as they have completed the reception process. (1.39)
- 9.24 Managers should explore prisoners' poor perceptions of safety on their first night at the establishment. (1.40)
- 9.25 Prisoners should be able to order canteen goods within 24 hours of arrival. (1.41)
- 9.26 Foreign national prisoners who do not speak English should be given the same information as that provided to other prisoners on the induction programme. (1.42)
- 9.27 Prisoners not located on G wing for their first night should receive an induction programme that informs them of the rules, regime and activities relevant to their location. (1.43)
- 9.28 Prisoners should be fully occupied for the duration of the induction programme. (1.44)
- 9.29 The triple A system should be reviewed to ensure that it delivers the intended outcomes for prisoners. (1.45)

- 9.30 G wing should not be used to hold prisoners who cannot be located elsewhere in the prison. (1.46)
- 9.31 Prisoners who are not able to be moved from G wing because they require extra support should have access to education and work. (1.47)

Residential units

- 9.32 Broken windows should be mended immediately. (2.18)
- 9.33 Two prisoners should not share accommodation designed for one. (2.19)
- 9.34 Prisoners should have access to showers in private. (2.20)
- 9.35 Prisoners should be able to shower or bath daily, before court appearances and before visits. (2.26)
- 9.36 Officers should be able to monitor cell bells when they are carrying out other checks. (2.22)
- 9.37 Prisoner consultative meetings should include representation from a variety of departments. Actions should be recorded and outcomes published. (2.23)
- 9.38 The dog kennels should be removed to a place not directly outside prisoners' accommodation. (2.24)
- 9.39 Delays in adding PIN telephone numbers to prisoners' accounts should be reduced. (2.25)
- 9.40 All telephones should be fitted with privacy hoods. (2.26)
- 9.41 The process for receiving property should be simplified. (2.27)

Staff–prisoner relationships

- 9.42 Prisoners should be addressed by their preferred name. (2.39)
- 9.43 Staff should challenge prisoners appropriately when their behaviour is poor. These warnings should be informal in most cases and allow prisoners the opportunity to amend their behaviour before warnings under the incentives and earned privileges (IEP) scheme are issued. (2.40)

Personal officers

- 9.44 All group officers should introduce themselves to the prisoners in their care within 24 hours of being allocated. (2.48)
- 9.45 Group officer contact with prisoners and entries in files should be weekly, and the guidance amended accordingly. (2.49)
- 9.46 Group officers should engage more with prisoners' progress through their sentence and reintegration back into the community, as envisaged in the scheme guide. (2.50)

Bullying and violence reduction

- 9.47 All areas of the prison should be represented at violence reduction meetings. (3.16)
- 9.48 Minutes of violence reduction meetings should record analysis and discussion about underlying reasons for violence and bullying and action should be taken. (3.17)
- 9.49 Information from the numerous prisoner safety surveys should be evaluated, brought together in one document and include an action plan to address identified issues. (3.18)
- 9.50 A full confidential survey of prisoners' experiences and perceptions of anti-social behaviour and violence should be carried out annually to inform policy. (3.19)
- 9.51 Appropriate interventions should be introduced to deal with the perpetrators of anti-social behaviour and support victims. (3.20)
- 9.52 Managers should monitor the quality of, and response to, targets for prisoners monitored on the anti-social behaviour strategy. (3.21)

Self-harm and suicide

- 9.53 All areas of the prison should be represented at safer prisons meetings. (3.42)
- 9.54 All staff should receive assessment, care in custody and teamwork (ACCT) refresher training. (3.43)
- 9.55 All night staff should carry an anti-ligature knife. (3.44)
- 9.56 Care suites should be provided on all wings. (3.45)
- 9.57 All prisoners should have access to a Listener at any time of day or night. (3.46)
- 9.58 Prisoners requesting access to a Listener during the night should only be offered a Samaritans telephone as an alternative if a Listener is not available. (3.47)
- 9.59 There should be investigations into apparent self-inflicted deaths within a week of release from custody, to establish learning. (3.48)
- 9.60 Fire hoses and any equipment necessary for introducing them into cells should be quickly accessible during the night, and night staff should receive fire safety training. (3.49)
- 9.61 All occupied cells should have cell cards with the names of prisoners in them clearly visible. (3.50)

Diversity

- 9.62 There should be monitoring of all minority groups in relation to access to the regime and issues of discipline and treatment. A multidisciplinary team, led by a senior manager, should ensure appropriate action is taken. (3.70)
- 9.63 The diversity team should be provided with administrative support. (3.71)

- 9.64 All staff should be trained in diversity and race equality awareness. (3.72)
- 9.65 The disability liaison officer should receive training for the role. (3.73)
- 9.66 The number of older prisoners and those with disabilities should be monitored and analysed to ensure that their needs are appropriately addressed, and prisoners should be consulted about their individual needs and care. (3.74)
- 9.67 The disability policy should set out how prisoners with a disability have been involved in its development. (3.75)
- 9.68 Up-to-date lists of prisoners with disabilities or mobility problems should be available to all wing staff, and a personal evacuation plan should be in place for all prisoners who need one. (3.76)
- 9.69 There should be dedicated adapted cells on all wings. (3.77)
- 9.70 Less able prisoners should have access to shower cubicles or baths that have been adapted for use. (3.78)
- 9.71 Appropriate adaptations should be made for accessing telephones for prisoners with hearing or mobility problems. (3.79)
- 9.72 The recommendations of the Dial UK survey should be implemented immediately. (3.80)
- 9.73 There should be a formal carer scheme for prisoners who require additional support. (3.81)
- 9.74 There should be forums for older prisoners. (3.82)
- 9.75 The needs of older prisoners and those with disabilities should be the responsibility of residential staff and the diversity team, as well as health services staff. (3.83)

Race equality

- 9.76 The race relations management team should investigate the reasons behind the poorer survey responses from Muslim prisoners. (3.97)
- 9.77 There should be clear terms of reference for consultations with prisoner diversity representatives, and minutes of meetings should identify and follow up action to be taken as a result of the meetings. (3.98)
- 9.78 There should be forums for black and minority ethnic prisoners to enable them to air their views and receive support. (3.99)
- 9.79 All prisoners should be able to obtain and submit racist incident report forms in confidence. (3.100)
- 9.80 Independent quality assurance of racist incident report forms should reflect current best practice. Outcomes from the process should be clearly recorded, and follow-up actions identified and carried out. (3.101)
- 9.81 Race equality impact assessments should be updated for key policies. (3.102)

- 9.82 There should be a calendar of events promoting cultural awareness throughout the year. (3.103)
- 9.83 The racist and discriminatory prisoner log should include interventions or action taken to address identified issues. (3.104)
- 9.84 There should be effective links between the race equality officer and the public protection team to identify and manage prisoners identified as racist. (3.105)
- 9.85 Prisoners who declare that they are racist or who have racist views should not automatically be downgraded to the basic regime when they have met targets set to address this. (3.106)

Foreign national prisoners

- 9.86 The foreign nationals policy should reflect current provision, clarify the roles of the foreign national and residential unit liaison officers, and ensure that it meets the needs of the population. (3.118)
- 9.87 Foreign national prisoners' forums should be held to gain collective views from this group, particularly in relation to safety. (3.119)
- 9.88 Staff should be made aware of all translating and interpreting services available. They should not rely on prisoner interpreters for confidential or complex matters or expect the foreign nationals officer routinely to arrange such services. (3.120)
- 9.89 Information in different languages should be provided to foreign national prisoners on a variety of subjects, including all policies relating to the management of prisoners. (3.121)
- 9.90 The procedure for the provision of free pin telephone credit to foreign national prisoners should be clarified and implemented immediately. (3.122)
- 9.91 The problems relating to faulty blue telephone cards should quickly be resolved with the suppliers. (3.123)
- 9.92 Translation services should be introduced for non-English-speaking visitors to book visits. (3.124)

Applications and complaints

- 9.93 Wing application logs should include information relating to who is dealing with the complaint, and when a response is received and given to prisoners. (3.132)
- 9.94 Responses to complaints should fully address the specific matters raised. (3.133)
- 9.95 Prisoners' lack of confidence in the complaints system should be engaged with and steps taken to improve matters and publicise these measures. (3.134)
- 9.96 A detailed written analysis of complaints should be carried out by ethnicity, disability, location and prisoner type. (3.135)

Legal rights

- 9.97 Information should be displayed to advise prisoners where they can get information about family and child care issues. (3.147)
- 9.98 Cover should be provided for the existing bail information officer in her absence. (3.148)

Substance use

- 9.99 Clinical services should be extended to offer a more flexible regime based on individual need, and incorporate stabilisation and maintenance provision. (3.163)
- 9.100 Clinical and counselling, assessment, referral, advice and throughcare (CARAT) services should be fully integrated, and jointly plan and review prisoners' care. (3.164)
- 9.101 The establishment should ensure that target tests are undertaken within the required timeframe. (3.165)
- 9.102 The supply reduction action plan should be updated and incorporated in the wider prison drug strategy. (3.166)

Vulnerable prisoners

- 9.103 There should be an investigation into the poor perceptions of safety on the vulnerable prisoner wings, and action taken as necessary. (3.181)
- 9.104 A thorough risk assessment should be undertaken for any young person accommodated with older adult men on all wings, and should address specific possible risks associated with accommodation on a vulnerable prisoner unit. This should be recorded. (3.182)

Health services

- 9.105 The waiting rooms in the main healthcare centre should be refurbished to provide appropriate seating. (4.70)
- 9.106 The television in the healthcare waiting rooms should show health promotion material, and other health promotion material should be available for prisoners to read. (4.71)
- 9.107 Toilet facilities should be available for all prisoners waiting to be seen in the healthcare department. (4.72)
- 9.108 Movement from the healthcare waiting rooms should be properly supervised to ensure that vulnerable prisoners do not feel threatened. (4.73)
- 9.109 All healthcare facilities, especially wing-based treatment rooms, should be subject to an infection control audit, and its findings acted on. (4.74)
- 9.110 The prison and the primary care trust should agree a refurbishment programme for all wing-based treatment rooms to ensure that health services are delivered in appropriately furnished

and equipped facilities. This should include the immediate refurbishment of the E wing treatment room. (4.75)

- 9.111 Inpatient beds should not form part of the prison's certified normal accommodation. (4.76)
- 9.112 A prisoner healthcare focus group should be implemented, with regular minuted meetings. (4.77)
- 9.113 Prisoners should be informed of all test results. (4.78)
- 9.114 The director of health should ensure that nursing staff are not used to assist health professionals in exercising their clinical duties, to ensure that clinical time is not wasted. This includes the use of a registered nurse to manage the centre office clinics. (4.79)
- 9.115 GP sessions should be altered so that clinic waiting times meet NHS standards. (4.80)
- 9.116 The healthcare application system should be revised to ensure that it meets the needs of patients and staff and is not subject to abuse. Application forms should have a pictorial alternative, as well as text. (4.81)
- 9.117 All patients should not be brought to the dental clinic at the same time, so that prisoners are not held in waiting rooms for long periods, only to find that there is no further clinical time left for them to be seen. (4.82)
- 9.118 The rates of prisoners failing to attend appointments should be regularly monitored and investigations undertaken to establish the cause for non-attendance. (4.83)
- 9.119 The systems for allocating and distributing medicines to treatment rooms should be improved. (4.84)
- 9.120 The in-possession risk assessments for each drug and patient should be fully documented, with reasons for the determination recorded. (4.85)
- 9.121 All prescriptions should be legally written and include the quantity prescribed. (4.86)
- 9.122 All pre-packs should be dual-labelled. When the pre-pack is dispensed against a prescription, one label should be removed from the pack and attached to the prescription chart, which should then be sent to the pharmacy so that the pharmacist can check that the prescription was appropriate and that the correct item was supplied. (4.87)
- 9.123 The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. Patient group directions should be produced to allow supply of more potent medicines by nursing staff, where appropriate. (4.88)
- 9.124 The security arrangements for keys to treatment rooms and controlled drugs cabinets should be tightened up. (4.89)
- 9.125 The plan for the central sterilising services department (CSSD) service should be implemented as soon as possible. In the meantime, dental instruments should be appropriately stored. (4.90)
- 9.126 The inpatient association room should be refurbished urgently. (4.91)

