

Report on an unannounced inspection of

# **HMP Liverpool**

by HM Chief Inspector of Prisons

**4–15 September 2017**

This inspection was carried out with assistance from colleagues at the General Pharmaceutical Council and in partnership with the following bodies:



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# Contents

Introduction	5
Fact page	7
About this inspection and report	9
Summary	11
Section 1. Safety	21
Section 2. Respect	29
Section 3. Purposeful activity	43
Section 4. Rehabilitation and release planning	49
Section 5. Summary of recommendations and good practice	55
Section 6. Appendices	61
Appendix I: Inspection team	61
Appendix II: Progress on recommendations from the last report	63
Appendix III: Photographs	73
Appendix IV: Prison population profile	77
Appendix V: Prisoner survey methodology and results	81

### **Glossary of terms**

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectors.gov.uk/hmiprisons/about-our-inspections/>

# Introduction

HMP Liverpool is a local category B prison that serves the Merseyside area. At the time of the inspection it held 1,155 men. It can fairly be described as a traditional local jail with a very strong sense of local identity. This is immediately obvious to visitors, including inspectors from HM Inspectorate of Prisons. The prison was last inspected in May 2015; on that occasion it was judged as 'not sufficiently good' in all four of our healthy prison tests.

At the 2015 inspection we made 89 recommendations. We found at this inspection that just 22 of those recommendations had been fully achieved, 14 partially achieved and 53 not achieved. Far from improving in the intervening period, the prison had deteriorated in the areas of respect and purposeful activity and these were judged as poor. The remaining two areas were judged still to be 'not sufficiently good.' However, the bare statistics of the failure to respond to previous inspection findings do not adequately describe the abject failure of HMP Liverpool to offer a safe, decent and purposeful environment. In this introduction I shall point to some of the major issues we identified during the inspection, but to understand the reality of conditions in the prison it is essential to study the detail of this report.

Violence of all kinds had increased since the last inspection. Over a third of prisoners told us they felt unsafe at the time of our inspection, and half said they had been victimised by staff. Although the recorded use of force had reduced, it was still high. Governance was poor and not sufficiently accountable. A contributory factor to the violence was highly likely to have been the prevalence of illicit drugs in the prison. Nearly two-thirds of prisoners told us it was easy or very easy to obtain drugs; their perception appeared to be fully justified. Of those prisoners tested for drugs, there was a very high positive testing rate of 37.5%. The drug supply reduction strategy was clearly not working.

The regime, in effect the timetable ruling the prisoners' lives at Liverpool, was unacceptably poor and although increased staffing levels had helped to stabilise it, it had not improved. The outcome was that whereas in the past it had been unpredictably poor, it had now become predictably poor, leaving prisoners locked in their cells for long periods of time. During the inspection we found that half of the prisoners were locked in their cells during the working day.

Some of the most concerning findings were around the squalid living conditions endured by many prisoners. Many cells were not fit to be used and should have been decommissioned. Some had emergency call bells that were not working but were nevertheless still occupied, presenting an obvious danger to prisoners. There were hundreds of unrepaired broken windows, with jagged glass left in the frames. Many lavatories were filthy, blocked or leaking. There were infestations of cockroaches in some areas, broken furniture, graffiti, damp and dirt. In one extreme case, I found a prisoner who had complex mental health needs being held in a cell that had no furniture other than a bed. The windows of both the cell and the toilet recess were broken, the light fitting in his toilet was broken with wires exposed, the lavatory was filthy and appeared to be blocked, his sink was leaking and the cell was dark and damp. Extraordinarily, this man had apparently been held in this condition for some weeks. The inspectors had brought this prisoner's circumstances to the attention of the prison, and it should not have needed my personal intervention for this man to be moved from such appalling conditions.

The prison was generally untidy and in many places there were piles of rubbish. During the course of the inspection, efforts were made to clear some of it, but there was simply too much. I saw piles of rubbish that had clearly been there for a long time, and in which inspectors reported seeing rats on a regular basis. I was told by a senior member of staff that it had not been cleared by prisoners employed as cleaning orderlies because it presented a health and safety risk. It was so bad that external contractors were to be brought in to deal with it. In other words, this part of the jail had become so dirty, infested and hazardous to health that it could not be cleaned.

It is hard to understand how the leadership of the prison could have allowed the situation to deteriorate to this extent. While much of what we found was clearly the responsibility of local prison managers, there had been a broader organisational failure. We saw clear evidence that local prison managers had sought help from regional and national management to improve conditions they knew to be unacceptable long before our arrival, but the resulting support was inadequate and had made little impact on outcomes for prisoners. There was a backlog of some 2,000 maintenance tasks and it was clear that facilities management at the prison was in a parlous state. The inspection team was highly experienced and could not recall having seen worse living conditions than those at HMP Liverpool.

We could see no credible plan to address these basic issues. On the contrary, the presence of inspectors seemed to provoke some piecemeal and superficial attempts at cleaning and the like, but the fear was that this would stop as soon as we left, which is clearly what happened after the last inspection.

There were also significant failings in the leadership and management of activities and in health care. The management of learning and skills had been unstable for some time and the speed of improvement had been slow. There were too few full-time activity places and managers could not ensure that prisoners attended sessions regularly and on time.

While primary health care had improved, staff shortages had a negative impact on all aspects of health services. Care for inpatients and the large number of prisoners with mental health problems was especially concerning. Inpatients had a very poor regime and were offered little therapeutic activity. The integrated mental health and substance misuse team did not have capacity to meet the needs of a complex population and we came across prisoners waiting several months for an appointment.

While there were some good staff-prisoner relationships and the key worker scheme was showing some real promise, only 55% of prisoners said that most staff treated them with respect. The piles of unanswered applications we found in a staff office reflected the dismissive approach that too many staff took towards prisoners.

Although there are several change projects underway at the prison, none of these will address the basic failings that were so painfully obvious at HMP Liverpool. I was particularly concerned that there did not appear to be effective leadership or sufficiently rigorous external oversight to drive the prison forward in a meaningful way. This report makes it crystal clear that leaders at all levels, both within the prison and beyond, had presided over the failure to address the concerns raised at the last inspection.

**Peter Clarke CVO OBE QPM**  
HM Chief Inspector of Prisons

November 2017

# Fact page

## Task of the establishment

HMP Liverpool is a local category B prison serving the Merseyside area

## Certified normal accommodation and operational capacity

Prisoners held at the time of inspection:	1,155
Certified normal capacity:	1,173
Operational capacity:	1,300

## Notable features from this inspection

68 prisoners were supported through assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm at the time of our inspection.

Four prisoners had taken their own lives since our last inspection; two more suspected self-inflicted deaths took place shortly after our inspection.

Force used 288 times in the last six months.

Over 2,000 outstanding maintenance tasks to repair damaged cells and residential units.

Half of all prisoners locked in their cells during the working day.

Almost 25% of prisoners who should have had an OASys (offender assessment system) did not have one.

## Prison status (public or private) and key providers

Public

Physical health provider:	Lancashire Care NHS Foundation Trust
Mental health provider:	Lancashire Care NHS Foundation Trust
Substance misuse provider:	Clinical services: Lancashire Care NHS Foundation Trust. Psychosocial services: Change Grow Live.
Learning and skills provider:	Novus
Community rehabilitation company (CRC):	Merseyside CRC, which was run by Purple Futures
Escort contractor:	GeoAmey

## Region/Department

North west

## Brief history

HMP Liverpool was built in 1855 to replace a much older establishment. It holds remand and convicted prisoners, in addition to a vulnerable prisoner population.

## Short description of residential units

A:	First night centre
B:	Generic wing with four landings and the segregation unit on B1
F:	Generic wing with five landings
G:	Generic wing with five landings
H:	Generic wing. Many men have substance misuse problems.

I: Generic wing with five landings  
K: Vulnerable prisoner unit  
J: J1 vulnerable prisoners; J2 enhanced prisoners

**Name of governor and date in post**

Peter Francis, 2014

**Independent Monitoring Board chair**

Margaret McKinney

**Date of last full inspection**

May 2015



# About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons 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 tests are:

**Safety** Prisoners, particularly 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.

**Rehabilitation and release planning** Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

- **Outcomes for prisoners are good.**

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

- **Outcomes for prisoners are reasonably good.**

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

- **Outcomes for prisoners are not sufficiently good.**

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.

- **Outcomes for prisoners are poor.**  
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.
- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.
- A8 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## This report

- A9 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.<sup>1</sup> The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A10 Details of the inspection team and the prison population profile can be found in the appendices.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in the final appendix of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>2</sup>

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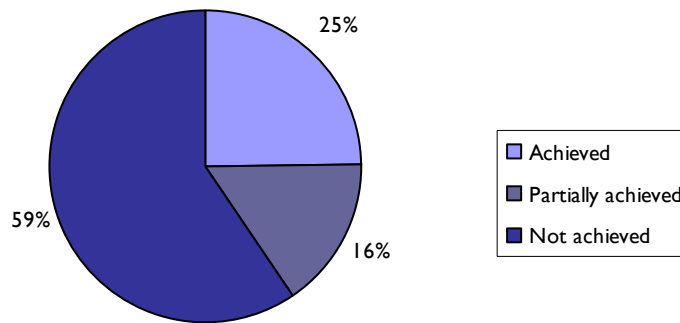
<sup>1</sup> <https://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/>

<sup>2</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# Summary

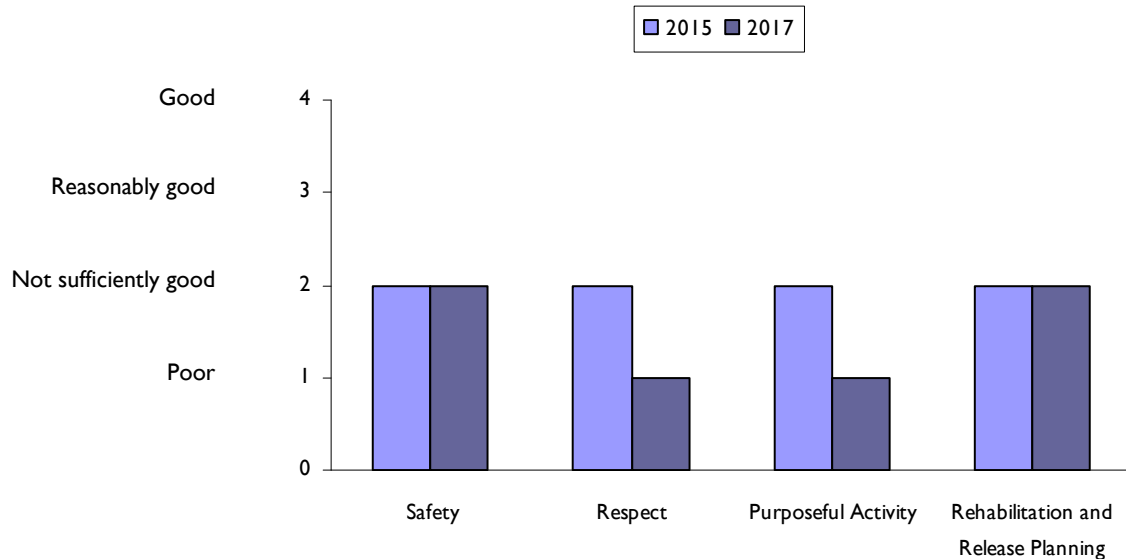
- S1 We last inspected HMP Liverpool in 2015 and made 89 recommendations overall. The prison fully accepted 77 of the recommendations and partially (or subject to resources) accepted seven. It rejected five of the recommendations.
- S2 At this follow up inspection we found that the prison had achieved 22 of those recommendations, partially achieved 14 recommendations and not achieved 53 recommendations.

Figure 1: HMP Liverpool progress on recommendations from last inspection (2015)



- S3 Since our last inspection outcomes for prisoners had deteriorated in respect and purposeful activity, but had stayed the same for other healthy prison areas. Outcomes were not sufficiently good for safety and rehabilitation and release planning, and were poor for respect and purposeful activity.

Figure 2: HMP Liverpool healthy prison outcomes 2015 and 2017<sup>3</sup>



<sup>3</sup> Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

## Safety

- S4 *Reception risk assessments were thorough and induction was reasonable, but there were weaknesses in first night support. Violence had increased significantly and violence reduction work was weak. Segregation was not used excessively but staff in the segregation unit had implemented some unofficial punishments. Use of force had increased and governance was weak. Drug availability and use were high. Security systems were reasonable but not enough actions resulted from good intelligence. Reasonable progress had been made in implementing Prisons and Probation Ombudsman recommendations following deaths in custody, but self-harm was increasing. Safeguarding procedures were underdeveloped. Some areas of poor governance and slow progress suggested that leadership and management were inadequate. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***
- S5 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Liverpool were not sufficiently good against this healthy prison test. We made 15 recommendations in the area of safety. At this inspection we found that three of the recommendations had been achieved, two had been partially achieved and 10 had not been achieved.*
- S6 Escort vans were clean and appropriately stocked, and prisoners alighted reasonably quickly on arrival. The large reception area was clean but worn and shabby with some offensive graffiti. A private and thorough reception risk assessment was undertaken. First night checks were undertaken on newly arrived prisoners. However, the single night officer could not easily monitor all new receptions and the many prisoners at risk of self-harm. The content of induction was reasonable but only a minority of prisoners in our survey said it covered what they needed to know. The room used for the delivery of induction was noisy. Prisoners held on the induction wing after completion of induction were locked in their cells for 22 hours a day.
- S7 A third of prisoners in our survey said they felt unsafe and just over half said they had been victimised by other prisoners. There had been a significant increase in recorded assaults against staff and prisoners since our last inspection. A significant number of prisoners were self isolating, including some who feared for their safety. Violence reduction work was under-resourced. Few violent incidents were investigated and not all appropriate actions were taken with those that were. Unexplained injuries were recorded but not investigated. Positive work was being undertaken with gangs but it was under-resourced. Systems for monitoring perpetrators of bullying and violence and supporting victims were weak.
- S8 The incentives and earned privileges scheme was not sufficiently effective in encouraging good behaviour or managing poor behaviour. Adjudications were conducted fairly. The number of adjudications had increased, there was a significant backlog and many were dismissed, including some involving serious offences.
- S9 The use of segregation had reduced. The regime remained limited. Prisoners who refused to leave the unit were subject to sanctions that lacked decency, such as withholding showers and telephone calls. We also found these sanctions applied by staff outside of any formal policy, which constituted unofficial punishment. Some cells were in a very poor condition and exercise yards remained austere. Relationships between segregation staff and prisoners were reasonable and we saw staff managing challenging behaviour in a calm and considered manner.
- S10 Force had been used on 288 occasions in the previous six months, fewer than at the previous inspection but still high. The special cell had been used 19 times over the last six months, which was also high. A significant amount of recent use of force paperwork was

incomplete and did not provide assurance of proportionate and necessary use. Fire-retardant hoods that looked like balaclavas were still worn by staff during incidents without obvious reason. In at least one instance, the drawing of a baton had not been recorded or investigated. Some completed records also indicated that excessive force had been used by staff, but managers were not aware of this. Monthly use of force meetings were not held routinely and not all use of force incidents were reviewed. Data were not being used effectively to help understand and reduce use of force, segregation and adjudications.

- S11 Physical and procedural security remained largely proportionate to key threats, but too many men were subject to closed visits for reasons unrelated to visits. Drugs were readily available – nearly two-thirds of prisoners in our survey said that drugs were easily available. The average random mandatory drug testing positive rate over the previous six months was 37.5% including synthetic cannabis. The quality of intelligence reports was good and they were processed quickly, but subsequent actions were not carried out systematically. About a third of suspicion drug tests and two-thirds of commissioned target searches had not been carried out in the previous six months. Corruption prevention work was robust and had led to the successful prosecution of a member of staff.
- S12 Four prisoners had taken their own lives since the previous inspection and two more suspected suicides occurred shortly after the inspection. The number of self-harm incidents was increasing. The strategic approach to reducing self-harm lacked sophistication. There had been reasonable progress in meeting Prisons and Probation Ombudsman recommendations, but the quality of ACCT<sup>4</sup> documents remained inadequate. Men on an ACCT spoke positively about staff support, but poor physical conditions and limited time out of cell undermined the care of these prisoners. A night officer did not know that he carried a cell key for use during an emergency. Listeners were positive about their role and access to them was good. There was a good safeguarding adults policy but there were no links with the local safeguarding adults board and no referrals had been made.
- S13 Managers had given reasonable attention to identified weaknesses during early days and some elements of suicide and self-harm procedures. However, too many issues identified at this inspection had been raised previously and remained unresolved. The under-resourcing of violence reduction, poor management oversight of use of force and non-completion of security actions indicated failures in leadership and management. It was particularly concerning that a previous main recommendation on use of force, a critical risk area, had not been met.

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<sup>4</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

## Respect

*S14 Staff-prisoner relationships were relaxed but many staff had low expectations of prisoners. The key worker scheme was promising. Living conditions were among the worst we had seen: many cells were in an extremely poor condition and lacked even the basic requirements for hygiene, safety and health. The management of complaints, and especially applications, was inadequate. Food was adequate and the shop provided a good range of products. Equality and diversity provision was underdeveloped and some prisoners were not well cared for. Faith provision was adequate. While there had been some improvements in health services, some critical aspects of care were poor. In particular, there was a lack of support for men with mental health needs, and in-patients had an impoverished regime. There had been failures of leadership and management at all levels.*

**Outcomes for prisoners were poor against this healthy prison test.**

*S15 At the last inspection in 2015, we found that outcomes for prisoners in HMP Liverpool were not sufficiently good against this healthy prison test. We made 42 recommendations in the area of respect. At this inspection we found that 13 of the recommendations had been achieved, six had been partially achieved and 23 had not been achieved.*

S16 In our survey, only 55% of prisoners said that most staff treated them with respect. A number spoke of staff being dismissive or using belittling humour. We observed relaxed and courteous interactions, but they were usually superficial. Too many staff had low expectations of prisoners and did not encourage them. The key worker strategy was having a positive impact for a minority of prisoners, but needed review to ensure that lessons were learned before full roll out.

S17 Many prisoners were living in squalid conditions. Many cells had broken windows with dangerous jagged glass, broken observation panels, damp, leaks and broken or blocked toilets. Some had no lighting and we found a cell with a light that could not be switched off. Some occupied cells had emergency call bells that did not work and prisoners waited too long for bells to be answered. Many communal areas were in a decrepit state and there was a significant problem with cockroaches and rats throughout the prison. In some areas there was offensive graffiti, and showers in many areas were dirty. Formal consultation took place regularly, but actions often rolled over from one month to the next.

S18 The application process was poorly managed and we found many applications that had not been dealt with for months. Responses to complaints were adequate but we found a number of replies in wing offices which had not been given to prisoners. Some had been there for three months. Good work was done by prisoner information desk workers to inform and support prisoners. The range of legal textbooks available to prisoners was poor and many were out of date. Legal visits often started late.

S19 Food was adequate, but breakfast packs were too small. Prisoners spoke more positively than at other prisons about the range of items available on the prison shop list.

S20 The equality policy was adequate but there were no plans to develop provision. Some groups were consistently over-represented in adjudications, complaints and the basic regime. This had not been investigated and addressed by managers. Black and minority ethnic prisoners spoke more negatively about their treatment than white prisoners. Consultation had improved recently and well-trained equality representatives were used well to identify prisoners who needed support. There remained an under-identification of some groups and little support for foreign national prisoners. Older prisoners and those with disabilities were identified and some received support from a prisoner carer scheme. Some disabled prisoners lived in inappropriate conditions without sufficient adaptations. Personal emergency

evacuation planning was not well managed. Investigations of discrimination incidents were adequate but sometimes delayed, and discrimination incident report forms were not available to all prisoners. The chaplaincy provided a basic service for the main faith groups but was short-staffed.

- S21 Despite improvements in health services, a shortage of health care and custody staff affected all aspects of the service. The inpatient unit and mental health care were of particular concern. In-patients had a very poor regime and were offered little therapeutic activity. Health care staff were often unable to see them because there were not enough officers to unlock cells. A number of prisoners in the unit had no clinical need, taking up beds that would have been better used for men with serious mental health need. Half the prisoners in our survey said they had a mental health problem. The integrated mental health and substance misuse team did not have enough capacity to meet the needs of this complex population adequately. We found several men who had waited for an appointment for very long periods. However, the Talking Therapies service was excellent and better than we see in the community. Primary care services were reasonable and had improved since the last inspection, but the non-attendance rate was high, often because prisoners were not unlocked for appointments. Medicines management was reasonable, but poor supervision of medicines administration by officers created a risk of diversion. We were concerned that men with social care needs were not always adequately supported. Dental care was adequate.
- S22 The substance misuse strategy was not informed by a current needs assessment and drug strategy meetings did not drive implementation consistently. The range of psychosocial support did not meet the high level of prisoner need, but the care that was provided was good. Clinical prescribing for drug and alcohol withdrawal started promptly and was flexible, but the lack of overnight monitoring by clinical staff in the early days remained a significant risk. Reasonable action had been taken to prepare for the smoking ban.
- S23 The leadership and management focus on respect was inadequate at every level. Prison managers had not taken all the actions that were within their control, such as ensuring that the prison was kept clean. They had alerted regional and national managers to the indecent conditions in which some prisoners were held long before our inspection; for example, they requested support to take wholly unacceptable cells out of commission. While some support was given, it was inadequate and the results were limited. There were serious problems with resourcing of the works contract with Amey; the company was unable to effect necessary repairs or basic maintenance at the level required. We were told that around 2,000 maintenance jobs were outstanding at the time of the inspection. This needed resolution at national level. The serious lack of capacity in health services and failure to allocate sufficient custody staff to the inpatient unit had led to unacceptable outcomes for many of the most vulnerable prisoners. In other areas, for example the management of applications, management oversight was inadequate to ensure positive outcomes.

## Purposeful activity

S24 *Time out of cell and access to association were poor. Access to the library was very poor. Most prisoners could use the gym regularly. Attendance and punctuality at activities were poor. Most prisoners who attended activities developed useful skills. Too many prisoners did not complete courses. Achievement of qualifications was good for those who did complete. Some improvements had been made, but the leadership and management of activities were inadequate. **Outcomes for prisoners were poor against this healthy prison test.***

S25 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Liverpool were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of purposeful activity. At this inspection we found that three of the recommendations had been achieved, one had been partially achieved and 10 had not been achieved.*

S26 The daily regime was predictable but poor for too many prisoners. Only 3% of respondents to our survey said they received 10 hours out of their cells during weekdays. We found half the prisoners locked up during the working day, many for over 22 hours. There was too little association and most prisoners only had time every other day to carry out domestic tasks. Access to the library was poor for nearly all prisoners. Access to the gym was better and prisoners were positive about the facilities. However, the prison did not monitor attendance adequately.

S27 There had been a period of prolonged and significant instability in the management of learning and skills and the speed of improvement had been slow. The head of learning and skills now had a clear vision and strategic direction for development of the provision. Prison managers had a realistic understanding of the strengths and weaknesses of the provision, but Novus managers did not. Novus provision had deteriorated. There were too few full-time activity places, although the range of activity for vulnerable prisoners had improved. Prison managers did not ensure that prisoners attended sessions regularly and punctually. Quality improvement arrangements were underdeveloped. Operational management, including a focus on health and safety, required improvement. Managers did not use data well to effect improvements. The National Careers Service provided a good service.

S28 Staff provided enough information to prisoners on arrival about the opportunities open to them in education, vocational training and prison work. The allocation of prisoners to activities was fair.

S29 Most tutors and instructors settled prisoners skilfully into their lessons. Many instructors coached prisoners well to develop good vocational skills. Peer mentors supported the less experienced and less qualified prisoners. Tutors and instructors did not make enough use of prisoners' starting points to plan individual learning and training. Instructors did not routinely ensure that prisoners developed their use of English and mathematics in vocational training and prison work. Prisoners with additional learning support needs were not supported well enough.

S30 Most prisoners behaved well during activity sessions and showed respect to peers and staff. However, a significant number of prisoners did not attend their allocated activities and were not encouraged to do so by wing staff. Many did not arrive on time or left their sessions too early, partly as a result of the prison regime.

S31 Achievements by prisoners who stayed on accredited courses were good. Most prisoners on vocational courses achieved their qualifications. Most prisoners in vocational training and prison work produced a good standard of work. However, up to half the prisoners who



started courses did not complete them, which was unacceptable. Achievements of prisoners in work activities were not recorded. Achievements in functional skills qualifications in English level 1 were low.

- S32 While increased staffing had helped to stabilise the regime, too little progress had been made by managers towards improving the amount of activity and time out of cell. Not enough had been done to ensure that prisoners attended sessions regularly and on time, and engaged with learning and skills provision. The instability in management of learning and skills had persisted for too long before the recent improvements.

