

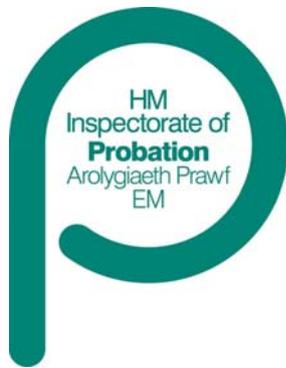
Report on an unannounced inspection of

HMP Hindley

by HM Chief Inspector of Prisons

4–15 July 2016

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This publication is available for download at: <http://www.justiceinspectorates.gov.uk/hmiprisons/>

Printed and published by:
Her Majesty's Inspectorate of Prisons
Victory House
6th floor
30–34 Kingsway
London
WC2B 6EX
England

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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 Hindley is a category C male prison holding adults sentenced to up to four years and young adults aged 18–21 serving sentences of over 12 months and up to four years. When we last inspected, in 2014, Hindley was a young offender institution (YOI); it was re-roled to a men's prison in April 2015. At the time of this inspection it held 515 prisoners.

This is a very poor inspection report, but could easily have been even worse. If it were not for some positive things that were happening, mainly in the non-residential parts of the prison, and energetic leadership being given by the new governor, it would have been hard to justify not awarding the lowest possible grades in all four of our healthy prison tests. We have taken account of some of the positive initiatives at Hindley. However, the failings at the prison are so serious as to demand a highly critical report.

The regime at Hindley was one of the worst, and possibly the very worst, that inspectors had ever seen in this type of prison. The length of time for which young adults and adults alike were locked up was, in our considered view, unnecessary, unjustifiable and counterproductive. Almost every aspect of prison life for the prisoners was adversely affected by the regime. Prisoners were not getting to education and training in anything like the numbers that they should. On one day during the inspection a mere 14% of eligible prisoners were able to attend education. As a result they were being denied opportunities to embark on a path of rehabilitation and eventual resettlement. The fact that the outcomes were good when prisoners did manage to get to education showed that an opportunity was being wasted.

The frustration felt by prisoners was palpable, and this was hardly surprising. Many were locked up all day. They received a hot meal at around 4pm, and at the same time were given an inadequate breakfast pack that was supposed to see them through until lunchtime the next day. We were told that some could make toast in the evenings, but that a suggestion to put microwaves on the wings had been opposed by the staff association. This was symptomatic of what seemed to have gone wrong at Hindley. There were undoubtedly some good plans to improve things. However, at the time of this inspection, good intentions were not being translated into action on the wings. There was a clear disconnect between management intentions and actual service delivery.

The levels of violence in Hindley, often fuelled by the destructive effects of drugs – particularly new psychoactive substances (NPS) – were not likely to be controlled or minimised by the regime that was currently in place. If anything, it would exacerbate these problems. Locking prisoners up for wholly unreasonable lengths of time had not altered the fact that 49% of prisoners told us it was easy to get hold of illegal drugs, while 16% had developed a drug problem since entering the prison. According to our survey it was far easier to get hold of drugs in Hindley than it was to get clean clothes, sheets or books from the library.

Some buildings at Hindley carried the bold slogan '*Enable, Empower, Challenge*'. Unfortunately, the situation in the prison was actually disabling and disempowering the aspirations of prisoners and many staff alike.

To make progress, there needs to be a very clear recognition of what is good at Hindley, and also of where there needs to be fundamental change. Many examples of good practice could be found in the chaplaincy, education and health care. The same could not be said about the residential areas. There needs to be an honest appraisal of the culture that predominates among some staff in these areas. Inspectors were disappointed to be told things by some members of staff that were at variance with the very clear evidence before us. The governor needs to be supported by his senior team in the delivery of clear, proactive and intrusive leadership. Those who choose to stand in the way of change should have their ability to do so diminished.

There is no reason why Hindley should not become a safe, decent and respectful prison. There is also no good reason why standards should be lower than at similar prisons. I would urge readers to look at the detail of this report to understand the scale of the challenge that faces the leadership of HMP Hindley. The recommendations are intended to address some serious issues, and they demand a serious response.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons

September 2016

Fact page

Task of the establishment

Category C prison holding adult males sentenced up to four years and young males, aged 18 -21, serving sentences of over 12 months and up to four years.

Prison status

Public

Region

North West

Number held

515

Certified normal accommodation

532

Operational capacity

540

Date of last full inspection

3-14 March 2014

Brief history

Originally opened in 1961 as a borstal, Hindley became a youth custody centre in 1983. In April 2015, it re-roled as a young offenders and adult male category C establishment.

Short description of residential units

A wing	Built in 1961 and refurbished in 2005 and 2012. The wing holds up to 80 adult male prisoners.
B wing	Built in 1961 and refurbished in 2008 and 2012. The wing holds up to 58 adult male prisoners.
C wing	Built in 1961 and refurbished in 2008/09. The wing holds up 80 adult male prisoners.
D wing	Built in 1961 and refurbished in 2010. The wing holds up to 80 adult male prisoners.
E wing	Built in 1989. The wing holds up 64 sentenced young adult (18-21) male prisoners.
F wing	Built in 1989. The wing holds up 128 sentenced young adult (18-21) male prisoners.
J wing	A temporary building built in 2008, it can hold up to 50 sentenced adult male prisoners.
Willow unit	Following refurbishment in 2016, it reopened as the designated care and separation (segregation) unit. It can hold up to 10 adult and young adult prisoners, and is the only accommodation unit where the two groups are located together.
Sycamore	Refurbished in April 2011 but currently closed.

Name of governor

Mark Livingston

Escort contractor

GEOAmev

Health service providers

Bridgewater Community Healthcare NHS Foundation Trust and Greater Manchester West Mental Health NHS Trust, as a partnership.

Learning and skills provider

Novus

Community rehabilitation company

Purple Futures

Independent Monitoring Board chair

Agnes Lloyd-Holt

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

Resettlement prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

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 the National Offender Management Service.

- **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 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full 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 prisoners and conditions in prisons*. 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, housekeeping points and examples of good practice arising from the inspection.
- A10 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A11 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹

¹ 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

Safety

- S1 *Reception procedures were thorough and the induction programme was good. New arrivals received insufficient care and were located randomly across the prison into unfit cells, often without the opportunity to shower or telephone home. There was strategic oversight of safety and some appropriate systems and procedures. Despite this, too many prisoners felt unsafe and levels of violence, drug misuse and self-harm were very high. Lessons from previous self-inflicted deaths in custody had not been learnt. Excessive lock-up and poor living conditions affected all aspects of safety, and day-to-day prisoner care was often poor. The incentives and earned privileges (IEP) scheme was largely ineffective due to poor incentives. Use of force was high but there was also evidence of de-escalation. Governance of the deployment of batons required improvement. The segregation unit was clean and staff interacted well with prisoners. Substance misuse services, when prisoners could access them, were very good. **Outcomes for prisoners were poor against this healthy prison test.***
- S2 After long waits on grubby vans, new arrivals spent most of their time in reception in stark holding rooms. We observed reasonable staff interaction with prisoners, and first night procedures were thorough, but new arrivals were then allocated randomly across the prison and placed in squalid conditions. First night cells were covered in graffiti and often lacked furniture, TVs, kettles or pillows. We observed one new prisoner placed in a cell without a water supply, and one on crisis management who was located with a prisoner on the basic regime. Many prisoners were not able to have a telephone call or shower on their first night. The multi-agency induction programme was good.
- S3 In our survey, 20% of prisoners said they currently felt unsafe. Violence remained high and the numbers of assaults were much higher than in similar establishments. We also found evidence of underreporting. Some prisoners were isolating themselves through fear of violence. The safeguarding team was active and had developed some good systems and procedures to manage violence and support vulnerable prisoners. Despite this, support for vulnerable prisoners on residential units was poor. We were not assured that all staff understood the link between excessive lock-up and poor living conditions, and the increase in violence and drug misuse.
- S4 Incidents of self-harm were comparatively high. The analysis of data to provide information about patterns and trends of self-harming behaviour was good. The quality of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm was reasonably good, and reviews were usually well attended and timely. However, there were examples of poor day-to-day care for prisoners in crisis. These prisoners described the impact of the lack of a predictable and purposeful regime. Their experience of long periods of lock-up had increased their feelings of isolation, alienation and thoughts of self-harm. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) felt unsupported by staff, and their access to prisoners in crisis was hampered by wing lockdowns. In our survey, fewer than half of respondents said that they could speak to a Listener when they needed to. The prison had not yet fully met several recommendations from the Prisons and Probation Ombudsman (PPO) and coroner following previous self-inflicted deaths.
- S5 Security arrangements were proportionate and intelligence objectives were communicated to all staff. Although the security department had made some positive advances in drug

supply reduction, there was no prison-wide approach to this risk. Mandatory drug testing (MDT) finds were comparatively high, and new psychoactive substances (NPS)² were also widely available. Despite this, there had been no suspicion drug tests for 12 months.