- 9.127 Daily cleaning schedules for the inpatient unit should include all areas of the unit. Regular monitoring of cleanliness, comparable with the NHS Patient Environment Action Team system, should be undertaken. (4.92)
- 9.128 A treatment room should be provided on the inpatient unit. (4.93)
- 9.129 The inpatient structure should ensure clear overall management responsibility for the unit, and the manager should be a registered nurse. (4.94)
- 9.130 The number and grades of discipline staff on the inpatient unit should be reviewed to ensure that the therapeutic purpose of the unit is not compromised. (4.95)
- 9.131 Mental health awareness training should be mandatory for all inpatient unit staff, with regular updates. (4.96)
- 9.132 Time out of cell on the inpatient unit should be increased. (4.97)
- 9.133 There should be provision for inpatients to dine out of cell. (4.98)
- 9.134 There should be a full range of mental health services, to cover both primary and acute mental health needs, and clarity about responsibility for delivering them. (4.101)
- 9.135 Specialist clinical psychology services for patients with personality disorders and mental health issues should be introduced. (4.102)
- 9.136 Day services should be available for those less able to cope with life on the wings. (4.103)
- 9.137 The day services venue should be changed to prevent disruption to therapy sessions. (4.104)

Learning and skills and work activities

- 9.138 Information, advice and guidance services should be extended to include all prisoners on entry to the prison. (5.17)
- 9.139 individual learning plan targets and reviews of learner progress should be refined and improved. (5.18)
- 9.140 There should be more vocational training and work opportunities for vulnerable prisoners to allow them to develop better employability skills. (5.19)
- 9.141 Discrete area for skills for life delivery and support for contract workshops should be provided. (5.20)
- 9.142 Library accommodation should be reviewed and extended. (5.21)
- 9.143 Accredited training should be provided for orderlies in the library. (5.22)

Physical education and health promotion

- 9.144 There should be robust systems on the wings to ensure that access to the gym is fair and equitable. (5.29)

Faith and religious activity

- 9.145 Regime activities should be scheduled to enable prisoners to attend corporate worship, without having to choose between key activities. (5.37)
- 9.146 Prisoners should not have to apply to attend any corporate worship. (5.38)
- 9.147 There should be a facility large enough for all Muslims to pray together, and adequate ablution facilities. (5.39)

Time out of cell

- 9.148 There should be a wider range of activities available to category A prisoners. (5.51)
- 9.149 The wing 'administrative time' should be part of the published core day. (5.52)
- 9.150 Association start and finish times should be adhered to. (5.53)
- 9.151 Vulnerable prisoners should have access to peer support. (5.54)
- 9.152 Staff should engage with prisoners proactively during association. (5.55)
- 9.153 All prisoners should have access to one hour a day in the fresh air. (5.56)

Security and rules

- 9.154 Prisoners should only be restricted from accessing activities on the basis of actual risk, rather than the number of security information reports relating to them. (6.13)
- 9.155 The frequency with which prisoners are required to move cells on the category A unit should be commensurate with their current security category. (6.14)
- 9.156 All strip searching should be logged, and related data regularly analysed by managers. (6.15)
- 9.157 All squat searches should be logged and sufficient authorisation evidenced in each case. (6.16)

Discipline

- 9.158 Data relating to adjudications should be collated and analysed routinely to identify and respond to emerging patterns and trends. (6.41)
- 9.159 Minutes from the use of force committee meeting should evidence quality discussion and analysis of the data presented. (6.42)
- 9.160 Mattresses in the dirty protest special accommodation should not be placed directly on the floor. (6.43)
- 9.161 The showers on the second landing of the segregation unit should be refurbished to an acceptable standard for use. (6.44)

- 9.162 All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls. (6.45)
- 9.163 The definition of long-term residents in the segregation unit should be clearly defined for staff, and such prisoners should be given access to gym facilities and risk-assessed association. (6.46)

Incentives and earned privileges

- 9.164 The incentives and earned privileges (IEP) policy should be impact assessed, to ensure that it is fair for all segments of the population (that is, older prisoners, black and minority ethnic prisoners, Muslim prisoners, vulnerable prisoners and prisoners with disabilities). (6.58)
- 9.165 Data related to the IEP scheme should be regularly analysed, and the results used to ensure consistent and fair application of the scheme and to inform future reviews of policy and practice. (6.59)
- 9.166 Prisoners should be reviewed regularly to ensure that they are on the appropriate level of the IEP scheme and as an ongoing incentive for positive behaviour. (6.60)
- 9.167 Prisoners should be notified of any warnings they receive under the IEP scheme. (6.61)
- 9.168 Prisoners should not receive a punishment on adjudication and then be placed on basic for the same incident. (6.62)

Catering

- 9.169 Food temperatures should be taken and recorded at the point of serving. (7.16)
- 9.170 The results of the catering survey should be analysed and the results used to improve provision. (7.17)
- 9.171 Breakfast should be served on the morning it is eaten. (7.18)
- 9.172 Fruit should be provided freely to all prisoners. (7.19)
- 9.173 Food should be served within 45 minutes of leaving the kitchen. (7.20)
- 9.174 Catering staff should be represented at wing consultation meetings, and issues raised by prisoners should be followed up and actions recorded. (7.21)
- 9.175 Prisoners queuing outside the serveries should be properly supervised. (7.22)
- 9.176 Opportunities should be provided for prisoners to dine in association; if prisoners are required to eat in their cells, toilets should be fully screened. (7.23)
- 9.177 Prisoners should be able to make a hot drink after evening lock-up. (7.24)

Prison shop

- 9.178 Prisoners, including black and minority ethnic prisoners, should be routinely consulted about the shop and the items available to them. (7.31)
- 9.179 Vulnerable prisoners on A wing should not be locked up during association when their shop goods are delivered. (7.32)
- 9.180 All prisoners should be able to order goods from catalogues. (7.33)

Strategic management of resettlement

- 9.181 Prisoner consultative meetings should include an agenda item about resettlement issues. (8.7)
- 9.182 Pre-discharge boards should be run at least six weeks before prisoners are released. (8.8)
- 9.183 Current provision in the resettlement pathways should be better publicised to prisoners, so that they are aware of whom to contact about the support available. (8.9)

Offender management and planning

- 9.184 Sentence planning boards should include contributions from all departments, to ensure that all appropriate needs are considered in preparing sentence plan objectives. (8.30)
- 9.185 Offender supervisors should not be tasked with PIN telephone clearances. (8.31)
- 9.186 The backlog of OASys assessments should be cleared. (8.32)
- 9.187 There should be sentence and custody planning for prisoners out of scope of offender management arrangements. (8.33)
- 9.188 Observation, classification and allocation (OCA) staff should establish links with prisons outside the north west area to facilitate moves for prisoners who need to undertake programmes at these establishments. (8.34)
- 9.189 All prisoners should receive written notification, in their own language, of any decisions relating to categorisation, with clear reasons for the decision reached. (8.35)
- 9.190 Lifer forums should have clear terms of reference; indeterminate-sentenced prisoners should be encouraged to attend and should have access to the minutes of the meeting. (8.36)

Resettlement pathways

- 9.191 Prisoners serving over 12 months but not in scope of offender management should receive ongoing support and advice from housing workers to address their housing needs. (8.48)
- 9.192 There should be monitoring of all prisoners released with no fixed abode, to identify any gaps in service provision and to form a strategy to support prisoners who are likely to be released homeless. (8.49)

- 9.193 Pre-release courses should be introduced and available to all prisoners before release. (8.50)
- 9.194 Vocational opportunities should be increased for vulnerable prisoners. (8.51)
- 9.195 Links with employers should be improved. (8.52)
- 9.196 Links between learning and skills and sentence planning should be formalised. (8.53)
- 9.197 Specialist debt advice services should be available to all prisoners. (8.54)
- 9.198 The drug strategy document should be updated and contain detailed action plans and performance measures. (8.69)
- 9.199 The establishment should ensure that appropriate management and supervision arrangements are in place for the counselling, assessment, referral, advice and throughcare (CARAT) service. (8.70)
- 9.200 The CARAT team, in partnership with health services, should offer structured psychosocial support to prisoners during and after detoxification or stabilisation. (8.71)
- 9.201 The CARAT service should develop a mechanism for service user feedback to inform future service provision. (8.72)
- 9.202 There should be a clear distinction between compliance and voluntary drug testing compacts. (8.73)
- 9.203 Prisoners subject to voluntary drug testing or compliance testing should not be strip searched. (8.74)
- 9.204 Alternative methods for booking visits should be provided and visitors should be able to book their next visit before the current visit ends. (8.93)
- 9.205 The visitor information booklet should be made available to prisoners on induction, so that they can send it to their visitors before their first visit. (8.94)
- 9.206 Visitors should be admitted to visits after their identity has been confirmed on the biometrics system, without having to produce proof of their identity on every visit. (8.95)
- 9.207 Alternative seating should be provided for those who have difficulty using the current seating (for example, pregnant women). (8.96)
- 9.208 The use of bibs for prisoners during visits should cease. (8.97)
- 9.209 The children's play area and refreshments facilities should be available during all visits sessions. (8.98)
- 9.210 The category A visits area should be improved, to include baby changing facilities, equitable access to refreshments, a children's play area and toys, and easier access for visitors with a disability. (8.199)
- 9.211 Family forums should include visitors to category A prisoners and should continue. (8.100)
- 9.212 All prisoners should have access to family visits. (8.101)

- 9.213 The children and families pathway policy should be developed to enhance contact with children and ensure that all prisoners have access to family visits, subject to risk assessment. (8.102)
- 9.214 Families should be more involved in day-to-day matters affecting their family members in custody. (8.103)
- 9.215 Release on temporary licence should be used for the purpose of maintaining family ties for suitably assessed category C and D prisoners. (8.104)
- 9.216 A victim awareness course should be provided for prisoners assessed as suitable to take it. (8.115)

Housekeeping points

First days in custody

- 9.217 The television in the holding room should be in working order and show information about the establishment. (1.48)

Residential units

- 9.218 Toilet seats should be replaced when broken. (2.28)
- 9.219 Notices should be in a variety of languages and formats to suit the needs of the population. (2.29)
- 9.220 The offensive display policy should be displayed throughout the establishment and applied consistently. (2.30)
- 9.221 Telephones should be available to use whenever prisoners are unlocked. (2.31)
- 9.222 Further investigation should be carried out into the perception that mail is routinely delivered late. (2.32)