## Rehabilitation and release planning

S33 *Visits provision was adequate but work to help men maintain contact with families and others outside prison had deteriorated. Resettlement functions were not well coordinated. The OASys (offender assessment system) backlog was high and the work of officer offender supervisors was weak, although there was effective work by probation staff. Home detention curfew was managed reasonably well. Public protection processes were sound. Resettlement planning and work were basic and undermined by the lack of coordination. Prisoners had access to a limited range of programmes to meet their needs. Managers had made slow progress in many important areas, although there had been some significant improvements. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S34 *At the last inspection in 2015, we found that outcomes for prisoners in HMP Liverpool were not sufficiently good against this healthy prison test. We made 18 recommendations in the area of resettlement.<sup>5</sup> At this inspection we found that three of the recommendations had been achieved, five had been partially achieved and 10 had not been achieved.*

S35 Nearly two-thirds of prisoners at Liverpool said they had children under the age of 18. There was no family support worker, although there were plans to introduce a parenting course shortly after the inspection. With the exception of the substance misuse service, which systematically involved families in their work, families were not involved enough in the support of prisoners. Facilities for visits were adequate but the visitors' centre was run down and contained little useful information for visitors. Prisoners experienced delays in the approval of telephone numbers and most could not make a phone call after 6pm. Two-thirds of prisoners in our survey said they had problems sending or receiving mail.

S36 The strategic approach to managing risk and progression was reasonable, with clear targeted objectives. However, coordination between departments was inconsistent which adversely affected delivery. All prisoners had a completed basic custody screen and resettlement plan but too many plans were not comprehensive. Almost a quarter of prisoners who should have had an OASys did not have one. In many of the cases we reviewed there was little or no contact between prisoners and prison offender supervisors, who were routinely cross-deployed. About 30% of high-risk cases were allocated to officer offender supervisors, which was concerning. We saw examples of very positive engagement by probation offender supervisors. Public protection arrangements were managed by probation officers and were good.

<sup>5</sup> This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

- S37 Key working was not yet well integrated with other rehabilitative work. Home detention curfew processes had improved. About half the eligible prisoners were released and, in our case sample, decisions were evidence-based. There were delays in obtaining responses from officers in the community, but the lack of comprehensive monitoring made it difficult to identify the extent of this.
- S38 A large number of long-term prisoners made slow progress to the training estate, causing frustration. Reviews of prisoners' security categories were hindered by a lack of OASys. All indeterminate sentenced prisoners were appropriately allocated to a probation offender supervisor, who made regular contact with them. However, there were no specific services for this group of prisoners.
- S39 The range of accredited programmes was limited to the thinking skills programme, to address poor thinking associated with offending, and Resolve, which addressed violence. The total completion target was only 54 places a year. The Sycamore Tree victim awareness programme was also due to run four times a year. There were not enough interventions for the long-term population. Provision for those requiring finance, benefit and debt support was developing slowly. Housing support was developing but a significant number of prisoners were still released without sustainable accommodation. Accurate data were not collected on how many prisoners found sustainable accommodation on release.
- S40 All prisoners had a resettlement plan, but the quality and effectiveness of plans varied. Departments were not integrated well enough to ensure a consistently effective transition to the community. It was disappointing that there was no peer mentoring or 'meet at the gate' service for prisoners who often had complex needs. Practical provision for prisoners leaving custody and information about licence conditions were appropriate.
- S41 There had been slow progress in ensuring that resettlement work was properly coordinated between the offender management unit, community rehabilitation company and activities providers for the benefit of prisoners. This undermined outcomes. The long-term under-resourcing of prison officer offender management work had not been addressed; this was largely out of the control of prison managers. Prison managers had not been fully aware that nearly a third of high-risk cases were not being managed by probation officers, as was intended. There had been progress in improving systems for home detention curfew and public protection work.

## Main concerns and recommendations

- S42 **Concern:** Use of force was high with inadequate scrutiny. Records indicated excessive use of force which had not been identified or investigated by managers. Use of special accommodation was high and not always justified. The use of batons was not always recorded and balaclavas continued to be used.

**Recommendation: Managers should ensure that use of force documentation is completed promptly and thoroughly, including for special accommodation, and that force is demonstrably proportionate and justified. Data should be analysed and incidents reviewed to monitor trends, identify good practice and learn lessons.**

- S43 **Concern:** Drugs were readily available in the prison and the average random mandatory drug testing positive rate was high. However, the security department did not always take action following the receipt of intelligence on illicit activities. About a third of suspicion drug tests and two-thirds of targeted cell searches had not been carried out in the previous six months.

**Recommendation: All actions following the receipt of intelligence reports should be carried out, including the targeted searching of cells and suspicion drug testing.**

- S44 **Concern:** Living conditions for many prisoners were extremely poor. Many cells lacked the basic requirements for health, hygiene and safety and should not have accommodated prisoners. Thousands of maintenance jobs were outstanding. Many communal areas were dirty and littered.

**Recommendation: Concerted action should be taken by national and local managers to ensure that the prison environment is brought up to an acceptable standard. In particular, all cells should provide decent, hygienic and well maintained conditions, and necessary repairs should be completed swiftly. Cells falling below basic standards should not be occupied.**

- S45 **Concern:** Despite active recruitment, staff shortages meant that men with mental health problems were not sufficiently well identified or supported. The gaps in mental health services for this large and complex population created a risk to men's wellbeing and the stability of the prison.

**Recommendation: The mental health service should be adequately resourced and staffed to ensure that all prisoners with mental health needs receive prompt assessment and regular input to address and review their individual risks and needs.**

- S46 **Concern:** Nearly half the population was locked up during the working day and access to association, outside exercise, domestic periods and the library was poor. There were insufficient activity places, and attendance and punctuality were poor.

**Recommendation: Prisoners should be unlocked and engaged in constructive activity during the working day. The regime should include an hour to exercise in the open air, evening association, frequent library access and sufficient time to carry out domestic tasks. Managers should ensure that poor attendance and punctuality are addressed.**

- S47 **Concern:** Over half the sentenced population were allocated to officer offender supervisors. In many cases they had little or no contact with prisoners, primarily because of cross-deployment. Over a hundred prisoners assessed as at high risk of harm were allocated to officer offender supervisors.

**Recommendation: All eligible prisoners should have an offender supervisor who provides them with regular focused contact to manage risk, encourage and monitor the achievement of sentence plan targets and secure progressive transfers. High-risk prisoners should be allocated to probation offender supervisors.**



# Section 1. Safety

**Prisoners, particularly the most vulnerable, are held safely.**

## Early days in custody

### Expected outcomes:

**Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.**

- I.1 Few prisoners were given up-to-date information about the prison before they arrived. Court and escort staff completed person escort records and suicide and self-harm warning forms when necessary. Escort vans were clean and stocked appropriately. Prisoners alighted reasonably quickly after arrival and were not handcuffed from vans into reception.
- I.2 The large reception area was worn and shabby but prisoner orderlies kept it clean. We found some offensive graffiti. Prisoners were offered a shower, hot food and a telephone call. The showers now offered more privacy but the fabric of the showers was poor.
- I.3 Reception staff identified the risks presented by new arrivals and assessed them thoroughly and in private. Staff opened ACCTs<sup>6</sup> for all men arriving with suicide and self-harm warning indicators. One of the reception orderlies was a Listener<sup>7</sup>. Men arriving directly from other prisons were not routinely strip-searched (see paragraph I.41). A helpful information booklet about prison life was available in different languages and telephone interpreting was used when necessary.
- I.4 New prisoners were accommodated on the first night unit on A wing, where they were interviewed by an officer and assisted by a peer worker on the prisoner information desk. Some prisoners did not reach their cells until 10pm because of late arrivals and lengthy reception processes. In our survey, only 16% of prisoners said that their first night cell was clean. The cells that we inspected were austere and shabby but efforts had been made to remove graffiti.
- I.5 In our survey, only 53% of prisoners said they felt safe on their first night against the comparator of 66% and 70% at the previous inspection. A detailed board enabled staff to identify the risks and needs of the men on the unit. There was only one night officer, who could not effectively monitor all the men in his care. On one night during our inspection, he was responsible for enhanced monitoring of 20 new arrivals and 19 prisoners on ACCTs (see paragraph I.49).
- I.6 Induction for mainstream prisoners started on the first working day after arrival. It lasted for a day and a half and was reasonably informative. However, in our survey, only 43% of prisoners who had been on induction said it covered everything they needed to know. Men who were in prison for the first time were not familiar with some of the terminology and too many acronyms were used. A PE instructor delivered the gym induction but did not encourage prisoners to attend or explain the benefits to physical and mental wellbeing. The welcome centre where induction was delivered was noisy.

<sup>6</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

<sup>7</sup> Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

- I.7** Induction for vulnerable prisoners was less structured. They did not attend the welcome centre but met staff individually or in small groups. In our survey, only 72% of prisoners on K wing (the vulnerable prisoner unit) said they had been on induction and only 33% of those who attended said it covered what they needed to know. There was no central record to show if prisoners had been on induction or to track their progress through it.
- I.8** Many prisoners, especially vulnerable prisoners, spent too long on the induction unit. The regime on the unit following induction was poor and prisoners were locked in their cells for 22 hours a day (see main recommendation S46). A prisoner survey had been introduced shortly before the inspection with a view to improving the induction process.

## Recommendations

- I.9 Prisoners should not be held in reception for long periods.** (Repeated recommendation I.15)
- I.10 There should be enough night officers on the first night unit to monitor the welfare of new arrivals regularly and support prisoners on ACCTs.**
- I.11 All prisoners should complete an induction programme that provides comprehensive information about the prison. Attendance should be centrally tracked.**

## Managing behaviour

### Expected outcomes:

**Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.**

### Encouraging positive behaviour

- I.12** Violence had increased since our previous inspection. During the six months to July 2017, there had been 44 assaults on staff and 103 on prisoners compared with 14 and 59 respectively at the previous inspection. In our survey, half the prisoners said they had experienced some form of victimisation, and nearly a fifth reported physical assaults from other prisoners or staff. Over a third of prisoners, compared to a quarter in other prisons, said they felt unsafe at the time of the inspection and 71% (compared to 52%) said they had felt unsafe at some point during their time in Liverpool.
- I.13** There was a violence reduction policy and action plan. Too many actions were not completed. For example, unexplained injuries were not always investigated. Not all violent or antisocial incidents were reported to the violence reduction officer. Only a third of those that were reported were investigated and not all necessary actions were taken. A procedure had been established to manage the most violent and persistently antisocial prisoners but, at the time of the inspection, it was little used and only three perpetrators were being monitored. Support for victims was poor and involved little more than a move of cell or wing, usually to the vulnerable prisoner wing.
- I.14** The violence reduction officer was undertaking positive work on gang affiliations and activities. He engaged with gang members soon after reception to manage their location and work areas and to minimise potential problems. Frequent redeployment and other commitments affected the consistency of this work.

- I.15** Efforts had been made to identify prisoners who were self-isolating. Some had chosen to self isolate because they feared for their safety, while others received very few, if any, visits and made few telephone calls. Following identification, staff did not do enough to help these prisoners, although use of a safer custody peer mentor was helpful.
- I.16** A fortnightly 'safe' meeting was complemented by a monthly 'safer Liverpool' meeting. Attendance varied at these meetings. A local monitoring tool captured a wide range of information but not enough action was taken to address the concerns highlighted.
- I.17** At the time of the inspection, 23% of prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme, 4% were on basic and the remainder were on standard or entry level. We were satisfied that new prisoners moved from entry to standard level promptly.
- I.18** The scheme offered standard differentials between the levels but it was not sufficiently effective in encouraging good behaviour or managing poor behaviour. An initiative on one landing sought to create a relaxed and community feel for enhanced prisoners but this was in its infancy.
- I.19** Prisoners on basic level could attend work and their regime was not excessively punitive. Reviews for those on basic were often completed late and most targets were generic. Electronic case notes were not updated regularly and focused excessively on negative behaviour. There was no quality assurance process.

## Recommendations

- I.20** **Violence reduction work should be adequately resourced and be underpinned by an up-to-date analysis of data and a comprehensive action plan. All incidents of violence and antisocial behaviour should be investigated thoroughly, perpetrators should be managed consistently and victims supported.**
- I.21** **Self-isolating prisoners should receive multidisciplinary support and encouragement to promote their reintegration.**
- I.22** **Prisoners on the basic level of the IEP scheme should have individual targets which focus on addressing their poor behaviour.**

## Adjudications

- I.23** During the previous six months, there had been 2,182 adjudications, more than at our previous inspection. Many related to threatening behaviour, the possession of unauthorised items, violence or drugs.
- I.24** Adjudications were conducted fairly but a few lacked enquiry and there were frequently no conduct reports. A number of adjudications had been dismissed because of the time that had elapsed between hearings. Some of these were for serious offences, including assault. There was a significant backlog of adjudications. Quarterly adjudication standardisation meetings were combined with a segregation review meeting. There was a lack of focus on some key areas and not all stakeholders attended. The adjudication quality assurance process was not documented.
- I.25** The adjudication holding room was in a poor state, with damaged flooring, grubby seats and a dirty sink and toilet. There was no separate holding room for vulnerable prisoners and

they were held in a decommissioned cell while waiting for their adjudications, which was inappropriate.

## Recommendations

- I.26 Adjudication hearings should be timely and thorough and include the full range of relevant information. All prisoners, including vulnerable prisoners, should be held in decent conditions while awaiting adjudication.**
- I.27 Data on adjudications and segregation should be analysed thoroughly to identify emerging patterns and trends. All relevant stakeholders should attend segregation and adjudication review meetings.**

## Use of force

- I.28** Force had been used on 288 occasions in the previous six months, fewer than at our last inspection. Batons had been drawn on six occasions, but we found one instance that had not been reported. Many recent use of force records were incomplete. Some concerning records carried accounts of actions such as an officer 'threw a punch at a prisoner' and an officer said he 'threw' a prisoner to the floor that were not legitimately explained. These examples had not been identified and reviewed by managers until we pointed them out (see main recommendation S42).
- I.29** Body-worn video cameras were used to record planned incidents rather than the hand-held video cameras which provided better footage. Some that we viewed contained useful initial briefings, but fire-retardant hoods that looked like balaclavas continued to be worn without reasons for their use being provided in briefings or risk assessments. Poor language was also evident during some incidents.
- I.30** Prisoners had been held in special accommodation on 19 occasions in the previous six months, which was high. The average stay was 2.3 hours and the longest stay was over eight hours. Justification for using special accommodation was not always fully documented. In some cases it was used inappropriately and in others for longer than necessary (see main recommendation S42).
- I.31** Three use of force meetings had been held in the previous six months. Analysis of data was improving but not all use of force incidents were reviewed (see main recommendation S42). The introduction of post-incident debriefs for prisoners was a positive initiative.

## Recommendation

- I.32 All planned use of force should be filmed on hand-held video cameras.**

## Segregation

- I.33** During the previous six months, 166 prisoners had been segregated, fewer than at our last inspection. At the time of the inspection, 13 prisoners were on the unit, three of whom had been there for more than 42 days, with the longest at 72 days.
- I.34** About half the available accommodation remained poor, with graffiti and no suitable furniture. Some prisoners were held in cells with no running water. The two exercise yards



remained austere. All prisoners were strip-searched on arrival at the unit without individual risk assessment.

- I.35** Relationships between staff and prisoners were reasonable and we saw examples of staff managing challenging behaviour sensitively and with due regard for the prisoner's safety and decency. However, as a matter of policy, prisoners who refused to leave the unit could have access to showers and phone calls withheld. This was excessive and lacked decency. Staff also applied these sanctions to prisoners outside of any formal policy without the knowledge of senior managers. During the inspection, a prisoner was denied access to a shower or phone call for 24 hours when staff saw damage to his cell observation glass. This constituted unofficial punishment. The regime on the unit was inadequate and segregated prisoners could not access other parts of the prison for activities.
- I.36** Segregation reviews were timely but health care staff did not always attend. Targets were generic and there was no evidence of individual care plans or reintegration planning.

## Recommendations

- I.37** **The segregation regime should be more purposeful with a greater range of activities to occupy prisoners constructively.**
- I.38** **The use of unofficial punishments should cease.**
- I.39** **All segregated prisoners should have an individual care plan with a clear focus on identified risks and successful reintegration planning.**

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.**

- I.40** The security team had an up-to-date security strategy which included assessment of risk and control. Monthly security meetings were not always attended by representatives from key departments.
- I.41** The key security threats identified by the prison were drugs, mobile phones, gangs, extremism and staff corruption. Physical and procedural security arrangements remained largely proportionate to these threats, although too many men (75) were subject to closed visits at the time of the inspection, not all for activity related to visits. Men arriving from other prisons were not routinely strip-searched. Nine people were banned from visiting the prison, all for justified reasons.
- I.42** Drugs were readily available in the prison. In our survey, 63% of prisoners said that it was easy to get illicit drugs in the prison, and 18% compared to 11% in similar prisons said they had developed a problem with drugs since arriving at HMP Liverpool. Drones carrying drugs and other illicit items were a substantial problem. Staff had recovered 32 drones in the six months before the inspection, more than one a week. The prison was working closely with Merseyside Police to address the problem. Caging had been installed around windows and the drones were sometimes disrupted by using technology.

- I.43** Cannabis and synthetic cannabis were the most commonly used drugs. During the previous six months, 320 random mandatory drug tests had been conducted, of which 37.5% had proved positive, including for synthetic cannabis. Drug testing was insufficiently random, with only three weekend tests in the previous six months.
- I.44** The substance misuse team saw men promptly who had tested positive or were suspected of taking NPS<sup>8</sup>. Men who repeatedly took drugs received a robust recovery intervention to break the cycle which involved the substance misuse team and a governor. This was a developing and promising initiative. The drug testing suite was clean and ordered and provided privacy for prisoners.
- I.45** During the previous six months, the security team had commissioned 182 suspicion tests, of which 60 had not been carried out because of staff shortages. Two officers working on drug testing were often redeployed. The security team had commissioned 363 target searches of cells but only 124 had been completed (see main recommendation S43). There were advanced plans to expand the dedicated search team. The quality of intelligence reports was good and the security team processed them quickly. Many targeted searches led to illicit items being found. The supply reduction strategy was good and integrated with the overall drug strategy.
- I.46** There was a local corruption prevention policy and a lead manager. Work to prevent corruption was robust. A member of staff had been prosecuted for corruption and was serving a custodial sentence. The prison was working with other agencies to manage the 14 identified extremists.

## Recommendation

- I.47** **Closed visits should be imposed only for visits-related activity.**

## Safeguarding

### Expected outcomes:

**The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.**

### Suicide and self-harm prevention

- I.48** Since our last inspection, four prisoners had committed suicide and two more suspected suicides occurred shortly after the inspection. There was a death in custody action plan and reasonable progress had been made in meeting the recommendations of the Prisons and Probation Ombudsman. There was a standing agenda item on deaths in custody at the monthly Safer Liverpool meetings. The number of self-harm incidents was increasing. During the previous six months, 184 acts of self-harm had been carried out by 106 prisoners. Over the same period, constant watch had been used on 53 occasions for 40 men. Cells with photochromatic doors<sup>9</sup> were available elsewhere in the prison, but were not used for

<sup>8</sup> New psychoactive substances: drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects.

<sup>9</sup> A photochromatic door is a cell door made largely of transparent glass. An electric current can be applied which renders the glass opaque. The cell can be used for prisoners on constant watch.

constant watches. This meant that all men who needed constant supervision were placed in health care, although many of them had no clinical needs.

- I.49** During the previous six months, ACCTs had been opened 546 times and on one day during our inspection 68 prisoners were on ACCTs. During our night visit, an officer on one unit was responsible for making observational entries, on average, once every five minutes during his 11-hour shift (see recommendation I.10). We were shocked to find that another officer was unaware that he carried a cell key for use during an emergency. The quality of ACCT documents was inadequate: triggers were incorrectly recorded, care maps were incomplete and reviews were late. Mental health in-reach staff attended many ACCT reviews, but overall reviews were not sufficiently multidisciplinary. Men on ACCTs spoke positively about staff support but poor accommodation and time out of cell undermined the care of these prisoners. A helpful booklet 'Get your ACCT together' advised staff on ACCT procedures.
- I.50** Listeners were positive about their role and the support they received from safer custody staff. Access to the 18 Listeners was good. The Samaritans were training more Listeners at the time of our inspection.
- I.51** Local monitoring tools to record self-harm were good and data from these were presented in a weekly safer custody newsletter. Prisoners in crisis were discussed at weekly enhanced case review meetings (see paragraph I.55). The fortnightly Safe meeting concentrated more on reviewing prisoners' cell-sharing risks than self-harm risks. Monthly Safer Liverpool meetings were productive but attendance varied.
- I.52** These individual initiatives were helpful in managing risks, but the overall strategic response to reducing self-harm was underdeveloped. There was no local self-harm prevention strategy or policy, and actions from meetings where self-harm was discussed did not feed into the safer custody action plan. The potential triggers for self-harm were not well understood, for example, the prevalence of drugs, the imminent smoking ban and the many men with mental health conditions.

## Recommendations

- I.53** **The ACCT process should support consistent care of prisoners at risk of self-harm. Triggers should be correctly recorded, care maps should be pertinent and completed before closure and multidisciplinary care reviews should be held on the scheduled day.**
- I.54** **There should be a coherent strategy to reduce self-harm, informed by the characteristics of the population. A local self-harm reduction policy should be accompanied by an up-to-date and responsive action plan.**

## Protection of adults at risk<sup>10</sup>

- I.55** The safeguarding adults policy was good but there were no links with the local safeguarding adults board and no referrals had been made. At-risk prisoners were discussed at the weekly enhanced case review meetings. They were well attended and staff displayed a deep

<sup>10</sup> Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

knowledge of the men in their care. There was no log to record and monitor actions from previous meetings.

## Section 2. Respect

**Prisoners are treated with respect for their human dignity.**

### Staff-prisoner relationships

#### **Expected outcomes:**

**Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.**

- 2.1** In our survey, 55% of prisoners said that most staff treated them with respect against the comparator of 72% and 74% at the previous inspection. Most interactions between staff and prisoners were relaxed and courteous. We also received positive reports of staff going out of their way to help prisoners. However, many staff had low expectations of prisoners and did little to encourage them, for example to engage with the activities or rehabilitation work (see paragraphs 3.16 and 4.36). Some officers did not know enough about the prisoners in their care, often because of redeployment. A number of prisoners also reported unprofessional behaviour by staff who reportedly belittled them or used derogatory humour.
- 2.2** The recently introduced key worker initiative was intended to ensure that designated staff spent around 45 minutes a week working with individual prisoners. The approach had been rolled out across some wings and was very promising, although still in its early stages. Key workers provided good support to some prisoners, but lacked support and training in using motivational techniques. In some cases, they did not know how to make progress with prisoners who refused to engage. Not all prisoners were being seen as often as stipulated in the key worker policy (see paragraph 4.17).
- 2.3** Many electronic case note entries were perfunctory and did not demonstrate meaningful interaction with prisoners. The quality of key worker entries was better.

### Recommendations

- 2.4** **Staff should address prisoners respectfully and maintain a professional approach towards them. They should encourage positive and responsible behaviour and support engagement with the regime.**
- 2.5** **Key workers should receive additional support and training to help them engage with prisoners and deliver the service to prisoners outlined in the key worker strategy.**

## Daily life

### Expected outcomes:

**Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.**

### Living conditions

- 2.6** The prison environment was extremely poor and many prisoners lived in squalid conditions. A large number of cells had broken observation panels and windows, with dangerous jagged glass jutting out. Many occupied cells had lights that did not work and, in one case, a light that did not switch off. Some cells had damp walls, filthy toilets and toilets that were blocked or leaking. Many cells did not have adequate furniture and held more prisoners than they were designed for. Communal areas were dirty and gullies around exercise yards were strewn with litter, discarded food and clothing. Graffiti was widespread. Litter had accumulated in some areas, particularly on the ground floor, where cockroaches could be seen during the day and rats were a significant problem. Most wings had recreation areas, but some equipment was broken or too dirty to use (see main recommendation S44).
- 2.7** Shower units were screened but most were dirty. Showers were particularly poor on G I where there were no lights and prisoners had to shower in the dark. Cables hung from the ceiling (see appendix III photograph).
- 2.8** In our survey, only 10% of prisoners said that their cell call bell was answered within five minutes against the comparator of 22%. Men told us they had long waits for cell bells to be answered and we witnessed a number of occasions when emergency bells remained unanswered. We pressed a cell emergency call bell during the inspection and, despite many staff walking past, it was 20 minutes before any responded. There was no procedure for managers to monitor the cell call bell system. We found two occupied cells in which the emergency cell bell did not work.