- S6 Prisoners told us that there was little within the IEP scheme to encourage positive behaviour, and too few prisoners aspired to reach enhanced status.
- S7 The administration of adjudications was fair and courteous but the number of hearings was much higher than in similar establishments. A high number of cases had also been referred to the police, and there were several examples of serious offences dating back over 10 months without conclusion. The use of force was high. However, in the examples we saw, there was evidence of good de-escalation and follow-up work from the safeguarding team. Batons had been drawn on 17 occasions in the previous six months and we were not assured that governance was sufficiently robust. Most prisoners were only located in segregation for short periods. Prisoners in the unit spoke highly of the staff and we witnessed positive interactions. The accommodation was clean and spacious. It was perverse that, despite its limited regime, the segregation unit provided better living conditions than those offered on normal location.
- S8 Levels of drug misuse were high. Clinical and psychosocial services were of a good quality and very well integrated. However, regime curtailment reduced access to groupwork and diminished positive outcomes for prisoners.

Respect

S9 *Living conditions at Hindley were poor. Wings and cells were dirty, furniture was broken and the environment was neglected. Prisoners were deprived of basic provisions and locked in cells for unacceptably long periods. Some staff encouraged and supported prisoners but too many demonstrated a lack of care. The impoverished regime was a barrier to the development of positive staff-prisoner relationships. Work on equality and diversity required further improvement. A well-integrated chaplaincy offered valuable support to prisoners. Complaints were managed well. The provision of health care was good. Conditions in the kitchen were poor and only a small minority of prisoners thought the food was good. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

- S10 Some communal areas were well presented but many were neglected. Conditions in residential units were poor with floors ingrained with dirt, mould in communal dining areas and fungus growing from walls on some upper landings. Prisoner lacked basic entitlements, like clean clothing, bedding and cleaning materials, and shared facilities were broken or worn. Single cells were small and poorly ventilated, and many were filthy. Cells were ill-equipped and covered in graffiti and inappropriate displays. E and F wings, which held the young adults, were particularly rundown for relatively new buildings. Staff left cell bells unanswered for unacceptable length of time, despite being in the vicinity and aware that a prisoner was calling for their help. The poor regime prevented many prisoners maintaining regular telephone contact with their families.
- S11 We saw good interaction between some staff and prisoners. Staff from learning and skills, health, safer custody and the chaplaincy provided particularly good support and care. However, we also saw too many prison officers who were disinterested and relationships

² New drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

that appeared distant. There was a tension among prisoners caused by poor access to a reasonable regime, and difficulties in having simple requests dealt with quickly by staff. Staff supervision on wings was often insufficient, and inappropriate conduct by prisoners was not always challenged appropriately. The personal officer scheme was not working effectively, and the amount of lock-up clearly inhibited the development of positive staff-prisoner relationships.

- S12 There had been improvements in the provision of equality and diversity work. The bimonthly equality action team meetings were well attended, although not chaired at the most senior level, and work to deliver the action plan was underdeveloped. In our survey, prisoners with disabilities had poor perceptions of their safety. The prison had held consultation groups for some prisoners with protected characteristics but not all concerns raised by prisoners were addressed. Newly appointed equality representatives were unsure of their role and had a low profile. Despite this, prisoners from minority groups were positive about their treatment at Hindley. Few discrimination complaints were submitted, and blank forms were not always available to prisoners during the inspection. Those that we sampled were dealt with adequately. Faith provision was good. An energetic chaplaincy was particularly well integrated into the prison and provided valued support for many prisoners.
- S13 Prisoner complaints were robustly quality assured and those we sampled were answered respectfully and appropriately. In our survey, more prisoners than the comparator said complaints were dealt with fairly and quickly.
- S14 Health services were reasonably good, with effective partnership arrangements. Most provision was of good quality and waiting times were short. Dentistry was very good. However, primary care services were affected by nurse shortages, and the health complaints system lacked clarity and confidentiality. The pharmacy did not provide sufficient oversight of treatments and specialist health advice. Medicine administration took too long, and officer supervision was sometimes poor. Some prisoners were not receiving controlled drugs at the required intervals, which posed a health risk. Mental health services were very good.
- S15 In our survey, only 16% of prisoners said the food was good against the 31% comparator. The supervision of serveries was inadequate, resulting in poor portion control and bullying. Some serveries were dirty and we found food debris in association areas. The kitchen was in an unacceptably poor condition. A new debt management scheme extended a modest level of shop credit to new arrivals with limited funds, reducing their risk of getting into debt with other prisoners.

Purposeful activity

- S16 *The regime for prisoners was among the worst we have seen and the root cause of many other problems in the establishment. The core day did not meet the needs of the population, and was made worse by significant slippage and regular shutdowns. The management of learning and skills required further improvement, and attendance at activities was poor. There were sufficient spaces for all prisoners when they were unlocked to attend. The quality of provision was reasonable but the young adults required more. Achievement on most accredited courses was good but learner progress was affected by the disruption caused by infrequent attendance. Access to the library was poor. The PE department did not offer qualifications, and outdoor facilities were underused, but the team's effort to provide regular gym offered some stability and a release for prisoners who would otherwise be locked up. **Outcomes for prisoners were poor against this healthy prison test.***

- S17 The regime at Hindley was totally inadequate, and did not meet the needs of a resettlement prison holding a young population. In our survey, more than two-thirds of prisoners said they received less than six hours a day out of their cell, and we found many who experienced less than that daily. The inadequate regime was made worse by significant slippage and regular shutdowns, which meant that most prisoners regularly experienced being locked in their cell for more than 24 hours. As a result, prisoners were often not unlocked to attend work or education, and were denied daily access to showers and telephones.
- S18 Senior managers and the prison education provider had reviewed and changed the curriculum to meet the needs of a resettlement prison. The prison self-assessment was comprehensive and provided a clear view of strengths and weaknesses. The prison had sufficient activity places, when fully used, to engage prisoners in purposeful activities throughout the week. Allocation to activities was fair and equitable. However, poor prisoner attendance had a detrimental effect on their learning.
- S19 There was good individual coaching in education and vocational training, with individual support for learners. The recording of progress was also good, with effective planning of learning for most. Behaviour management by tutors was generally good with adult learners but weak with young adults. Prison staff did not reinforce the importance of attending education with learners.
- S20 Standards of learners' practical and written work were not sufficiently good. Achievement on most accredited courses was good but a minority of courses underperformed, particularly written English.
- S21 The libraries were welcoming and well organised but prisoner access was poor. No data were collected to identify the number of prisoners who used the facility.
- S22 The PE department provided good indoor and outdoor facilities. Prisoners had good access to the gym and spoke highly of its facilities and the PE staff. Recreational and remedial provision was good with effective links with health care. However, outdoor facilities were used infrequently and there were limited team sports. No accredited PE qualifications were available.

Resettlement

S23 *The prison's reducing reoffending policy and strategy were insufficiently tailored to meet the needs of prisoners at Hindley fully. Despite the prison's resettlement status, offender management was not central to its work. OMU staff were keen and motivated but their work was hindered by the frequent redeployment of the uniformed staff. The community rehabilitation company (CRC)³ and OMU were not sufficiently integrated. More than half of prisoners had no up-to-date assessment and sentence plan, and offender supervisor contact was poor. Resettlement pathway work was reasonable but lacked integration. **Outcomes for prisoners were not sufficiently good against this healthy prison test.***

S24 Despite being a resettlement prison, Hindley gave little priority to offender management. The reducing reoffending policy and strategy were appropriate for a category C prison but

³ Since May 2015 rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The National Probation Service has maintained responsibility for high- and very high-risk offenders.

had not been tailored to reflect the capacity of the OMU. The CRC worked on resettlement in isolation and was not sufficiently integrated with the work of the OMU. Home detention curfew reviews did not always take place on time, and the prison was not sighted on what was causing the delays. Release on temporary licence was not used.

- S25 In our survey, only 58% of prisoners said they had a named offender supervisor, which was worse than the comparator of 75%, and only 45% said they had a sentence plan. OMU staff were keen and motivated, but their work was hindered by the frequent redeployment of the uniformed offender supervisors. More than half of prisoners did not have a satisfactory or up-to-date OASys (offender assessment system) assessment, and there was no plan to address this. Offender supervisor contact with prisoners was poor and reactive, rather than active or planned. Too many prisoners had no contact with their offender supervisor at all. This had led to offence paralleling behaviour not being picked up and used to inform sentence plans and management of risk. There was very little offending behaviour work outside the accredited programmes offered by the prison. Public protection arrangements were adequate but there were some administrative weaknesses. Recategorisation reviews were generally timely.
- S26 Reintegration planning was hindered by poor communication between the CRC and offender supervisors. It was telling that some offender supervisors did not even know that a discharge board was held for prisoners on their caseload. Resettlement plans prepared by the CRC focused mainly on accommodation, debt and benefits, and did not incorporate work by other departments.
- S27 Two Shelter prisoner peer workers provided useful support to prisoners on induction and through their time at the prison. They provided advice on accommodation, finance, benefits and debt. Appropriate referrals were made to housing agencies.
- S28 Good links between Shelter, the education provider Novus and the National Careers Service supported prisoners in accessing education, training and employment on release, although data on the number of prisoners going into training or employment on release were not collected.
- S29 Pre-discharge health arrangements were good, and there was effective liaison with external agencies to support planning for men with mental health needs. Reintegration planning for prisoners with substance misuse problems was effective, and made good use of peer support and regular visits from recovery-focused agencies in the community. However, none of this work was shared with the OMU.
- S30 Provision to maintain contact with family and friends was reasonable, and better for young adults who could access a family engagement worker for support. Visits provision was adequate to meet demand. The visitors' centre was basic but welcoming, and the visits hall was a positive environment, although prisoners could not wear their own clothes or go to the toilet during visits. There were four family days a year, but an attractive enhanced family visits facility was no longer used.
- S31 There was an appropriate range of offending behaviour programmes for the population, which were well promoted by the treatment team.