Diversity

- 9.223 Race equality notices should include photographs of all key personnel involved in race equality matters, including prisoner representatives. (3.109)

Race equality

- 9.224 Race equality notices should include photographs of all key personnel involved in race equality matters, including prisoner representatives. (3.107)

Applications and complaints

- 9.225 A full range of complaint forms should be freely available in all residential locations. (3.136)

Substance use

- 9.226 The small gym on H wing should be used regularly by prisoners. (3.167)

Health services

- 9.227 The notice board used to identify clinics and prisoners attending the healthcare department should be relocated, so that the names of prisoners and clinics meet confidentiality requirements. (4.105)
- 9.228 All medicine refrigerators should be equipped with maximum/minimum thermometers and temperatures should be recorded daily to ensure that heat-sensitive items are stored within the 2–8°C range. Medicines should not be used if there is doubt about the suitability of their storage conditions. (4.106)
- 9.229 Patients should be required to sign for the in-possession medicines they collect. (4.107)
- 9.230 Only current pharmacy reference books should be in use. (4.108)
- 9.231 Lockable cupboards should be provided in the cells of patients who receive in-possession medication. (4.109)
- 9.232 Prescribing data should be used to demonstrate value for money, and to promote effective medicines management. (4.110)
- 9.233 The healthcare information booklet should be updated and produced to a sufficiently high standard. It should also be available in pictorial view and in languages other than English. (4.111)
- 9.234 Replacement lockable metal filing cabinets should be provided for dental clinical record storage. (4.112)
- 9.235 The room adjacent to the dental surgery should be renovated and equipped to provide storage areas for CSSD instrument packs, supplies and clinical records. (4.113)
- 9.236 'Clean' and 'dirty' zones in the dental surgery should be signed. (4.114)
- 9.237 There should be a quality assurance programme for dental radiographs. (4.115)
- 9.238 The dental surgery assistant should update resuscitation training. (4.116)
- 9.239 Oral health education literature should be available. (4.117)
- 9.240 Health promotion material and displays should be provided for inpatients. (4.118)
- 9.241 The temperature of the showers in the inpatient unit should be checked regularly. (4.119)

Physical education and health promotion

- 9.242 Drinking water should be provided in wing-based fitness rooms. (5.30)

Time out of cell

- 9.243 Association equipment should be kept in good condition and replacements made when needed. (5.57)

Discipline

- 9.244 Records should accurately reflect the levels of interaction between prisoners in the segregation unit and the staff involved. (6.47)

Catering

- 9.245 Training to reduce the cross-contamination of halal meals should be delivered to staff as well as prisoners. (7.25)
- 9.246 Food trolleys should not have their wing location identified. (7.26)

Resettlement pathways

- 9.247 Prisoners should not have to wait in the visits hall for long periods before their visitors arrive. (8.105)

Examples of good practice

Substance use

- 9.248 A dual diagnosis nurse saw prisoners with complex problems within 24 hours; she provided a good range of services and worked closely with the substance misuse team, as well as with wing staff. (3.168)
- 9.249 Officers staffing the drug treatment units had undertaken substance misuse awareness training, worked well with clinical staff and provided health promotion sessions post-detoxification. (3.169)
- 9.250 Pre-release case conferences were held for clients falling outside of the care programme approach. (3.170)

Resettlement pathways

- 9.251 The AddAction resettlement centre provided a comprehensive range of services and support to local prisoners and their families. (8.75)
- 9.252 Prisoners on the voluntary drug testing unit could access a range of courses and a peer support scheme. (8.76)
- 9.253 Family forums, where prisoners could meet the governor and key prison staff to discuss family matters and visits, were a good new initiative. (8.106)

Appendix I: Inspection team

Anne Owers	Chief Inspector
Sara Snell	Team leader
Karen Dillon	Inspector
Vinnett Pearcy	Inspector
Andrew Rooke	Inspector
Martin Owens	Inspector
Joss Crosbie	Inspector
Bridget McEvelly	Healthcare inspector
Nicola Rabjohns	Healthcare inspector
Sigrid Engelen	Substance use inspector
Steve Gascoigne	Pharmacy inspector
Jen Davies	Dental inspector
Sheila Willis	Ofsted inspector
Phil Romaine	Ofsted inspector
Stephen Miller	Ofsted inspector
Mike Skidmore	Researcher
Lucy Trussler	Researcher
Becks Buckingham	Guest

Appendix II: Prison population profile

Status	18–20 year olds	21 and over	%
Sentenced	2	719	59.43
Recall	1	115	9.56
Convicted unsentenced		135	11.13
Remand	2	211	17.55
Civil prisoners		2	0.16
Detainees		26	2.14
Total	5	1,208	100

Sentence	18–20 year olds	21 and over	%
Unsentenced	2	372	30.83
Less than 6 months		84	6.92
6 months to less than 12 months		67	5.52
12 months to less than 2 years	1	121	10.06
2 years to less than 4 years		178	14.67
4 years to less than 10 years		190	15.66
10 years and over (not life)		46	3.79
ISPP	2	10	8.98
Life		43	3.54
Total	5	1,208	100

Age	Number of prisoners	%
Please state minimum age	18	
Under 21 years	5	0.41
21 years to 29 years	545	45.34
30 years to 39 years	372	30.67
40 years to 49 years	191	15.75
50 years to 59 years	51	4.20
60 years to 69 years	31	2.56
70 plus years	13	1.07
Please state maximum age	78	
Total	1,208	100

Nationality	18–20 year olds	21 and over	%
British	4	1031	85.33
Foreign nationals	1	177	14.67
Total	5	1,208	100

Security category	18–20 year olds	21 and over	%
Uncategorised unsentenced		342	28.2
Uncategorised sentenced		10	0.82
Cat A	5	24	2.39
Cat B		134	11.04
Cat C		698	57.55

Cat D			
Other			
Total	5	1,208	100

Ethnicity	18–20 year olds	21 and over	%
White			
British	4	869	71.97
Irish		14	1.15
Other White		33	2.72
Mixed			
White and Black Caribbean		20	1.65
White and Black African		2	0.16
White and Asian		2	0.16
Other Mixed		18	1.48
Asian or Asian British			
Indian		20	1.65
Pakistani		43	3.54
Bangladeshi		4	0.33
Other Asian	1	50	4.20
Black or Black British			
Caribbean		41	3.38
African		18	1.48
Other Black		55	4.53
Chinese or other ethnic group			
Chinese		7	0.58
Other ethnic group		10	0.82
Not stated		2	0.16
Total	5	1,208	100

Religion	18–20 year olds	21 and over	%
Baptist		1	0.08
Church of England		265	21.85
Roman Catholic	1	254	21.02
Other Christian denominations		40	3.30
Muslim	1	141	11.7
Sikh		15	1.24
Hindu		3	0.25
Buddhist	2	40	3.46
Jewish		3	0.25
Other		7	0.58
No religion	1	439	36.27
Total	5	1,208	100

Sentenced prisoners only

Length of stay	18–20 year olds		21 and over	
	Number	%	Number	%
Less than 1 month			167	19.9
1 month to 3 months	1	0.12	164	19.55
3 months to 6 months			145	17.28
6 months to 1 year	2	0.24	169	20.14
1 year to 2 years			121	14.42
2 years to 4 years			59	7.03
4 years or more			10	1.19
Total	3	0.36	835	100

Unsentenced prisoners only

Length of stay	18–20 year olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.53	102	27.27
1 month to 3 months			127	33.96
3 months to 6 months			116	31.02
6 months to 1 year			21	5.61
1 year to 2 years			3	0.8
2 years to 4 years			3	0.8
4 years or more				
Total	2	0.53	372	100

Main offence	18–20 year olds	21 and over	%
Violence against the person	1	253	20.94
Sexual offences		133	10.96
Burglary		109	8.99
Robbery		131	10.80
Theft and handling		55	4.53
Fraud and forgery	1	50	4.2
Drugs offences		109	8.99
Other offences	2	233	19.4
Civil offences		2	0.16
Offence not recorded / holding warrant	1	133	11.04
Total	5	1208	100

Appendix III: Safety and staff–prisoner relationship interviews

Twenty-four prisoners were approached by the research team to undertake structured interviews regarding issues of safety and staff–prisoner relationships at HMP Manchester. Two individuals were randomly selected from each wing in the establishment, and two from the category A unit, vulnerable/own protection units on A and E wing, and landing one on H wing.

Location of interviews

	Number of interviews
A wing (inner) vulnerable prisoner unit	2
A wing (outer) unit	2
B wing	2
C wing	2
D wing	2
E wing (inner) vulnerable prisoner unit	2
E wing (outer) cat. A	2
G wing	2
H wing vulnerable prisoner landing	2
H wing	2
I wing	2
K wing	2
Total	24

Interviews were undertaken in a private interview room, and participation was voluntary. An interview schedule was used to maintain consistency; therefore, all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff-prisoner relationships.

The demographic information of interviewees is detailed below, followed by the results from each section.

Demographic information

- Length of time in prison on this sentence ranged from one week to three years.
- Length of time at HMP Manchester ranged from one week to two years and 10 months.
- Eighteen prisoners were sentenced (four on recall) and three were on remand.
- Sentence length ranged from 60 days to 12 years, and two were IPPs.
- Average age was 32 (ranging from 21 to 67).

- Six interviews were conducted with black and minority ethnic prisoners and 18 with white prisoners.
- Only two interviewees did not have English as a first language.
- Fourteen interviewees stated their religion as Christian, one Buddhist, one Rastafarian, two Muslims and six stated that they had no religion.
- Eight interviewees stated that they had a disability.
- One interviewee stated that he was a foreign national.

Safety

All interviewees were asked to identify areas of concern with regard to safety within HMP Manchester, as well as rating the problem on a scale of 1–4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Healthcare facilities	11	2.63	29 (1 st)
Staff behaviour with prisoners	8	3.12	25 (2 nd)
Lack of trust in staff	8	3	24 (3 rd)
Aggressive body language of staff	9	2.55	23 (=4 th)
Lack of confidence in staff	8	2.83	23 (=4 th)
Aggressive body language of prisoners	10	2.2	22 (6 th)
Overcrowding	10	2.1	21 (7 th)
Gang culture	6	3.33	20 (8 th)
Layout/structure of the prison	6	2.5	15 (9 th)
Response of staff with regard to fights/bullying/self harm in the prison	6	2.33	14 (=10 th)
Isolation (within the prison)	5	2.8	14 (=10 th)
Procedures for discipline (adjudications)	5	2.4	12 (12 th)
Surveillance cameras	5	2.2	11 (13 th)
Movement to work/education/gym	3	3.33	10 (14 th)
Number of staff on duty during association	3	3	9 (15 th)
Availability of drugs	5	1.6	8 (=16 th)
Lack of information about prison regime	5	1.6	8 (=16 th)
Number of staff on duty during the day	3	2.33	7 (18 th)
Existence of an illegal market	2	3	6 (=19 th)
The way meals are served	3	2	6 (=19 th)
Staff members giving favours in return for something	0	0	0 (21 st)

The top five issues were:

- 1 Healthcare facilities
- 2 Staff behaviour with prisoners
- 3 Lack of trust in staff
- = 4 Aggressive body language of staff
- = 4 Lack of confidence in staff
- 6 Aggressive body language of prisoners

Overall rating

Interviewees were asked to give an overall rating for safety at HMP Manchester, with 1 being very bad and 4 being very good.