### Recommendations

- 2.9 Prisoners should not be held in overcrowded conditions.**
- 2.10 All prisoners should have a working emergency cell bell. Officers should respond to cell bells promptly, the timeliness of responses should be monitored closely and action should be taken to address delays.**

### Residential services

- 2.11** The kitchen was clean and mostly in good order, although a few appliances were broken which affected the storage of frozen food. Some wing serveries were not properly cleaned after service and some trolleys used to store food were dirty. Food temperatures were not recorded consistently on the wings. There was no opportunity for prisoners to eat out of their cells. The serving of food was not always well supervised.
- 2.12** Prisoners were generally negative about the quality and quantity of the food. Breakfast packs remained meagre and were issued the day before they were to be eaten. The food we sampled was of reasonable quality and the portion sizes of the lunch and evening meal were

adequate. Some food, including pies and bread rolls, was still cooked fresh on site. Consultation with prisoners about food was irregular and the most recent meeting had taken place in June 2017 (see paragraph 2.17). There was no opportunity for prisoners working in the kitchen to complete national vocational qualifications.

- 2.13** The range of items on the prison shop list was reasonable. In our survey, 67% of prisoners said that the shop sold things they needed against the comparator of 47% and 49% at the previous inspection. Prisoners could order items from a catalogue and there was no administration charge.

## Recommendations

- 2.14** **Breakfast packs should be more substantial and served on the day they are to be eaten.** (Repeated recommendation 2.124)
- 2.15** **Regular consultation should take place to understand and address prisoners' discontent with the food.**

## Prisoner consultation, applications and redress

- 2.16** There was a prisoner information desk on most wings where prisoners could obtain a range of application forms and enthusiastic peer workers provided advice. However, there was no system for logging or tracking applications and timeliness could not therefore be established. In our survey, just over a third of prisoners said that applications were dealt with fairly and only 22% said they were dealt with within seven days. We found many applications in a wing office that had been there for months without answer. Many prisoners told us that they no longer used the application system because they had no confidence in it and often did not get a response.
- 2.17** There was a monthly consultation meeting with prisoners. Minutes indicated that many issues were rolled over from one month to the next. Key areas such as catering and the estates department did not send representatives to the meetings (see paragraph 2.12). A representative from each unit attended a meeting that we observed, but minutes showed that this was not always the case and areas of concern for those wings could be missed. Prisoner representatives told us that no action was taken at meetings and they had stopped raising their living conditions because they had no confidence that anything would change.
- 2.18** In our survey, only 10% of prisoners who had made a complaint said that it was dealt with within seven days and only 20% felt that complaints were dealt with fairly. Some prisoners said they had stopped using the complaints system because they had no response or the response did not address the issues they had raised. We found a number of responses to complaints in a wing office which had been there for as long as three months without being returned to prisoners.
- 2.19** A sample of complaint replies that we examined indicated that responses were generally adequate but some did not focus on the issues raised and lacked sufficient enquiry and detail. Many complaints involved minor issues which should have been addressed on the wing or through an application. Data and trends relating to complaints were analysed at the monthly senior management team meeting. Quality assurance of complaints was not robust.
- 2.20** There was no legal advice service. Prisoners could book research time in the library and work on a stand-alone computer. No 'access to justice' laptops were available. The stock of legal text books in the library was limited and many were out of date. Information about the

Criminal Casework Review Commission and the Legal Ombudsman was not displayed around the prison. Legal visits continued to start late. We were told that staff had to complete tasks elsewhere before being deployed to legal visits.

## Recommendations

- 2.21 Applications should be tracked, and responses should be focused, timely and demonstrate sufficient enquiry.**
- 2.22 All complaints should be responded to and returned to prisoners quickly. A robust system for quality assurance of complaints should be introduced which includes consultation with prisoners on their perceptions of the complaints system.**
- 2.23 Prisoners' access to justice should be supported through timely legal visits, provision of laptops to help pursue legal cases, and easy access to a library with up-to-date legal text books. Information about the Criminal Casework Review Commission and the Legal Ombudsman should be displayed around the prison.**

## Equality, diversity and faith

### Expected outcomes:

**There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>11</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.**

### Strategic management

- 2.24** The management of equality had deteriorated since the last inspection. An up-to-date equality policy allocated a lead for each protected characteristic but there was no plan to develop provision. Weaknesses remained in the identification and provision for several groups, including prisoners with disabilities and gay, bisexual and transgender prisoners.
- 2.25** The equality action team met every two months. It was chaired by the deputy governor and well attended by prisoner representatives. Attendance was poor from some areas, including residence, health care and education, and there was no record of whether actions from previous meetings had been carried out.
- 2.26** There were two full-time equality coordinators, although there had been problems with redeployment over the previous year. This had improved in the previous six weeks when consultation with prisoner groups had restarted, including older and disabled prisoners, black and minority ethnic and gay, bisexual and transgender prisoners. There was no plan of events that would be celebrated over the coming year. Staff were able to access equality training through a Civil Service e-learning package, although local managers were unable to track take up.

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<sup>11</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).



- 2.27** At the time of the inspection, there were 17 prisoner equality representatives and good use was made of them. A programme of training was run by Sefton Community Voluntary Services and representatives we spoke to were confident in carrying out their role.
- 2.28** Monitoring of the adjudication, incentives and earned privileges and complaints systems showed a disproportionate number of prisoners in the areas of age, ethnicity and religion. There was no evidence that the reasons for this had been investigated. The equality action team considered HMPPS equality monitoring tool data when available, but the most recent report for January to March 2017 did not provide information on disability, sexuality or nationality.
- 2.29** During the previous six months, 25 discrimination incident report forms (DIRFs) had been completed. DIRFs were not available on all wings. One of the equality coordinators carried out investigations but some prisoners waited too long for a response and it was rarely from a manager. All DIRFs were quality assured by the head of safer custody. There was no external oversight.

## Recommendations

- 2.30** The equality action team meeting should be attended by all relevant departments and managers should maintain an action log.
- 2.31** The national equality monitoring tool should be revised to cover all protected characteristics and produce data that are no more than a month old. All disparities should be investigated.
- 2.32** Discrimination incident report forms should be available on all wings. They should be responded to promptly by a manager and there should be independent quality assurance of completed DIRFs.

## Protected characteristics

- 2.33** At the time of the inspection, about 10% of prisoners had identified themselves as being from a black or minority ethnic background. Black and minority ethnic prisoners spoke more negatively in our groups and individually about their treatment from other prisoners and staff. Action had been taken in response to individual complaints and DIRFs, but the reasons for these wider perceptions had not been adequately investigated.
- 2.34** Our survey indicated that 25 prisoners identified as Gypsy/Roma/Traveller while the prison had only identified five. Some support was provided for Irish travellers by the Liverpool Irish Centre.
- 2.35** There was limited support for the 56 foreign national prisoners held at the time of the inspection. Those who did not receive visits were entitled to a free five-minute international phone call each month. There was little evidence of staff using professional interpreting and translation for prisoners who could not understand spoken or written English. We saw foreign nationals who were isolated on the wings.
- 2.36** Most foreign national prisoners we spoke to were positive about their needs being met, but their immigration status remained their main concern and there was no independent advice. There was a regular Home Office immigration enforcement surgery. At the time of the inspection, two detainees were held under immigration powers beyond the end of their sentences.

- 2.37** In our survey, 39% of prisoners said they had a disability, suggesting about 450 in the population. In our survey, prisoners with a disability responded more negatively than prisoners without disabilities across a range of questions concerning relationships with staff, daily life, safety and activity. There was a system in place to identify prisoners with disabilities and provide adaptations and assistance through a prisoner carer scheme, but the prison was unable to meet the needs of many disabled prisoners. There were not enough cells for prisoners with disabilities and we saw prisoners in wheelchairs unable to enter their cells in a dignified manner. Others with mobility difficulties were unable to shower for significant periods. Some equipment, including wheelchairs, was not appropriate for the particular prisoner's condition (see paragraph 2.80).
- 2.38** The management of personal emergency evacuation plans was poor. Wing notice boards were out of date as was the central database. This posed a significant risk to prisoners who might need assistance in the event of a fire.
- 2.39** Four per cent of respondents to our survey had identified as gay or bisexual, indicating about 45 prisoners. The prison had identified 10 and, while attempts had been made to run forums for this group, attendance was very low. No transgender prisoners were held at the time of the inspection, but there was an appropriate policy. A prisoner who was transitioning had recently been held. There was evidence of good planning, although the prison had been unable to provide female clothes during the prisoner's short stay at Liverpool.
- 2.40** About 150 prisoners were over the age of 50. In our survey, these prisoners were more positive than their peers about their experience of Liverpool. Those who had reached retirement age were not required to work and received an additional payment each week. Many of the 31 prisoners eligible for this chose to continue to work. Retired prisoners and those who were unfit to work were locked in their cell during the core day, which was inappropriate. The gym ran sessions for over 45s.

## Recommendations

- 2.41** **The poor perceptions of prisoners from a black and minority ethnic background and prisoners with disabilities should be investigated and addressed.**
- 2.42** **Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages.** (Repeated recommendation 2.36)
- 2.43** **Foreign national detainees should be moved to an immigration removal centre once their criminal sentence has been served.** (Repeated recommendation 2.37)
- 2.44** **Prisoners with disabilities should be located in appropriately adapted cells and should have equitable access to the regime. Staff should be aware of those requiring personal emergency evacuation plans.**

## Faith and religion

- 2.45** About 64% of prisoners identified as one of the Christian denominations, 29% had no religion and 4% were Muslim. In our survey, only about half the prisoners said their religious beliefs were respected against 75% in similar prisons. Staffing shortfalls remained in the chaplaincy and, at the time of the inspection, half the posts were unfilled including the managing chaplain. Session cover enabled provision for the larger groups to continue but the

chaplainship was unable to provide weekly worship and classes for all faith groups. Two facilities were used for worship. The main multi-faith room was located upstairs, which made it inaccessible to some prisoners with disabilities, while the other facility was simply a bare room.

- 2.46** The chaplaincy carried out statutory visits to new arrivals, the segregation unit and health care, but these were sometimes carried out through locked doors in health care and the segregation unit because there were no officers to unlock prisoners. The team did not have the capacity to attend ACCT<sup>12</sup> reviews.
- 2.47** Links with the community to support resettlement work remained underdeveloped. The chaplaincy coordinated a volunteer visitor scheme for more isolated prisoners but there were no volunteers at the time of the inspection.

## Recommendation

- 2.48** **The chaplaincy should be sufficiently resourced to provide consistent individual support, faith-based classes and groups to prisoners, and to attend key meetings, such as ACCT reviews.**

## Health, well-being and social care

### Expected outcomes:

**Patients are cared for by services that assesses and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.**

- 2.49** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were three breaches of the relevant regulations. These breaches are reported on in a discrete CQC report.<sup>13</sup>

## Strategy, clinical governance and partnerships

- 2.50** NHS England commissioned health services which were delivered by Lancashire Care NHS Foundation Trust (LCFT). The trust had given notice of contract withdrawal after 31 March 2018. Social care services were commissioned by Liverpool City Council and also delivered by LCFT. There had been some improvements since our last inspection, but we were concerned about health care governance, staffing, mental health services (see paragraph 2.82) and about the adverse impact of the prison regime on the inpatient unit (see paragraphs 2.72–2.76).
- 2.51** Partnership arrangements were not always effective. Although local leadership demonstrated a focus on improving patient care, some governance systems were ineffective. However, some staff did not feel their concerns were always listened to and acted on. New community service pathways had been introduced following the disruption of some patient pathways at change of contract in 2015. There was evidence of consultation with inpatients, but no wider

<sup>12</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

<sup>13</sup> Care Quality Commission (15 December 2017). *HMP Liverpool Quality Report – Inspection Report*. London: Care Quality Commission. Available at: <http://www.cqc.org.uk/location/RVW5FY> (accessed 4 January 2018).

patient consultation. Access to the complaints process and responses was reasonable but half the responses were late and not all complaints were fully investigated.

- 2.52** During the previous six months, 451 incidents had been reported and there was evidence of investigation and learning from these at management level. Learning was not shared well enough with clinical staff.
- 2.53** Despite persistent efforts to recruit, significant staffing gaps remained in primary care and mental health. Most staff had completed mandatory training. Many clinical staff did not receive regular supervision, although this was improving.
- 2.54** Information leaflets were available in English and interpretation services were used when needed. A Health Watch advocate attended inpatient forums and local staff had made internal safeguarding referrals in relation to two inpatients and a lack of appropriate alternative prison accommodation.
- 2.55** Emergency arrangements were sound and resuscitation kits were suitably located. Suction equipment was located in the main health centre but this was not near the wings. This shortcoming was addressed during the inspection. Clinical rooms varied in cleanliness. Some wing and reception clinical rooms were in a poor state of decoration. They were not cleaned regularly and did not meet required infection control standards. Regular infection prevention and control audits were conducted.
- 2.56** Health staff consistently monitored and escalated an extensive list of outstanding repairs and deep cleaning. No information could be provided by the relevant contractor regarding the Legionella risk from a disused bath. We escalated this to the Health and Safety Executive. Not all equipment had been tested and maintained. An engineer visit had been scheduled.
- 2.57** Room doors were usually closed during consultations. Some clinicians felt isolated and unsafe because of the location and configuration of rooms.

## Recommendations

- 2.58 Governance arrangements should ensure that patient engagement, effective complaints management and clinical staff supervision inform service improvements.**
- 2.59 Service models and staffing levels should meet prisoners' needs.**
- 2.60 All health care areas, including wing treatment rooms, should provide a decent, clean, safe environment. They should be compliant with infection control and Health and Safety Executive standards.**

## Promoting health and well-being

- 2.61** Considerable planning and work had been done to prepare for the prison going smoke free on 25 September 2017. A range of health and prison staff had been trained to deliver smoking cessation training including substitute options.
- 2.62** There was no wider integrated health promotion approach and no prisoner health representatives or champions. Screening had improved with provision for bowel, abdominal aortic aneurysm and retinal screening.

- 2.63** Blood-borne virus screening and NHS health checks were offered with reasonable take-up. Sexual health services were provided and condoms were available, although not advertised.
- 2.64** There was a lack of coordinated approach to meeting the needs of older and disabled men. A few men had been referred to a local memory clinic, but there was no specific service to meet their wider needs.

## Recommendation

- 2.65** **Health promotion and care for older and disabled prisoners should be developed to include prompt assessment and appropriate review.**

## Primary care and inpatient services

- 2.66** All men received a comprehensive and thorough reception health screening, including referral to substance misuse and mental health services. Urine drug testing and objective screening for drug and alcohol withdrawal were undertaken by a health care assistant (HCA). There were many interruptions during the reception screening process, with discipline staff collecting and delivering documents to reception nurses and the one HCA responsible for urine testing having to move between the two nurses' rooms. Secondary Well Man screening was scheduled for the week after arrival but there was a backlog and no system to ensure prioritisation of more vulnerable men.
- 2.67** In our survey, 15% of prisoners said it was easy to see the GP and 41% the nurse. Some men waited up to 20 days for a routine GP appointment, although most waited less than 10 days. Urgent care was provided on the same day. Access to a nurse was good.
- 2.68** The range of primary care services was reasonable but prisoners regularly missed health appointments because they were not unlocked, unlocked late or attending other activities. Waiting times were broadly equivalent to community services.
- 2.69** Nurses gave some injections through medicine hatches because there were no suitable wing clinical rooms. Some wound care took place in treatment rooms with discipline staff present.
- 2.70** Care planning for patients with complex and long-term conditions had improved. There was a backlog of men awaiting review but we found suitable care, including essential diagnostic tests and assessments. Terminally ill patients were well cared for, although the inpatient environment was not conducive to palliative dignity. Links with local palliative care services were effective, but pathways were underdeveloped.
- 2.71** Hospital appointments were frequently rescheduled. There was appropriate clinical prioritisation but some appointments had been rescheduled repeatedly. About 80 to 90 appointments were made each month but the prison only scheduled 72 escorts. Out-of-hours GP telephone cover was provided by Urgent Care 24, including faxed prescriptions. We observed appropriate, safe out-of-hours care. All men were seen on the day of release and provided with a GP summary and a suitable supply of prescribed medication.
- 2.72** The 28-bed inpatient unit was routinely full. In addition, capacity was reduced because two gated cells were used for men on constant watch who often had no specific health needs (see paragraph 1.48), two cells were damaged and there was single occupancy of double cells due to individual risks.

- 2.73** Admissions were not always based on clinical need and the prison routinely overrode clinicians' judgements to admit men. There was no forum for health and prison staff to discuss and plan for men's needs.
- 2.74** At the time of our inspection, eight of the 21 inpatients had social care needs, two of whom were suitable to return to normal accommodation. Eight men had mental health needs, including several who were very unwell and awaiting admission to secure hospital beds. Five patients had primarily physical health need.
- 2.75** Despite consistent and challenging staffing pressures, nursing staff were caring and kind in their approach. The quality of clinical care was reasonable with developing use of individual care plans and regular monitoring of needs. However, we were told of periods when clinical leadership presence was limited.
- 2.76** The prison-led inpatient regime was poor and lacked a therapeutic focus. The regular lack of discipline staff meant that men were only unlocked for short periods with limited access to fresh air and showers. Two cells had been out of use for too long because deep cleaning and refurbishment had not been completed.

## Recommendations

- 2.77 Health services should be supported to provide primary and secondary care appointments and medicines supervision through timely and reliable prison officer support.**
- 2.78 Admission to the inpatient unit should be based on clinical need with regular multidisciplinary reviews, including prison staff. Prisoners should benefit from an appropriate therapeutic regime which includes regular access to fresh air, educational and therapeutic activity and showers.**

## Social care

- 2.79** A memorandum of understanding was in place between the prison, Liverpool City Council and LCFT for the delivery of social care and assessments. Systems ensured that prisoners with social care needs were referred for assessment. During the previous 12 months, 24 men had been referred. Seven prisoners were in receipt of social care packages and were all located in the inpatient unit. Prisoner carers on the residential units supported some men with living arrangements but did not provide personal care.
- 2.80** There was a lack of adapted cells in the prison and men in wheelchairs could not get through cell doors and struggled to get into bunk beds without properly positioned grab rails. No cells were capable of accommodating specialist beds, although two cells were being converted into one disabled facility. Prisoners spoke of difficulty obtaining basic daily living aids. We were concerned about the monitoring by the prison of some vulnerable men.

## Recommendation

- 2.81 Prisoners with social care needs should be located in suitable accommodation with adaptations and equipment that meet their needs and should be monitored.**

## Mental health care

- 2.82** Mental health provision had deteriorated significantly. The integrated mental health and substance use model was compromised by significant staff vacancies and a lack of cover for psychiatrist leave. New staff were awaiting clearance. Mental health nurses juggled a wide range of responsibilities including attendance at all ACCT reviews and video court appearances and administration of opiate substitution. This meant that men with mental health needs were not consistently seen promptly or reviewed frequently enough, including those on care programme approach (mental health services for individuals diagnosed with a mental illness). The duty worker role was used to mitigate the lack of regular follow-up by case holders but was insufficient to meet the need (see main recommendation S45).
- 2.83** The mental health team caseload consisted of 126 men, including 62 subject to the care programme approach. Initial needs were suitably identified and risk assessed and those with urgent needs were prioritised. However, a lack of follow-up meant that men went without important care which heightened the risk to themselves and others. We found examples of men who had not seen a nurse or a psychiatrist for lengthy periods. One man had waited about 10 weeks for a psychiatrist appointment.
- 2.84** Mentally unwell men regularly waited far too long for admission to the inpatient unit. They were sometimes held in the segregation unit because of their behaviour which might have been avoided if they had been appropriately cared for in the inpatient unit from the outset.
- 2.85** The Talking Therapies service was an excellent beacon in an otherwise struggling service. There were 138 men on the team caseload who could access a range of cognitive behavioural therapy based interventions and person-centred counselling.
- 2.86** Too many patients waited for very long periods for admission to secure hospital beds. At the time of our inspection, at least seven men were waiting for transfer, including three in the inpatient unit. During the previous six months, there had been 16 transfers, nine of whom had waited for more than two months. One man had experienced significant delays and had been held in the segregation unit for four days before being transferred to the inpatient unit.
- 2.87** Patients with complex mental health conditions were seen before release but it was regularly difficult to make effective links with community mental health teams.

## Good practice

- 2.88** *The Talking Therapies model provided patients with problems related to anxiety, depression and post-traumatic stress disorder with focused support to enable them to cope better and improve their mental health.*

## Substance misuse treatment<sup>14</sup>

- 2.89** The strategic approach to substance misuse was mostly satisfactory, but there was no up-to-date needs assessment. The poorly attended monthly strategy meeting did not drive the implementation of the strategy and action plan consistently.

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<sup>14</sup> In previous reports substance misuse treatment was reported on under the healthy prison area of safety, while reintegration planning for drugs and alcohol was reported on under the healthy prison area of rehabilitation and release planning (previously resettlement).

- 2.90** LCFT delivered clinical services and Change Grow Live (CGL) psychosocial services. Partnership working between the services and the prison was effective, including monthly staff NPS<sup>15</sup> awareness sessions.
- 2.91** In our survey, 25% of prisoners said they had an alcohol problem and 33% a drug problem on arrival. Only 51% and 41% respectively said they had received help.
- 2.92** Prisoners requiring substance misuse treatment were identified promptly when they arrived. They received appropriate first night prescribing and were reviewed by a specialist GP the next day. Health staff completed daytime monitoring during stabilisation. However, restricted visibility through door hatches meant that overnight observations were impeded; this remained a significant risk.
- 2.93** At the time of the inspection, only 13 of the 158 men (8%) on opiate substitution treatment were reducing, which was low. Prescribing was flexible. The staff completing the joint five-day and 13-week clinical and psychosocial reviews were skilled but the lack of prescriber involvement undermined the reviews. Officer supervision of methadone administration was good on H5, but on other wings it was not sufficiently robust.
- 2.94** Access to psychosocial interventions was inadequate for many prisoners because of high demand, CGL staff shortages, lack of rooms and difficulty getting men to interventions. CGL supported 365 men (32% of the population), but high referral rates meant that new assessments, crisis management and release planning were prioritised. A support worker and prisoner recovery champion gave harm reduction advice to all new arrivals. There was a reasonable range of longer group interventions, but most men were detained for short periods and could not access group interventions.
- 2.95** Prisoner recovery champions were highly active across the prison except for the first night centre. This was a significant omission as most prisoners on substance misuse clinical treatment were based there initially. Most prisoners, except those on K wing, could access a good selection of mutual aid groups, for example Narcotics Anonymous, Alcoholics Anonymous and SMART recovery. However, waiting lists were long.
- 2.96** Release planning was appropriate, including liaison with community services. Family support by the substance misuse service was embedded in case management and was good (see paragraph 4.2). Joint working with the offender management unit and the community rehabilitation company was satisfactory. Individual harm reduction input was provided, including overdose management training and Naloxone (an opiate reversal agent).

## Recommendations

- 2.97** **The prison and the health care provider should ensure that prisoners requiring stabilisation or detoxification from drugs or alcohol receive 24-hour observation in a suitable location and regular treatment reviews by appropriately qualified staff, including a prescriber.**
- 2.98** **All prisoners with substance misuse issues should have prompt access to a comprehensive range of psychosocial support throughout their sentence, which meets their identified needs.**

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<sup>15</sup> New psychoactive substances: drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.



## Medicines optimisation and pharmacy services

- 2.99** Nurses and pharmacy technicians and assistants administered medicines three times a day from wing treatment rooms and in the evening for sedative and evening dose medicines. Administration of medicines at wing hatches did not afford privacy. Queues were not adequately supervised by officers which increased the opportunity for diversion (see recommendation 2.77). Controlled drugs administration was routinely delayed while awaiting a second checker. The number of errors was low, but two incidents in the previous six months had not been properly handled to reduce risk to patients.
- 2.100** There was adherence to the in-possession policy with assessments at suitable intervals. In-possession medicines were supplied for seven days or 28 days subject to pharmacist review. Many men did not have a lockable cabinet to store their medicines securely. All prescribing and administration was recorded on SystemOne (electronic case notes) with a system for follow up of non-attendance or compliance. There was provision for patients going to court, being discharged or transferred. The range of medication that nurses could administer without a prescription was too limited, and nurses did not always fully use the homely remedy policy.
- 2.101** The main pharmacy was clean, tidy and secure. Wing medicines were stored securely in metal cabinets with suitable key security. There were some gaps in recording fridge temperatures which had not been addressed by management. The supply of controlled drugs was well managed overall. Most medicines were supplied promptly from a local pharmacy. Medicines storage and stock control were reasonable. However, most blisters in stock packs were part used and some contained blisters of different manufacturers and expiry dates, which presented a risk.
- 2.102** There was reasonable oversight by the pharmacist, with routine clinical checks, audits and confirmation of community prescribing for new prisoners. However, prisoners had no access to pharmacy-led clinics, including medicines use reviews. A prison-specific formulary was used and errors and drug alerts were managed effectively, but the pharmacist did not routinely record instances where prescribing errors were corrected, which meant opportunities for the wider team to learn from these were missed.
- 2.103** The pharmacist carried out a range of audits but these were not routinely scrutinised by the medicines and therapeutics committee.