Main concerns and recommendations

- S32 Concern: Many prisoners did not receive a shower or telephone call on arrival at Hindley and spent their first night in unacceptable conditions.

Recommendation: The prison should ensure that all new arrivals have access to a shower and telephone call, and spend their early days in clean, prepared cells that are adequately furnished.

- S33 Concern: The number of violent incidents, including assaults and fights, remained high despite the severely restricted regime. Prisoners had poor perceptions about their safety.

Recommendation: Staff should identify and provide better support for self-isolators and other vulnerable prisoners. They should both challenge and engage with perpetrators of violence and antisocial behaviour. Factors contributing to violence should be identified and addressed through prison-wide solutions to support the work of the safeguarding team.

- S34 Concern: Prisoners at risk of self-harm were not adequately supported. The limited and inconsistent regime, poor staff-prisoner relationships and ineffective personal officer scheme increased feelings of isolation and alienation of prisoners at risk. Prisoners vulnerable to self-harm were not being adequately protected from bullying and intimidation.

Recommendation: Prisoners, particularly those at risk of self-harm, should have consistent access to the regime and be engaged in purposeful activity. They should receive better support from staff working on residential units.

- S35 Concern: Residential wings were dirty, some landings were filthy, and we found mould and fungus. Many cells were dirty, insufficiently furnished and in a poor state of repair, and some were covered in graffiti.

Recommendation: The prison should improve and maintain better standards of cleanliness and conditions in cells and communal areas. Repairs should be completed without delay, and prisoners should have access to sufficient clean clothing, bedding and cleaning materials.

- S36 Concern: The regime was inadequate and counterproductive to the work of a category C prison with a resettlement function.

Recommendation: The regime for prisoners should be improved to ensure that all prisoners can access 10 hours a day out of their cell on weekdays to facilitate activity, showers, exercise and telephone calls.

- S37 Concern: Resettlement provision was limited, and in some cases ineffective. This was due to the diminished resources in the offender management unit, lack of integration of resettlement work across the prison, and confused and disjointed work of the community rehabilitation company and pathway providers.

Recommendation: Each department involved in the provision of resettlement, including resettlement pathway providers, the community rehabilitation company and offender management unit, should clarify its role in the prison. This should explain how their work is integrated, recorded and communicated to the responsible officer to ensure effective resettlement planning for all prisoners.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

- I.1 Most prisoners had short journeys to arrive at the prison; in our survey, only 17% said that they had spent more than two hours in the escort van. However, reception was closed over lunch time, which meant that many arrivals had to wait in cellular vehicles before they could disembark.
- I.2 In our survey, fewer prisoners than the comparator said that the escort vehicle was clean or that staff offered them anything to eat or drink. The vehicles we saw were grubby and covered in graffiti. Relationships between escort staff and prisoners were courteous, and the documentation we saw was fully completed, including risk issues.

Recommendations

- I.3 **Prison escort vans should be clean and free from graffiti.**
- I.4 **Arriving prisoners should be disembarked from escort vans immediately, including during the staff lunch period.**

Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- I.5 Hindley received about 20 new arrivals a week who were all transferred in from other establishments, and they were not routinely strip searched. The reception process was relatively swift, although in our survey 35% of prisoners said they spent more than two hours in reception. Most of this time was spent in one of two large holding cells which were grubby and had no television or reading materials to occupy prisoners.
- I.6 Interaction between reception staff and prisoners was reasonable, and we observed extra support given to a new arrival who was on assessment, care in custody and teamwork (ACCT) case management (for prisoners at risk of suicide or self-harm). All new arrivals had a health care screening and comprehensive first night risk assessment in reception. Although a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) worked in reception, he had no formal part in the reception process, which was a gap.
- I.7 In our survey, 27% of prisoners said they had mental health problems on arrival at Hindley, against the 17% comparator, and we were concerned about the lack of support offered during their first night. Although there were two first night centres – on A wing for those

over 2I and E wing for younger prisoners – new arrivals were allocated randomly across the prison and most of the new arrivals we observed spent their first night elsewhere.

- I.8** The first night accommodation we saw was unacceptable. Cells were dirty, covered in graffiti and lacked basic amenities, including pillows, clean bedding, kettles and televisions. We saw one new arrival who was placed in a cell without a water supply. Another, who was on ACCT case management, spent his first night sharing a cell with a prisoner who was on the basic regime, which inappropriately restricted the regime for the new arrival. Staff had not identified or addressed these deficiencies through the cell equipment checklists and hourly checks. In addition, the severely restricted regime meant new arrivals had little opportunity to receive support from wing staff and were often locked up for the night before they could take a shower or make a telephone call home. (See main recommendation S32.)
- I.9** In our survey, prisoners were positive about the information they received on arrival, and more than the comparator said that their induction covered everything they needed to know about the prison. Our findings supported this view. The induction generally started the next weekday after arrival and was well managed. It was led by prisoner peer workers who covered the basics of prison life. Prisoners on induction also had individual access to Listeners, the chaplaincy, the community rehabilitation company (CRC), prisoner representative and prison officers. The education and gym inductions were carried out during the first week.

Bullying and violence reduction

Expected outcomes:

Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- I.10** Levels of violence were very high for the type of prison with 126 assaults in the previous six months, of which 26 were serious. There had also been 35 fights. In our survey, 20% of prisoners said that they currently felt unsafe against the comparator of 15%; more prisoners in the adult accommodation than in the young adult units said they currently felt unsafe - 25% against 10%. (See main recommendation S33.)
- I.11** The establishment's strategy on violence was led by a small and active safeguarding team. The team had developed several systems and procedures to manage violence and support prisoners who were identified as self-isolating. There was a monthly meeting to focus on strategy and direction, and an action plan based on a 2015 survey, although several key actions had not been completed and many were out of date. The strategy was supported by a weekly safer regimes meeting that focused on individual prisoners in need of support or challenge. The team had also recently introduced in-reach work with the 'street doctors' - a charitable organisation that discussed violent crime, its impact and how to provide first aid. A new debt management policy had also been introduced to support new arrivals (see paragraph 2.80), which was a sensible step to support prisoners in their early days at Hindley.
- I.12** Perpetrators and victims of violence were monitored by intervention plans drawn up by the safeguarding team. Although the team was focused and keen to ensure that individual care plans and support documentation were in place, once the plans were passed to the residential unit we found that the support became inconsistent and often neglected the basic needs of prisoners assessed as the most vulnerable.

- I.13** During the inspection, the prison had identified only five prisoners who were self-isolating and in need of support, which was low given the high level of violence. The regime for these men was poor with access to basic needs too often neglected and dependent on staff availability. An incident during the inspection, where a prisoner had received a visible facial injury on a residential unit, was not reported to the safeguarding team as required.
- I.14** Prison data showed that bullying and retaliation were the primary reasons for the high levels of violence. There were also links to the use of illicit substances, such as new psychoactive substances⁴ (see paragraph I.27). Despite the good work of the safeguarding team, the establishment as a whole had failed to identify and address factors such as an extremely poor regime, boredom and the lack of access to basic needs that had contributed to the high level of violence. (See main recommendation S33.)

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- I.15** Tragically, there had been a self-inflicted death of a prisoner in February 2016. Although the cause of death had been determined, reports from the coroner and Prisons and Probation Ombudsman had not been concluded at the time of our inspection.
- I.16** There had been 75 incidents of self-harm in the previous six months, which was high for the type of prison. Although most were at a low level, some were clearly serious. In the previous six months, 161 ACCT case management documents had been opened (about 13 per 100 prisoners), which was also higher than we usually see at category C prisons.
- I.17** Management structures to help reduce self-harm were reasonable. A well-established safeguarding committee monitored the overall implementation of the suicide and self-harm prevention strategy across the prison site, and regular meetings were well attended. The collection and analysis of information was very good, and a wide range of information was used to identify trends and patterns of behaviour.
- I.18** The quality of ACCT documents we examined was reasonably good, and many demonstrated a planned and multidisciplinary approach to meet the needs of prisoners in crisis. Although care maps were sometimes superficial and too many were not updated adequately, reviews were well attended by staff who knew the prisoner. Attendance by mental health professionals and members of the chaplaincy was particularly consistent and clearly helpful. However, we also observed too many examples of poor day-to-day care for prisoners in crisis on residential units. (See main recommendation S34.)
- I.19** The lack of a predictable regime, long periods of lock up, failure of the personal officer scheme and distant staff–prisoner relationships were contributing factors to prisoners’ feelings of isolation and alienation that might have led to self-harming behaviour. We were not assured that the recommendations from the Prisons and Probation Ombudsman (PPO) and the coroner following a tragic death of a young man in 2012 had been adequately met or that prisoners vulnerable to self-harm were adequately protected from bullying and intimidation. For example, we saw a new arrival on an ACCT locked in his cell on F wing

⁴ NPS - new drugs that mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life-threatening effects.

(young adults) who was pressured for tobacco by unsupervised prisoners unlocked on landings and shouting through his door; other prisoners told us that this was typical. (See main recommendation S34.)