The average rating was 2.95.

A breakdown of the scores given are shown in the table below; one person chose not to answer this question:

1	2	3	4
2 (9%)	5 (22%)	8 (35%)	8 (35%)

Differences in responses from black and minority ethnic prisoners

The most significant issues for the six black and minority ethnic interviewees were:

- Lack of trust in staff
- Aggressive body language from staff
- Staff behaviour to prisoners
- Healthcare
- Layout / structure of the prison

Differences in responses from vulnerable prisoners

The most significant issues for six vulnerable/ own protection prisoners interviewed were:

- Lack of trust in staff
- Aggressive body language from staff
- Aggressive body language from prisoners

Differences in responses from category A prisoners

The most significant issues for two category A prisoners interviewed were:

- Healthcare
- Lack of trust in staff

Staff–prisoner relationships

All interviewees were asked to rate their relationship with wing staff for the following questions. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
8 (33%)	13 (54%)	2 (8%)	1 (4%)

The average rating was 1.8

How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
13 (54%)	9 (38%)	2 (8%)	0 (0%)

The average rating was 1.5

How often do wing staff address you by your first name or by Mr?

1 Always	2	3	4 Never
5 (21%)	4 (17%)	4 (17%)	11 (46%)

The average rating was 2.9

How often do wing staff knock before entering your cell?

1 Always	2	3	4 Never
1 (4%)	1 (4%)	3 (13%)	19 (79%)

The average rating was 3.7

How helpful are staff generally with questions and day-to-day issues?

1 Very helpful	2	3	4 Not at all helpful
8 (33%)	9 (38%)	7 (29%)	0 (0%)

The average rating was 2.0

How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
17 (71%)	6 (25%)	1 (4%)	0 (0%)

The average rating was 1.3

Do staff treat prisoners fairly?

1 Completely	2	3	4 Not at all
12 (50%)	2 (8%)	8 (33%)	2 (8%)

The average rating was 2.0

Do staff members treat you fairly when applying the rules of the prison?

1 Completely	2	3	4 Not at all
16 (67%)	4 (17%)	3 (13%)	1 (4%)

The average rating was 1.9

Are staff fair and consistent in their approach to the IEP scheme?

1 Completely	2	3	4 Not at all
15 (63%)	4 (17%)	2 (8%)	3 (13%)

The average rating was 1.7

Would staff take it seriously if you were being victimised or bullied on the wing?

Yes	No	Depends who you approach
14 (58%)	3 (13%)	7 (29%)

How often do staff interact with you?

1 Always	2	3	4 Never
13 (54%)	3 (13%)	5 (21%)	3 (13%)

The average rating was 1.9

Do you have a member of staff to turn to if you have a problem?

Five (21%) stated that they did not. Of the 19 (79%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
11 (58%)	3 (16%)	2 (11%)	3 (11%)

The average rating was 1.8

Can you approach your personal officer?

Yes	No	Don't have one
18 (75%)	3 (13%)	3 (13%)

Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
15 (63%)	8 (33%)	1(4%)	0 (0%)

The average rating was 1.4

Do staff promote responsible behaviour?

1 Always	2	3	4 Never
18 (75%)	2 (8%)	1 (4%)	3 (13%)

The average rating was 1.5

Do staff provide assistance if you need it in applying for jobs/ education/ ROTL etc.?

1 Always	2	3	4 Never
20 (83%)	1 (4%)	2 (8%)	1 (4%)

The average rating was 1.3

Do staff actively encourage you to take part in activities outside your cell?

1 Always	2	3	4 Never
10 (42%)	3 (13%)	2 (8%)	9 (38%)

The average rating was 2.4

Have you ever been discriminated against by staff because of:

Your ethnicity

Yes	No
1 (4%)	23 (96%)

Your nationality

Yes	No
0 (0%)	24 (100%)

Your religion

Yes	No
1 (4%)	23 (96%)

Your age

Yes	No
0 (0%)	24 (100%)

A disability that you have

Yes	No
0 (0%)	24 (100%)

Your sexual orientation

Yes	No
0 (0%)	24 (100%)

Your sentence status i.e. vulnerable prisoner/remand/sentenced/recalled/IPP/lifer

Yes	No
0 (0%)	24 (100%)

Other types of discrimination.

One person said that they felt discriminated against by staff because of their size, being small.

Overall rating

Interviewees were asked to give an overall rating for staff–prisoner relationships at HMP Manchester, with 1 being excellent and 4 being poor.

The average rating was 2.0.

A breakdown of the scores given is shown in the table below:

1	2	3	4
6 (25%)	12 (50%)	5 (21%)	1 (4%)

Appendix IV: Summary of prisoner questionnaires

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 22 June 2009, the prisoner population at HMP Manchester was 1,226. The sample size was 137. Overall, this represented 11% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a local inmate database system (LIDS) prisoner population printout using a stratified systematic sampling method. This basically means that every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 124 respondents completed and returned their questionnaires. This represented 10% of the prison population. The response rate was 91%. In addition to the three respondents who refused to complete a questionnaire, eight questionnaires were not returned and two were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment were weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Manchester in 2004.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2009 survey between those that consider themselves to have a disability and those that do not consider themselves to have a disability.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures – that is, the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary, so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary – for example, 'Not sentenced' options across questions – may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2 % from those shown in the comparison data, as the comparator data have been weighted for comparison purposes.

Section 1: About You

Q1.2	How old are you?	
	<i>Under 21</i>	1%
	<i>21 - 29</i>	41%
	<i>30 - 39</i>	33%
	<i>40 - 49</i>	20%
	<i>50 - 59</i>	2%
	<i>60 - 69</i>	2%
	<i>70 and over</i>	1%
Q1.3	Are you sentenced?	
	<i>Yes</i>	57%
	<i>Yes - on recall</i>	13%
	<i>No - awaiting trial</i>	16%
	<i>No - awaiting sentence</i>	14%
	<i>No - awaiting deportation</i>	1%
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	31%
	<i>Less than 6 months</i>	5%
	<i>6 months to less than 1 year</i>	8%
	<i>1 year to less than 2 years</i>	7%
	<i>2 years to less than 4 years</i>	13%
	<i>4 years to less than 10 years</i>	20%
	<i>10 years or more</i>	4%
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	8%
	<i>Life</i>	4%
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	35%
	<i>6 months or less</i>	22%
	<i>More than 6 months</i>	43%
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	15%
	<i>1 to less than 3 months</i>	20%
	<i>3 to less than 6 months</i>	21%
	<i>6 to less than 12 months</i>	18%
	<i>12 months to less than 2 years</i>	13%
	<i>2 to less than 4 years</i>	7%
	<i>4 years or more</i>	7%
Q1.7	Are you a foreign national? (i.e. do not hold UK citizenship)	
	<i>Yes</i>	17%
	<i>No</i>	83%

Q1.8 Is English your first language?
 Yes..... 85%
 No..... 15%

Q1.9 What is your ethnic origin?

<i>White - British</i> 67%	<i>Asian or Asian British - Bangladeshi</i> 0%
<i>White - Irish</i> 2%	<i>Asian or Asian British - Other...</i> 2%
<i>White - Other</i> 2%	<i>Mixed Race - White and Black Caribbean</i> 3%
<i>Black or Black British - Caribbean</i> 7%	<i>Mixed Race - White and Black African</i> 3%
<i>Black or Black British - African</i> 2%	<i>Mixed Race - White and Asian</i> . 1%
<i>Black or Black British - Other...</i> 2%	<i>Mixed Race - Other</i> 0%
<i>Asian or Asian British - Indian</i> . 3%	<i>Chinese</i> 0%
<i>Asian or Asian British - Pakistani</i> 4%	<i>Other ethnic group</i> 2%

Q1.10 What is your religion?

<i>None</i> 21%	<i>Hindu</i> 2%
<i>Church of England</i> 29%	<i>Jewish</i> 0%
<i>Catholic</i> 27%	<i>Muslim</i> 10%
<i>Protestant</i> 2%	<i>Sikh</i> 2%
<i>Other Christian denomination</i> . 1%	<i>Other</i> 3%
<i>Buddhist</i> 3%	

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i> 95%
<i>Homosexual/Gay</i> 4%
<i>Bisexual</i> 1%
<i>Other</i> 0%

Q1.12 Do you consider yourself to have a disability?
 Yes..... 26%
 No..... 74%

Q1.13 How many times have you been in prison before?

<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
26%	12%	34%	27%

Q1.14 Including this prison, how many prisons have you been in during this sentence/remand time?

<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
58%	32%	10%

Q1.15 Do you have any children under the age of 18?
 Yes..... 63%
 No..... 37%

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was ...

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van	8%	40%	13%	19%	14%	5%	0%
Your personal safety during the journey	14%	54%	11%	10%	7%	3%	1%
The comfort of the van	3%	15%	12%	34%	34%	3%	0%
The attention paid to your health needs	9%	26%	23%	21%	15%	3%	4%
The frequency of toilet breaks	4%	18%	12%	15%	34%	4%	13%

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
45%	37%	12%	6%	1%

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
8%	55%	21%	9%	3%	3%

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	77%	23%	1%
Before you arrived here did you receive any written information about what would happen to you?	14%	82%	4%
When you first arrived here did your property arrive at the same time as you?	69%	25%	5%

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you)

<i>Didn't ask about any of these</i>	18%	<i>Money worries</i>	14%
<i>Loss of property</i>	7%	<i>Feeling depressed or suicidal</i>	54%
<i>Housing problems</i>	24%	<i>Health problems</i>	58%
<i>Contacting employers</i>	7%	<i>Needing protection from other prisoners</i>	27%
<i>Contacting family</i>	50%	<i>Accessing phone numbers</i>	38%
<i>Ensuring dependants were being looked after</i>	11%	<i>Other</i>	1%

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply)

Didn't have any problems ...	28%	Money worries.....	23%
Loss of property	13%	Feeling depressed or suicidal.	22%
Housing problems.....	21%	Health problems.....	22%
Contacting employers	5%	Needing protection from other prisoners	13%
Contacting family	35%	Accessing phone numbers.....	34%
Ensuring dependants were looked after	12%	Other.....	2%

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	88%	8%	4%
When you were searched, was this carried out in a respectful way?	59%	36%	5%

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
6%	37%	24%	20%	10%	4%

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply)

Information about what was going to happen to you	40%
Information about what support was available for people feeling depressed or suicidal	50%
Information about how to make routine requests	30%
Information about your entitlement to visits.....	36%
Information about health services	38%
Information about the chaplaincy	42%
Not offered anything	34%

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply)

A smokers/non-smokers pack	90%
The opportunity to have a shower.....	13%
The opportunity to make a free telephone call.....	71%
Something to eat.....	79%
Did not receive anything	3%

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply)

Chaplain or religious leader	49%
Someone from health services.....	64%
A listener/Samaritans.....	15%
Did not meet any of these people	19%

- Q3.8 Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?**
 Yes 5%
 No 95%
- Q3.9 Did you feel safe on your first night here?**
 Yes 57%
 No 33%
 Don't remember 11%
- Q3.10 How soon after your arrival did you go on an induction course?**
Have not been on an induction course 22%
 Within the first week 60%
 More than a week 12%
 Don't remember 6%
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
Have not been on an induction course 23%
 Yes 46%
 No 21%
 Don't remember 10%

Section 4: Legal rights and respectful custody

- Q4.1 How easy is to?**
- | | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> | <i>N/A</i> |
|--|------------------|-------------|----------------|------------------|-----------------------|------------|
| Communicate with your solicitor or legal representative? | 8% | 35% | 17% | 28% | 13% | 0% |
| Attend legal visits? | 11% | 56% | 17% | 9% | 5% | 3% |
| Obtain bail information? | 5% | 16% | 24% | 16% | 18% | 20% |
- Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?**
Not had any letters 8%
 Yes 48%
 No 43%
- Q4.3 Please answer the following questions about the wing/unit you are currently living on:**
- | | <i>Yes</i> | <i>No</i> | <i>Don't know</i> | <i>N/A</i> |
|---|------------|-----------|-------------------|------------|
| Are you normally offered enough clean, suitable clothes for the week? | 39% | 53% | 2% | 5% |
| Are you normally able to have a shower every day? | 74% | 26% | 0% | 0% |

Do you normally receive clean sheets every week?	67%	30%	2%	2%
Do you normally get cell cleaning materials every week?	71%	26%	2%	0%
Is your cell call bell normally answered within five minutes?	43%	34%	19%	4%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	31%	2%	0%
Can you normally get your stored property, if you need to?	15%	54%	28%	3%

Q4.4 What is the food like here?