## Recommendations

- 2.104 Prisoners should be able to access a range of pharmacy-led clinics, including medicine use reviews. Nurses should be trained to administer an adequate range of medicines without a prescription underpinned by current out-of-hours and special sick policies.** (Repeated recommendations 2.99 and 2.101)
- 2.105 Clinical audits should be presented to the medicines and therapeutics committee to provide assurance that prescribing is appropriate and supply is safe.**

## Dental services and oral health

- 2.106** A full range of NHS-equivalent treatment was available. Emergency treatment was prompt and the average waiting time for routine appointments was eight weeks or less. Many prisoners did not attend their appointments because they were not unlocked and escorted

to the health care department. Very few prisoners (9%) in our survey reported good access to the dentist. Some oral health information was displayed. The dental facilities were clean and met professional and regulatory requirements. However, some aspects of governance, particularly audits and clinical record-keeping, required improvement.

## Recommendation

**2.107 Regular audits should inform and improve patient dental care and all dental clinical records should meet the required professional standards.**

## Section 3. Purposeful activity

**Prisoners are able and expected to engage in activity that is likely to benefit them.**

### Time out of cell

#### Expected outcomes:

**All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.**

- 3.1 Time unlocked was more predictable than at the last inspection but remained poor. In our survey, 43% of prisoners said they usually spent less than two hours out of their cell on a typical weekday against the comparator of 29%. Only 3% of respondents said they received the expected 10 hours a day out of cell during the week. The regime on the induction and health care units was particularly poor, with many men receiving less than an hour out of their cells (see main recommendation S46).
- 3.2 There was not enough activity for prisoners. About 500 prisoners (43%) were fully employed, although a large number were wing workers. In our roll checks during the working day, nearly half the population were locked in their cells and only about a third were in activities off the wing. The regime provided no association periods during the week, exercise periods outside were for only half an hour and men only received time to carry out domestic tasks every other day (see main recommendation S46).
- 3.3 Access to the library, provided by Liverpool City Council, was inadequate for most prisoners. In our survey only 1% of respondents said they used the library twice a week or more (see main recommendation S46). Access was better for the small number of prisoners who attended education. Library data indicated that it was normal for less than 10% of the population to visit the library in any one week. The data were not sophisticated enough to identify which groups did not use the library and to promote the service more effectively.
- 3.4 The environment in the library was not inspiring and many shelves were empty. Books were available in a range of languages but legal texts were outdated (see paragraph 2.20). Links between the library and the education provider were underdeveloped and stock purchases were not informed by the curriculum offered. The range of material for prisoners with low literacy skills remained narrow and support for activities to promote literacy or reading required improvement.
- 3.5 PE facilities had improved since the last inspection. A second gym focused on cardiovascular fitness had been developed and the sports hall was now available for team activities. Problems with the large all-weather pitch remained and it could not be used during or following poor weather.
- 3.6 The improved facilities had placed additional pressure on shower facilities. The only showers were in the weights room in the main gym and there were not enough to cater for the number of prisoners using the facilities.
- 3.7 A reasonable range of sport and health-related fitness activities was offered. The gym timetable was designed around work and education with specific sessions for full-time workers, older prisoners and vulnerable prisoners. Gym staff delivered courses accredited at level one to improve prisoners' understanding of healthy lifestyles. Weight management was promoted through diet and exercise. The gym on the health care unit remained a good

resource which was valued by prisoners. Instructors continued to support prisoners with disabilities and health conditions to complete prescribed courses of activity.

- 3.8** Basic figures on attendance were collected, but the data were not used to ensure equality of access and to promote health and fitness to non-users.

## Recommendations

- 3.9** **The library should promote the development of literacy skills by introducing more activities.** (Repeated recommendation 3.41)
- 3.10** **The all-weather pitches should be refurbished and repaired to allow more access to outside team sports.** (Repeated recommendation 3.51)
- 3.11** **There should be sufficient showers for those using the gym.** (Repeated recommendation 3.52)

## Education, skills and work activities (Ofsted)<sup>16</sup>

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.<sup>17</sup>**

- 3.12** *Ofsted made the following assessments about the learning and skills and work provision:*

<b>Overall effectiveness of learning and skills and work:</b>	<b>Inadequate</b>
<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Inadequate</i>

## Management of education, skills and work

- 3.13** Most of the weaknesses found at the previous inspection had not been rectified. The management and staffing of the provision by Novus, the education provider, had been unstable and had delayed the implementation of the improvement action plan. The

<sup>16</sup> This part of the inspection is conducted by Ofsted inspectors using Ofsted's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

<sup>17</sup> This section of the report now includes reintegration issues for education, skills and work, which were previously reported on under the healthy prison area of rehabilitation and release planning (previously resettlement).

management team had developed a strategic direction recently but the effectiveness of provision had declined and was inadequate.

- 3.14** Prison managers did not ensure that prisoners attended activities regularly and on time. Too many prisoners were locked up during the core day with little opportunity to develop their skills and improve their life chances after release (see main recommendation S46).
- 3.15** The operational management of the provision required improvement. Not all the vocational and prison workshops maintained good industrial standards. They were often dirty and untidy and offered poor examples of a working environment for prisoners. Instructors did not prioritise health and safety sufficiently well and a few prisoners had poor understanding of health and safety at work. Managers did not use data and information well to reduce the negative impact of operational issues on prisoners during their activities. For example prisoners in the upholstery workshop did not have enough to do when material did not arrive. Novus managers had not developed clear arrangements for supporting prisoners who required additional learning support.
- 3.16** Managers did not set high standards and expectations and poor practices were not challenged robustly enough. For example, in most sessions and lessons, prisoners stopped their work and learning tasks too early, at times up to 40 minutes before the end of sessions, and waited with little to do before being taken to their cells (see main recommendation S46).
- 3.17** Quality improvement arrangements were ineffective. Prison managers had yet to develop effective measures to monitor the quality of training and assessment practices in prison work. The quality improvement procedures implemented by Novus managers, including the observation of teaching and learning, had not led to improved teaching and learning practices. The quality of the activities delivered by Novus had declined. Prison managers had an accurate understanding of the strengths and weaknesses in the provision, but Novus managers did not.
- 3.18** Managers had used information about the employment opportunities in Liverpool and Merseyside to develop the provision further to improve prisoners' employment prospects on release. Since the previous inspection, the range of activities had increased. While vulnerable prisoners had more activities to choose from, they still did not have a wide enough range of education and work to select. Prisoners could attend more courses in English and mathematics. They gained useful practical skills in a range of prison work, including in kitchens and waste workshops. Too few full-time activity places were offered and prisoners did not have enough opportunities to gain qualifications through their prison work.
- 3.19** The allocation of prisoners to activities was fair. Most prisoners started on appropriate activities soon after arriving. The pay policy did not act as a disincentive to prisoners taking up education. Prison and Novus managers did not use the information about prisoners' release dates well to ensure that they attended courses they could realistically complete. Too many prisoners left the prison before completing a course.
- 3.20** The quality of the National Careers Service contracted to Manchester Growth Company was good. Prisoners received useful information soon after arriving about their options for education courses, vocational training and prison work. They benefited from productive partnership working, including between prison staff and advisers from Manchester Growth Company and Jobcentre Plus. Not all prisoners who were due for release attended sessions to prepare for resettlement. When they did attend, they were offered help with their CVs and writing disclosure letters. Many prisoners were signposted to other partners such as

Shelter for help with resettlement. Prisoners used the virtual campus<sup>18</sup> well to improve their understanding of employment opportunities.

## Recommendations

- 3.21** Prison and Novus managers should manage the operational aspects of the provision well and pay good attention to health and safety.
- 3.22** The quality of teaching, training, learning and assessments should be good or better. Novus managers should review the self-assessment process to ensure that the self-assessment report is accurate.
- 3.23** Prison and Novus managers should provide sufficient and stimulating education and work activity for all prisoners. It should meet their needs and enable them to obtain useful qualifications.

## Quality of provision

- 3.24** Tutors and instructors were aware of the personal challenges experienced by prisoners and how these influenced their readiness to learn. Many prisoners attended sporadically or arrived late. Tutors and instructors were supportive and settled prisoners skilfully to start their learning or allocated tasks. There was often uncertainty about which prisoners and how many would attend their sessions. Poor punctuality created repeated interruptions. The pace of teaching and training was slow and prisoners' progress was impeded. Consequently, the quality of provision required improvement.
- 3.25** Most tutors and instructors did not use information about prisoners' backgrounds and starting points sufficiently to plan their individual learning. Tutors principally used workbooks and did not adapt tasks so that prisoners could relate their learning to previous job roles or future employment plans. Too many prisoners did not understand how learning would help them to improve their prospects in prison work or after release.
- 3.26** The progress that prisoners made in completing their tasks was regularly monitored, for example when cutting leather patterns for security belt key pouches. However, clear learning and developmental targets were not set and prisoners could not monitor their own progress. Instructors still did not recognise and record prisoners' skill development.
- 3.27** Many tutors used opportunities in lessons to help prisoners improve their use of English. However, instructors did not develop prisoners' oral and writing skills well. Prisoners made repeated errors and the standard of their spelling, punctuation and grammar was not good enough.
- 3.28** Tutors and instructors coached individual prisoners well in lessons, prison work and vocational training. They ensured that peer mentors guided prisoners in their learning, which improved their confidence. However, tutors and instructors did not provide prisoners with sufficiently useful feedback on how to improve their work.

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<sup>18</sup> Internet access for prisoners to community education, training and employment opportunities.

## Recommendations

- 3.29** Instructors and tutors should use prisoners' existing skills to set relevant targets for their development, including their skills in English and mathematics.
- 3.30** Prison managers should ensure that instructors identify and record the skills that prisoners develop in prison work.

## Personal development and behaviour

- 3.31** More prisoners attended their activities than at the previous inspection but attendance remained too low. Wing staff did not encourage prisoners to attend regularly which affected their work ethic (see main recommendation S46 and recommendation 2.4). Most prisoners who attended took pride in their work, behaved well and showed respect to peers and staff.
- 3.32** Too many prisoners did not develop good work-related skills and did not improve their chances of securing employment on release. The development of writing and communication skills in English was not good enough.
- 3.33** Prisoners developed good practical skills in painting and decorating, catering and arts. A group of prisoners on painting and decorating courses had decorated the staff restaurant and café to a high standard. However, some prison work was repetitive and prisoners became bored and disillusioned by the monotonous work, for example in the food-packing workshop (see recommendation 3.23).

## Outcomes and achievements

- 3.34** Most prisoners did not make good enough progress in education and too many started courses that they did not complete. A high proportion of the few prisoners who stayed long enough to finish their course achieved their qualification. Most prisoners engaged in vocational training achieved their qualification.
- 3.35** Prisoners engaged in work activities did not have a clear understanding of what they had achieved because instructors did not identify or record the skills that they developed.
- 3.36** During 2015 to 2016, achievement rates in the short progression awards in English and functional skills at level 1 in mathematics had improved and were good. However, too few prisoners achieved their functional skills qualification at level 1 in English.

## Recommendation

- 3.37** Prison and Novus managers should ensure that prisoners start on courses that they can complete. Novus managers should ensure that successful completions of functional skills in English at level 1 are substantially increased.





## Section 4. Rehabilitation and release planning

**Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.**

### Children and families and contact with the outside world

#### Expected outcomes:

**The prison supports prisoners' contact with their families and friends. Programmes orientated to developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.**

- 4.1 The support given to men to maintain contact with the outside world had deteriorated since the last inspection and opportunities were missed in several areas. There was no overarching plan to develop services and no evidence that a resettlement needs analysis had been used to inform provision. Families were not routinely involved in supporting prisoners at risk of self-harm. Release on temporary licence was not used to maintain contact with dependents and there was no Storybook Dads<sup>19</sup> scheme. Two family relationship courses were planned but none had been delivered in the previous six months.
- 4.2 The exception to this poor support was the substance misuse service which provided a model of family work for other departments to follow. They had embedded family work into their practice, asking all prisoners if they would like the service to link in with their families. Four family intervention days were run each year and visiting families were offered advice in the visitors' centre once a week.
- 4.3 Prisoners faced significant delays in adding telephone numbers to their pin phone account. We found unprocessed applications for approved phone numbers dating back more than a month in some cases. Most prisoners could not make a phone call after 6pm as a result of limited time out of cell (see main recommendation S46).
- 4.4 In our survey, 66% of prisoners said they had problems sending or receiving mail against the comparator of 48%. We found that mail could be delayed, particularly when the staff who processed mail were redeployed.
- 4.5 Visits sessions were held every day and there were enough slots to meet the needs of the population. However, prisoners on closed visits could only book visits during three sessions in any given week. Too many prisoners were placed on closed visits for reasons unrelated to visits (see paragraph 1.41). Facilities were adequate. The visitors' centre, run by POPS (Partners of Prisoners), was run down. POPS staff were welcoming but they were busy administering the visits process and could not provide one-to-one support or a family support service to visitors. The visits hall was large and clean and we saw staff interacting well with visitors. POPS provided a refreshments facility and staffed a play area for children during weekday afternoons and all day at weekends.

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<sup>19</sup> Project for prisoners to record stories for their children.

- 4.6** Visits did not always start on time but staff and visitors told us they always received their allotted time. The prison ran four family visits a year, which was not enough.

## Recommendations

- 4.7** Where appropriate, families should be involved in the care of prisoners at risk of self-harm or suicide.
- 4.8** Prisoners should be able to add telephone numbers to their pin phone account without delay. They should be able to make telephone calls in the evening.
- 4.9** Sufficient family days and parenting courses should be provided to meet demand.
- 4.10** Closed visits should be held on any day of the week when domestic visits take place.

## Reducing risk, rehabilitation and progression

### Expected outcomes:

**Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.**

- 4.11** The up-to-date reducing reoffending policy was based on a needs analysis and focused on work under each resettlement pathway. Objectives were identified for each pathway and monitored regularly. However, while the needs analysis was useful to an extent, it was based on a questionnaire completed by 105 prisoners and profile information in P-Nomis (Prison Service electronic records). No OASys (offender assessment system) data linked to offending were included.
- 4.12** Shelter were subcontracted to work in the prison by Purple Futures, which ran the Merseyside community rehabilitation company (CRC). The reducing reoffending policy made only scant reference to the strategy and work of Shelter and offender management generally. There was poor coordination between the departments and responsibility for sentence management at different stages of the prisoner's sentence was unclear. There was no offender management policy.
- 4.13** An offender supervisor carried out an initial basic custody screen for all prisoners and a subsequent resettlement plan was completed by a worker from Shelter. Too many plans lacked detail. The areas of work that Shelter was responsible for were covered, including accommodation, finance, benefit, debt, employment, training and education, but other areas were not, including drugs, alcohol, children and families. There was little or no liaison with offender management.
- 4.14** At the time of the inspection, 645 prisoners were serving sentences of over 12 months. Fifty-four percent of cases were assessed as high or very high risk of harm and 46% were assessed as low or medium risk. The offender management unit (OMU) had a backlog of offender assessments: 158 prisoners had no initial assessment, almost a quarter of those requiring one. The prison was responsible for 116 of these, representing 40% of all low- and medium-risk prisoners. The quality of completed OASys of low- and medium-risk prisoners was of a poor standard and the assessments did not focus sufficiently on risk factors. It was not known how many prisoners had an out-of-date assessment. In our survey, only 23% of prisoners said they had a custody plan.

- 4.15** Officer offender supervisors were regularly cross-deployed. They had little or no contact with the prisoners they were responsible for. In theory, all high- and very high-risk cases were managed by one of the probation offender supervisors while prison officer supervisors managed low- and medium-risk cases. At the time of our inspection, 103 high-risk prisoners, 30% of the total, were allocated to officer offender supervisors with whom they had virtually no contact. This was concerning. In our survey, only half the prisoners who said they had a custody plan indicated that anyone was helping them achieve their objectives or targets (see main recommendation S47).
- 4.16** In contrast, we saw some very positive examples of prisoner contact by probation offender supervisors. In most cases such work focused on risk assessment and management but also included engagement with prisoners who were vulnerable and subject to ACCTs<sup>20</sup> and others due for review by the Parole Board.
- 4.17** The introduction of key work on wings as part of the first stage of the new offender management model was positive. We saw one example of excellent liaison between the key worker and offender management, including a four-way meeting between the probation offender supervisor, key worker, prisoner and community offender manager. In other cases that we reviewed there was no link with the OMU. Not all key workers were aware of sentence plans or Shelter resettlement plans and in some cases were not sure how to engage with unmotivated or resistant prisoners (see paragraph 2.2).
- 4.18** Public protection arrangements were well managed and effective. All prisoners were screened on arrival and a probation officer carried out reviews of all identified prisoners. At the time of the inspection, 347 prisoners (30%) were identified as subject to public protection, with 64 subject to mail and/or telephone monitoring. It was encouraging that the prison monitored 41 prisoners who had a conviction or previous history of domestic violence even though they were not subject to a restraining order. The interdepartmental risk management meeting (IRMM) took place weekly and reviewed an average of 20 to 25 cases. The management of prisoners subject to MAPPAs (multi-agency public protection arrangements) was appropriate. There were few problems in ensuring that risk levels were identified for prisoners in the last six months of their sentence and levels 2 and 3 cases were reviewed by the IRMM. The MAPPAs assessments that we reviewed were of a good standard.
- 4.19** During the previous six months, 101 prisoners had been considered for home detention curfew and 47 had been successful. Decisions were justified but there were delays in obtaining responses from officers in the community. This was not monitored to determine its extent. A new area system was due to start at the end of September 2017 with all requests managed centrally.
- 4.20** At the time of the inspection, 77% of the population were category C prisoners. There were sometimes delays in re-categorisation reviews, compounded by the backlog of OASys. At the time of the inspection, there were nine category D prisoners. In two of these cases that we reviewed, we were concerned at the rigour applied to decisions. Decisions appeared based on institutional behaviour rather than risk. In one case the assessment said: 'There is nothing on Nomis to suggest he doesn't deserve it'.
- 4.21** There were relatively few problems in transferring category C prisoners from Liverpool, but this was not the case with category B prisoners. At any one time, there were about 200 long-term category B prisoners (sentenced or with a tariff of over 10 years) whose progress was limited. At the time of the inspection, there were 228 in this category. These prisoners were reviewed at a monthly meeting but relatively little progress was made. The prison was

<sup>20</sup> Assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm.

not resourced to manage this long-term population. The majority were managed by probation offender supervisors but specific work focused on reducing risk and supporting progress was largely absent.

- 4.22** There were 63 indeterminate sentenced prisoners at the time of the inspection, 35 of whom were serving indeterminate sentences for public protection. All indeterminate sentence prisoners were allocated to a probation offender supervisor but there were no specific services for this group. There were no lifer forums, although there were plans to introduce them later in 2017.

## Recommendations

- 4.23** A comprehensive needs analysis of the population should be undertaken, including data from OASys. The analysis should inform the range of provision and interventions available at the prison.
- 4.24** There should be well planned and integrated work between departments involved in work to reduce prisoners' risk of reoffending and harm, including the offender management unit and Shelter. Roles and responsibilities should be clearly defined and quality assurance procedures should be implemented to maintain consistency.
- 4.25** All eligible prisoners should have an OASys which is updated periodically. This should be used to inform decisions about progress.
- 4.26** The timeliness of home detention curfew assessments should be monitored to identify obstacles to completion and take effective action to ensure that prisoners are released at the earliest opportunity. (Repeated recommendation 4.17)
- 4.27** Decisions to downgrade the security category of a prisoner should be based on their risk of harm and likelihood of reoffending.
- 4.28** Specific services and interventions should be made available for long-term prisoners unable to progress from Liverpool.

## Interventions

### Expected outcomes:

**Prisoners are able to access interventions designed to promote successful rehabilitation.**

- 4.29** Two accredited offending behaviour programmes were delivered: the thinking skills programme to address distorted thinking associated with offending, and Resolve to address issues of violence. There was an annual target of 54 completions. It was not known if this met the needs of the population because of the limitations of the needs analysis (see paragraph 4.11). It seemed unlikely as more than 200 prisoners serving sentences of over 10 years were described as 'stuck'. It was also unclear if these programmes were suitable for the population. In our survey, 53% of prisoners who had completed offending behaviour programmes said it had helped them achieve their sentence planning targets.
- 4.30** The interventions team was developing a range of non-accredited programmes, including the Sycamore Tree victim awareness course delivered by the chaplaincy four times a year. They planned to introduce the Help programme, a 16-session healthy relationships course.

- 4.31** The range and focus of interventions available to prisoners to help them progress through the prison system and reduce their risk of harm before release was limited. Despite very supportive work by probation offender supervisors, there was little one-to-one intervention engagement.
- 4.32** Support with finance, benefit and debt issues was limited but improving gradually. There was no formal debt advice but Shelter workers and peer advisers gave information and support to prisoners, including template letters to creditors. Shelter also delivered a brief money management course as part of pre-release support and a few prisoners could open bank accounts before release. Prisoners applying for job seekers' allowance were helped to start benefit claims before release. It was estimated that about two-thirds of prisoners would qualify for employment and support allowance on release. In our survey of prisoners due to be released within three months, 69% said they needed help with claiming benefits and 20% said they were receiving help.
- 4.33** Shelter specialised in supporting prisoners who needed accommodation on release. Accurate data were not collected to identify how many prisoners found sustainable accommodation on release. During the previous 12 months, 16% of prisoners were released to transient accommodation or were formally no fixed abode. A further 12% were released to supported housing which ranged from structured supported housing to night shelters and hostels. While 58% of prisoners due to be released in the next three months said in our survey that they required help in finding accommodation, only 41% said they were receiving help.

## Recommendations

- 4.34** **An appropriate range of offending behaviour interventions should be available to meet the needs of prisoners.**
- 4.35** **Outcome data on sustainable housing should be collected and analysed to ensure that provision for prisoners is appropriate and effective.**

## Release planning

### Expected outcomes:

**The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.**

- 4.36** All prisoners were seen about 12 weeks before release by a Shelter worker to complete an up-to-date resettlement plan which, in most cases, derived from the prisoner's initial sentence plan. Resettlement plans varied considerably in quality. Much work involved signposting to other departments, such as drugs, alcohol, mental health, children and families. This was rarely followed up to ensure that the necessary work had been undertaken or to inform the responsible community officer.
- 4.37** There was little liaison between OMU and the Shelter team. Shelter clearly had responsibility for the resettlement of prisoners serving less than 12 months. Shelter workers also saw all other prisoners to be released, but the demarcation between them and offender supervisors was not clear. In most cases that we reviewed, Shelter staff did not routinely review public protection issues.

- 4.38** Many prisoners released from Liverpool had complex and multiple needs. The lack of mentoring services or 'meet at the gate' support was disappointing. We spoke to one prisoner who was due for release within a few days. He was diagnosed as schizophrenic and had a personality disorder. On the day of release, he needed to see his GP and his responsible officer, keep a substance misuse appointment to maintain his methadone prescription and present as homeless at the local authority. Without help, it seemed unlikely that he would keep these appointments or survive long in the community.
- 4.39** Practical information and support for prisoners before release was appropriate. Timely OMU checks were carried out and licence conditions were shared with prisoners to ensure they knew what was expected of them.

## Recommendation

- 4.40** **Mentoring and meet at the gate support services should be provided to meet the needs of prisoners.**

## Section 5. Summary of recommendations and good practice

The following is a listing of repeated and new 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, and in the previous report where recommendations have been repeated.