- I.20** The Listener scheme had recently been established but Listeners felt under-supported by staff, and their access to prisoners in need was often hampered by regime restrictions. In our survey, less than half of respondents said that they were able to speak to a Listener if they needed to.

Recommendation

- I.21 Prisoners should have 24-hour access to Listeners, and the scheme should be fully supported by staff.**

Safeguarding (protection of adults at risk)

Expected outcomes:

The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.⁵

- I.22** There was a safeguarding policy and associated referral procedures, which were adequate. Referrals from staff concerned about the vulnerability of individual prisoners was sent directly to the safeguarding team (see paragraph 1.11). These arrangements worked well enough and there were examples where referrals had been forwarded to the local authority safeguarding adults board. There were good links with this board, which was also represented at some internal prison safeguarding meetings. However, we had concerns that some of the prison's systems to manage risk and prevent harm were weak, particularly first night arrangements and support for victims of bullying and those vulnerable to self-harm.

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- I.23** Following the re-role of the prison there had been an increase in prisoners linked to organised crime groups and the security department had responded well to this challenge. There was a clear focus on emerging risks of violence and the widespread use of new psychoactive substances (NPS).
- I.24** The security department processed a high number of intelligence reports. Following prompt analysis, the key issues were identified and communicated to relevant stakeholders for action and information. Further responses to emerging threats included target-led searching, employment reviews and disruption moves. This was often supported by a meeting between

⁵ We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

a senior manager and the identified prisoner to advise the latter about the issues he needed to address.

- I.25** The monthly security meeting was well attended with improving links to other departments. Before the meeting a detailed intelligence report ('tactical intelligence report') was produced, which identified key intelligence under relevant subject headings and provided detailed analysis of the risks faced, with each subject area graded as red, amber or green. The security meeting discussed the gradings and set security objectives for the following month, which were then communicated promptly across the establishment.
- I.26** The prison had good links within NOMS, such as those established with the North West area search team. However, relationships with the police were weaker and the establishment did not have a designated police intelligence officer. This gap increased the risks of illicit items getting into the prison. Although the relationship had improved recently, and police were attending the prison more often, this required further development to help the prison tackle the issues of drug supply and violence.
- I.27** Drugs were widely available, and staff and prisoners recognised that NPS was a major issue. In our survey, 49% of prisoners, against the comparator of 41%, said it was easy to get drugs and 16% against 10% said they had developed a drug problem in the prison. Prisoners were also very clear in telling us that the extremely long periods spent in cells were fuelling the demand for drugs. Despite the good supply reduction strategies, the levels of NPS and associated violence remained high, and the links between supply and demand reduction needed to improve. The drugs strategy committee was mainly focused on treatment, with only limited input from security. The meeting was mainly a reporting forum and departments tended to operate in isolation from each other. The establishment lacked a prison-wide approach to tackling drugs.
- I.28** The average positive random mandatory drug testing (MDT) rate for the six months to May 2016 was comparatively high at 13.2%. Finds were mostly for cannabis but, despite this level of use of detectable drugs, there had been no suspicion drug tests in the previous 12 months.

Recommendations

- I.29** **The prison should ensure effective integration of its drug supply and demand reduction strategies through a prison-wide approach to tackling all aspects of drug use.**
- I.30** **The suspicion drug testing programme should be reinstated as an integral part of the supply reduction strategy.**

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- I.31** The incentives and earned privileges (IEP) scheme had been reviewed shortly before the inspection. At the time of the inspection, there were 59 prisoners on the basic level (11%) and 138 on enhanced (27%). Adult prisoners in the older accommodation were more

negative about the scheme than young adults in the newer accommodation. Many prisoners told us that there was little to motivate them to become enhanced or improve their behaviour. Although the written policy was reasonable, there were few incentives for prisoners on enhanced, other than access to additional private cash and visiting orders; the scheme did little else to encourage good behaviour.

- I.32** Prisoners placed on basic had a review after seven days but too many remained on basic for 28 days. Only a few reviews showed evidence of involving the prisoner in identifying targets for them to progress. There was also evidence that the application of basic was not adhered to - for example, many prisoners who had been on basic for some time still retained the possessions allowed under an enhanced regime. This did little to encourage good behaviour.

Recommendation

- I.33** **The incentives and earned privileges (IEP) scheme should offer more incentives to encourage good behaviour, and set specific and measurable targets for basic-level prisoners to progress.**

Discipline

Expected outcomes:

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

Disciplinary procedures

- I.34** The number of adjudications was high, at 1,533 in the previous six months. This was far higher than in similar prisons. Most charges related to violence and drug-related activity but there were also a high number that could have been dealt with by other means, such as the IEP scheme.
- I.35** The hearings we observed were courteous and relaxed. Prisoners engaged in the process and were given sufficient time to prepare their case and seek legal advice. However, the documentation did not always demonstrate full exploration of the issues raised.
- I.36** A high number of adjudications had been referred to the police, and too often these were not dealt with. There was evidence of 63 outstanding cases, of which some were for serious charges.

Recommendation

- I.37** **Governance of adjudications should include detailed analysis of cases referred to the police, to ensure relevance and appropriate action.**

The use of force

- I.38** The use of force was very high with 126 incidents in the previous six months (of which 86 used full control and restraint), which was far higher than we find in similar prisons. One in five prisoners in our survey said they had been restrained in the previous six months, more than double the comparator.

- I.39** The governance of use of force was through the monthly safer custody meeting. Although the meeting gathered data and identified trends in the use of force, we could not be fully assured that it identified actions that could reduce the high levels.
- I.40** Despite the high use of force, documentation and video evidence demonstrated a good focus on de-escalation techniques. However, batons had been drawn in 17 incidents in the previous six months, which was a concern that needed further investigation.

Recommendation

- I.41** **Governance of the use of force should be improved to learn lessons and reduce the high levels.**

Segregation

- I.42** There had been 132 prisoners segregated during the previous six months, which was high. This figure had increased each month as the population increased. Most stays were short but since the start of 2016 there had been three cases of prisoners segregated for over 50 days - the longest for 79 days.
- I.43** The accommodation was clean and spacious, and better than many of the cells in the main prison. The exercise yards were very small and cage-like. Prisoners in the unit spoke highly of the staff and we observed good interactions. However, the regime was minimal and limited to a daily shower, telephone call and exercise. Although we were told that the regime could be enhanced with education and other activities on an individual basis, there was no evidence that this was built into the daily activity.
- I.44** There were care plans for prisoners segregated for over 30 days and the majority of prisoners were reintegrated on to normal accommodation. Over a third of segregated prisoners, 35% (46), had been transferred out to other establishments.
- I.45** Governance of the segregation unit was through a quarterly meeting that analysed emerging issues and trends. There were appropriate multidisciplinary reviews of segregated prisoners, although individual targets were often brief and did not reflect some of the wider reintegration work taking place.

Recommendation

- I.46** **The regime in the segregation unit should be improved with appropriate access to education and offending behaviour programmes to support reintegration planning back to normal location.**

Substance misuse

Expected outcomes:

Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- I.47** Psychosocial services were delivered by Phoenix Futures through 'Building Futures'. Clinical services were delivered by Greater Manchester West Mental Health NHS Trust. The psychosocial caseload was 205 prisoners, 40% of the population, and 42 prisoners were

receiving opiate substitution treatment. Psychosocial and clinical services were of a high quality and very well integrated, which resulted in a positive experience for prisoners with substance misuse problems.

- I.48** Appropriate substance awareness and harm reduction groups were available. However, in the three months to June 2016, 12 groupwork sessions had been cancelled due to regime curtailment. This had a negative impact on prisoners' psychosocial outcomes.
- I.49** There were plans for a drug recovery wing, and this was very much needed to support prisoners into recovery-oriented lifestyles before release. However, with the regime as it was, such a venture would be fruitless, as prisoners would not be able to spend enough time out of cell to benefit from any recovery-focused programme. Furthermore, some officers working on B wing, which held the majority of prisoners in treatment, showed little interest in prisoners' recovery needs.
- I.50** On the clinical caseload, 31 prisoners (74%) were on maintenance doses and 11 on reducing doses. This was a relatively high number on maintenance for a category C establishment, but given the restricted regime and the reduced opportunities for supporting prisoners into dose reduction, this was a safer approach for prisoners with mental health problems. Prisoners on clinical treatment received their daily methadone from a treatment room on B wing that was unfit for purpose, lacking privacy and basic hand washing facilities for nurses. Methadone queues were not supervised well enough by wing officers.