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
2%	21%	20%	31%	26%

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

<i>Have not bought anything yet</i>	6%
Yes.....	41%
No.....	53%

Q4.6 Is it easy or difficult to get either

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form	31%	47%	6%	6%	3%	8%
An application form	39%	53%	3%	3%	0%	3%

Q4.7 Have you made an application?

Yes.....	92%
No.....	8%

Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	9%	47%	45%
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	9%	38%	54%

Q4.9 Have you made a complaint?

Yes.....	47%
No.....	53%

Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	53%	8%	39%

Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	53%	12%	34%
Were you given information about how to make an appeal?	34%	14%	52%

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

<i>Not made a complaint</i>	53%
Yes	12%
No	35%

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
41%	3%	11%	18%	15%	12%

Q4.13 Please answer the following questions about your religious beliefs?

	Yes	No	<i>Don't know/ N/A</i>
Do you feel your religious beliefs are respected?	51%	21%	28%
Are you able to speak to a religious leader of your faith in private if you want to?	59%	9%	32%

Q4.14 Can you speak to a listener at any time, if you want to?

Yes	No	<i>Don't know</i>
56%	13%	30%

Q4.15 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	68%	32%
Do most staff treat you with respect?	55%	45%

Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	52%
No	48%

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	29%
No	71%

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply)

<i>Never felt unsafe</i>	50%	<i>At meal times</i>	8%
<i>Everywhere</i>	16%	<i>At health services</i>	7%
<i>Segregation unit</i>	8%	<i>Visit's area</i>	14%
<i>Association areas</i>	10%	<i>In wing showers</i>	13%

Reception area.....	12%	In gym showers.....	2%
At the gym.....	3%	In corridors/stairwells	9%
In an exercise yard	11%	On your landing/wing	11%
At work.....	12%	In your cell	8%
During Movement	12%	At religious services	1%
At education.....	3%		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes.....	32%
No.....	68%

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

Insulting remarks (about you or your family or friends).....	18%	Because you were new here ..	6%
Physical abuse (being hit, kicked or assaulted)	10%	Because of your sexuality	0%
Sexual abuse.....	0%	Because you have a disability	3%
Because of your race or ethnic origin	8%	Because of your religion/religious beliefs	2%
Because of drugs.....	3%	Being from a different part of the country than others.....	6%
Having your canteen/property taken	9%	Because of your offence/ crime.....	9%

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes.....	44%
No.....	56%

Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)

Insulting remarks (about you or your family or friends).....	19%	Because of your sexuality	0%
Physical abuse (being hit, kicked or assaulted)	11%	Because you have a disability	6%
Sexual abuse.....	1%	Because of your religion/religious beliefs	2%
Because of your race or ethnic origin	10%	Being from a different part of the country than others.....	6%
Because of drugs.....	4%	Because of your offence/ crime.....	8%
Because you were new here..	11%		

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	50%
Yes.....	15%
No.....	36%

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes..... 33%
 No..... 67%

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes..... 39%
 No..... 61%

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

Very easy *Easy* *Neither* *Difficult* *Very difficult* *Don't know*
 14% 13% 7% 8% 4% 54%

Section 6: Health services

Q6.1 How easy or difficult is it to see the following people:

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	10%	7%	21%	9%	34%	19%
The nurse	12%	9%	31%	13%	19%	16%
The dentist	14%	2%	6%	5%	35%	38%
The optician	33%	2%	4%	10%	24%	28%

Q6.2 Are you able to see a pharmacist?

Yes..... 44%
 No..... 56%

Q6.3 What do you think of the quality of the health service from the following people:

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	12%	5%	31%	15%	20%	17%
The nurse	17%	9%	34%	14%	14%	11%
The dentist	29%	6%	17%	14%	16%	18%
The optician	47%	5%	15%	10%	11%	11%

Q6.4 What do you think of the overall quality of the health services here?

Not been *Very good* *Good* *Neither* *Bad* *Very bad*
 10% 2% 28% 18% 20% 23%

Q6.5 Are you currently taking medication?

Yes..... 46%
 No..... 54%

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

Not taking medication..... 55%

- Yes..... 21%
 No..... 24%
- Q6.7 Do you feel you have any emotional well being/ mental health issues?**
 Yes..... 33%
 No..... 67%
- Q6.8 Are your emotional well-being/ mental health issues being addressed by any of the following? (Please tick all that apply)**
Do not have any issues / Not receiving any help 83%
 Doctor..... 6%
 Nurse..... 3%
 Psychiatrist..... 10%
 Mental Health In Reach team..... 9%
 Counsellor..... 2%
 Other..... 4%
- Q6.9 Did you have a problem with either of the following when you came into this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 29% | 71% |
| Alcohol | 27% | 73% |
- Q6.10 Have you developed a problem with either of the following since you have been in this prison?**
- | | Yes | No |
|---------|-----|-----|
| Drugs | 11% | 89% |
| Alcohol | 4% | 96% |
- Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?**
 Yes..... 35%
 No..... 12%
Did not / do not have a drug or alcohol problem..... 53%
- Q6.12 Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?**
 Yes..... 28%
 No..... 19%
Did not / do not have a drug or alcohol problem..... 53%
- Q6.13 Was the intervention or help you received, whilst in this prison, helpful?**
 Yes..... 21%
 No..... 6%
Did not have a problem/Have not received help..... 72%

Q6.14 Do you think you will have a problem with either of the following when you leave this prison?

	Yes	No	Don't know
Drugs	14%	71%	15%
Alcohol	9%	74%	17%

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?

Yes.....	13%
No.....	21%
N/A.....	66%

Section 7: Purposeful Activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply)

Prison job	47%
Vocational or skills training	20%
Education (including basic skills)	27%
Offending behaviour programmes	9%
Not involved in any of these.....	32%

Q7.2 If you have been involved in any of the following, whilst in prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	24%	29%	35%	12%
Vocational or skills training	33%	38%	14%	14%
Education (including basic skills)	32%	46%	11%	11%
Offending behaviour programmes	36%	31%	21%	13%

Q7.3 How often do you go to the library?

Don't want to go.....	6%
Never.....	14%
Less than once a week.....	13%
About once a week.....	45%
More than once a week.....	12%
Don't know.....	9%

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
21%	30%	8%	14%	18%	5%	4%

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
10%	19%	30%	18%	19%	3%

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

<i>Less than 2 hours</i>	13%
<i>2 to less than 4 hours</i>	18%
<i>4 to less than 6 hours</i>	12%
<i>6 to less than 8 hours</i>	23%
<i>8 to less than 10 hours</i>	16%
<i>10 hours or more</i>	8%
<i>Don't know</i>	10%

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	Don't know
0%	1%	5%	27%	60%	8%

Q7.8 How often do staff normally speak to you during association time?

<i>Do not go on association</i>	3%
<i>Never</i>	19%
<i>Rarely</i>	29%
<i>Some of the time</i>	35%
<i>Most of the time</i>	10%
<i>All of the time</i>	3%

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?

<i>Still have not met him/her</i>	48%
<i>In the first week</i>	20%
<i>More than a week</i>	12%
<i>Don't remember</i>	20%

Q8.2 How helpful do you think your personal officer is?

<i>Do not have a personal officer</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
48%	8%	20%	14%	3%	7%

Q8.3 Do you have a sentence plan/OASys?

<i>Not sentenced</i>	32%
<i>Yes</i>	38%
<i>No</i>	30%

Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	62%
	<i>Very involved</i>	8%
	<i>Involved</i>	18%
	<i>Neither</i>	3%
	<i>Not very involved</i>	4%
	<i>Not at all involved</i>	6%
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	62%
	<i>Yes</i>	25%
	<i>No</i>	13%
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	63%
	<i>Yes</i>	19%
	<i>No</i>	18%
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	
	<i>Not sentenced</i>	32%
	<i>Yes</i>	15%
	<i>No</i>	53%
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	14%
	<i>No</i>	86%
Q8.9	Have you had any problems with sending or receiving mail?	
	<i>Yes</i>	48%
	<i>No</i>	46%
	<i>Don't know</i>	6%
Q8.10	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	35%
	<i>No</i>	64%
	<i>Don't know</i>	1%
Q8.11	Did you have a visit in the first week that you were here?	
	<i>Not been here a week yet</i>	2%
	<i>Yes</i>	43%
	<i>No</i>	47%
	<i>Don't remember</i>	7%

- Q8.12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)**
Don't know what my entitlement is 19%
 Yes..... 61%
 No..... 21%
- Q8.13 How many visits did you receive in the last week?**

<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
3%	53%	40%	4%	1%
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**
 Yes..... 41%
 No 59%
- Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply)**

<i>Don't know who to contact..</i>	62%	<i>Help with your finances in preparation for release.....</i>	8%
<i>Maintaining good relationships.....</i>	11%	<i>Claiming benefits on release...</i>	21%
<i>Avoiding bad relationships.....</i>	9%	<i>Arranging a place at college/continuing education on release</i>	11%
<i>Finding a job on release.....</i>	18%	<i>Continuity of health services on release</i>	15%
<i>Finding accommodation on release</i>	19%	<i>Opening a bank account.....</i>	9%
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply)**

<i>No problems</i>	38%	<i>Help with your finances in preparation for release.....</i>	32%
<i>Maintaining good relationships</i>	13%	<i>Claiming benefits on release...</i>	32%
<i>Avoiding bad relationships.....</i>	13%	<i>Arranging a place at college/continuing education on release</i>	21%
<i>Finding a job on release.....</i>	47%	<i>Continuity of health services on release</i>	18%
<i>Finding accommodation on release</i>	41%	<i>Opening a bank account.....</i>	29%
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**
Not sentenced 32%
 Yes..... 28%
 No 40%