### Main recommendations

#### To HMPPS and the governor

- 5.1** Concerted action should be taken by national and local managers to ensure that the prison environment is brought up to an acceptable standard. In particular, all cells should provide decent, hygienic and well maintained conditions, and necessary repairs should be completed swiftly. Cells falling below basic standards should not be occupied. (S44)
- 5.2** The mental health service should be adequately resourced and staffed to ensure that all prisoners with mental health needs receive prompt assessment and regular input to address and review their individual risks and needs. (S45)

### Main recommendations

#### To the governor

- 5.3** Managers should ensure that use of force documentation is completed promptly and thoroughly, including for special accommodation, and that force is demonstrably proportionate and justified. Data should be analysed and incidents reviewed to monitor trends, identify good practice and learn lessons. (S42)
- 5.4** All actions following the receipt of intelligence reports should be carried out, including the targeted searching of cells and suspicion drug testing. (S43)
- 5.5** Prisoners should be unlocked and engaged in constructive activity during the working day. The regime should include an hour to exercise in the open air, evening association, frequent library access and sufficient time to carry out domestic tasks. Managers should ensure that poor attendance and punctuality are addressed. (S46)
- 5.6** All eligible prisoners should have an offender supervisor who provides them with regular focused contact to manage risk, encourage and monitor the achievement of sentence plan targets and secure progressive transfers. High-risk prisoners should be allocated to probation offender supervisors. (S47)

### Recommendation

#### To HMPPS

- 5.7** Foreign national detainees should be moved to an immigration removal centre once their criminal sentence has been served. (2.43, repeated recommendation 2.37)

## Recommendations

### To HMPPS and the governor

#### Staff-prisoner relationships

- 5.8** Key workers should receive additional support and training to help them engage with prisoners and deliver the service to prisoners outlined in the key worker strategy. (2.5)

#### Daily life

- 5.9** Prisoners should not be held in overcrowded conditions. (2.9)

#### Equality, diversity and faith

- 5.10** The national equality monitoring tool should be revised to cover all protected characteristics and produce data that are no more than a month old. All disparities should be investigated. (2.31)

## Recommendations

### To the governor

#### Early days in custody

- 5.11** Prisoners should not be held in reception for long periods. (1.9, repeated recommendation 1.15)
- 5.12** There should be enough night officers on the first night unit to monitor the welfare of new arrivals regularly and support prisoners on ACCTs. (1.10)
- 5.13** All prisoners should complete an induction programme that provides comprehensive information about the prison. Attendance should be centrally tracked. (1.11)

#### Managing behaviour

- 5.14** Violence reduction work should be adequately resourced and be underpinned by an up-to-date analysis of data and a comprehensive action plan. All incidents of violence and antisocial behaviour should be investigated thoroughly, perpetrators should be managed consistently and victims supported. (1.20)
- 5.15** Self-isolating prisoners should receive multidisciplinary support and encouragement to promote their reintegration. (1.21)
- 5.16** Prisoners on the basic level of the IEP scheme should have individual targets which focus on addressing their poor behaviour. (1.22)
- 5.17** Adjudication hearings should be timely and thorough and include the full range of relevant information. All prisoners, including vulnerable prisoners, should be held in decent conditions while awaiting adjudication. (1.26)
- 5.18** Data on adjudications and segregation should be analysed thoroughly to identify emerging patterns and trends. All relevant stakeholders should attend segregation and adjudication review meetings. (1.27)
- 5.19** All planned use of force should be filmed on hand-held video cameras. (1.32)



- 5.20** The segregation regime should be more purposeful with a greater range of activities to occupy prisoners constructively. (1.37)
- 5.21** The use of unofficial punishments should cease. (1.38)
- 5.22** All segregated prisoners should have an individual care plan with a clear focus on identified risks and successful reintegration planning. (1.39)

### Security

- 5.23** Closed visits should be imposed only for visits-related activity. (1.47)

### Safeguarding

- 5.24** The ACCT process should support consistent care of prisoners at risk of self-harm. Triggers should be correctly recorded, care maps should be pertinent and completed before closure and multidisciplinary care reviews should be held on the scheduled day. (1.53)
- 5.25** There should be a coherent strategy to reduce self-harm, informed by the characteristics of the population. A local self-harm reduction policy should be accompanied by an up-to-date and responsive action plan. (1.54)

### Staff-prisoner relationships

- 5.26** Staff should address prisoners respectfully and maintain a professional approach towards them. They should encourage positive and responsible behaviour and support engagement with the regime. (2.4)

### Daily life

- 5.27** All prisoners should have a working emergency cell bell. Officers should respond to cell bells promptly, the timeliness of responses should be monitored closely and action should be taken to address delays. (2.10)
- 5.28** Breakfast packs should be more substantial and served on the day they are to be eaten. (2.14, repeated recommendation 2.124)
- 5.29** Regular consultation should take place to understand and address prisoners' discontent with the food. (2.15)
- 5.30** Applications should be tracked, and responses should be focused, timely and demonstrate sufficient enquiry. (2.21)
- 5.31** All complaints should be responded to and returned to prisoners quickly. A robust system for quality assurance of complaints should be introduced which includes consultation with prisoners on their perceptions of the complaints system. (2.22)
- 5.32** Prisoners' access to justice should be supported through timely legal visits, provision of laptops to help pursue legal cases, and easy access to a library with up-to-date legal text books. Information about the Criminal Casework Review Commission and the Legal Ombudsman should be displayed around the prison. (2.23)

## Equality, diversity and faith

- 5.33** The equality action team meeting should be attended by all relevant departments and managers should maintain an action log. (2.30)
- 5.34** Discrimination incident report forms should be available on all wings. They should be responded to promptly by a manager and there should be independent quality assurance of completed DIRFs. (2.32)
- 5.35** The poor perceptions of prisoners from a black and minority ethnic background and prisoners with disabilities should be investigated and addressed. (2.41)
- 5.36** Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages. (2.42, repeated recommendation 2.36)
- 5.37** Prisoners with disabilities should be located in appropriately adapted cells and should have equitable access to the regime. Staff should be aware of those requiring personal emergency evacuation plans. (2.44)
- 5.38** The chaplaincy should be sufficiently resourced to provide consistent individual support, faith-based classes and groups to prisoners, and to attend key meetings, such as ACCT reviews. (2.48)

## Health, well-being and social care

- 5.39** Governance arrangements should ensure that patient engagement, effective complaints management and clinical staff supervision inform service improvements. (2.58)
- 5.40** Service models and staffing levels should meet prisoners' needs. (2.59)
- 5.41** All health care areas, including wing treatment rooms, should provide a decent, clean, safe environment. They should be compliant with infection control and Health and Safety Executive standards. (2.60)
- 5.42** Health promotion and care for older and disabled prisoners should be developed to include prompt assessment and appropriate review. (2.65)
- 5.43** Health services should be supported to provide primary and secondary care appointments and medicines supervision through timely and reliable prison officer support. (2.77)
- 5.44** Admission to the inpatient unit should be based on clinical need with regular multidisciplinary reviews, including prison staff. Prisoners should benefit from an appropriate therapeutic regime which includes regular access to fresh air, educational and therapeutic activity and showers. (2.78)
- 5.45** Prisoners with social care needs should be located in suitable accommodation with adaptations and equipment that meet their needs and should be monitored. (2.81)
- 5.46** The prison and the health care provider should ensure that prisoners requiring stabilisation or detoxification from drugs or alcohol receive 24-hour observation in a suitable location and regular treatment reviews by appropriately qualified staff, including a prescriber. (2.97)

- 5.47** All prisoners with substance misuse issues should have prompt access to a comprehensive range of psychosocial support throughout their sentence, which meets their identified needs. (2.98)
- 5.48** Prisoners should be able to access a range of pharmacy-led clinics, including medicine use reviews. Nurses should be trained to administer an adequate range of medicines without a prescription underpinned by current out-of-hours and special sick policies. (2.104, repeated recommendations 2.99 and 2.101)
- 5.49** Clinical audits should be presented to the medicines and therapeutics committee to provide assurance that prescribing is appropriate and supply is safe. (2.105)
- 5.50** Regular audits should inform and improve patient dental care and all dental clinical records should meet the required professional standards. (2.107)

#### Time out of cell

- 5.51** The library should promote the development of literacy skills by introducing more activities. (3.9, repeated recommendation 3.41)
- 5.52** The all-weather pitches should be refurbished and repaired to allow more access to outside team sports. (3.10, repeated recommendation 3.51)
- 5.53** There should be sufficient showers for those using the gym. (3.11, repeated recommendation 3.52)

#### Education, skills and work activities

- 5.54** Prison and Novus managers should manage the operational aspects of the provision well and pay good attention to health and safety. (3.21)
- 5.55** The quality of teaching, training, learning and assessments should be good or better. Novus managers should review the self-assessment process to ensure that the self-assessment report is accurate. (3.22)
- 5.56** Prison and Novus managers should provide sufficient and stimulating education and work activity for all prisoners. It should meet their needs and enable them to obtain useful qualifications. (3.23)
- 5.57** Instructors and tutors should use prisoners' existing skills to set relevant targets for their development, including their skills in English and mathematics. (3.29)
- 5.58** Prison managers should ensure that instructors identify and record the skills that prisoners develop in prison work. (3.30)
- 5.59** Prison and Novus managers should ensure that prisoners start on courses that they can complete. Novus managers should ensure that successful completions of functional skills in English at level 1 are substantially increased. (3.37)

#### Children and families and contact with the outside world

- 5.60** Where appropriate, families should be involved in the care of prisoners at risk of self-harm or suicide. (4.7)

- 5.61** Prisoners should be able to add telephone numbers to their pin phone account without delay. They should be able to make telephone calls in the evening. (4.8)
- 5.62** Sufficient family days and parenting courses should be provided to meet demand. (4.9)
- 5.63** Closed visits should be held on any day of the week when domestic visits take place. (4.10)

### Reducing risk, rehabilitation and progression

- 5.64** A comprehensive needs analysis of the population should be undertaken, including data from OASys. The analysis should inform the range of provision and interventions available at the prison. (4.23)
- 5.65** There should be well planned and integrated work between departments involved in work to reduce prisoners' risk of reoffending and harm, including the offender management unit and Shelter. Roles and responsibilities should be clearly defined and quality assurance procedures should be implemented to maintain consistency. (4.24)
- 5.66** All eligible prisoners should have an OASys which is updated periodically. This should be used to inform decisions about progress. (4.25)
- 5.67** The timeliness of home detention curfew assessments should be monitored to identify obstacles to completion and take effective action to ensure that prisoners are released at the earliest opportunity. (4.26, repeated recommendation 4.17)
- 5.68** Decisions to downgrade the security category of a prisoner should be based on their risk of harm and likelihood of reoffending. (4.27)
- 5.69** Specific services and interventions should be made available for long-term prisoners unable to progress from Liverpool. (4.28)

### Interventions

- 5.70** An appropriate range of offending behaviour interventions should be available to meet the needs of prisoners. (4.34)
- 5.71** Outcome data on sustainable housing should be collected and analysed to ensure that provision for prisoners is appropriate and effective. (4.35)

### Release planning

- 5.72** Mentoring and meet at the gate support services should be provided to meet the needs of prisoners. (4.40)

## Example of good practice

- 5.73** The Talking Therapies model provided patients with problems related to anxiety, depression and post-traumatic stress disorder with focused support to enable them to cope better and improve their mental health. (2.88)

## Section 6. Appendices

### Appendix I: Inspection team

Peter Clarke	Chief inspector
Hindpal Singh Bhui	Team leader
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Kam Sarai	Inspector
Tamara Pattinson	Inspector
Keith McInnis	Inspector
Angus Mulready-Jones	Inspector
Nicola Rabjohns	Lead health and social care inspector
Majella Pearce	Health and social care inspector
Jo MacDonald	Care Quality Commission inspector
Malcolm Irons	Care Quality Commission inspector
Carson Black	Care Quality Commission inspector
Richard Chapman	Pharmacist
Shahram Safavi	Ofsted
Suzanne Wainwright	Ofsted
Maria Navarro	Ofsted
Ken Fisher	Ofsted
Paddy Doyle	Offender management inspector
Patricia Taflan	Researcher
Laura Green	Researcher
Natalie-Anne Hall	Researcher
Tamara Al-Janabi	Researcher
Emily Spilman	Researcher



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

### Safety

**Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection in 2015, reception and first night procedures were generally good but not all prisoners had access to the full range of support. Too many prisoners, and particularly vulnerable prisoners, felt unsafe. Levels of violence were comparatively low and the prison was working hard to make the prison safer. Assessment, care in custody and teamwork (ACCT) processes were often weak. Oversight of use of force was poor and the levels high. Security measures were broadly proportionate and work on gangs was excellent. More needed to be done to tackle the availability of alcohol and drugs. Measures to manage prisoners on the basic level of the incentives and earned privileges scheme were not yet effective. The segregation unit was bleak, with an inadequate regime for those who remained there for a prolonged period. Substance misuse provision was mostly reasonable but some poor alcohol detoxification processes presented a risk. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### Main recommendation

All use of force should be fully recorded. Managerial oversight should ensure that all uses of force are analysed, patterns and trends are identified and acted on, and that force is always justified and proportionate. (S53)

**Not achieved**

#### Recommendations

Unless there are overriding security reasons, prisoners should be given 24 hours' notice of planned transfers. (1.5)

**Not achieved**

Prisoners should not be held in reception for long periods. (1.15)

**Not achieved** (Recommendation repeated, 1.9)

All showers in reception should be private and vulnerable prisoners should be able to access them. (1.16)

**Achieved**

Information should be available in a range of languages and a professional telephone interpreting service should be used when necessary. (1.17)

**Achieved**

Vulnerable prisoners should be adequately separated from other prisoners on the first night wing. (I.18)

**Achieved**

All prisoners should complete the induction programme, attendance should be tracked and the course content should be up to date and comprehensive. (I.19)

**Partially achieved**

Victims of bullying should be offered support in order to remain on normal location wherever possible. (I.27)

**Not achieved**

More effective assessment, care in custody and teamwork (ACCT) procedures should be developed to include consistent and trained case managers and clear care plans that identify what individual support key workers should provide. (I.34)

**Not achieved**

The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (I.38)

**Not achieved**

The supervision of administration of controlled and general medication by discipline officers should be consistent and involve greater vigilance to reduce diversion. (I.50)

**Not achieved**

The drug and alcohol strategy and action plan should be updated to reflect and manage robustly the major challenges of drug (both illegal and legal) and alcohol availability. (I.51)

**Partially achieved**

Prisoners on the basic level of the incentives and earned privileges scheme, including those located on the J1 landing, should receive individualised support with a clear focus on changing their behaviour and promoting reintegration. (I.55)

**Not achieved**

The segregation unit should be well maintained, with appropriately furnished and ventilated cells, and the exercise yard should provide a suitable environment. (I.66)

**Not achieved**

The regime on the segregation unit should be more purposeful and include access to off-unit activities. Reintegration and care planning should clearly focus on the need to return prisoners to normal location as soon as possible. (I.67)

**Not achieved**



## Respect

### Prisoners are treated with respect for their human dignity.

*At the last inspection in 2015, the overall cleanliness of the prison was poor, as was the condition of many cells. Staff–prisoner relationships were respectful but benign. The applications process was poor. We found no evidence of discrimination on the grounds of race or religion, although outcomes for prisoners with some other protected characteristics were mixed. Legal advice was not available. Access to religious services was problematic. Complaints were generally well managed. Primary health care provision remained a serious concern but mental health services had improved. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendations

The prison environment should be improved to provide all prisoners with clean and decent living conditions. (S54)

#### **Not achieved**

Prisoners should have consistent access to the full range of primary care services, including GP appointments, chronic diseases management clinics and screening programmes within community-equivalent waiting times. (S55)

#### **Achieved**

### Recommendations

Periodic monitoring of all foreign national prisoners should be carried out, to help ensure the equality of outcomes for prisoners in this group. (2.22)

#### **Not achieved**

Prisoners arriving with withdrawal from alcohol or stimulants should be monitored overnight and more frequently during the day during their first five days at the prison. (1.78)

#### **Partially achieved**

All prisoners should receive a five day review to ensure early issues are identified and managed. All reviews should be multi-professional with shared working between clinical and psychosocial teams. (1.79)

#### **Partially achieved**

Vulnerable prisoners should be able to access a range of group interventions. (1.80)

#### **Partially achieved**

Prisoners arriving on a confirmed prescription should be able to receive buprenorphine if, on arrival and subsequent assessment, including pre release, it would better support their needs. (1.81)

#### **Achieved**

Single cells should not be used to accommodate two prisoners. (2.7)

#### **Not achieved**

All prisoners should be able to shower daily and the showers on the J1 landing should be refurbished. (2.8)

#### **Partially achieved**

Cell call bells should be responded to immediately, the timeliness of responses should be monitored closely and action should be taken to address delays. (2.9)

**Not achieved**

The applications process should be managed more efficiently, with timely and good quality replies. (2.10)

**Not achieved**

Wing staff and personal officers should be more proactive in providing support to prisoners by dealing with their day-to-day issues as they arise and interactions should be recorded in case notes. (2.15)

**Not achieved**

Forums to support and consult prisoners across the protected characteristics should be held regularly. (2.23)

**Partially achieved**

There should be independent quality assurance of completed discrimination incident report forms. (2.24)

**Not achieved**

The prison should review staff's equality training needs and provide training that meets those needs. (2.25)

**Not achieved**

Wing staff should make greater use of the telephone interpreting service to communicate with foreign national prisoners who do not speak or understand English. Information about the prison should be translated into common languages. (2.36)

**Not achieved** (Recommendation repeated, 2.42)

Foreign national detainees should be moved to an immigration detention centre once their criminal sentence has been served. (2.37)

**Not achieved** (Recommendation repeated, 2.43)

The Home Office should serve all decisions to detain a person under immigration powers at least one month before the end of a prisoner's custodial sentence expiry date. (2.38)

**Not achieved**

The prison should ensure that screening effectively identifies prisoner disabilities. (2.39)

**Achieved**

Prisoners with disabilities and older prisoners with identified needs should have a personal emergency evacuation plan, a multidisciplinary support plan and, where appropriate, paid carers. (2.40)

**Not achieved**

Prisoners should have consistent access to corporate worship. (2.46)

**Achieved**

Prisoners should be able to attend faith-based classes and groups. (2.47)

**Not achieved**

All complaints should be responded within the designated timeframe, and a quality assurance process implemented to ensure timeliness. (2.52)

**Not achieved**

All health services staff should have access to mandatory training, relevant continuing professional development, and regular managerial and clinical supervision, underpinned by a current performance appraisal. (2.72)

**Achieved**

All clinical areas should provide a decent clean environment and be fully compliant with current infection control standards. (2.73)

**Partially achieved**

Prisoners requiring emergency first aid should have prompt access to appropriately trained staff and sufficient well-maintained equipment, including defibrillators. (2.74)

**Achieved**

A designated senior health lead should develop health services for older prisoners and those with disabilities, including prompt assessment and appropriate review. (2.75)

**Not achieved**

Care plans should record all interventions and discussions, and contain individual targets and clear prisoner involvement. (2.76)

**Achieved**

There should be systematic health promotion throughout the prison, including community-equivalent access to all relevant immunisation, vaccination, screening and prevention programmes, barrier protection and smoking cessation support. (2.77)

**Achieved**

All new prisoners should receive a comprehensive health needs assessment within 72 hours of arrival. (2.87)

**Achieved**

Applications for health services should be collected and processed daily, and prisoners should receive a response. (2.88)

**Achieved**

The non-attendance rates for all clinics should be no higher than those in the community. (2.89)

**Not achieved**

Patients should be admitted to the inpatient unit for clinical reasons and receive a consistent therapeutic regime, regular multidisciplinary reviews and meaningful care plans which include discharge planning. (2.90)

**Not achieved**

Prisoners should have timely access to external hospital appointments. (2.91)

**Not achieved**

Prisoners should receive medication promptly, and medicines should be prescribed, stored and administered in line with current professional standards and maximum clinical effectiveness. (2.98)

**Achieved**

Prisoners should have access to a range of pharmacy-led clinics, including medicine use reviews. (2.99)

**Not achieved** (Recommendation repeated, 2.104)

Prisoners should be supported to maintain adequate self-care by having medication in-possession, with secure in-cell storage to keep it safe, following a regularly reviewed and documented risk assessment which considers the individual prisoner and the drug-specific risks. (2.100)

**Achieved**

Nurses should be trained to administer an adequate range of medicines without a prescription when clinically appropriate, and these should be underpinned by current out-of-hours and special sick policies. (2.101)

**Not achieved** (Recommendation repeated, 2.104)

All prisoners, regardless of location, should have timely access to assessment and a full range of well-integrated mental health provision, including counselling, clinical psychology, group therapies and psychiatrist support. (2.115)

**Not achieved**

Patients requiring a transfer under the Mental Health Act should be assessed promptly and be transferred within the Department of Health transfer time guidelines. (2.116)

**Not achieved**

Lunch should not be served before noon.

**Achieved**

Breakfast packs should be more substantial and served on the day they are to be eaten. (2.124)

**Not achieved** (Recommendation repeated, 2.14)

## Purposeful activity

**Prisoners are able, and expected, to engage in activity that is likely to benefit them.**

*At the last inspection in 2015, the daily regime was chaotic and arbitrary. The amount of time out of cell was poor, and unacceptable for some. Improvements to the learning and skills and work provision had yet to have a full impact. Most prisoners were allocated an activity but regime delays and interruptions meant that many failed to attend routinely. The quality of teaching and learning was mostly good. For those who completed courses, success rates were high. The quality of both the library and PE provision was poor and access was problematic. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

### Main recommendation

The daily regime should be published and adhered to. (S56)

**Achieved**

### Recommendations

Prisoners should have regular and predictable access to recreational PE. (3.53)

**Achieved**

Vocationally relevant PE programmes should be provided. (3.54)

**Achieved**

Prisoners should have access to regular daily exercise and evening association. (3.5)

**Not achieved**

Strategies should be implemented to minimise interruptions to prisoners' scheduled learning and skills and work sessions. (3.13)

**Not achieved**

The prison should ensure that prisoners who start courses are likely to stay long enough to complete them. Shorter-duration courses should be offered to possible short-stay prisoners. (3.14)

**Not achieved**

The range and number of vocational training places that lead to qualifications should be increased. (3.22)

**Not achieved**

The Manchester College should continue to improve the teaching of English functional skills so that it is consistently good. (3.30)

**Not achieved**

The occupational and employability skills that prisoners acquire in workshops should be recognised and accredited. (3.35)

**Not achieved**

Prisoners should have weekly access to the library. (3.40)

**Not achieved**

The library should better promote the development of literacy skills by introducing more activities. (3.41)

**Not achieved** (Recommendation repeated, 3.9)

The all-weather pitches should be refurbished and repaired to allow more access to outside team sports. (3.51)

**Not achieved** (Recommendation repeated, 3.10)

There should be sufficient showers for those using the gym. (3.52)

**Not achieved** (Recommendation repeated, 3.11)

The prison should provide higher-level courses to allow long-stay prisoners progression opportunities. (3.21)

**Partially achieved**

## Resettlement

**Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.**

*At the last inspection in 2015, the strategic management of resettlement was weak. The quality of offender assessment system (OASys) assessments was generally good. Most eligible prisoners had an assessment but too few prisoners had an offender supervisor, contact with offender supervisors was very limited and there was too little emphasis on progressive transfers. Some key public protection measures were poor. Demand for resettlement services was high and prisoners' needs were assessed and actioned on arrival. Good use was made of peer workers. Resettlement pathway services were mostly reasonable and work to find prisoners accommodation on release and support children and families was good. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

## **Main recommendation**

All eligible prisoners should have an offender supervisor who provides them with regular, focused contact to manage risk, encourage and monitor the achievement of sentence plan targets and secure progressive transfers. (S57)

**Not achieved**

## **Recommendations**

The National Careers Service should develop a systematic tracking process capable of following up prisoners' sustainable education training or employment outcomes after they leave the prison. (4.40)

**Achieved**

A whole-prison approach to resettlement should be set out in an up-to-date strategy and action plan which sets out effective links between community rehabilitation companies, the offender management unit and other functions. All staff should understand their role and contribute effectively to the new resettlement function. (4.6)

**Partially achieved**

Formal multidisciplinary meetings should provide regular oversight of progress against an up-to-date reducing reoffending and resettlement strategy and action plan. (4.7)

**Partially achieved**

Risk assessments should include all relevant behaviour, including domestic violence and risks to children, and should be reviewed to reflect changes. (4.15)

**Partially achieved**

Sentence plans should be more specific, reviewed regularly and direct the custodial phase. (4.16)

**Not achieved**

The timeliness of home detention curfew assessments should be monitored to identify obstacles to completion and take effective action to ensure that prisoners are released at the earliest opportunity. (4.17)

**Not achieved** (Recommendation repeated, 4.26)

Appropriate public protection restrictions should be imposed on all relevant prisoners as soon as possible after arrival. (4.21)

**Achieved**

Up-to-date multi-agency public protection arrangements (MAPPAs) management levels should be recorded on electronic case notes. Confirmation of the level should be sought six months before release and the interdepartmental risk management team should provide better oversight of these cases. (4.22)

**Achieved**

Categorisation reviews should be completed on time and prisoners should be told in person about the outcome, so they can set targets for progression at their next review. (4.26)

**Not achieved**

More attention should be given to promoting progressive transfers based on sentence plan targets, and category B sex offenders should not be held at the establishment for too long. (4.27)

**Not achieved**

More support for indeterminate-sentenced prisoners (ISPs) should be provided, including a system to identify and support potential ISPs throughout their remand and trial period. (4.30)

**Partially achieved**

Prisoners with palliative care and end-of-life needs should receive appropriate care that is developed in partnership with the patient and their family, relevant prison staff and community services. (4.44)  
**Partially achieved**

Through-the-gate support should be provided to those with drug and alcohol problems. (4.48)  
**Not achieved**

All prisoners should be able to receive at least one visit a week for a minimum of one hour. (4.56)  
**Not achieved**

There should be no upper limit on the number of visits that an unconvicted prisoner can have. (4.57)  
**Not achieved**

Closed visits should be held in private and on any day of the week when domestic visits take place. (4.58)  
**Not achieved**