Recommendation

- I.51** **A drug recovery wing should be established as soon as possible, provided that the regime and prisoners' time out of cell improve. Staff working on the recovery wing should be specially selected and trained, and not regularly redeployed.**

Section 2. Respect

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 There were seven residential wings providing accommodation for over 500 prisoners. A, B, C and D wings, which held the adult prisoners, were worn and gloomy. E and F wings, for the young adults, were relatively new buildings of a modern design with wide galleried landings. J wing was smaller and held about 40 adult prisoners.
- 2.2 Living conditions across the site were generally poor. A, B, C and D wings were old and tired looking. Most communal areas were dirty and some landings, particularly on the upper floors, were filthy. Walls were stained and flooring in many areas was cracked and broken. There was mould in communal dining areas, and we found fungus growing on walls on the upper landings of some wings. Many cells were dirty, insufficiently furnished and poorly ventilated. Single cells were particularly small and cramped. (See main recommendation S35.)
- 2.3 For relatively new buildings, E and F wings were disappointingly dirty and rundown. Many cells, particularly on F wing, were filthy, ill-equipped and covered in graffiti. Many did not have televisions or kettles, and most were inadequately furnished. Some prisoners had not been given pillows and very few cells had curtains.
- 2.4 The environment in J wing was better and most areas were clean and bright. Cells were clean, large and well furnished but many had broken or severely damaged flooring that required urgent attention. All had integral showers, which was an excellent facility.
- 2.5 Across the prison, we observed that basic repairs to cells and important wing equipment were not carried out quickly enough, and we found that broken windows had not been dealt with, damaged flooring had not been repaired and some wing washing machines had not been working for several weeks. Association equipment was generally in poor condition, and some notices on the walls were not up to date. Graffiti was prevalent on residential units, and the published offensive display policy was clearly not being enforced - there were pictures of graphic nudity displayed in many cells. All cells had working call bells, but we observed that staff did not answer them quickly enough - although they were in the vicinity and aware that a prisoner was calling for their help
- 2.6 The restricted regime meant that prisoners could not always have a shower or make a telephone call every day. (See main recommendation S36.) Although there were reasonable supplies of personal toiletries, access to cell cleaning materials was poor; in our survey, only 42% of respondents said that it was easy to get cleaning materials. All residential units had laundry rooms where prisoners could wash their own clothes, but the supply of clean prison clothing was limited and staff and prisoners told us that there was a shortage of clean sheets and towels. In our survey, only 34% of prisoners, against the comparator of 72%, said that they could receive clean sheets every week and only 49%, against 67%, said that they were offered enough suitable clothing. (See main recommendation S35.)
- 2.7 Although most prisoners we surveyed said that it was easy to make an application, and that they were dealt with fairly, only 43% said that they were dealt with quickly. We found

general application forms in offices that had been submitted by prisoners days before and had not been dealt with.

Recommendation

2.8 The offensive display policy should be enforced.

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.

- 2.9** We observed relationships around the prison that were courteous, and some staff engaged positively with prisoners, particularly those from the chaplaincy, drug services and education. However, some other staff relationships with prisoners, particularly on residential units, were poor.
- 2.10** We saw too many prison officers who were distant, and we often observed officers watching but not engaging with prisoners. Some officers, particularly on E and F wings that accommodated the young adults, were aloof at best and, in some cases, intimidating. Prisoners consistently told us about their frustration at trying to get things done, obtain information and receive help, even with simple matters. Prisoners had low expectations of what they could expect from officers, with some describing them as overworked, and under-supported by managers; we found little to support this view. We also observed a tension among prisoners caused by poor access to basic amenities and long periods of lock up. Supervision on wings by residential officers was often insufficient, and they did not always challenge inappropriate conduct by prisoners.
- 2.11** The personal officer scheme was not working effectively and the amount of lock-up limited contact between staff and prisoners. (See also main recommendation S36.) Staff entries in prisoners' records were sparse and, when they existed, usually focused on negative behaviour. There was very little to indicate that staff were involved in supporting prisoners through their formal sentence planning or helping with them with daily prison life.
- 2.12** Consultation with prisoners was reasonable and monthly meetings were seldom cancelled. Minutes of meetings indicated prisoner frustration about their inability to get access to basic amenities and anger about the amount of time they were locked up. There was little to show that these issues were addressed sufficiently by staff.

Recommendation

2.13 Prison officers should actively engage with prisoners and help support them through their sentence. They should challenge inappropriate conduct, and behave in a fair and consistent way while responding to help meet their basic needs.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁶ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

Strategic management

- 2.14** The prison had a comprehensive policy covering all protected characteristics but not all the necessary provision had yet been developed, and the equality action plan was underdeveloped. The bimonthly equality action team was well attended by staff and included a prisoner representative, but was not chaired at the most senior level. The meetings covered a report that included the quarterly equality monitoring data. This data indicated the overrepresentation of the younger age group in adjudications and on the lower levels of the incentives and earned privileges (IEP) scheme, but this had not yet been adequately investigated to address any underlying reasons for inequitable outcomes. Less than a quarter of staff had undertaken the 'Equality and diversity essentials' e-learning module.
- 2.15** The safeguarding team was responsible for equality provision and had been affected by the redeployment of staff since the prison's re-role. The situation had improved in the previous six months and a relatively stable team was now working towards an appropriate action plan. There was a group of prisoner equality representatives, but many of these had only been recruited during the inspection, had not received training and were unsure of their role. They also never met as a group, which limited their effectiveness. The equality representatives had a low profile across the prison and most prisoners we spoke to were unaware of their existence. Consultation groups had been established for some protected characteristics, but not all issues raised by prisoners were addressed, and there was no consultation for significant groups, including young adults and prisoners with disabilities.
- 2.16** The prison had good systems for identifying new arrivals from most protected groups, but prisoners from Gypsy, Romany and Traveller backgrounds and those who identified as gay or bisexual were often reluctant to disclose this.
- 2.17** The operation of the discrimination incident reporting form (DIRF) system required improvement. The prison had only received eight DIRFs during the previous six months, most of which were submitted by staff. We found many prisoners were unaware of the system and forms were not available on some wings. Those that we sampled were responded to within the timescales and demonstrated adequate investigation. All responses were quality assured by the deputy governor.
- 2.18** With the exception of disabled prisoners, who had poor perceptions of safety, prisoners from minority groups were positive about their treatment at Hindley. There was some promotion of diversity through an annual programme of celebratory events encouraging prisoner interest and participation.

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Recommendations

- 2.19** The role of prisoner equality representatives should be clearly defined and given a higher profile in the prison.
- 2.20** Discrimination incident reporting forms should be available to prisoners on all wings.
- 2.21** There should be regular consultation meetings with prisoners from all protected characteristics groups.

Protected characteristics

- 2.22** At the time of the inspection, 13% of the population were from a black or minority ethnic background, which was comparatively low for the type of prison. In our survey, prisoners from a black or minority ethnic background had similar perceptions as white prisoners. There was some consultation with this group of prisoners, but regime shutdowns made meetings irregular. The Muslim population was also comparatively small, at 7.9% of the population, with no regular formal consultation with this group. The prison had recorded two prisoners as Gypsy, Romany or Traveller, although in our survey 2% of respondents self-identified as from this background, which equated to around 10 prisoners. There was some consultation with this group, with three meetings during the previous six months. The Council for Irish Prisoners Overseas provided some support for relevant prisoners.
- 2.23** The prison had identified 13 men as foreign national prisoners. There were no detainees held beyond the end of their sentence; detainees held for immigration purposes were moved to other establishments where they could access support from the Home Office. Foreign national prisoners could apply for a monthly £10 international telephone credit, but this was rarely taken up as most of those currently held had close family in the UK. Translation and interpreting facilities were available, but there was no demand for these services at the time of the inspection.
- 2.24** New arrivals with disabilities were identified through induction questionnaires. In our survey, 21% of prisoners said they had a disability, which equated to around 100 prisoners. Only a minority of prisoners identified by the prison had a physical disability that required adaptations to be made, but there were delays in some cases that required this. J wing was used for those who had mobility difficulties but this was also a no-smoking wing, which caused frustration for disabled prisoners who smoked. Personal emergency evacuation plans (PEEPs) were in place for prisoners who required one, and residential staff were aware of them. In our survey, 64% of disabled prisoners, compared with 29% of those without a disability, said they had felt unsafe at Hindley, and 40%, against 15%, said they currently felt unsafe. The prison did not consult this group and so was unaware of the reasons for this disparity.
- 2.25** Just under one-third of the population were young adults (under 21), who were housed separately from older prisoners on E and F wings. In our survey, young adult prisoners had mixed perceptions of prison life. Their regime on E and F wings was even more restrictive than the rest of the prison, which further limited their time out of cell and access to showers and telephones. In addition, management of the behaviour of this group in education required improvement (see paragraph 3.23 and recommendation 3.27). The prison had not run any specific consultation with this group, which was a significant oversight given the make-up of the population. Monitoring data showed that prisoners aged 21-25 were overrepresented in some areas (see paragraph 2.14), which the prison had not yet

adequately addressed. There were consultation meetings with the comparatively small number of older prisoners, which had resulted in specific education classes for this group.

- 2.26** No prisoners had identified themselves as gay or bisexual to the prison or in our survey. There were historical examples of work with this group, and the prison contributed to the annual Pride event in Manchester, but more needed to be done to ensure gay and bisexual prisoners felt confident identifying themselves at Hindley.

Recommendations

- 2.27** The prison should investigate and address the poor perceptions of safety among disabled prisoners.
- 2.28** The regime for young adults should be the same as that for older prisoners.