Prisoner Survey Responses HMP Manchester 2009

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Manchester	Local prisons comparator	HMP Manchester 2009	HMP Manchester 2004
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		124	4055	124	113
SECTION 1: General Information					
2	Are you under 21 years of age?	1%	5%	1%	2%
3a	Are you sentenced?	70%	68%	70%	81%
3b	Are you on recall?	13%	10%	13%	
4a	Is your sentence less than 12 months?	13%	19%	13%	20%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	4%	8%	
5	Do you have six months or less to serve?	22%	35%	22%	29%
6	Have you been in this prison less than a month?	15%	24%	15%	
7	Are you a foreign national?	17%	14%	17%	13%
8	Is English your first language?	85%	89%	85%	96%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	29%	25%	29%	20%
10	Are you Muslim?	11%	11%	11%	
11	Are you homosexual/gay or bisexual?	5%	5%	5%	
12	Do you consider yourself to have a disability?	26%	19%	26%	
13	Is this your first time in prison?	26%	32%	26%	28%
14	Have you been in more than 5 prisons this time?	10%	8%	10%	
15	Do you have any children under the age of 18?	63%	53%	63%	61%
SECTION 2: Transfers and Escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	48%	50%	48%	24%
1b	Was your personal safety during the journey good/very good?	69%	61%	69%	46%
1c	Was the comfort of the van good/very good?	17%	14%	17%	7%
1d	Was the attention paid to your health needs good/very good?	35%	31%	35%	18%
1e	Was the frequency of toilet breaks good/very good?	22%	13%	22%	8%
2	Did you spend more than four hours in the van?	6%	5%	6%	8%
3	Were you treated well/very well by the escort staff?	64%	66%	64%	52%
4a	Did you know where you were going when you left court or when transferred from another prison?	77%	71%	77%	77%
4b	Before you arrived here did you receive any written information about what would happen to you?	14%	14%	14%	12%
4c	When you first arrived here did your property arrive at the same time as you?	70%	81%	70%	69%

Key to tables

		HMP Manchester	Local prisons comparator	HMP Manchester 2009	HMP Manchester 2004
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	7%	29%	7%	
1c	Housing problems?	24%	28%	24%	
1d	Problems contacting employers?	7%	14%	7%	
1e	Problems contacting family?	50%	43%	50%	
1f	Problems ensuring dependants were looked after?	11%	12%	11%	
1g	Money problems?	14%	23%	14%	
1h	Problems of feeling depressed/suicidal?	54%	43%	54%	
1i	Health problems?	58%	51%	58%	
1j	Problems in needing protection from other prisoners?	27%	24%	27%	
1k	Problems accessing phone numbers?	38%	34%	38%	
2	When you first arrived:				
2a	Did you have any problems?	72%	76%	72%	71%
2b	Did you have any problems with loss of property?	13%	11%	13%	15%
2c	Did you have any housing problems?	21%	23%	21%	18%
2d	Did you have any problems contacting employers?	5%	7%	5%	4%
2e	Did you have any problems contacting family?	35%	31%	35%	23%
2f	Did you have any problems ensuring dependants were being looked after?	12%	10%	12%	7%
2g	Did you have any money worries?	23%	25%	23%	32%
2h	Did you have any problems with feeling depressed or suicidal?	22%	23%	22%	28%
2i	Did you have any health problems?	22%	26%	22%	21%
2j	Did you have any problems with needing protection from other prisoners?	13%	5%	13%	11%
2k	Did you have problems accessing phone numbers?	34%	35%	34%	
3a	Were you seen by a member of health services in reception?	88%	85%	88%	87%
3b	When you were searched in reception, was this carried out in a respectful way?	59%	71%	59%	55%
4	Were you treated well/very well in reception?	43%	62%	43%	47%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	40%	43%	40%	47%
5b	Information about what support was available for people feeling depressed or suicidal?	50%	45%	50%	47%
5c	Information about how to make routine requests?	30%	33%	30%	29%
5d	Information about your entitlement to visits?	36%	42%	36%	45%
5e	Information about health services?	38%	44%	38%	
5f	Information about the chaplaincy?	43%	50%	43%	

Key to tables

		HMP Manchester	Local prisons comparator	HMP Manchester 2009	HMP Manchester 2004
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	90%	79%	90%	84%
6b	The opportunity to have a shower?	13%	35%	13%	22%
6c	The opportunity to make a free telephone call?	72%	52%	72%	79%
6d	Something to eat?	79%	80%	79%	83%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	49%	49%	49%	49%
7b	Someone from health services?	64%	68%	64%	60%
7c	A listener/Samaritans?	15%	28%	15%	28%
8	Did you have access to the prison shop/canteen within the first 24 hours?	5%	24%	5%	12%
9	Did you feel safe on your first night here?	57%	73%	57%	69%
10	Have you been on an induction course?	78%	74%	78%	75%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	60%	57%	60%	56%
SECTION 4: Legal Rights and Respectful Custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	43%	43%	43%	
1b	Attend legal visits?	67%	58%	67%	
1c	Obtain bail information?	21%	28%	21%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	48%	42%	48%	53%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	39%	51%	39%	56%
3b	Are you normally able to have a shower every day?	74%	82%	74%	95%
3c	Do you normally receive clean sheets every week?	67%	81%	67%	74%
3d	Do you normally get cell cleaning materials every week?	71%	63%	71%	74%
3e	Is your cell call bell normally answered within five minutes?	43%	39%	43%	40%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	62%	68%	65%
3g	Can you normally get your stored property, if you need to?	15%	30%	15%	24%
4	Is the food in this prison good/very good?	23%	26%	23%	14%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	41%	44%	41%	28%
6a	Is it easy/very easy to get a complaints form?	78%	81%	78%	71%
6b	Is it easy/very easy to get an application form?	92%	84%	92%	79%
7	Have you made an application?	92%	81%	92%	75%

Key to tables

		HMP Manchester	Local prisons comparator	HMP Manchester 2009	HMP Manchester 2004
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	51%	54%	51%	41%
8b	Do you feel applications are dealt with promptly? (within 7 days)	41%	50%	41%	44%
9	Have you made a complaint?	47%	48%	47%	42%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	16%	35%	16%	9%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	26%	38%	26%	18%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	25%	25%	25%	23%
10c	Were you given information about how to make an appeal?	14%	28%	14%	19%
12	Is it easy/very easy to see the Independent Monitoring Board?	14%	32%	14%	23%
13a	Do you feel your religious beliefs are respected?	51%	52%	51%	51%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	54%	60%	56%
14	Are you able to speak to a Listener at any time, if you want to?	56%	62%	56%	68%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	67%	68%	60%
15b	Do most staff, in this prison, treat you with respect?	56%	70%	56%	55%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	52%	39%	52%	43%
2	Do you feel unsafe in this prison at the moment?	29%	21%	29%	
4	Have you been victimised by another prisoner?	32%	22%	32%	30%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	18%	11%	18%	15%
5b	Hit, kicked or assaulted you?	10%	8%	10%	11%
5c	Sexually abused you?	0%	1%	0%	1%
5d	Victimised you because of your race or ethnic origin?	8%	4%	8%	3%
5e	Victimised you because of drugs?	3%	3%	3%	3%
5f	Taken your canteen/property?	9%	4%	9%	4%
5g	Victimised you because you were new here?	6%	5%	6%	7%
5h	Victimised you because of your sexuality?	0%	1%	0%	
5i	Victimised you because you have a disability?	3%	2%	3%	
5j	Victimised you because of your religion/religious beliefs?	2%	3%	2%	
5k	Victimised you because you were from a different part of the country?	6%	4%	6%	7%
5l	Victimised you because of your offence/crime?	9%	14%	9%	

Key to tables

Any percent highlighted in green is significantly better	HMP Manchester	Local prisons comparator
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		

SECTION 5: Safety continued

6	Have you been victimised by a member of staff?	44%	26%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	19%	12%
7b	Hit, kicked or assaulted you?	11%	4%
7c	Sexually abused you?	1%	2%
7d	Victimised you because of your race or ethnic origin?	10%	5%
7e	Victimised you because of drugs?	4%	5%
7f	Victimised you because you were new here?	11%	5%
7g	Victimised you because of your sexuality?	0%	1%
7h	Victimised you because you have a disability?	6%	3%
7i	Victimised you because of your religion/religious beliefs?	2%	3%
7j	Victimised you because you were from a different part of the country?	6%	7%
7k	Victimised you because of your offence/crime?	8%	13%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	29%	39%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	33%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	39%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	26%	32%

SECTION 6: Healthcare

1a	Is it easy/very easy to see the doctor?	28%	29%
1b	Is it easy/very easy to see the nurse?	40%	43%
1c	Is it easy/very easy to see the dentist?	8%	10%
1d	Is it easy/very easy to see the optician?	5%	13%
2	Are you able to see a pharmacist?	44%	47%
For those who have been to the following services, do you think the quality of the health service from following is good/very good:			
3a	The doctor?	41%	48%
3b	The nurse?	53%	61%
3c	The dentist?	33%	35%
3d	The optician?	38%	37%
4	The overall quality of health services?	33%	45%

HMP Manchester 2009	HMP Manchester 2004
44%	30%
19%	19%
11%	3%
1%	0%
10%	5%
4%	5%
11%	3%
0%	
6%	
2%	
6%	2%
8%	
29%	7%
33%	
39%	
26%	28%
28%	
40%	
8%	
5%	
44%	
41%	37%
53%	35%
33%	23%
38%	25%
33%	23%

Key to tables

		HMP Manchester	Local prisons comparator	HMP Manchester 2009	HMP Manchester 2004
Any percent highlighted in green is significantly better					
Any percent highlighted in blue is significantly worse					
Any percent highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Healthcare continued					
5	Are you currently taking medication?	46%	46%	46%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	47%	60%	47%	
7	Do you feel you have any emotional well being/mental health issues?	33%	39%	33%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	42%	59%	42%	
8b	A doctor?	21%	52%	21%	
8c	A nurse?	9%	40%	9%	
8d	A psychiatrist?	33%	27%	33%	
8e	The Mental Health In-Reach Team?	27%	47%	27%	
8f	A counsellor?	6%	26%	6%	
9a	Did you have a drug problem when you came into this prison?	29%	28%	29%	19%
9b	Did you have an alcohol problem when you came into this prison?	27%	22%	27%	14%
10a	Have you developed a drug problem since you have been in this prison?	11%	10%	11%	
10b	Have you developed an alcohol problem since you have been in this prison?	4%	19%	4%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	74%	83%	74%	
12	Have you received any help or intervention whilst in this prison?	60%	70%	60%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	78%	84%	78%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	29%	32%	29%	25%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	26%	31%	26%	18%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	38%	61%	38%	33%
SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	47%	56%	47%	
1b	Vocational or skills training?	20%	30%	20%	
1c	Education (including basic skills)?	27%	42%	27%	
1d	Offending Behaviour Programmes?	10%	28%	10%	