The number of places on accredited offending behaviour programmes should meet the needs of the population, including vulnerable prisoners. (4.61)  
**Not achieved**





## Appendix III: Photographs

Litter in an outside area



Wall damaged by damp



Cell covered in graffiti



Broken window in a cell



Pool table



Shower unit with protruding electric cable



## Appendix IV: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20 yr olds	21 and over	%
Sentenced		741	64.2%
Recall		127	11%
Convicted unsentenced		95	8.2%
Remand		149	12.9%
Civil prisoners		3	0.3%
Detainees		2	0.0%
Indeterminate Sentence		36	3.1%
<b>Total</b>		<b>1155</b>	<b>100%</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced		255	22.1%
Less than six months		140	12.1%
six months to less than 12 months		75	6.5%
12 months to less than 2 years		79	6.8%
2 years to less than 3 years		102	8.8%
3 years to less than 4 years		89	7.7%
4 years to less than 10 years		223	19.3%
10 years or more and less than life		129	11.2%
10 years and over (not life)			
Life –Non ISPP		28	5.5%
ISPP (indeterminate sentence for public protection)		35	3.0%
Life			
<b>Total</b>		<b>1155</b>	<b>100%</b>

Age	Number of prisoners	%
Please state minimum age here:	0	
Under 21 years	0	
21 years to 29 years	376	32.6%
30 years to 39 years	376	32.6%
40 years to 49 years	252	21.8%
50 years to 59 years	101	8.7%
60 years to 69 years	34	2.9%
70 plus years	16	1.4%
Please state maximum age here:	85	0.08%
<b>Total</b>	<b>1155</b>	<b>100%</b>

Nationality	18–20 yr olds	21 and over	%
British		1097	95%
Foreign nationals		56	4.8%
Not Stated		2	0.2%
<b>Total</b>		<b>1155</b>	<b>100%</b>

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced		298	3.0%
Uncategorised sentenced		35	25.8%
Category A		0	0
Category B		167	14.5%
Category C		646	55.9%
Category D		9	0.8%
Other			
<b>Total</b>		<b>1155</b>	<b>100%</b>

Ethnicity	18–20 yr olds	21 and over	%
White		34	2.9%
British		1006	87.1%
Irish		9	0.8%
Gypsy/Irish Traveller		5	0.4%
Other white		0	0
Mixed			
White and black Caribbean		10	0.9%
White and black African		2	0.2%
White and Asian		1	0.1%
Other mixed		7	0.6%
Asian or Asian British			
Indian		11	1.0%
Pakistani		8	0.7%
Bangladeshi		1	0.1%
Chinese		1	0.1%
Other Asian		13	1.1%
Black or black British			
Caribbean		12	1.0%
African		11	1.0%
Other black		9	0.8%
Other ethnic group			
Arab		1	0.1%
Other ethnic group		10	0.9%
Not stated		4	0.2%
<b>Total</b>			

Religion	18–20 yr olds	21 and over	%
Baptist		0	0%
Church of England		228	19.7%
Roman Catholic		407	35.2%
Other Christian denominations		102	8.8%
Muslim		48	4.2%
Sikh		1	0.1%
Hindu		3	0.3%
Buddhist		11	1.0%
Jewish		8	0.7%
Other		7	0.7%
No religion		329	28.5%
<b>Total</b>			

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)		16	1.38%
<b>Total</b>			

### Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			71	27.08%
1 month to 3 months			105	41.2%
3 months to six months			0	0.0%
six months to 1 year			26	10.2%
1 year to 2 years			3	1.2%
2 years to 4 years			0	0.0%
4 years or more			0	0
<b>Total</b>			<b>255</b>	<b>22.1%</b>

### Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry		0	0.0%
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).		0	0.0%
<b>Total</b>			

### Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			71	27.8%
1 month to 3 months			105	41.2%
3 months to six months			50	19.6%
six months to 1 year			26	10.2%
1 year to 2 years			3	1.2%
2 years to 4 years			0	0.0%
4 years or more			0	0.0%
<b>Total</b>			<b>255</b>	<b>22.1%</b>





# Appendix V: Prisoner survey methodology and results

## Prisoner survey methodology

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HMIP researchers have developed a self-completion questionnaire to support HMIP Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express in their own words what they find most positive and negative about the prison<sup>21</sup>.

The questionnaire is available in 14 languages and can also be administered via a telephone interpreting service if necessary.

The questionnaire was revised during 2016 to 2017, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

### Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a P-Nomis prisoner population print-out ordered by cell location. Using a robust statistical formula, HMIP researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment<sup>22</sup>. In smaller establishments we may offer a questionnaire to the entire population.

### Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent<sup>23</sup> to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity. Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced in the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

### Survey response

At the time of the survey on 4 September 2017, the prisoner population at HMP Liverpool was 1,153. Using the sampling method described above, questionnaires were distributed to 230 prisoners. We received 190 completed questionnaires, a response rate of 83%. This included three

<sup>21</sup> Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

<sup>22</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>23</sup> For further information about the ethical principles which underpin our survey methodology, please see 'Ethical principles for research activities' which can be downloaded from HMIP's website. <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

questionnaires completed via face-to-face interview. Fifteen prisoners declined to participate in the survey and 25 questionnaires were either not returned at all, or returned blank.

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for HMP Liverpool. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared<sup>24</sup>. Missing responses have been excluded from all analyses.

### Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

#### Responses from HMP Liverpool 2017<sup>25</sup> compared with those from other HMIP surveys<sup>26</sup>

- survey responses from HMP Liverpool in 2017 compared with survey responses from the most recent inspection at all other local prisons.
- survey responses from HMP Liverpool in 2017 compared with survey responses from HMP Liverpool in 2015.

#### Comparisons between different residential locations within HMP Liverpool 2017

- responses of prisoners on the vulnerable prisoner wing (K wing) compared with those from the rest of the establishment.

#### Comparisons between sub-populations of prisoners within HMP Liverpool 2017<sup>27</sup>

- responses of prisoners with disabilities compared with those who do not have a disability.
- responses of prisoners with mental health problems compared with those who do not have mental health problems.
- responses of prisoners aged 50 and over compared with those under 50.
- responses of prisoners aged 25 and under compared with those over 25.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group<sup>28</sup>.

In the comparator analyses, statistically significant<sup>29</sup> differences are indicated by shading. Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there are no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

<sup>24</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>25</sup> Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data has been weighted to enable valid statistical comparison between establishments.

<sup>26</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>27</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>28</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

<sup>29</sup> A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

# Survey summary

## Background information

<b>I.1</b>	<b>What wing or houseblock are you currently living on?</b>	
	Houseblock A.....	10 (5%)
	Houseblock B.....	30 (16%)
	Houseblock F.....	19 (10%)
	Houseblock G.....	37 (19%)
	Houseblock H.....	24 (13%)
	Houseblock I.....	28 (15%)
	Houseblock J.....	8 (4%)
	Houseblock K.....	29 (15%)
	Segregation unit.....	2 (1%)
	Health care unit.....	3 (2%)
<b>I.2</b>	<b>How old are you?</b>	
	Under 21.....	0 (0%)
	21 - 25.....	28 (15%)
	26 - 29.....	32 (17%)
	30 - 39.....	63 (33%)
	40 - 49.....	41 (22%)
	50 - 59.....	18 (10%)
	60 - 69.....	5 (3%)
	70 or over.....	2 (1%)
<b>I.3</b>	<b>What is your ethnic group?</b>	
	White - English/ Welsh/ Scottish/ Northern Irish/ British.....	164 (87%)
	White - Irish.....	0 (0%)
	White - Gypsy or Irish Traveller.....	2 (1%)
	White - any other White background.....	5 (3%)
	Mixed - White and Black Caribbean.....	1 (1%)
	Mixed - White and Black African.....	1 (1%)
	Mixed - White and Asian.....	1 (1%)
	Mixed - any other Mixed ethnic background.....	4 (2%)
	Asian/ Asian British - Indian.....	1 (1%)
	Asian/ Asian British - Pakistani.....	1 (1%)
	Asian/ Asian British - Bangladeshi.....	1 (1%)
	Asian/ Asian British - Chinese.....	1 (1%)
	Asian - any other Asian Background.....	0 (0%)
	Black/ Black British - Caribbean.....	4 (2%)
	Black/ Black British - African.....	2 (1%)
	Black - any other Black/ African/ Caribbean background.....	1 (1%)
	Arab.....	0 (0%)
	Any other ethnic group.....	0 (0%)
<b>I.4</b>	<b>How long have you been in this prison?</b>	
	Less than 6 months.....	113 (59%)
	6 months or more.....	77 (41%)
<b>I.5</b>	<b>Are you currently serving a sentence?</b>	
	Yes.....	123 (65%)
	Yes - on recall.....	21 (11%)
	No - on remand or awaiting sentence.....	42 (22%)
	No - immigration detainee.....	2 (1%)

<b>1.6</b>	<b>How long is your sentence?</b>	
	Less than 6 months .....	29 (15%)
	6 months to less than 1 year .....	12 (6%)
	1 year to less than 4 years.....	47 (25%)
	4 years to less than 10 years.....	30 (16%)
	10 years or more.....	19 (10%)
	IPP (indeterminate sentence for public protection).....	6 (3%)
	Life.....	2 (1%)
	Not currently serving a sentence .....	44 (23%)

### Arrival and reception

<b>2.1</b>	<b>Were you given up-to-date information about this prison before you came here?</b>	
	Yes.....	29 (15%)
	No .....	145 (77%)
	Don't remember .....	14 (7%)
<b>2.2</b>	<b>When you arrived at this prison, how long did you spend in reception?</b>	
	Less than 2 hours.....	41 (22%)
	2 hours or more .....	142 (75%)
	Don't remember .....	7 (4%)
<b>2.3</b>	<b>When you were searched in reception, was this done in a respectful way?</b>	
	Yes.....	146 (77%)
	No .....	36 (19%)
	Don't remember .....	7 (4%)
<b>2.4</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	31 (16%)
	Quite well.....	109 (58%)
	Quite badly.....	31 (16%)
	Very badly.....	14 (7%)
	Don't remember .....	4 (2%)
<b>2.5</b>	<b>When you first arrived here, did you have any of the following problems?</b>	
	Problems getting phone numbers.....	92 (49%)
	Contacting family .....	88 (47%)
	Arranging care for children or other dependants .....	5 (3%)
	Contacting employers .....	13 (7%)
	Money worries.....	61 (32%)
	Housing worries.....	46 (24%)
	Feeling depressed .....	88 (47%)
	Feeling suicidal.....	26 (14%)
	Other mental health problems.....	48 (25%)
	Physical health problems.....	45 (24%)
	Drug or alcohol problems (e.g. withdrawal).....	59 (31%)
	Problems getting medication.....	67 (35%)
	Needing protection from other prisoners .....	19 (10%)
	Lost or delayed property.....	29 (15%)
	Other problems .....	21 (11%)
	Did not have any problems .....	24 (13%)

<b>2.6</b>	<b>Did staff help you to deal with these problems when you first arrived?</b>	
	Yes.....	45 (25%)
	No .....	108 (61%)
	Did not have any problems when I first arrived .....	24 (14%)

### First night and induction

<b>3.1</b>	<b>Before you were locked up on your first night here, were you offered any of the following things?</b>	
	Tobacco or nicotine replacement .....	151 (79%)
	Toiletries / other basic items.....	105 (55%)
	A shower .....	111 (58%)
	A free phone call.....	113 (59%)
	Something to eat.....	150 (79%)
	The chance to see someone from health care .....	129 (68%)
	The chance to talk to a Listener or Samaritans .....	52 (27%)
	Support from another prisoner (e.g. Insider or buddy) .....	25 (13%)
	Wasn't offered any of these things.....	11 (6%)
<b>3.2</b>	<b>On your first night in this prison, how clean or dirty was your cell?</b>	
	Very clean.....	3 (2%)
	Quite clean.....	28 (15%)
	Quite dirty.....	39 (21%)
	Very dirty.....	117 (62%)
	Don't remember.....	3 (2%)
<b>3.3</b>	<b>Did you feel safe on your first night here?</b>	
	Yes.....	97 (53%)
	No .....	80 (44%)
	Don't remember.....	6 (3%)
<b>3.4</b>	<b>In your first few days here, did you get:</b>	
		Yes          No          Don't remember
	Access to the prison shop / canteen?	27 (15%)    149 (81%)    7 (4%)
	Free PIN phone credit?	97 (52%)    82 (44%)    8 (4%)
	Numbers put on your PIN phone?	63 (35%)    111 (61%)    8 (4%)
<b>3.5</b>	<b>Did your induction cover everything you needed to know about this prison?</b>	
	Yes.....	66 (36%)
	No .....	86 (47%)
	Have not had an induction .....	32 (17%)

### On the wing

<b>4.1</b>	<b>Are you in a cell on your own?</b>	
	Yes.....	37 (20%)
	No, I'm in a shared cell or dormitory.....	152 (80%)
<b>4.2</b>	<b>Is your cell call bell normally answered within 5 minutes?</b>	
	Yes.....	19 (10%)
	No .....	149 (81%)
	Don't know .....	14 (8%)
	Don't have a cell call bell .....	1 (1%)

**4.3 Please answer the following questions about the wing or houseblock you are currently living on:**

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	92 (49%)	93 (50%)	2 (1%)
Can you shower every day?	121 (65%)	63 (34%)	2 (1%)
Do you have clean sheets every week?	114 (62%)	65 (35%)	5 (3%)
Do you get cell cleaning materials every week?	36 (20%)	141 (77%)	5 (3%)
Is it normally quiet enough for you to relax or sleep at night?	69 (39%)	108 (61%)	1 (1%)
Can you get your stored property if you need it?	32 (17%)	116 (63%)	35 (19%)

**4.4 Normally, how clean or dirty are the communal / shared areas of your wing or houseblock (landings, stairs, wing showers etc.)?**

Very clean.....	11 (6%)
Quite clean.....	73 (39%)
Quite dirty.....	53 (28%)
Very dirty.....	49 (26%)

**Food and canteen****5.1 What is the quality of food like in this prison?**

Very good.....	6 (3%)
Quite good.....	40 (21%)
Quite bad.....	67 (36%)
Very bad.....	75 (40%)

**5.2 Do you get enough to eat at mealtimes?**

Always.....	11 (6%)
Most of the time.....	31 (17%)
Some of the time.....	70 (37%)
Never.....	75 (40%)

**5.3 Does the shop / canteen sell the things that you need?**

Yes.....	123 (66%)
No.....	52 (28%)
Don't know.....	10 (5%)

**Relationships with staff****6.1 Do most staff here treat you with respect?**

Yes.....	101 (55%)
No.....	83 (45%)

**6.2 Are there any staff here you could turn to if you had a problem?**

Yes.....	127 (68%)
No.....	59 (32%)

**6.3 In the last week, has any member of staff talked to you about how you are getting on?**

Yes.....	56 (30%)
No.....	130 (70%)

<b>6.4</b>	<b>How helpful is your personal or named officer?</b>	
	Very helpful .....	29 (16%)
	Quite helpful .....	33 (18%)
	Not very helpful .....	15 (8%)
	Not at all helpful .....	20 (11%)
	Don't know .....	18 (10%)
	Don't have a personal / named officer.....	65 (36%)
<b>6.5</b>	<b>How often do you see prison governors, directors or senior managers talking to prisoners?</b>	
	Regularly .....	7 (4%)
	Sometimes .....	23 (13%)
	Hardly ever .....	133 (72%)
	Don't know .....	21 (11%)
<b>6.6</b>	<b>Do you feel that you are treated as an individual in this prison?</b>	
	Yes.....	52 (29%)
	No .....	126 (71%)
<b>6.7</b>	<b>Are prisoners here consulted about things like food, canteen, health care or wing issues?</b>	
	Yes, and things sometimes change .....	15 (8%)
	Yes, but things don't change .....	46 (25%)
	No .....	101 (55%)
	Don't know .....	22 (12%)

### Faith

<b>7.1</b>	<b>What is your religion?</b>	
	No religion .....	48 (26%)
	Christian (including Church of England, Catholic, Protestant and all other Christian denominations).....	119 (64%)
	Buddhist .....	4 (2%)
	Hindu .....	0 (0%)
	Jewish.....	1 (1%)
	Muslim .....	7 (4%)
	Sikh.....	1 (1%)
	Other.....	5 (3%)
<b>7.2</b>	<b>Are your religious beliefs respected here?</b>	
	Yes.....	66 (37%)
	No .....	22 (12%)
	Don't know .....	44 (24%)
	Not applicable (no religion) .....	48 (27%)
<b>7.3</b>	<b>Are you able to speak to a Chaplain of your faith in private, if you want to?</b>	
	Yes.....	80 (43%)
	No .....	18 (10%)
	Don't know .....	38 (21%)
	Not applicable (no religion) .....	48 (26%)
<b>7.4</b>	<b>Are you able to attend religious services, if you want to?</b>	
	Yes.....	102 (55%)
	No .....	19 (10%)
	Don't know .....	15 (8%)
	Not applicable (no religion) .....	48 (26%)

### Contact with family and friends

<b>8.1</b>	<b>Have staff here encouraged you to keep in touch with your family / friends?</b>	
	Yes.....	38 (21%)
	No .....	144 (79%)
<b>8.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes.....	120 (66%)
	No .....	61 (34%)
<b>8.3</b>	<b>Are you able to use a phone every day (if you have credit)?</b>	
	Yes.....	132 (72%)
	No .....	52 (28%)
<b>8.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	Very easy .....	37 (20%)
	Quite easy .....	65 (35%)
	Quite difficult.....	29 (16%)
	Very difficult.....	37 (20%)
	Don't know .....	17 (9%)
<b>8.5</b>	<b>How often do you have visits from family or friends?</b>	
	More than once a week .....	6 (3%)
	About once a week.....	38 (21%)
	Less than once a week .....	85 (47%)
	Not applicable (don't get visits) .....	52 (29%)
<b>8.6</b>	<b>Do visits usually start and finish on time?</b>	
	Yes.....	54 (43%)
	No .....	71 (57%)
<b>8.7</b>	<b>Are your visitors usually treated respectfully by staff?</b>	
	Yes.....	88 (73%)
	No .....	32 (27%)

### Time out of cell

<b>9.1</b>	<b>Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?</b>	
	Yes, and these times are usually kept to.....	50 (28%)
	Yes, but these times are not usually kept to .....	95 (52%)
	No .....	36 (20%)
<b>9.2</b>	<b>How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?</b>	
	Less than 2 hours.....	79 (43%)
	2 to 6 hours .....	69 (38%)
	6 to 10 hours.....	18 (10%)
	10 hours or more.....	6 (3%)
	Don't know .....	11 (6%)



<b>9.3</b>	<b>How long do you usually spend out of your cell on a typical Saturday or Sunday?</b>	
	Less than 2 hours.....	155 (84%)
	2 to 6 hours .....	18 (10%)
	6 to 10 hours.....	4 (2%)
	10 hours or more.....	1 (1%)
	Don't know .....	6 (3%)
<b>9.4</b>	<b>How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?</b>	
	None.....	15 (8%)
	1 or 2.....	53 (29%)
	3 to 5.....	61 (34%)
	More than 5 .....	45 (25%)
	Don't know .....	6 (3%)
<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>	
	None.....	9 (5%)
	1 or 2.....	69 (37%)
	3 to 5.....	74 (40%)
	More than 5 .....	22 (12%)
	Don't know .....	11 (6%)
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>	
	None.....	20 (11%)
	1 or 2.....	52 (29%)
	3 to 5.....	57 (32%)
	More than 5 .....	33 (19%)
	Don't know .....	15 (8%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>	
	Twice a week or more.....	71 (39%)
	About once a week.....	24 (13%)
	Less than once a week .....	8 (4%)
	Never.....	80 (44%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>	
	Twice a week or more.....	2 (1%)
	About once a week.....	19 (10%)
	Less than once a week .....	31 (17%)
	Never.....	132 (72%)
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>	
	Yes.....	21 (12%)
	No .....	22 (13%)
	Don't use the library.....	132 (75%)

### Applications, complaints and legal rights

<b>10.1</b>	<b>Is it easy for you to make an application?</b>	
	Yes.....	120 (66%)
	No .....	51 (28%)
	Don't know .....	11 (6%)

<b>I0.2</b>	<b>If you have made any applications here, please answer the questions below:</b>				
		Yes	No	Not made any applications	
	Are applications usually dealt with fairly?	55 (33%)	101 (61%)	9 (5%)	
	Are applications usually dealt with within 7 days?	34 (20%)	124 (74%)	9 (5%)	
<b>I0.3</b>	<b>Is it easy for you to make a complaint?</b>				
	Yes.....			100 (55%)	
	No .....			53 (29%)	
	Don't know .....			30 (16%)	
<b>I0.4</b>	<b>If you have made any complaints here, please answer the questions below:</b>				
		Yes	No	Not made any complaints	
	Are complaints usually dealt with fairly?	20 (12%)	78 (48%)	66 (40%)	
	Are complaints usually dealt with within 7 days?	10 (6%)	91 (54%)	66 (40%)	
<b>I0.5</b>	<b>Have you ever been prevented from making a complaint here when you wanted to?</b>				
	Yes.....			48 (27%)	
	No .....			81 (46%)	
	Not wanted to make a complaint.....			48 (27%)	
<b>I0.6</b>	<b>In this prison, is it easy or difficult for you to...</b>				
		Easy	Difficult	Don't know	
				Don't need this	
	Communicate with your solicitor or legal representative?	48 (27%)	77 (43%)	31 (17%)	24 (13%)
	Attend legal visits?	87 (50%)	35 (20%)	26 (15%)	26 (15%)
	Get bail information?	12 (7%)	64 (37%)	52 (30%)	44 (26%)
<b>I0.7</b>	<b>Have staff here ever opened letters from your solicitor or legal representative when you were not present?</b>				
	Yes.....			83 (46%)	
	No .....			78 (43%)	
	Not had any legal letters.....			21 (12%)	

### Health care

<b>I1.1</b>	<b>How easy or difficult is it to see the following people?</b>					
		Very easy	Quite easy	Quite difficult	Very difficult	Don't know
	Doctor	6 (3%)	21 (11%)	52 (28%)	92 (50%)	13 (7%)
	Nurse	12 (7%)	62 (35%)	46 (26%)	47 (26%)	12 (7%)
	Dentist	3 (2%)	13 (7%)	44 (24%)	96 (53%)	25 (14%)
	Mental health workers	9 (5%)	22 (12%)	40 (22%)	64 (36%)	45 (25%)
<b>I1.2</b>	<b>What do you think of the quality of the health service from the following people?</b>					
		Very good	Quite good	Quite bad	Very bad	Don't know
	Doctor	8 (4%)	43 (24%)	34 (19%)	53 (30%)	41 (23%)
	Nurse	16 (9%)	74 (41%)	25 (14%)	27 (15%)	37 (21%)
	Dentist	9 (5%)	41 (23%)	26 (15%)	37 (21%)	65 (37%)
	Mental health workers	9 (5%)	34 (20%)	16 (9%)	31 (18%)	80 (47%)

<b>11.3</b>	<b>Do you have any mental health problems?</b>	
	Yes.....	90 (49%)
	No .....	92 (51%)
<b>11.4</b>	<b>Have you been helped with your mental health problems in this prison?</b>	
	Yes.....	25 (14%)
	No .....	66 (36%)
	Don't have any mental health problems .....	92 (50%)
<b>11.5</b>	<b>What do you think of the overall quality of the health services here?</b>	
	Very good.....	9 (5%)
	Quite good.....	40 (22%)
	Quite bad.....	47 (26%)
	Very bad.....	65 (36%)
	Don't know .....	20 (11%)

### Other support needs

<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes.....	71 (39%)
	No .....	113 (61%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes.....	14 (8%)
	No .....	50 (28%)
	Don't have a disability.....	113 (64%)
<b>12.3</b>	<b>Have you been on an ACCT in this prison?</b>	
	Yes.....	32 (18%)
	No .....	147 (82%)
<b>12.4</b>	<b>If you have been on an ACCT in this prison, did you feel cared for by staff?</b>	
	Yes.....	12 (7%)
	No .....	19 (11%)
	Have not been on an ACCT in this prison .....	147 (83%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy .....	42 (23%)
	Quite easy .....	52 (29%)
	Quite difficult.....	14 (8%)
	Very difficult.....	17 (9%)
	Don't know .....	54 (30%)
	No Listeners at this prison.....	2 (1%)

### Alcohol and drugs

<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes.....	45 (24%)
	No .....	139 (76%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes.....	23 (13%)
	No .....	22 (12%)
	Did not / do not have an alcohol problem.....	139 (76%)