Faith and religious activity

Expected outcomes:

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

- 2.29** Provision for religious activities was good. There was a large and active chaplaincy supported by sessional staff when required. One of the chaplains saw all new arrivals, who could apply to attend services at this initial meeting. Worship facilities were good with two large rooms that could be used for communal worship and had resources for all faiths. The chaplaincy facilitated a variety of well-advertised religious services and study groups, as well as coordinating the celebration of religious festivals.
- 2.30** The chaplaincy also ran other groups, including a guitar workshop, living with loss course, veterans group and the Sycamore Tree victim awareness course. These groups, and the day-to-day pastoral support provided by the chaplaincy, gave prisoners a much-needed opportunity to build relationships with staff and spend some time out of their cell.
- 2.31** The chaplaincy was particularly well integrated into prison life; the managing chaplain was a member of the senior management team, and chaplains attended almost every meeting in the prison, with particularly good support for prisoners at risk of suicide and self-harm. The chaplaincy also had an input into resettlement boards, coordinated a small-scale restorative justice project, and led the children and families resettlement pathway (see paragraph 4.41). There was also evidence of links to support prisoners released without accommodation.

Complaints

Expected outcomes:

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

- 2.32** In the six months to the end of June 2016, 854 complaints were submitted. The highest number were for property, followed by residential matters, recategorisation and the food; there were only two complaints about staff. An appropriate percentage of complaints were quality assured, and those that we sampled had been answered respectfully and

appropriately. Complaints forms and boxes were stocked and sited on wings throughout the prison. In our survey, more prisoners than the comparator, 45% against 34%, said complaints were dealt with fairly and quickly.

Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

- 2.33** There was no designated legal rights officer and prisoners had no access to 'Access to justice' secure laptops to assist with legal representations. Although in our survey only 24% of prisoners, against the comparator of 42%, said they could get legal books in the library, we found a good range of up-to-date legal information and books, including copies of Prison Service orders and instructions. The librarian could also order any information not held in the library. However, prisoners had reduced access to the library, due to the regime curtailment.
- 2.34** Legal visits could take place every weekday afternoon with three private rooms available. In our survey, only 39% of prisoners, against the comparator of 45%, said they could easily communicate with legal representatives. Here again, regular lockdowns affected prisoners' opportunities to telephone their representatives.

Health services

Expected outcomes:

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

- 2.35** The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC identified two areas that required improvement and issued 'requirement to improve' notices following the inspection (see Appendix II).

Governance arrangements

- 2.36** Health services were provided by Bridgewater Community Healthcare NHS Foundation Trust (BWCH) with some health functions, including mental health services and the clinical management of substance misuse, in partnership with Greater Manchester West Mental Health NHS Foundation Trust (GMW).
- 2.37** There were effective partnership board meetings, and collaborative working relationships were evident within the prison, such as those with the security and safer custody teams. A

⁷ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

health needs assessment completed in July 2014 informed provision, but needed updating to reflect current need.

- 2.38** The primary health care nursing team had severe staffing shortages with only four permanent staff for an establishment of 12 nurses. BWCH was actively recruiting and some new employees were due to take up post. Shift cover was routinely supplemented by regular agency staff to ensure core services were provided and a continual health care presence on site. Local leadership was good, but because of the staff shortages senior staff were being pulled into frontline practice, including medicine administration. Training, induction and clinical supervision arrangements were all appropriate. Twice-daily handover meetings were attended by all key health care providers, which supported joint working and appropriate information sharing.
- 2.39** The main health care suite was modern and clean, with a comfortable waiting area. There were four main treatment rooms across the prison, but these areas did not fully meet infection control standards. Infection control arrangements were audited and there were action plans to address issues identified.
- 2.40** There was a reasonable approach to the management of communicable disease and access to appropriate vaccinations programmes. Barrier protection was available but not well advertised. The clinical records we examined were good. All new arrivals were given a generic health care plan, with individual care plans developed for those with long-term health conditions. There was no systematic local audit to assess the quality of patient records.
- 2.41** The response to serious and untoward incidents was thorough and learning points disseminated. The prison had clear arrangements to deal with medical emergencies, and the response by external medical services was appropriate. There were emergency resuscitation equipment and automated external defibrillators (AEDs) in the health care centre and all treatment rooms, which were regularly checked and appropriately maintained, and nursing staff had received intermediate life support training. Custody staff had access to AEDs, but very few had received basic life support training, apart from on their induction.
- 2.42** There were arrangements for social care assessments and care delivery, with good links with the local authority to facilitate prompt assessments. Clinical policies were appropriate, and there were systems that health staff used to gain consent for information sharing and to assess capacity.
- 2.43** Information about prison health services was generally good, but was not readily available in residential settings. There was no systematic approach to health promotion, although several individual initiatives had been commissioned. Prisoners had access to smoking cessation support through nurse-led clinics.
- 2.44** Health care complaints went through the prison's general complaints system, which was inappropriate as it lacked confidentiality. There was confusion about how health complaints and concerns were handled, and there was no quality assurance of local issues. Some of the responses we sampled did not fully address the issues highlighted, offer an appropriate resolution when things went wrong or inform the prisoner how to take their complaint further if they remained dissatisfied. (See also CQC requirement to improve notice, Appendix II.) There was no dedicated patient forum and there were limited opportunities for prisoners to influence frontline services.

Recommendations

- 2.45 All custody staff should receive regular resuscitation training as part of their mandatory training programme.**
- 2.46 Prisoners should be able to complain about health services through a well-publicised, confidential system, responses should fully address the issues raised, and prisoners should be given information about how to take their complaint further if they are dissatisfied with the response.**
- 2.47 The prison should routinely gather and analyse prisoners' views on health care to support service development.**

Delivery of care (physical health)

- 2.48** A registered nurse undertook health screening of new arrivals in reception, most of whom now received a combined initial health, social care and mental health assessment, which we were told had replaced the need for a secondary assessment. This meant that prisoners were not systematically reviewed again in the first few days of custody. However, the initial health screenings we observed and a review of clinical records indicated that immediate health risks were identified. Men in the segregation unit were seen by a health professional daily.
- 2.49** Health care staff were clearly identifiable. We observed positive and professional engagement with prisoners, although some interactions were brusque. However, most prisoners expressed satisfaction with the health services they received.
- 2.50** The health care application system worked well, and prisoners could be seen by a doctor for routine care within a week. A team of regular doctors held eight GP sessions a week, providing consistency, and prisoners' perceptions of the service were positive. GPs managed prisoners with lifelong conditions and medication reviews. Patient non-attendance rates were not significant. A health care assistant actively sought out prisoners on the wings who failed to attend clinics, which worked well and was a well-received initiative. Out-of-hours medical support was available for the on-site nursing team.
- 2.51** Staffing shortages meant that there was a limited range of nurse-led clinics, with some clinics cancelled and rescheduled. The range of services, such as podiatry, optician and physiotherapy, was good and waiting times were short. A learning disability registered nurse located in Hindley worked across three prison sites providing a good service to prisoners who had a learning disability.
- 2.52** There was insufficient access to external outpatient appointments to meet demand, and the cancellation of health appointments could have affected prisoner well-being, although this was offset by senior health staff determining priorities.

Recommendations

- 2.53 All new arrivals should receive a comprehensive secondary health assessment within their first 72 hours.**
- 2.54 Prisoners should be able to attend all clinically necessary external hospital appointments, which should not be cancelled due to shortages of prison staff.**

Good practice

- 2.55** *A health care assistant worked actively with prisoners on the wings to understand their non-attendance at clinics, which was a well-received initiative.*

Pharmacy

- 2.56** BWCH supplied medicines directly from its dedicated pharmacy at HMP Risley as patient-named items, with appropriate labelling and a dispensing audit trail. The SystemOne clinical IT system was used for prescribing and recording administration.
- 2.57** Medicine was generally supplied safely and efficiently by a pharmacy technician and nurses two or three times a day from four main treatment rooms; a fifth room on B wing was used exclusively for methadone administration. Nursing shortages meant that some prisoners using the main treatment rooms did not always receive their prescribed controlled drugs or did not receive them at an appropriate time, which was unacceptable as such patients should not be put at risk. The last administration was around 4.30pm, which was too early for night time medication, but these were given daily in possession if required.
- 2.58** Methadone was administered by the substance misuse team from GMW. The equipment used for the administration and supply of methadone was cleaned and calibrated daily. There was limited confidentiality for patients receiving methadone due to the location of the treatment room and limited supervision by officers. Confidentiality was still limited at other treatment rooms but officer supervision was better, except for E and F wings where we saw no officer input. (See also CQC requirement to improve notice, Appendix II.)
- 2.59** The pharmacy area and treatment rooms were clean, tidy and appropriate. Medicines were transported and stored securely. Fridge temperatures were appropriately monitored, apart from the treatment room for A and B wings where only the current temperature was monitored, and the maximum temperature was reading 18°C. Date checking of pharmacy stock was carried out and documented.
- 2.60** All medical staff had access to pharmacy stock, including controlled drugs; the key cabinet logs were not consistently completed. There was effective auditing of pharmacy stock by the pharmacy technician.
- 2.61** There was a full range of standard operating procedures and policies, including an in-possession medication policy, which was accessible to staff. In-possession risk assessments were recorded on SystemOne by the prescriber, but there was no systematic audit of practice or oversight of in-possession medication data or trends. There were facilities for patients to store medicines securely in their cell, which was part of the risk assessment.
- 2.62** There was an adequate range of patient group directions to enable appropriate health care professionals to provide treatment for minor ailments without the need for a prescription. Patients could request to speak to the pharmacy technician but there were no pharmacy-led clinics. There was a prescribing formulary with practice audited by a pharmacist from HMP Risley, and local input to the quarterly medicine management meetings.