Key to tables

	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Manchester	Local prisons comparator	HMP Manchester 2009	HMP Manchester 2004
Purposeful Activity continued					
2ai	Have you had a job whilst in prison?	76%	66%	76%	64%
For those who have had a prison job whilst in prison:					
2aii	Do you feel the job will help you on release?	38%	42%	38%	23%
2bi	Have you been involved in vocational or skills training whilst in prison?	67%	57%	67%	53%
For those who have had vocational or skills training whilst in prison:					
2bii	Do you feel the vocational or skills training will help you on release?	57%	52%	57%	47%
2ci	Have you been involved in education whilst in prison?	68%	68%	68%	60%
For those who have been involved in education whilst in prison:					
2cii	Do you feel the education will help you on release?	67%	56%	67%	50%
2di	Have you been involved in offending behaviour programmes whilst in prison?	64%	54%	64%	51%
For those who have been involved in offending behaviour programmes whilst in prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	48%	50%	48%	35%
3	Do you go to the library at least once a week?	57%	34%	57%	44%
4	On average, do you go to the gym at least twice a week?	37%	41%	37%	
5	On average, do you go outside for exercise three or more times a week?	37%	38%	37%	47%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	9%	8%	4%
7	On average, do you go on association more than five times each week?	60%	47%	60%	71%
8	Do staff normally speak to you most of the time/all of the time during association?	14%	17%	14%	13%
SECTION 8: Resettlement					
1	Do you have a personal officer?	52%	42%	52%	22%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	56%	67%	56%	67%
For those who are sentenced:					
3	Do you have a sentence plan?	56%	40%	56%	41%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	68%	66%	68%	50%
5	Can you achieve some/all of your sentence plan targets in this prison?	65%	67%	65%	
6	Are there plans for you to achieve some/all your targets in another prison?	52%	56%	52%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	23%	32%	23%	
8	Do you feel that any member of staff has helped you to prepare for release?	14%	16%	14%	
9	Have you had any problems with sending or receiving mail?	48%	42%	48%	49%
10	Have you had any problems getting access to the telephones?	35%	31%	35%	32%
11	Did you have a visit in the first week that you were here?	43%	37%	43%	42%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	61%	65%	61%	59%

Key to tables

	Any percent highlighted in green is significantly better	HMP Manchester	Local prisons comparator	HMP Manchester 2009	HMP Manchester 2004
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Resettlement continued					
13	Did you receive one or more visits in the last week?	45%	38%	45%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	41%	44%	41%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	11%	17%	11%	
15c	Avoiding bad relationships?	9%	11%	9%	
15d	Finding a job on release?	18%	39%	18%	32%
15e	Finding accommodation on release?	19%	42%	19%	33%
15f	With money/finances on release?	8%	29%	8%	23%
15g	Claiming benefits on release?	21%	44%	21%	38%
15h	Arranging a place at college/continuing education on release?	11%	29%	11%	22%
15i	Accessing health services on release?	15%	35%	15%	21%
15j	Opening a bank account on release?	9%	28%	9%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	13%	15%	13%	
16c	Avoiding bad relationships?	13%	14%	13%	
16d	Finding a job?	47%	55%	47%	
16e	Finding accommodation?	41%	49%	41%	
16f	Money/finances?	32%	53%	32%	
16g	Claiming benefits?	32%	38%	32%	
16h	Arranging a place at college/continuing education?	21%	34%	21%	
16i	Accessing health services?	18%	24%	18%	
16j	Opening a bank account?	29%	41%	29%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	42%	49%	42%	53%



Prisoner Survey Responses (Wing Analysis) HMP Manchester 2009

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		VP Wings	Main Wings
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		22	102
SECTION 1: General Information			
2	Are you under 21 years of age?	0%	1%
3a	Are you sentenced?	90%	66%
3b	Are you on recall?	10%	14%
4a	Is your sentence less than 12 months?	5%	14%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	8%
5	Do you have six months or less to serve?	13%	23%
6	Have you been in this prison less than a month?	5%	17%
7	Are you a foreign national?	23%	15%
8	Is English your first language?	89%	85%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	5%	33%
11	Are you Muslim?	9%	11%
12	Are you homosexual/gay or bisexual?	5%	5%
13	Do you consider yourself to have a disability?	32%	24%
14	Is this your first time in prison?	33%	25%
15	Have you been in more than 5 prisons this time?	5%	11%
16	Do you have any children under the age of 18?	64%	63%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	43%	49%
1b	Was your personal safety during the journey good/very good?	76%	67%
1c	Was the comfort of the van good/very good?	19%	17%
1d	Was the attention paid to your health needs good/very good?	38%	34%
1e	Was the frequency of toilet breaks good/very good?	19%	23%
2	Did you spend more than four hours in the van?	10%	5%
3	Were you treated well/very well by the escort staff?	67%	63%
4a	Did you know where you were going when you left court or when transferred from another prison?	72%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	14%	14%
4c	When you first arrived here did your property arrive at the same time as you?	67%	70%

Key to tables

Any percent highlighted in green is significantly better	VP Wings	Main Wings
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		

SECTION 3: Reception, first night and induction		
1	In the first 24 hours, did staff ask you if you needed help/support with the following:	
1b	Problems with loss of property?	5% 7%
1c	Housing problems?	14% 27%
1d	Problems contacting employers?	0% 8%
1e	Problems contacting family?	32% 54%
1f	Problems ensuring dependants were looked after?	9% 11%
1g	Money problems?	9% 15%
1h	Problems of feeling depressed/suicidal?	55% 54%
1i	Health problems?	59% 58%
1j	Problems in needing protection from other prisoners?	41% 23%
1k	Problems accessing phone numbers?	27% 41%
2	When you first arrived:	
2a	Did you have any problems?	95% 67%
2b	Did you have any problems with loss of property?	15% 12%
2c	Did you have any housing problems?	20% 21%
2d	Did you have any problems contacting employers?	0% 7%
2e	Did you have any problems contacting family?	40% 34%
2f	Did you have any problems ensuring dependants were being looked after?	5% 13%
2g	Did you have any money worries?	15% 24%
2h	Did you have any problems with feeling depressed or suicidal?	50% 15%
2i	Did you have any health problems?	35% 19%
2j	Did you have any problems with needing protection from other prisoners?	45% 5%
2k	Did you have problems accessing phone numbers?	45% 32%
3a	Were you seen by a member of health services in reception?	86% 88%
3b	When you were searched in reception, was this carried out in a respectful way?	45% 62%
4	Were you treated well/very well in reception?	41% 44%
5	On your day of arrival, were you offered any of the following information:	
5a	Information about what was going to happen to you?	14% 46%
5b	Information about what support was available for people feeling depressed or suicidal?	45% 51%
5c	Information about how to make routine requests?	18% 33%
5d	Information about your entitlement to visits?	27% 38%
5e	Information about health services?	32% 40%
5f	Information about the chaplaincy?	36% 44%

Key to tables

Any percent highlighted in green is significantly better	VP Wings	Main Wings
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		

SECTION 3: Reception, first night and induction continued

6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	82%	92%
6b	The opportunity to have a shower?	5%	14%
6c	The opportunity to make a free telephone call?	68%	72%
6d	Something to eat?	64%	83%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	38%	52%
7b	Someone from health services?	57%	65%
7c	A listener/Samaritans?	0%	19%
8	Did you have access to the prison shop/canteen within the first 24 hours?	0%	6%
9	Did you feel safe on your first night here?	41%	60%
10	Have you been on an induction course?	48%	84%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	50%	61%

SECTION 4: Legal Rights and Respectful Custody

1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	50%	41%
1b	Attend legal visits?	74%	66%
1c	Obtain bail information?	16%	22%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	50%	48%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	50%	37%
3b	Are you normally able to have a shower every day?	59%	78%
3c	Do you normally receive clean sheets every week?	86%	62%
3d	Do you normally get cell cleaning materials every week?	77%	70%
3e	Is your cell call bell normally answered within five minutes?	52%	40%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	64%	68%
3g	Can you normally get your stored property, if you need to?	18%	14%
4	Is the food in this prison good/very good?	27%	23%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	39%
6a	Is it easy/very easy to get a complaints form?	64%	81%
6b	Is it easy/very easy to get an application form?	81%	94%
7	Have you made an application?	95%	91%

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference	VP Wings	Main Wings
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	50%	51%
8b	Do you feel applications are dealt with promptly? (within 7 days)	35%	43%
9	Have you made a complaint?	59%	44%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	25%	14%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	17%	29%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	31%	24%
10c	Were you given information about how to make an appeal?	14%	15%
12	Is it easy/very easy to see the Independent Monitoring Board?	26%	12%
13a	Do you feel your religious beliefs are respected?	57%	50%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	65%	58%
14	Are you able to speak to a Listener at any time, if you want to?	59%	56%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	55%	71%
15b	Do most staff, in this prison, treat you with respect?	57%	55%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	82%	46%
2	Do you feel unsafe in this prison at the moment?	52%	23%
4	Have you been victimised by another prisoner?	73%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	45%	11%
5b	Hit, kicked or assaulted you?	27%	6%
5c	Sexually abused you?	0%	0%
5d	Victimised you because of your race or ethnic origin?	9%	8%
5e	Victimised you because of drugs?	5%	2%
5f	Taken your canteen/property?	23%	6%
5g	Victimised you because you were new here?	5%	6%
5h	Victimised you because of your sexuality?	0%	0%
5i	Victimised you because you have a disability?	14%	1%
5j	Victimised you because of your religion/religious beliefs?	5%	1%
5l	Victimised you because you were from a different part of the country?	9%	5%
5m	Victimised you because of your offence/crime?	41%	2%

Key to tables

	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference	VP Wings	Main Wings
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	64%	40%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	23%	18%
7b	Hit, kicked or assaulted you?	18%	9%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	9%	10%
7e	Victimised you because of drugs?	9%	3%
7f	Victimised you because you were new here?	9%	11%
7g	Victimised you because of your sexuality?	0%	0%
7h	Victimised you because you have a disability?	9%	5%
7i	Victimised you because of your religion/religious beliefs?	0%	2%
7k	Victimised you because you were from a different part of the country?	5%	6%
7l	Victimised you because of your offence/crime?	27%	3%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	25%	31%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	72%	25%
10	Have you ever felt threatened or intimidated by a member of staff in here?	60%	34%
11	Is it easy/very easy to get illegal drugs in this prison?	19%	28%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	29%	28%
1b	Is it easy/very easy to see the nurse?	33%	42%
1c	Is it easy/very easy to see the dentist?	14%	7%
1d	Is it easy/very easy to see the optician?	9%	5%
2	Are you able to see a pharmacist?	42%	44%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	42%	41%
3b	The nurse?	56%	53%
3c	The dentist?	37%	31%
3d	The optician?	55%	33%
4	The overall quality of health services?	30%	33%

Key to tables

		VP Wings	Main Wings
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	68%	41%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	40%	50%
7	Do you feel you have any emotional well being/mental health issues?	50%	30%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	28%	50%
8b	A doctor?	18%	23%
8c	A nurse?	9%	9%
8d	A psychiatrist?	28%	36%
8e	The Mental Health In-Reach Team?	37%	23%
8f	A counsellor?	9%	5%
9a	Did you have a drug problem when you came into this prison?	38%	27%
9b	Did you have an alcohol problem when you came into this prison?	30%	26%
10a	Have you developed a drug problem since you have been in this prison?	5%	12%
10b	Have you developed an alcohol problem since you have been in this prison?	0%	4%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	45%	81%
12	Have you received any help or intervention whilst in this prison?	42%	66%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	80%	77%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	33%	29%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	30%	25%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	23%	43%