<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes.....	60 (33%)
	No .....	122 (67%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes.....	33 (18%)
	No .....	150 (82%)
<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes.....	24 (13%)
	No .....	157 (87%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes.....	27 (15%)
	No .....	39 (22%)
	Did not / do not have a drug problem .....	110 (63%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy .....	91 (50%)
	Quite easy .....	25 (14%)
	Quite difficult.....	4 (2%)
	Very difficult.....	6 (3%)
	Don't know .....	57 (31%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy .....	41 (22%)
	Quite easy .....	31 (17%)
	Quite difficult.....	12 (7%)
	Very difficult.....	19 (10%)
	Don't know .....	81 (44%)

### Safety

<b>14.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes.....	130 (71%)
	No .....	53 (29%)
<b>14.2</b>	<b>Do you feel unsafe now?</b>	
	Yes.....	60 (34%)
	No .....	118 (66%)
<b>14.3</b>	<b>Have you experienced any of the following types of bullying / victimisation from other prisoners here? (Please tick all that apply to you.)</b>	
	Verbal abuse.....	69 (40%)
	Threats or intimidation .....	65 (37%)
	Physical assault.....	33 (19%)
	Sexual assault.....	2 (1%)
	Theft of canteen or property .....	52 (30%)
	Other bullying / victimisation.....	35 (20%)
	Not experienced any of these from prisoners here .....	83 (48%)

<b>14.4</b>	<b>If you were being bullied / victimised by other prisoners here, would you report it?</b>		
	Yes.....	52 (29%)	
	No .....	127 (71%)	
<b>14.5</b>	<b>Have you experienced any of the following types of bullying / victimisation from staff here? (Please tick all that apply to you.)</b>		
	Verbal abuse.....	71 (41%)	
	Threats or intimidation .....	51 (30%)	
	Physical assault.....	33 (19%)	
	Sexual assault.....	0 (0%)	
	Theft of canteen or property .....	18 (10%)	
	Other bullying / victimisation.....	39 (23%)	
	Not experienced any of these from staff here .....	88 (51%)	
<b>14.6</b>	<b>If you were being bullied / victimised by staff here, would you report it?</b>		
	Yes.....	76 (44%)	
	No .....	98 (56%)	

### Behaviour management

<b>15.1</b>	<b>Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?</b>		
	Yes.....	70 (38%)	
	No .....	75 (41%)	
	Don't know what the incentives / rewards are.....	38 (21%)	
<b>15.2</b>	<b>Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?</b>		
	Yes.....	71 (39%)	
	No .....	68 (37%)	
	Don't know .....	25 (14%)	
	Don't know what this is.....	20 (11%)	
<b>15.3</b>	<b>Have you been physically restrained by staff in this prison in the last 6 months?</b>		
	Yes.....	30 (16%)	
	No .....	154 (84%)	
<b>15.4</b>	<b>If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?</b>		
	Yes.....	4 (2%)	
	No .....	26 (14%)	
	Don't remember.....	0 (0%)	
	Not been restrained here in last 6 months.....	154 (84%)	
<b>15.5</b>	<b>Have you spent one or more nights in the segregation unit in this prison in the last 6 months?</b>		
	Yes.....	18 (10%)	
	No .....	163 (90%)	
<b>15.6</b>	<b>If you have spent one or more nights in the segregation unit in this prison in the last 6 months please answer the questions below:</b>		
		Yes	No
	Were you treated well by segregation staff?	6 (35%)	11 (65%)
	Could you shower every day?	8 (47%)	9 (53%)
	Could you go outside for exercise every day?	8 (47%)	9 (53%)
	Could you use the phone every day (if you had credit)?	9 (50%)	9 (50%)

### Education, skills and work

#### 16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	87 (50%)	58 (33%)	29 (17%)	1 (1%)
Vocational or skills training	38 (23%)	80 (48%)	43 (26%)	5 (3%)
Prison job	57 (33%)	96 (55%)	18 (10%)	2 (1%)
Voluntary work outside of the prison	7 (4%)	55 (33%)	47 (28%)	57 (34%)
Paid work outside of the prison	8 (5%)	52 (31%)	48 (29%)	60 (36%)

#### 16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	57 (36%)	57 (36%)	45 (28%)
Vocational or skills training	47 (30%)	43 (28%)	66 (42%)
Prison job	51 (31%)	76 (47%)	35 (22%)
Voluntary work outside of the prison	15 (10%)	33 (23%)	97 (67%)
Paid work outside of the prison	21 (14%)	30 (20%)	97 (66%)

#### 16.3 Do staff encourage you to attend education, training or work?

Yes.....	65 (37%)
No .....	95 (54%)
Not applicable (e.g. if you are retired, sick or on remand).....	15 (9%)

### Planning and progression

#### 17.1 Do you have a custody plan? (This may be called a sentence plan or resettlement plan.)

Yes.....	40 (23%)
No .....	136 (77%)

#### 17.2 Do you understand what you need to do to achieve the objectives or targets in your custody plan?

Yes.....	31 (79%)
No .....	6 (15%)
Don't know what my objectives or targets are .....	2 (5%)

#### 17.3 Are staff here supporting you to achieve your objectives or targets?

Yes.....	19 (50%)
No .....	17 (45%)
Don't know what my objectives or targets are .....	2 (5%)

#### 17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done / don't know
Offending behaviour programmes	9 (25%)	8 (22%)	19 (53%)
Other programmes	9 (25%)	7 (19%)	20 (56%)
One to one work	10 (29%)	7 (20%)	18 (51%)
Being on a specialist unit	3 (9%)	7 (21%)	24 (71%)
ROTL - day or overnight release	1 (3%)	7 (21%)	25 (76%)

### Preparation for release

<b>18.1</b>	<b>Do you expect to be released in the next 3 months?</b>			
	Yes.....			62 (34%)
	No .....			99 (54%)
	Don't know .....			21 (12%)
<b>18.2</b>	<b>How close is this prison to your home area or intended release address?</b>			
	Very near .....			19 (32%)
	Quite near .....			22 (37%)
	Quite far .....			11 (18%)
	Very far .....			8 (13%)
<b>18.3</b>	<b>Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, case worker)?</b>			
	Yes.....			25 (41%)
	No .....			36 (59%)
<b>18.4</b>	<b>Are you getting help to sort out the following things for when you are released?</b>			
		Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
	Finding accommodation	14 (24%)	20 (34%)	25 (42%)
	Getting employment	5 (9%)	29 (53%)	21 (38%)
	Setting up education or training	3 (6%)	20 (39%)	28 (55%)
	Arranging benefits	8 (14%)	32 (55%)	18 (31%)
	Sorting out finances	2 (4%)	26 (52%)	22 (44%)
	Support for drug or alcohol problems	9 (17%)	13 (25%)	30 (58%)
	Health / mental health support	3 (6%)	30 (57%)	20 (38%)
	Social care support	1 (2%)	17 (32%)	35 (66%)
	Getting back in touch with family or friends	3 (5%)	17 (31%)	35 (64%)

### More about you

<b>19.1</b>	<b>Do you have children under the age of 18?</b>		
	Yes.....		110 (61%)
	No .....		71 (39%)
<b>19.2</b>	<b>Are you a UK / British citizen?</b>		
	Yes.....		172 (95%)
	No .....		9 (5%)
<b>19.3</b>	<b>Are you from a traveller community (e.g. Gypsy, Roma, Irish Traveller)?</b>		
	Yes.....		4 (2%)
	No .....		175 (98%)
<b>19.4</b>	<b>Have you ever been in the armed services (e.g. army, navy, air force)?</b>		
	Yes.....		8 (4%)
	No .....		172 (96%)
<b>19.5</b>	<b>What is your gender?</b>		
	Male.....		179 (99%)
	Female .....		0 (0%)
	Non-binary .....		2 (1%)
	Other.....		0 (0%)

<b>19.6</b>	<b>How would you describe your sexual orientation?</b>	
	Straight / heterosexual .....	174 (96%)
	Gay / lesbian / homosexual .....	3 (2%)
	Bisexual .....	3 (2%)
	Other .....	1 (1%)

<b>19.7</b>	<b>Do you identify as transgender or transsexual?</b>	
	Yes.....	3 (2%)
	No .....	168 (98%)

**Final questions about this prison**

<b>20.1</b>	<b>Do you think your experiences in this prison have made you more or less likely to offend in the future?</b>	
	More likely to offend .....	30 (17%)
	Less likely to offend.....	87 (49%)
	Made no difference.....	59 (34%)



## HMP Liverpool 2017

### Survey responses compared with those from other HMIP surveys of local prisons and with those from the previous survey

In this table summary statistics from HMP Liverpool 2017 are compared with the following HMIP survey data:

- **Summary statistics from most recent surveys of all other local prisons (33 prisons).** Please note that we do not have comparable data for the new questions introduced in September 2017.

- **Summary statistics from HMP Liverpool in 2017 are compared with those from HMP Liverpool in 2015.** Please note that we do not have comparable data for the new questions introduced in September 2017.

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DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	n=189	0%	6%	0%	0%
	Are you 25 years of age or younger?	n=189	15%	9%	15%	1%
	Are you 50 years of age or older?	n=189	13%	12%	13%	12%
	Are you 70 years of age or older?	n=189	1%	2%	1%	2%
1.3	Are you from a minority ethnic group?	n=189	10%	24%	10%	8%
1.4	Have you been in this prison for less than 6 months?	n=190	60%		60%	
1.5	Are you currently serving a sentence?	n=188	77%	70%	77%	77%
	Are you on recall?	n=188	11%	10%	11%	12%
1.6	Is your sentence less than 12 months?	n=189	22%	20%	22%	29%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	n=189	3%	3%	3%	4%
7.1	Are you Muslim?	n=185	4%	12%	4%	4%
11.3	Do you have any mental health problems?	n=182	50%		50%	
12.1	Do you consider yourself to have a disability?	n=184	39%	29%	39%	32%
19.1	Do you have any children under the age of 18?	n=181	61%	53%	61%	58%
19.2	Are you a foreign national?	n=181	5%	12%	5%	4%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=179	2%	5%	2%	1%
19.4	Have you ever been in the armed services?	n=180	4%	6%	4%	6%
19.5	Is your gender female or non-binary?	n=181	1%		1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	n=181	4%	3%	4%	1%
19.7	Do you identify as transgender or transsexual?	n=171	2%		2%	
ARRIVAL AND RECEPTION						
2.1	Were you given up-to-date information about this prison before you came here?	n=188	15%		15%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=190	22%	41%	22%	25%
2.3	When you were searched in reception, was this done in a respectful way?	n=189	77%	77%	77%	84%
2.4	Overall, were you treated very / quite well in reception?	n=189	74%		74%	

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2.5	When you first arrived, did you have any problems?	n=189	87%	79%	87%	80%	
2.5	Did you have problems with:						
	- Getting phone numbers?	n=189	49%	33%	49%	31%	
	- Contacting family?	n=189	47%	36%	47%	38%	
	- Arranging care for children or other dependents?	n=189	3%		3%		
	- Contacting employers?	n=189	7%	5%	7%	6%	
	- Money worries?	n=189	32%	24%	32%	26%	
	- Housing worries?	n=189	24%	23%	24%	22%	
	- Feeling depressed?	n=189	47%		47%		
	- Feeling suicidal?	n=189	14%		14%		
	- Other mental health problems?	n=189	25%		25%		
	- Physical health problems	n=189	24%	19%	24%	17%	
	- Drugs or alcohol (e.g. withdrawal)?	n=189	31%		31%		
	- Getting medication?	n=189	35%		35%		
	- Needing protection from other prisoners?	n=189	10%	9%	10%	10%	
	- Lost or delayed property?	n=189	15%	17%	15%	18%	
	<i>For those who had any problems when they first arrived:</i>						
2.6	Did staff help you to deal with these problems?	n=153	29%	32%	29%	33%	
<b>FIRST NIGHT AND INDUCTION</b>							
3.1	Before you were locked up on your first night, were you offered:						
	- Tobacco or nicotine replacement?	n=190	80%	71%	80%	90%	
	- Toiletries / other basic items?	n=190	55%	58%	55%	64%	
	- A shower?	n=190	58%	28%	58%	58%	
	- A free phone call?	n=190	60%	52%	60%	61%	
	- Something to eat?	n=190	79%	70%	79%	76%	
	- The chance to see someone from health care?	n=190	68%	65%	68%	63%	
	- The chance to talk to a Listener or Samaritans?	n=190	27%	30%	27%	37%	
	- Support from another prisoner (e.g. Insider or buddy)?	n=190	13%		13%		
	- None of these?	n=190	6%		6%		
3.2	On your first night in this prison, was your cell very / quite clean?	n=190	16%		16%		
3.3	Did you feel safe on your first night here?	n=183	53%	66%	53%	70%	
3.4	In your first few days here, did you get?						
	- Access to the prison shop / canteen?	n=183	15%	22%	15%	19%	
	- Free PIN phone credit?	n=187	52%		52%		
	- Numbers put on your PIN phone?	n=182	35%		35%		
3.5	Have you had an induction at this prison?	n=184	83%	75%	83%	69%	
	<i>For those who have had an induction:</i>						
3.5	Did your induction cover everything you needed to know about this prison?	n=152	43%	54%	43%	48%	

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ON THE WING					
4.1	Are you in a cell on your own?	n=189	20%		
4.2	Is your cell call bell normally answered within 5 minutes?	n=183	10%	22%	
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	n=187	49%	47%	
	- Can you shower every day?	n=186	65%	73%	
	- Do you have clean sheets every week?	n=184	62%	60%	
	- Do you get cell cleaning materials every week?	n=182	20%	50%	
	- Is it normally quiet enough for you to relax or sleep at night?	n=178	39%	53%	
	- Can you get your stored property if you need it?	n=183	18%	18%	
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=186	45%		
FOOD AND CANTEEN					
5.1	Is the quality of the food in this prison very / quite good?	n=188	25%		
5.2	Do you get enough to eat at meal-times always / most of the time?	n=187	23%		
5.3	Does the shop / canteen sell the things that you need?	n=185	67%	47%	
RELATIONSHIPS WITH STAFF					
6.1	Do most staff here treat you with respect?	n=184	55%	72%	
6.2	Are there any staff here you could turn to if you had a problem?	n=186	68%	68%	
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=186	30%	28%	
6.4	Do you have a personal officer?	n=180	64%		
	<i>For those who have a personal officer:</i>				
6.4	Is your personal or named officer very / quite helpful?	n=115	54%		
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=184	4%		
6.6	Do you feel that you are treated as an individual in this prison?	n=178	29%		
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=184	33%		
	If so, do things sometimes change?	n=61	25%		
FAITH					
7.1	Do you have a religion?	n=185	74%	69%	
	<i>For those who have a religion:</i>				
7.2	Are your religious beliefs respected here?	n=132	50%		
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=136	59%		
7.4	Are you able to attend religious services, if you want to?	n=136	75%		

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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=182	21%		21%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=181	66%	48%	66%
8.3	Are you able to use a phone every day (if you have credit)?	n=184	72%		72%
8.4	Is it very / quite easy for your family and friends to get here?	n=185	55%		55%
8.5	Do you get visits from family/friends once a week or more?	n=181	24%		24%
<i>For those who get visits:</i>					
8.6	Do visits usually start and finish on time?	n=125	43%		43%
8.7	Are your visitors usually treated respectfully by staff?	n=120	73%		73%
TIME OUT OF CELL					
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=181	80%		80%
<i>For those who know what the unlock and lock-up times are supposed to be:</i>					
9.1	Are these times usually kept to?	n=145	35%		35%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=183	43%	29%	43%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=183	3%	9%	3%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=184	84%		84%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=184	1%		1%
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=180	25%		25%
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=185	12%		12%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=177	19%		19%
9.7	Do you typically go to the gym twice a week or more?	n=183	39%		39%
9.8	Do you typically go to the library twice a week or more?	n=184	1%	5%	1%
<i>For those who use the library:</i>					
9.9	Does the library have a wide enough range of materials to meet your needs?	n=43	49%	52%	49%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS					
10.1	Is it easy for you to make an application?	n=182	66%	71%	66%
<i>For those who have made an application:</i>					
10.2	Are applications usually dealt with fairly?	n=156	35%	46%	35%
	Are applications usually dealt with within 7 days?	n=158	22%	31%	22%
10.3	Is it easy for you to make a complaint?	n=183	55%	48%	55%
<i>For those who have made a complaint:</i>					
10.4	Are complaints usually dealt with fairly?	n=98	20%	26%	20%
	Are complaints usually dealt with within 7 days?	n=101	10%	21%	10%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=129	37%		37%

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<i>For those who need it, is it easy to:</i>				
10.6	Communicate with your solicitor or legal representative?	n=156	31%	
	Attend legal visits?	n=148	59%	
	Get bail information?	n=128	9%	
<i>For those who have had legal letters:</i>				
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	n=161	52%	48%
<b>HEALTH CARE</b>				
11.1	Is it very / quite easy to see:			
	- Doctor?	n=184	15%	
	- Nurse?	n=179	41%	
	- Dentist?	n=181	9%	
	- Mental health workers?	n=180	17%	
11.2	Do you think the quality of the health service is very / quite good from:			
	- Doctor?	n=179	29%	
	- Nurse?	n=179	50%	
	- Dentist?	n=178	28%	
	- Mental health workers?	n=170	25%	
11.3	Do you have any mental health problems?	n=182	50%	
<i>For those who have mental health problems:</i>				
11.4	Have you been helped with your mental health problems in this prison?	n=91	28%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=181	27%	
<b>OTHER SUPPORT NEEDS</b>				
12.1	Do you consider yourself to have a disability?	n=184	39%	29%
<i>For those who have a disability:</i>				
12.2	Are you getting the support you need?	n=64	22%	
12.3	Have you been on an ACCT in this prison?	n=179	18%	
<i>For those who have been on an ACCT:</i>				
12.4	Did you feel cared for by staff?	n=31	39%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=181	52%	
<b>ALCOHOL AND DRUGS</b>				
13.1	Did you have an alcohol problem when you came into this prison?	n=184	25%	21%
<i>For those who had / have an alcohol problem:</i>				
13.2	Have you been helped with your alcohol problem in this prison?	n=45	51%	52%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=182	33%	32%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=183	18%	10%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=181	13%	
<i>For those who had / have a drug problem:</i>				
13.6	Have you been helped with your drug problem in this prison?	n=66	41%	57%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=183	63%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=184	39%	

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SAFETY						
14.1	Have you ever felt unsafe here?	n=183	71%	52%	71%	51%
14.2	Do you feel unsafe now?	n=178	34%	25%	34%	26%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=174	40%		40%	
	- Threats or intimidation?	n=174	37%		37%	
	- Physical assault?	n=174	19%		19%	
	- Sexual assault?	n=174	1%		1%	
	- Theft of canteen or property?	n=174	30%		30%	
	- Other bullying / victimisation?	n=174	20%		20%	
	- Not experienced any of these from prisoners here	n=174	48%	67%	48%	69%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=179	29%		29%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=172	41%		41%	
	- Threats or intimidation?	n=172	30%		30%	
	- Physical assault?	n=172	19%		19%	
	- Sexual assault?	n=172	0%		0%	
	- Theft of canteen or property?	n=172	11%		11%	
	- Other bullying / victimisation?	n=172	23%		23%	
	- Not experienced any of these from staff here	n=172	51%	67%	51%	67%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=174	44%		44%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=183	38%		38%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=184	39%		39%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=184	16%	12%	16%	8%
	<i>For those who have been restrained in the last 6 months:</i>					
15.4	Did anyone come and talk to you about it afterwards?	n=30	13%		13%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=181	10%	20%	10%	18%
	<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>					
15.6	Were you treated well by segregation staff?	n=17	35%		35%	
	Could you shower every day?	n=17	47%		47%	
	Could you go outside for exercise every day?	n=17	47%		47%	
	Could you use the phone every day (if you had credit)?	n=18	50%		50%	

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<b>EDUCATION, SKILLS AND WORK</b>				
16.1	In this prison, is it easy to get into the following activities:			
	- Education?	n=175	50%	
	- Vocational or skills training?	n=166	23%	
	- Prison job?	n=173	33%	
	- Voluntary work outside of the prison?	n=166	4%	
16.2	In this prison, have you done the following activities:			
	- Education?	n=159	72%	67%
	- Vocational or skills training?	n=156	58%	56%
	- Prison job?	n=162	78%	72%
	- Voluntary work outside of the prison?	n=145	33%	
<i>For those who have done the following activities, do you think they will help you on release:</i>				
	- Education?	n=114	50%	48%
	- Vocational or skills training?	n=90	52%	40%
	- Prison job?	n=127	40%	38%
	- Voluntary work outside of the prison?	n=48	31%	
	- Paid work outside of the prison?	n=51	41%	
16.3	Do staff encourage you to attend education, training or work?		n=160	41%
<b>PLANNING AND PROGRESSION</b>				
17.1	Do you have a custody plan?		n=176	23%
<i>For those who have a custody plan:</i>				
17.2	Do you understand what you need to do to achieve your objectives or targets?		n=39	80%
17.3	Are staff helping you to achieve your objectives or targets?		n=38	50%
17.4	In this prison, have you done:			
	- Offending behaviour programmes?	n=36	47%	
	- Other programmes?	n=36	44%	
	- One to one work?	n=35	49%	
	- Been on a specialist unit?	n=34	29%	
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>				
	- Offending behaviour programmes?	n=17	53%	
	- Other programmes?	n=16	56%	
	- One to one work?	n=17	59%	
	- Being on a specialist unit?	n=10	30%	
	- ROTL - day or overnight release?	n=8	13%	

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<b>PREPARATION FOR RELEASE</b>					
18.1	Do you expect to be released in the next 3 months?	n=182	34%		34%
<i>For those who expect to be released in the next 3 months:</i>					
18.2	Is this prison very / quite near to your home area or intended release address?	n=60	68%		68%
18.3	Is anybody helping you to prepare for your release?	n=61	41%		41%
18.4	Do you need help to sort out the following for when you are released:				
	- Finding accommodation?	n=59	58%		58%
	- Getting employment?	n=55	62%		62%
	- Setting up education or training?	n=51	45%		45%
	- Arranging benefits?	n=58	69%		69%
	- Sorting out finances?	n=50	56%		56%
	- Support for drug or alcohol problems?	n=52	42%		42%
	- Health / mental Health support?	n=53	62%		62%
	- Social care support?	n=53	34%		34%
	- Getting back in touch with family or friends?	n=55	36%		36%
18.4	Are you getting help to sort out the following for when you are released, if you need it:				
	- Finding accommodation?	n=34	41%		41%
	- Getting employment?	n=34	15%		15%
	- Setting up education or training?	n=23	13%		13%
	- Arranging benefits?	n=40	20%		20%
	- Sorting out finances?	n=28	7%		7%
	- Support for drug or alcohol problems?	n=22	41%		41%
	- Health / mental Health support?	n=33	9%		9%
	- Social care support?	n=18	6%		6%
	- Getting back in touch with family or friends?	n=20	15%		15%
<b>FINAL QUESTION ABOUT THIS PRISON</b>					
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=176	49%		49%



## HMP Liverpool 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Disabled prisoners' responses are compared with those of prisoners who do not have a disability
- Responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems

Please note that these analyses are based on summary data from selected survey questions only.