Recommendations

- 2.63** **The use of treatment rooms should be reviewed, and there should be effective supervision of medicine administration and supply to protect patient**

confidentiality and reduce the potential for illicit exchange of medicines between prisoners.

- 2.64 Prisoners should be able to take their prescribed medication, including controlled drugs, at the required times and intervals established by the prescriber.**
- 2.65 There should be regular pharmacist input into the prison, and prisoners should have access to patient counselling, medicine use reviews and pharmacy-led clinics.**

Dentistry

- 2.66** Dental services were very good. The Bridgewater dental team offered prompt access to routine assessments and a full range of NHS treatments, including oral health advice. Urgent referrals were seen promptly, with the primary physical health care team offering triage and pain relief as necessary. Prisoners told us that they found the care was good, which was supported by our observations. Records of all consultations and treatments were held on SystemOne, with duplicated written records also held. The dental suite was well equipped and clean with a separate area for decontamination of equipment. Dental equipment was appropriately maintained and waste materials were safely disposed.

Delivery of care (mental health)

- 2.67** Mental health services were good. GMW worked in partnership with Bridgewater in providing both primary and secondary care through an appropriate mix of psychiatry, mental health nursing and clinical psychology. GMW oversaw and delivered an appropriate range of services, including self-help, counselling, psychological therapies and interventions for men with complex mental health needs.
- 2.68** The team made effective contributions to relevant assessment, care in custody and teamwork (ACCT) case management processes, and incidents of self-harm led to an immediate comprehensive mental health assessment, which was good practice. Access to the service could be initiated through reception screening, direct application from prisoners or referrals triggered by custodial or generic health care staff. Routine referrals were reviewed weekly and, following assessment, all men accepted on the caseload were assigned an appropriate caseworker. Urgent referrals were seen more rapidly, and commonly on the same day if risks were identified. Services were available seven days a week. Waiting times were short and better than those found in equivalent community services.
- 2.69** There were 148 men on the caseload, of whom 33 had enduring mental health problems and were being cared for using the care programme approach (CPA). Record keeping on SystemOne was consistently of a good standard. CPA documents and risk assessments were completed robustly and information was appropriately shared with relevant stakeholders, although few custody staff had recently undertaken mental health awareness training. In the previous 12 months, eight men had been assessed as requiring transfer to hospital under the Mental Health Act, seven had been accepted, and none experienced any significant delay in being assessed or transferred

Good practice

- 2.70** *The mental health team undertook a rapid and comprehensive mental health assessment of all prisoners with an initial episode of self-harm.*

Catering

Expected outcomes:

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

- 2.71** The food was not popular with prisoners. In our survey, only 16% of prisoners, against the comparator of 31%, said the food was good. Although only 5.2% of all complaints in the six months to June 2016 were about the food, prisoners could also make representations through the food focus meetings, which were attended by catering staff. Food comments books were also available on the wings. Catering staff responded reasonably well to prisoners' concerns and comments, and had made some changes and additions to the menu to accommodate these.
- 2.72** The menu was on a four-week cycle with adequate provision for various religious and health-related diets. Lunch consisted of a cold sandwich or salad with fruit. Evening meals were hot. The food we sampled over the week was of a variable quality. Reports from prisoners that mouldy bread had sometimes been served were confirmed by kitchen staff.
- 2.73** Mealtimes were generally too early. We saw lunches served at 11.45am on some days and the evening meal at just before 4pm. Breakfast packs were too small and were delivered to prisoners on the evening before they were due to be eaten.
- 2.74** The fabric of the kitchen was very poor. The facilities were old and had never been designed to produce meals for over 500 people a day. The flooring, extraction system, roof, storage areas and work areas were all defective. In the halal food preparation area, we found deeply ingrained mould growing under and around the sink caulking. The daily cleaning, tidying and food safety procedures in the kitchen were patchy. In a walk-in fridge we found inadequately covered raw chicken stored in close proximity to cooked food. The prisoner kitchen workers' changing room was not cleaned and tidied properly at the end of the day. Food debris was still present on the floor and in the drainage channels following the afternoon clean. Prisoners working in the kitchen were trained in basic food hygiene but no other qualifications were available.
- 2.75** The supervision of serveries on the wings ranged from inadequate to non-existent, resulting in poor portion control and bullying on some units. Prisoners complained that they often got the wrong food at lunch. Serveries were mostly clean but we found food debris left in some association areas from the previous day. Food trolleys varied in cleanliness from very clean to dirty.

Recommendations

- 2.76** **Lunch should be served no earlier than 12 noon and dinner no earlier than 5pm, and breakfast should be served on the day it is to be eaten.**
- 2.77** **The kitchen should be refurbished or replaced without delay.**

- 2.78** Serveries should be properly supervised during food service.
- 2.79** All food preparation and serving areas should be kept clean, and all waste food properly disposed of after each meal.

Purchases

Expected outcomes:

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

- 2.80** The prison shop ran efficiently, with a responsive and prompt process to deal with problems such as wrongly delivered or missing items. New arrivals had immediate access to reception packs, including smokers' and non-smokers' packs. A new debt management scheme extended a modest level of shop credit for four weeks to prisoners arriving at the prison with reduced funds. Although relatively new, this had been successful in reducing the risk of new arrivals getting into debt with other prisoners, and subsequent problems for them. In our survey, only 31% of black or minority ethnic prisoners, compared with 51% of white prisoners, said the shop sold a wide enough range of goods to meet their needs.

Good practice

- 2.81** *The debt management scheme was an effective way of reducing the risk of debt and subsequent problems for prisoners.*

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁸

- 3.1** The regime operating at the time of the inspection was one of the worst we have seen in a category C establishment. It affected every aspect of prison life, including education and work, substance misuse treatment, tackling violence and care for those in crisis.
- 3.2** In our survey, more than two-thirds of prisoners said they received less than six hours a day out of their cell. This regime was totally inadequate, particularly for a training prison holding a young population. We observed regular cancellation of exercise, the evening meal being served far too early at 4.15pm and examples of prisoners being locked up for the night at 5pm.
- 3.3** The inadequate regime was made worse by significant slippage and regular shutdowns that meant association was regularly cancelled, and most prisoners often spent less than half an hour out of their cell in a 24-hour period. This meant that many prisoners could not access exercise, showers and telephones every day. (See main recommendation S36.)

Learning and skills and work activities

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.

3.4 *Ofsted⁹ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work: *requires improvement*

Achievements of prisoners engaged in learning and skills and work: *requires improvement*

Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment: *requires improvement*

Personal development and behaviour: *requires improvement*

Leadership and management of learning and skills and work: *requires improvement*

⁸ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

⁹ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

Management of learning and skills and work

- 3.5** Senior managers and the prison education and vocational training provider, Novus, had reviewed and successfully changed the curriculum to reflect the functions of a resettlement prison and the change in the type and age of the prison population. The education and vocational training provision from Novus required improvement.
- 3.6** Partnership working between the prison, Novus, the National Careers Service and the community rehabilitation company was good. Senior managers had improved the allocation process to ensure that prisoners were allocated to the most appropriate activity for their long-term employment goals. A new functional skills strategy had been successful in encouraging prisoners to improve their English and mathematics skills. Senior managers had also successfully introduced a variety of prison contract work with links to employment, although they recognised the need to increase this further and to record all the employability skills developed by prisoners.
- 3.7** The prison's self-assessment included all aspects of learning and skills and work activities, was comprehensive and correctly identified strengths and weaknesses. The resulting action plan was clear and managers used it effectively at regular and frequent quality improvement group meetings. Senior managers in learning and skills had a strong focus on quality improvement and saw learning and skills as a high priority in the prison. Quality improvement arrangements for both the prison and Novus were good. However, the observations of teaching and learning by Novus placed insufficient emphasis on identifying the impact of teaching on prisoners' learning. Areas identified for development at observations were linked to staff development.
- 3.8** As a result of changes to the prison regime, prisoners were not moved from the wings to attend activities, and consequently attendance was poor and not all prisoners arrived on time. This was having a detrimental effect on the quality of prisoners' learning and the rate of their progress. (See main recommendation S36.)

Recommendations

- 3.9** **The prison should formally recognise and record the employability skills that prisoners develop in their work activities.**
- 3.10** **The prison should improve prisoner attendance at activities and ensure that all prisoners arrive on time.**

Provision of activities

- 3.11** The prison provided around 500 activity places, which was sufficient to engage prisoners in purposeful activities throughout the week. Novus provided around 300 places. In education, courses were available in English, mathematics, information technology, art and personal and social development areas linked to employment. In vocational training, courses were offered in brickwork, joinery, plastering, horticulture, catering, industrial cleaning, and kitchen and bathroom fitting.
- 3.12** The prison provided a range of work activities, including recycling and waste management (including the recycling of television parts), gardens, contract services, pre-fabricated homes manufacturing and a call centre. There were also additional work places such as orderlies and wing cleaners.

- 3.13** New arrivals received good information on the learning opportunities available at their prison induction. The Work Company Ltd provided prompt and effective initial career advice and guidance, with a clear focus on the short-term and long-term resettlement objectives of each prisoner. Allocation to activities was fair and equitable, using information from education and the National Careers Service to allocate prisoners swiftly to the most appropriate course. New pay rates due to be introduced offered a better incentive for prisoners to take part in education.