Key to tables

	Any percent highlighted in green is significantly better	VP Wings	Main Wings
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	59%	44%
1b	Vocational or skills training?	0%	24%
1c	Education (including basic skills)?	14%	30%
1d	Offending Behaviour Programmes?	14%	9%
2ai	Have you had a job whilst in this prison?	76%	76%
For those who have had a prison job whilst in this prison:			
2aii	Do you feel the job will help you on release?	31%	40%
2bi	Have you been involved in vocational or skills training whilst in this prison?	53%	70%
For those who have had vocational or skills training whilst in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	38%	60%
2ci	Have you been involved in education whilst in this prison?	56%	70%
For those who have been involved in education whilst in this prison:			
2cii	Do you feel the education will help you on release?	66%	67%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	60%	66%
For those who have been involved in offending behaviour programmes whilst in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	50%	48%
3	Do you go to the library at least once a week?	68%	55%
4	On average, do you go to the gym at least twice a week?	19%	41%
5	On average, do you go outside for exercise three or more times a week?	27%	40%
6	On average, do you spend ten or more hours out of your cell on a weekday?	5%	8%
7	On average, do you go on association more than five times each week?	64%	59%
8	Do staff normally speak to you most of the time/all of the time during association?	9%	15%
SECTION 8: Resettlement			
1	Do you have a personal officer?	55%	52%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	42%	59%
For those who are sentenced:			
3	Do you have a sentence plan?	58%	56%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	55%	72%
5	Can you achieve some/all of your sentence plan targets in this prison?	45%	72%
6	Are there plans for you to achieve some/all your targets in another prison?	40%	56%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	16%	25%
8	Do you feel that any member of staff has helped you to prepare for release?	10%	15%
9	Have you had any problems with sending or receiving mail?	59%	46%
10	Have you had any problems getting access to the telephones?	45%	33%
11	Did you have a visit in the first week that you were here?	45%	42%
12	Did you receive one or more visits in the last week?	41%	46%

Key to tables

Any percent highlighted in green is significantly better	VP Wings	Main Wings
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
Resettlement continued		
For those who have had visits:		
14	Have you been helped to maintain contact with family/friends whilst in this prison?	41% 41%
15	Do you know who to contact within this prison to get help with the following:	
15b	Maintaining good relationships?	11% 11%
15c	Avoiding bad relationships?	5% 10%
15d	Finding a job on release?	5% 21%
15e	Finding accommodation on release?	11% 21%
15f	With money/finances on release?	11% 7%
15g	Claiming benefits on release?	16% 22%
15h	Arranging a place at college/continuing education on release?	0% 13%
15i	Accessing health services on release?	5% 17%
15j	Opening a bank account on release?	0% 11%
16	Do you think you will have a problem with any of the following on release from prison?	
16b	Maintaining good relationships?	16% 12%
16c	Avoiding bad relationships?	16% 12%
16d	Finding a job?	58% 45%
16e	Finding accommodation?	69% 36%
16f	Money/finances?	47% 28%
16g	Claiming benefits?	53% 27%
16h	Arranging a place at college/continuing education?	31% 19%
16i	Accessing health services?	37% 14%
16j	Opening a bank account?	31% 28%
For those who are sentenced:		
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	44% 41%



Key questions (Disability Analysis) HMP Manchester 2009

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		31	90
1.3	Are you sentenced?	73%	68%
1.7	Are you a foreign national?	17%	16%
1.8	Is English your first language?	90%	84%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	16%	32%
1.10	Are you Muslim?	3%	12%
1.12	Do you consider yourself to have a disability?		
1.13	Is this your first time in prison?	23%	27%
2.1d	Was the attention paid to your health needs good/very good?	47%	32%
2.3	Were you treated well/very well by the escort staff?	62%	64%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	72%	79%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	47%	52%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	53%	55%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	60%
3.2a	Did you have any problems when you first arrived?	90%	65%
3.3a	Were you seen by a member of healthcare staff in reception?	78%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	58%	60%
3.4	Were you treated well/very well in reception?	45%	42%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	67%	63%
3.9	Did you feel safe on your first night here?	45%	62%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.10	Have you been on an induction course?	68%	81%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	55%	37%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	39%	40%
4.3b	Are you normally able to have a shower every day?	68%	76%
4.3e	Is your cell call bell normally answered within five minutes?	39%	44%
4.4	Is the food in this prison good/very good?	29%	21%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	37%	43%
4.6a	Is it easy/very easy to get a complaints form?	79%	78%
4.6b	Is it easy/very easy to get an application form?	93%	92%
4.9	Have you made a complaint?	52%	44%
4.13a	Do you feel your religious beliefs are respected?	47%	53%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	61%
4.14	Are you able to speak to a Listener at any time, if you want to?	53%	57%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	63%	71%
4.15b	Do most staff, in this prison, treat you with respect?	58%	55%
5.1	Have you ever felt unsafe in this prison?	60%	49%
5.2	Do you feel unsafe in this prison at the moment?	40%	24%
5.4	Have you been victimised by another prisoner?	50%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	6%
5.5i	Victimised you because you have a disability?	14%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%
5.6	Have you been victimised by a member of staff?	60%	39%

Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	8%
5.7h	Victimised you because you have a disability?	20%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	52%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	45%	36%
5.11	Is it easy/very easy to get illegal drugs in this prison?	47%	20%
6.1a	Is it easy/very easy to see the doctor?	32%	27%
6.1b	Is it easy/ very easy to see the nurse?	57%	35%
6.2	Are you able to see a pharmacist?	27%	49%
6.5	Are you currently taking medication?	65%	41%
6.7	Do you feel you have any emotional well being/mental health issues?	68%	20%
7.1a	Are you currently working in the prison?	57%	43%
7.1b	Are you currently undertaking vocational or skills training?	11%	23%
7.1c	Are you currently in education (including basic skills)?	21%	28%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	18%	7%
7.3	Do you go to the library at least once a week?	60%	55%
7.4	On average, do you go to the gym at least twice a week?	32%	38%
7.5	On average, do you go outside for exercise three or more times a week?	28%	40%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	7%	8%
7.7	On average, do you go on association more than five times each week?	63%	60%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	10%	15%
8.1	Do you have a personal officer?	57%	51%
8.9	Have you had any problems sending or receiving mail?	39%	51%
8.10	Have you had any problems getting access to the telephones?	33%	35%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	62%	62%



Key Question Responses (Ethnicity, Nationality and Religion) HMP Manchester 2009

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
Any percent highlighted in green is significantly better							
Any percent highlighted in blue is significantly worse							
Any percent highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		35	88	20	99	13	111
1.3	Are you sentenced?	60%	73%	47%	75%	62%	71%
1.7	Are you a foreign national?	38%	7%			38%	14%
1.8	Is English your first language?	62%	96%	25%	99%	50%	89%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.			69%	21%	100%	21%
1.10	Are you Muslim?	34%	0%	25%	8%		
1.12	Do you consider yourself to have a disability?	15%	30%	26%	26%	8%	28%
1.13	Is this your first time in prison?	40%	20%	74%	17%	46%	24%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	28%	38%	41%	34%	40%	35%
2.3	Were you treated well/very well by the escort staff?	63%	64%	63%	64%	75%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	66%	81%	42%	82%	50%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	49%	50%	35%	54%	46%	51%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	51%	56%	55%	55%	38%	56%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	54%	60%	50%	60%	54%	59%
3.2a	Did you have any problems when you first arrived?	88%	65%	79%	72%	91%	70%
3.3a	Were you seen by a member of healthcare staff in reception?	89%	87%	70%	91%	85%	88%
3.3b	When you were searched in reception, was this carried out in a respectful way?	58%	61%	50%	62%	54%	60%
3.4	Were you treated well/very well in reception?	40%	45%	40%	44%	23%	45%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	55%	67%	53%	67%	69%	63%
3.9	Did you feel safe on your first night here?	40%	63%	35%	60%	38%	59%
3.10	Have you been on an induction course?	89%	73%	89%	76%	92%	76%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	44%	42%	42%	31%	44%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	38%	39%	53%	36%	25%	41%
4.3b	Are you normally able to have a shower every day?	74%	74%	80%	72%	62%	76%
4.3e	Is your cell call bell normally answered within five minutes?	53%	38%	53%	40%	38%	43%
4.4	Is the food in this prison good/very good?	26%	23%	35%	21%	31%	23%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	38%	42%	50%	40%	46%	41%
4.6a	Is it easy/very easy to get a complaints form?	77%	78%	75%	79%	77%	78%
4.6b	Is it easy/very easy to get an application form?	91%	92%	95%	91%	92%	92%
4.9	Have you made a complaint?	34%	51%	47%	47%	45%	47%
4.13a	Do you feel your religious beliefs are respected?	55%	49%	60%	48%	50%	52%
4.13b	Are you able to speak to a religious leader of your faith in private if you want to?	67%	56%	63%	58%	85%	56%
4.14	Are you able to speak to a Listener at any time, if you want to?	59%	56%	35%	59%	54%	57%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	74%	66%	65%	68%	69%	68%
4.15b	Do most staff, in this prison, treat you with respect?	56%	55%	60%	54%	38%	58%
5.1	Have you ever felt unsafe in this prison?	55%	52%	55%	53%	50%	52%
5.2	Do you feel unsafe in this prison at the moment?	30%	28%	40%	27%	25%	29%
5.4	Have you been victimised by another prisoner?	30%	33%	40%	31%	17%	33%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	21%	4%	30%	4%	8%	8%
5.5i	Have you been victimised because you have a disability? (By prisoners)	0%	5%	5%	3%	0%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	1%	10%	0%	0%	2%
5.6	Have you been victimised by a member of staff?	42%	45%	40%	45%	34%	45%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	27%	4%	30%	6%	8%	10%
5.7h	Have you been victimised because you have a disability? (By staff)	3%	7%	5%	6%	8%	6%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	0%	0%	2%	0%	2%

Key to tables

		BME prisoners	White prisoners	Foreign National prisoners	British National Prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	29%	35%	44%	31%	9%	36%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	38%	39%	39%	39%	50%	38%
5.11	Is it easy/very easy to get illegal drugs in this prison?	10%	33%	17%	29%	8%	28%
6.1a	Is it easy/very easy to see the doctor?	21%	31%	21%	29%	8%	30%
6.1b	Is it easy/ very easy to see the nurse?	29%	45%	37%	40%	18%	43%
6.2	Are you able to see a pharmacist?	55%	39%	46%	44%	50%	43%
6.5	Are you currently taking medication?	32%	51%	40%	47%	38%	47%
6.7	Do you feel you have any emotional well being/mental health issues?	27%	36%	53%	31%	23%	35%
7.1a	Are you currently working in the prison?	39%	49%	56%	46%	42%	47%
7.1b	Are you currently undertaking vocational or skills training?	30%	16%	23%	19%	34%	18%
7.1c	Are you currently in education (including basic skills)?	49%	18%	56%	21%	34%	26%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	15%	7%	11%	10%	25%	8%
7.3	Do you go to the library at least once a week?	56%	58%	55%	56%	54%	58%
7.4	On average, do you go to the gym at least twice a week?	52%	31%	35%	37%	66%	33%
7.5	On average, do you go outside for exercise three or more times a week?	34%	39%	20%	39%	28%	38%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	3%	9%	0%	9%	0%	8%
7.7	On average, do you go on association more than five times each week?	49%	64%	42%	63%	54%	61%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	13%	5%	14%	0%	15%
8.1	Do you have a personal officer?	53%	51%	45%	52%	46%	53%
8.9	Have you had any problems sending or receiving mail?	50%	48%	45%	49%	62%	47%
8.10	Have you had any problems getting access to the telephones?	33%	35%	40%	35%	50%	34%
8.12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	49%	66%	42%	64%	55%	61%