Shading is used to indicate statistical significance\*, as follows:

- Green shading shows results that are significantly more positive than the comparator
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- Orange shading shows significant differences in demographics and background information
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- Grey shading indicates that we have no valid data for this question

\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

		Have a disability	Do not have a disability			Mental health problems	No mental health problems
		<b>71</b>	<b>113</b>			<b>90</b>	<b>92</b>

<b>DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION</b>							
1.2	Are you under 21 years of age?	n=183	0%	0%	n=181	0%	0%
	Are you 50 years of age or older?	n=183	13%	12%	n=181	9%	16%
1.3	Are you from a minority ethnic group?	n=183	6%	12%	n=181	8%	10%
7.1	Are you Muslim?	n=183	3%	5%	n=181	3%	3%
11.3	Do you have any mental health problems?	n=181	78%	32%			
12.1	Do you consider yourself to have a disability?	n=181			n=181	61%	18%
19.2	Are you a foreign national?	n=180	4%	5%	n=178	5%	6%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	n=178	4%	1%	n=176	1%	3%
<b>ARRIVAL AND RECEPTION</b>							
2.3	When you were searched in reception, was this done in a respectful way?	n=183	71%	81%	n=181	73%	80%
2.4	Overall, were you treated very / quite well in reception?	n=183	71%	77%	n=181	70%	79%
2.5	When you first arrived, did you have any problems?	n=183	97%	81%	n=181	97%	77%
<i>For those who had any problems when they first arrived:</i>							
2.6	Did staff help you to deal with these problems?	n=147	25%	31%	n=145	21%	38%
<b>FIRST NIGHT AND INDUCTION</b>							
3.3	Did you feel safe on your first night here?	n=177	49%	57%	n=175	53%	56%
3.5	Have you had an induction at this prison?	n=179	77%	87%	n=177	83%	82%
<i>For those who have had an induction:</i>							
3.5	Did your induction cover everything you needed to know about this prison?	n=149	40%	45%	n=146	41%	47%
<b>ON THE WING</b>							
4.2	Is your cell call bell normally answered within 5 minutes?	n=178	13%	9%	n=177	12%	9%
4.3	On the wing or houseblock you currently live on:						
	- Do you normally have enough clean, suitable clothes for the week?	n=183	41%	55%	n=181	36%	64%
	- Can you shower every day?	n=182	61%	68%	n=180	62%	68%
	- Do you have clean sheets every week?	n=180	52%	68%	n=178	56%	67%
	- Do you get cell cleaning materials every week?	n=179	14%	22%	n=177	12%	26%
	- Is it normally quiet enough for you to relax or sleep at night?	n=174	32%	44%	n=172	35%	44%
	- Can you get your stored property if you need it?	n=179	17%	17%	n=177	21%	15%

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**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

		Have a disability	Do not have a disability			Mental health problems	No mental health problems
		71	113			90	92
<b>FOOD AND CANTEEN</b>							
5.2	Do you get enough to eat at meal-times always / most of the time?	n=184	18%	26%	n=181	17%	29%
5.3	Does the shop / canteen sell the things that you need?	n=182	68%	67%	n=180	69%	63%
<b>RELATIONSHIPS WITH STAFF</b>							
6.1	Do most staff here treat you with respect?	n=181	45%	61%	n=179	50%	59%
6.2	Are there any staff here you could turn to if you had a problem?	n=183	67%	69%	n=181	64%	73%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=183	31%	28%	n=181	33%	27%
6.6	Do you feel that you are treated as an individual in this prison?	n=176	25%	32%	n=174	21%	38%
<b>FAITH</b>							
<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	n=130	53%	49%	n=129	55%	47%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=134	58%	60%	n=133	57%	63%
<b>CONTACT WITH FAMILY AND FRIENDS</b>							
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=180	22%	19%	n=178	16%	25%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=179	66%	66%	n=177	64%	68%
8.3	Are you able to use a phone every day (if you have credit)?	n=182	67%	75%	n=180	66%	77%
<i>For those who get visits:</i>							
8.7	Are your visitors usually treated respectfully by staff?	n=118	62%	79%	n=118	64%	80%
<b>TIME OUT OF CELL</b>							
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=181	56%	35%	n=179	52%	34%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=181	1%	5%	n=179	3%	3%
<i>For those who use the library:</i>							
9.9	Does the library have a wide enough range of materials to meet your needs?	n=43	67%	39%	n=43	40%	54%
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>							
10.1	Is it easy for you to make an application?	n=181	61%	69%	n=179	63%	69%
<i>For those who have made an application:</i>							
10.2	Are applications usually dealt with fairly?	n=155	29%	38%	n=154	30%	40%
10.3	Is it easy for you to make a complaint?	n=182	61%	51%	n=180	55%	55%
<i>For those who have made a complaint:</i>							
10.4	Are complaints usually dealt with fairly?	n=98	14%	25%	n=97	9%	34%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=129	44%	32%	n=126	48%	24%

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\* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Have a disability	Do not have a disability		
	71	113		
			Mental health problems	No mental health problems
			90	92

The number of valid responses to each question is provided e.g. n=167

HEALTH CARE							
11.1	Is it very / quite easy to see:						
	- Doctor?	n=181	13%	15%	n=180	10%	20%
	- Nurse?	n=176	52%	35%	n=175	40%	44%
	- Dentist?	n=178	6%	11%	n=177	6%	12%
	- Mental health workers?	n=178	18%	17%	n=176	15%	19%
<i>For those who have mental health problems:</i>							
11.4	Have you been helped with your mental health problems in this prison?	n=91	28%	27%	n=89	28%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=180	24%	29%	n=179	21%	33%
OTHER SUPPORT NEEDS							
<i>For those who have a disability:</i>							
12.2	Are you getting the support you need?	n=64	22%		n=64	23%	19%
SAFETY							
14.1	Have you ever felt unsafe here?	n=182	86%	61%	n=180	81%	60%
14.2	Do you feel unsafe now?	n=177	43%	28%	n=175	43%	24%
14.3	Not experienced bullying / victimisation by other prisoners	n=173	34%	57%	n=172	38%	57%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=178	34%	26%	n=176	30%	28%
14.5	Not experienced bullying / victimisation by members of staff	n=172	42%	57%	n=169	43%	59%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=173	46%	42%	n=171	41%	47%
BEHAVIOUR MANAGEMENT							
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=182	32%	42%	n=180	34%	42%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=183	33%	43%	n=181	30%	47%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=183	20%	14%	n=181	20%	13%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=180	12%	9%	n=178	14%	7%
EDUCATION, SKILLS AND WORK							
16.3	Do staff encourage you to attend education, training or work?	n=160	34%	44%	n=157	40%	42%
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan?	n=176	31%	17%	n=173	30%	15%
<i>For those who have a custody plan:</i>							
17.3	Are staff helping you to achieve your objectives or targets?	n=38	55%	44%	n=37	48%	58%
PREPARATION FOR RELEASE							
<i>For those who expect to be released in the next 3 months:</i>							
18.3	Is anybody helping you to prepare for your release?	n=61	46%	37%	n=60	36%	48%
FINAL QUESTION ABOUT THIS PRISON							
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=176	46%	52%	n=173	38%	62%

## HMP Liverpool 2017

### Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- Responses of prisoners aged 25 and under are compared with those of prisoners over 25
- Responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

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**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

		25 and under	Over 25			50 and over	Under 50	
		28	161			25	164	
<b>DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION</b>								
1.2	Are you under 21 years of age?	0%	16%	n=189				
	Are you 50 years of age or older?							
1.3	Are you from a minority ethnic group?	7%	10%	n=188	n=188	16%	9%	
7.1	Are you Muslim?	14%	2%	n=184	n=184	0%	4%	
11.3	Do you have any mental health problems?	46%	50%	n=181	n=181	35%	51%	
12.1	Do you consider yourself to have a disability?	39%	38%	n=183	n=183	39%	38%	
19.2	Are you a foreign national?	11%	4%	n=180	n=180	8%	5%	
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	4%	2%	n=178	n=178	0%	3%	
<b>ARRIVAL AND RECEPTION</b>								
2.3	When you were searched in reception, was this done in a respectful way?	61%	80%	n=188	n=188	84%	76%	
2.4	Overall, were you treated very / quite well in reception?	57%	77%	n=188	n=188	88%	72%	
2.5	When you first arrived, did you have any problems?	89%	87%	n=188	n=188	88%	87%	
<i>For those who had any problems when they first arrived:</i>								
2.6	Did staff help you to deal with these problems?	24%	31%	n=152	n=152	48%	27%	
<b>FIRST NIGHT AND INDUCTION</b>								
3.3	Did you feel safe on your first night here?	39%	55%	n=182	n=182	44%	54%	
3.5	Have you had an induction at this prison?	86%	83%	n=183	n=183	84%	83%	
<i>For those who have had an induction:</i>								
3.5	Did your induction cover everything you needed to know about this prison?	38%	45%	n=152	n=152	48%	43%	
<b>ON THE WING</b>								
4.2	Is your cell call bell normally answered within 5 minutes?	11%	10%	n=182	n=182	24%	8%	
4.3	On the wing or houseblock you currently live on:							
	- Do you normally have enough clean, suitable clothes for the week?	50%	49%	n=186	n=186	72%	46%	
	- Can you shower every day?	67%	65%	n=185	n=185	68%	65%	
	- Do you have clean sheets every week?	63%	62%	n=183	n=183	88%	58%	
	- Do you get cell cleaning materials every week?	18%	20%	n=181	n=181	28%	19%	
	- Is it normally quiet enough for you to relax or sleep at night?	42%	38%	n=177	n=177	52%	37%	
	- Can you get your stored property if you need it?	15%	18%	n=182	n=182	17%	18%	

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\* less than 1% probability that the difference is due to chance

**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

	25 and under	Over 25		50 and over	Under 50
	28	161		25	164

FOOD AND CANTEEN							
5.2	Do you get enough to eat at meal-times always / most of the time?	n=186	14%	24%	n=186	50%	19%
5.3	Does the shop / canteen sell the things that you need?	n=184	64%	67%	n=184	60%	67%
RELATIONSHIPS WITH STAFF							
6.1	Do most staff here treat you with respect?	n=183	39%	58%	n=183	76%	52%
6.2	Are there any staff here you could turn to if you had a problem?	n=185	61%	69%	n=185	84%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=186	25%	31%	n=186	56%	26%
6.6	Do you feel that you are treated as an individual in this prison?	n=177	26%	30%	n=177	48%	27%
FAITH							
<i>For those who have a religion:</i>							
7.2	Are your religious beliefs respected here?	n=131	50%	50%	n=131	46%	51%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=135	41%	61%	n=135	70%	56%
CONTACT WITH FAMILY AND FRIENDS							
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=181	18%	22%	n=181	44%	17%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=180	68%	66%	n=180	52%	68%
8.3	Are you able to use a phone every day (if you have credit)?	n=183	71%	72%	n=183	76%	72%
<i>For those who get visits:</i>							
8.7	Are your visitors usually treated respectfully by staff?	n=119	67%	74%	n=119	92%	71%
TIME OUT OF CELL							
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=182	48%	42%	n=182	24%	46%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=182	0%	4%	n=182	8%	3%
<i>For those who use the library:</i>							
9.9	Does the library have a wide enough range of materials to meet your needs?	n=43	100%	46%	n=43	38%	51%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS							
10.1	Is it easy for you to make an application?	n=181	57%	68%	n=181	78%	65%
<i>For those who have made an application:</i>							
10.2	Are applications usually dealt with fairly?	n=155	17%	39%	n=155	53%	33%
10.3	Is it easy for you to make a complaint?	n=182	54%	55%	n=182	54%	54%
<i>For those who have made a complaint:</i>							
10.4	Are complaints usually dealt with fairly?	n=97	28%	19%	n=97	33%	19%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=128	36%	38%	n=128	15%	40%

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**Number of completed questionnaires returned**

The number of valid responses to each question is provided e.g. n=167

	25 and under	Over 25		50 and over	Under 50
	28	161		25	164

HEALTH CARE							
11.1	Is it very / quite easy to see:						
	- Doctor?	n=183	8%	16%	n=183	29%	13%
	- Nurse?	n=178	23%	44%	n=178	50%	40%
	- Dentist?	n=180	8%	9%	n=180	0%	10%
	- Mental health workers?	n=179	15%	18%	n=179	26%	16%
<i>For those who have mental health problems:</i>							
11.4	Have you been helped with your mental health problems in this prison?	n=90	15%	30%	n=90	67%	24%
11.5	Do you think the overall quality of the health services here is very / quite good?	n=180	22%	28%	n=180	54%	23%
OTHER SUPPORT NEEDS							
<i>For those who have a disability:</i>							
12.2	Are you getting the support you need?	n=63	22%	22%	n=63	50%	18%
SAFETY							
14.1	Have you ever felt unsafe here?	n=182	78%	70%	n=182	75%	70%
14.2	Do you feel unsafe now?	n=177	42%	33%	n=177	21%	36%
14.3	Not experienced bullying / victimisation by other prisoners	n=173	26%	51%	n=173	50%	48%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=178	30%	29%	n=178	44%	27%
14.5	Not experienced bullying / victimisation by members of staff	n=171	32%	55%	n=171	70%	49%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=173	42%	44%	n=173	68%	40%
BEHAVIOUR MANAGEMENT							
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=182	29%	40%	n=182	54%	36%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=183	21%	42%	n=183	42%	38%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=183	37%	12%	n=183	8%	17%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=180	22%	8%	n=180	0%	12%
EDUCATION, SKILLS AND WORK							
16.3	Do staff encourage you to attend education, training or work?	n=159	26%	43%	n=159	50%	40%
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan?	n=175	22%	23%	n=175	27%	22%
<i>For those who have a custody plan:</i>							
17.3	Are staff helping you to achieve your objectives or targets?	n=38	50%	50%	n=38	50%	50%
PREPARATION FOR RELEASE							
<i>For those who expect to be released in the next 3 months:</i>							
18.3	Is anybody helping you to prepare for your release?	n=60	31%	45%	n=60	67%	40%
FINAL QUESTION ABOUT THIS PRISON							
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=175	37%	51%	n=175	68%	46%



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K wing	A, B, F, G, H, I and J wings
<b>29</b>	<b>156</b>

Number of completed questionnaires returned

The number of valid responses to each question is provided e.g. n=167

<b>ARRIVAL AND RECEPTION</b>			
2.1	Were you given up-to-date information about this prison before you came here?	n=183	17% 15%
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=185	31% 20%
2.3	When you were searched in reception, was this done in a respectful way?	n=184	72% 78%
2.4	Overall, were you treated very / quite well in reception?	n=184	83% 73%
2.5	When you first arrived, did you have any problems?	n=184	100% 85%
2.5	Did you have problems with:		
	- Getting phone numbers?	n=184	41% 50%
	- Contacting family?	n=184	55% 45%
	- Arranging care for children or other dependents?	n=184	0% 3%
	- Contacting employers?	n=184	3% 8%
	- Money worries?	n=184	24% 34%
	- Housing worries?	n=184	24% 25%
	- Feeling depressed?	n=184	41% 48%
	- Feeling suicidal?	n=184	21% 12%
	- Other mental health problems?	n=184	10% 28%
	- Physical health problems?	n=184	24% 23%
	- Drugs or alcohol (e.g. withdrawal)?	n=184	10% 36%
	- Getting medication?	n=184	31% 36%
	- Needing protection from other prisoners?	n=184	28% 6%
	- Lost or delayed property?	n=184	7% 16%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	n=150	48% 26%
<b>FIRST NIGHT AND INDUCTION</b>			
3.1	Before you were locked up on your first night, were you offered:		
	- Tobacco or nicotine replacement?	n=185	62% 83%
	- Toiletries / other basic items?	n=185	48% 57%
	- A shower?	n=185	41% 62%
	- A free phone call?	n=185	38% 64%
	- Something to eat?	n=185	72% 80%
	- The chance to see someone from health care?	n=185	76% 67%
	- The chance to talk to a Listener or Samaritans?	n=185	38% 26%
	- Support from another prisoner (e.g. Insider or buddy)?	n=185	24% 11%
	- None of these?	n=185	7% 5%
3.2	On your first night in this prison, was your cell very / quite clean?	n=185	41% 11%



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	K wing	A, B, F, G, H, I and J wings
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3.3	Did you feel safe on your first night here?	n=178	41%	56%
3.4	In your first few days here, did you get?			
	- Access to the prison shop / canteen?	n=178	18%	14%
	- Free PIN phone credit?	n=182	55%	52%
	- Numbers put on your PIN phone?	n=177	29%	36%
3.5	Have you had an induction at this prison?	n=179	72%	85%
<i>For those who have had an induction:</i>				
3.5	Did your induction cover everything you needed to know about this prison?	n=149	33%	45%
<b>ON THE WING</b>				
4.1	Are you in a cell on your own?	n=184	17%	18%
4.2	Is your cell call bell normally answered within 5 minutes?	n=178	35%	5%
4.3	On the wing or houseblock you currently live on:			
	- Do you normally have enough clean, suitable clothes for the week?	n=182	76%	45%
	- Can you shower every day?	n=181	62%	66%
	- Do you have clean sheets every week?	n=179	79%	59%
	- Do you get cell cleaning materials every week?	n=177	35%	16%
	- Is it normally quiet enough for you to relax or sleep at night?	n=173	54%	37%
	- Can you get your stored property if you need it?	n=178	21%	17%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=182	79%	38%
<b>FOOD AND CANTEEN</b>				
5.1	Is the quality of the food in this prison very / quite good?	n=183	45%	20%
5.2	Do you get enough to eat at meal-times always / most of the time?	n=182	39%	20%
5.3	Does the shop / canteen sell the things that you need?	n=180	64%	68%
<b>RELATIONSHIPS WITH STAFF</b>				
6.1	Do most staff here treat you with respect?	n=179	66%	53%
6.2	Are there any staff here you could turn to if you had a problem?	n=181	83%	66%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=181	59%	24%
6.4	Do you have a personal officer?	n=176	86%	59%
<i>For those who have a personal officer:</i>				
6.4	Is your personal or named officer very / quite helpful?	n=112	72%	49%
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=179	3%	3%
6.6	Do you feel that you are treated as an individual in this prison?	n=173	43%	26%
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=179	28%	33%
	If so, do things sometimes change?	n=58	38%	22%

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<b>FAITH</b>			
7.1	Do you have a religion?	n=180	<b>76%</b>   <b>73%</b>
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	n=127	<b>55%</b>   <b>49%</b>
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=131	<b>76%</b>   <b>56%</b>
7.4	Are you able to attend religious services, if you want to?	n=131	<b>91%</b>   <b>73%</b>
<b>CONTACT WITH FAMILY AND FRIENDS</b>			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	n=177	<b>43%</b>   <b>15%</b>
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=176	<b>69%</b>   <b>66%</b>
8.3	Are you able to use a phone every day (if you have credit)?	n=179	<b>61%</b>   <b>74%</b>
8.4	Is it very / quite easy for your family and friends to get here?	n=181	<b>52%</b>   <b>57%</b>
8.5	Do you get visits from family/friends once a week or more?	n=176	<b>18%</b>   <b>26%</b>
<i>For those who get visits:</i>			
8.6	Do visits usually start and finish on time?	n=121	<b>35%</b>   <b>43%</b>
8.7	Are your visitors usually treated respectfully by staff?	n=116	<b>88%</b>   <b>71%</b>
<b>TIME OUT OF CELL</b>			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=176	<b>90%</b>   <b>79%</b>
<i>For those who know what the unlock and lock-up times are supposed to be:</i>			
9.1	Are these times usually kept to?	n=142	<b>46%</b>   <b>31%</b>
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=178	<b>29%</b>   <b>45%</b>
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=178	<b>4%</b>   <b>3%</b>
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=179	<b>89%</b>   <b>84%</b>
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=179	<b>0%</b>   <b>1%</b>
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=175	<b>18%</b>   <b>27%</b>
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=180	<b>0%</b>   <b>14%</b>
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=172	<b>31%</b>   <b>16%</b>
9.7	Do you typically go to the gym twice a week or more?	n=178	<b>31%</b>   <b>41%</b>
9.8	Do you typically go to the library twice a week or more?	n=179	<b>0%</b>   <b>1%</b>
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	n=42	<b>57%</b>   <b>43%</b>
<b>APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS</b>			
10.1	Is it easy for you to make an application?	n=178	<b>76%</b>   <b>63%</b>
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	n=152	<b>62%</b>   <b>31%</b>
	Are applications usually dealt with within 7 days?	n=154	<b>52%</b>   <b>16%</b>

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<b>ALCOHOL AND DRUGS</b>			
13.1	Did you have an alcohol problem when you came into this prison?	n=180	10% 27%
<i>For those who had / have an alcohol problem:</i>			
13.2	Have you been helped with your alcohol problem in this prison?	n=43	0% 54%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=178	17% 35%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=179	10% 19%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=177	3% 16%
<i>For those who had / have a drug problem:</i>			
13.6	Have you been helped with your drug problem in this prison?	n=63	25% 41%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=179	43% 67%
13.8	Is it very / quite easy to get alcohol in this prison?	n=180	35% 40%
<b>SAFETY</b>			
14.1	Have you ever felt unsafe here?	n=179	79% 69%
14.2	Do you feel unsafe now?	n=174	36% 32%
14.3	Have you experienced any of the following from other prisoners here:		
	- Verbal abuse?	n=170	57% 35%
	- Threats or intimidation?	n=170	46% 35%
	- Physical assault?	n=170	11% 20%
	- Sexual assault?	n=170	0% 1%
	- Theft of canteen or property?	n=170	25% 30%
	- Other bullying / victimisation?	n=170	14% 20%
	- Not experienced any of these from prisoners here	n=170	39% 50%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=175	55% 23%
14.5	Have you experienced any of the following from staff here:		
	- Verbal abuse?	n=168	48% 39%
	- Threats or intimidation?	n=168	24% 31%
	- Physical assault?	n=168	12% 20%
	- Sexual assault?	n=168	0% 0%
	- Theft of canteen or property?	n=168	4% 11%
	- Other bullying / victimisation?	n=168	16% 25%
	- Not experienced any of these from staff here	n=168	52% 52%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=170	67% 39%

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<b>BEHAVIOUR MANAGEMENT</b>				
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=179	45%	37%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. IEP) in this prison?	n=180	41%	38%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=180	7%	17%
<i>For those who have been restrained in the last 6 months:</i>				
15.4	Did anyone come and talk to you about it afterwards?	n=28	0%	12%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=177	7%	10%
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>				
15.6	Were you treated well by segregation staff?	n=15	0%	31%
	Could you shower every day?	n=15	0%	46%
	Could you go outside for exercise every day?	n=15	0%	46%
	Could you use the phone every day (if you had credit)?	n=16	0%	50%
<b>EDUCATION, SKILLS AND WORK</b>				
16.1	In this prison, is it easy to get into the following activities:			
	- Education?	n=171	46%	51%
	- Vocational or skills training?	n=162	26%	22%
	- Prison job?	n=169	48%	30%
	- Voluntary work outside of the prison?	n=163	4%	4%
	- Paid work outside of the prison?	n=164	4%	5%
16.2	In this prison, have you done the following activities:			
	- Education?	n=155	77%	71%
	- Vocational or skills training?	n=152	46%	60%
	- Prison job?	n=158	79%	79%
	- Voluntary work outside of the prison?	n=142	31%	34%
	- Paid work outside of the prison?	n=144	31%	35%
<i>For those who have done the following activities, do you think they will help you on release:</i>				
	- Education?	n=111	70%	45%
	- Vocational or skills training?	n=87	50%	51%
	- Prison job?	n=124	50%	37%
	- Voluntary work outside of the prison?	n=47	25%	31%
	- Paid work outside of the prison?	n=49	25%	42%
16.3	Do staff encourage you to attend education, training or work?	n=158	46%	39%

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<b>PLANNING AND PROGRESSION</b>			
17.1	Do you have a custody plan?	n=172	<b>15% 24%</b>
<i>For those who have a custody plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=38	<b>100% 77%</b>
17.3	Are staff helping you to achieve your objectives or targets?	n=37	<b>50% 49%</b>
17.4	In this prison, have you done:		
	- Offending behaviour programmes?	n=35	<b>25% 48%</b>
	- Other programmes?	n=35	<b>25% 45%</b>
	- One to one work?	n=34	<b>50% 47%</b>
	- Been on a specialist unit?	n=33	<b>25% 31%</b>
	- ROTL - day or overnight release?	n=32	<b>25% 25%</b>
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	- Offending behaviour programmes?	n=16	<b>0% 53%</b>
	- Other programmes?	n=15	<b>0% 57%</b>
	- One to one work?	n=16	<b>50% 57%</b>
	- Being on a specialist unit?	n=10	<b>0% 33%</b>
	- ROTL - day or overnight release?	n=8	<b>0% 14%</b>
<b>PREPARATION FOR RELEASE</b>			
18.1	Do you expect to be released in the next 3 months?	n=178	<b>24% 37%</b>
<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very / quite near to your home area or intended release address?	n=60	<b>29% 74%</b>
18.3	Is anybody helping you to prepare for your release?	n=61	<b>57% 39%</b>
18.4	Do you need help to sort out the following for when you are released:		
	- Finding accommodation?	n=59	<b>57% 58%</b>
	- Getting employment?	n=55	<b>86% 58%</b>
	- Setting up education or training?	n=51	<b>67% 42%</b>
	- Arranging benefits?	n=58	<b>86% 67%</b>
	- Sorting out finances?	n=50	<b>67% 55%</b>
	- Support for drug or alcohol problems?	n=52	<b>17% 46%</b>
	- Health / mental Health support?	n=53	<b>57% 63%</b>
	- Social care support?	n=53	<b>29% 35%</b>
	- Getting back in touch with family or friends?	n=54	<b>29% 36%</b>

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<b>18.4</b>	Are you getting help to sort out the following for when you are released, if you need it:		
	- Finding accommodation?	n=34	<b>75%</b> <b>37%</b>
	- Getting employment?	n=34	<b>33%</b> <b>11%</b>
	- Setting up education or training?	n=23	<b>25%</b> <b>11%</b>
	- Arranging benefits?	n=40	<b>17%</b> <b>21%</b>
	- Sorting out finances?	n=28	<b>0%</b> <b>8%</b>
	- Support for drug or alcohol problems?	n=22	<b>0%</b> <b>43%</b>
	- Health / mental Health support?	n=33	<b>0%</b> <b>10%</b>
	- Social care support?	n=18	<b>0%</b> <b>6%</b>
	- Getting back in touch with family or friends?	n=19	<b>0%</b> <b>18%</b>
<b>FINAL QUESTION ABOUT THIS PRISON</b>			
<b>20.1</b>	Do you think your experiences in this prison have made you less likely to offend in the future?	n=172	<b>59%</b> <b>47%</b>