Quality of provision

- 3.14** The quality of teaching, learning and assessment required improvement. Most tutors worked hard and coached prisoners successfully to help them learn and make progress during lessons. However, the erratic attendance and punctuality meant that prisoners' progress towards achieving their qualifications was too slow.
- 3.15** Tutors recorded the progress of learners effectively. Tutors in English and mathematics functional skills lessons planned well to help prisoners progress from very low starting points. They used their knowledge about individual prisoners' barriers to learning well to support them to progress and achieve their qualification. A minority of tutors did not have high expectations of the most-able prisoners, who did not achieve what they were capable of.
- 3.16** Tutors had successfully developed a variety of techniques and activities to ensure that older prisoners who were new to learning were motivated and engaged. As a result, many prisoners took responsibility for completing their work and improved their independent learning skills. The majority of tutors were skilled at managing classroom behaviour and creating a positive learning environment.
- 3.17** Tutors were skilled at linking learning to prisoners' individual resettlement plans. Prisoners with additional learning needs received support during lessons with good use of a small group of peer mentors.
- 3.18** In vocational training, prisoners received good coaching that helped them develop new skills. In the pre-fabrication prison workshop, prisoners developed team working and problem-solving skills, but these were not formally recognised or recorded (see recommendation 3.9).
- 3.19** Vocational training targets for prisoners to progress and achieve were not sufficiently precise and did not include the improvement of personal development skills. Tutors did not routinely correct prisoners' spelling and grammar errors in their workbooks, which meant they took longer to develop their written English skills.

Recommendations

- 3.20** The prison should ensure that tutors set high expectations for all prisoners and challenge them to achieve their full potential.
- 3.21** The prison should improve the use of target setting in vocational training so that prisoners have a clear understanding of what they need to do to progress.
- 3.22** Tutors should improve prisoners' progress in developing their written English by paying greater attention to correcting errors and teaching them how to correct their own mistakes.

Personal development and behaviour

- 3.23** Prisoners were confident to talk about their work and responded to questions well. Standards of behaviour were mostly good and prisoners were respectful to tutors, although the behaviour of a small number of young adult prisoners was poor, and in a minority of lessons tutors did not challenge this.
- 3.24** Most prisoners developed a good understanding of English and mathematics appropriate to their level of skill. However, in a minority of cases prisoners did not have a sufficient understanding of written English, particularly in vocational training sessions (see recommendation 3.22).
- 3.25** Prisoners in prison work developed good employability skills, working productively, developing team working, taking instructions and staying on task. Prisoners working in the staff mess and restaurant developed good customer service skills in a realistic commercial environment. In a minority of vocational training workshops, prisoners did not have a good understanding of the need to work consistently to high commercial standards.
- 3.26** Prisoners had a good understanding of their longer-term employment objectives and the steps they needed to take to achieve their goals. Most prisoners enjoyed their learning. Prison officers did not reinforce the correct attitudes to learning with the prisoners. Prisoners were not able to get a good understanding of the importance of a positive work ethic as the regime did not ensure consistently that they had the chance to attend their activities regularly and on time (see recommendation 3.10).

Recommendation

- 3.27 Tutors should help young adult prisoners improve their attitudes and behaviour by ensuring they understand the importance of learning and work.**

Education and vocational achievements

- 3.28** Success rates in education and vocational training were high and prisoners made good progress during lessons, but success rates on a small number of accredited courses needed to improve. In English and mathematics, most prisoners achieved their qualifications but they needed to develop their written English quicker. Most prisoners made good progress given their starting point but, due to disruptions to attendance, they took too long to achieve their qualification.
- 3.29** The standards of work in most vocational training workshops was good, but a few prisoners did not produce work to a commercial standard.
- 3.30** Prisoners received good support to ensure they made progress and achieved their qualification, and we found no significant differences in achievement between different prisoner groups.

Recommendations

- 3.31 The prison should improve the achievement of prisoners on the small number of underperforming courses.**

3.32 The prison should ensure that prisoners in vocational training consistently produce work to a commercial standard.

Library

3.33 Wigan council managed the library service. One full-time and two part-time staff and one orderly ran the two prison libraries. Prisoners' access to the libraries was poor. The libraries were not open at evenings or weekends. No data were collected to identify the number of prisoners who used the library.

3.34 The libraries were welcoming, well planned and had areas for private study. They were well stocked and including a range of DVDs, easy-reads and audio books, and a range of books linked to the prison's vocational courses. Legal texts and the relevant Prison Service orders were accessible. The library staff used prisoners' views to develop the range of stock. The library promoted reading well through initiatives such as the Shannon Trust reading mentoring scheme and the 'six-book' reading challenge

Recommendations

3.35 The library opening times should be extended to improve prisoner access.

3.36 The prison should collect and analysis data to identify the number of prisoners who visit the library.

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

3.37 The PE department generally provided good indoor and outdoor facilities. However, outdoor facilities were infrequently used and prisoners had little opportunity to participate in team sports. One of the outdoor all-weather sports pitches was in urgent need of repair and refurbishment. The two prison gyms included a cardiovascular area and weights training. Prisoners had access to an area that contained 11 static exercise bikes.

3.38 All prisoners received an appropriate induction before using the gym and equipment. Prisoners had good access to PE, and the gyms were open during the day, evenings and weekends. Prisoners in full-time work or education had access at times that did not interfere with these commitments.

3.39 The eight qualified and experienced PE staff and the six gym orderlies helped promote physical health and well-being and facilitated gym sessions. The PE staff had developed good relationships with prisoners, who spoke highly of the facilities and the staff themselves. The working relationship between the PE department and the health care centre was good, and PE staff offered specific sessions for weight management and for prisoners referred by health care. However, there were no specific classes to promote health and fitness or lifestyle management and well-being, and no accredited vocational qualifications in the gym to support employment.

Recommendations

- 3.40 The all-weather sports pitch should be repaired.**
- 3.41 The prison should improve prisoner access to team sports and make better use of the outdoor facilities.**
- 3.42 The prison should introduce PE courses that ensure prisoners have an understanding of healthy lifestyles.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at the prison.

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

Good planning ensures a seamless transition into the community.

- 4.1 Despite being a resettlement prison, Hindley prioritised neither resettlement nor offender management work. There was no prison-wide approach to rehabilitation, and departments worked largely in isolation of each other. (See main recommendation S37.)
- 4.2 The reducing reoffending strategy document and plans were reasonably comprehensive and incorporated each of the resettlement pathways, along with the work of the community rehabilitation company (CRC),¹⁰ Shelter (on behalf of Purple Futures). There was reference to the work of the offender management unit (OMU) and its significant role in ensuring objectives were achieved, but how the OMU would undertake this work remained unclear. This was similarly the case with the reducing reoffending delivery plan. The reducing reoffending bimonthly meetings were reasonably well attended by appropriate departments, but not consistently by representatives from the OMU (present at only one of the three meetings in 2016 to date).
- 4.3 There was no separate OMU policy or delivery plan and, while managers told us that the department worked to the model outlined in the national Ministry of Justice policy, this was not well understood by staff across the department.
- 4.4 The OMU included 12 band four prison officers working as offender supervisors along with three probation officers. However, due to cross-deployment of the band fours to cover staffing shortfalls elsewhere in the prison, this number was significantly reduced and on most days there were no more than two or three uniformed offender supervisors. This meant that there was insufficient staffing to undertake the full range of work required by the department, and there was no agreed prioritisation. Although managers told us that recategorisation reviews, home detention curfew (HDC) reviews and parole were prioritised, this again was not known by staff and not reflected consistently in their work.
- 4.5 Despite the co-location of the CRC within the OMU, there was relatively little interconnection between the two groups. In far too many cases we saw work undertaken in isolation, with little of the integration that is the mainstay of the 'through the gate' model of resettlement. In our survey, only 43% of respondent said they had done anything or had anything happen to them at Hindley to make them less likely to offend in the future, against the comparator of 55%.

¹⁰ Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs which are responsible for work with medium- and low-risk offenders. The National Probation Service has maintained responsibility for high- and very high-risk offenders.

Recommendation

- 4.6 The offender management department should develop a clear local implementation policy indicating the work to be undertaken, how and by whom. In the event of limited resources, there should be clear prioritisation, which should be shared across the department and wider prison.**

Offender management and planning

Expected outcomes:

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

- 4.7** We were joined on this inspection by colleagues from HM Inspectorate of Probation who looked in detail at 12 prisoner cases - six identified as in scope for offender management (serving more than 12 months and considered to pose a high or very high risk of harm), five out of scope and one that was unclear. Several other cases of prisoners due to be released within the following fortnight were looked at, in less detail. Inspectors also spoke with some of these prisoners, and others whose cases were not specifically reviewed.
- 4.8** Virtually all prisoners held at Hindley (98%) were serving sentences of over 12 months and were subject to offender management. Managers estimated that approximately 40% of all prisoners arrived at Hindley without an up-to-date OASys (offender assessment system) assessment. With staff resources severely stretched, there was little likelihood that staff at Hindley would undertake or update these assessments. At the time of the inspection, 30% of all prisoners had no OASys assessment and a further 25% were out of date; we found one example of a prisoner whose OASys had not been updated for over three years. As a consequence, a considerable number of prisoners did not have an up-to-date sentence plan. In our survey, only 45%, of prisoners, against the comparator of 63%, said they had a sentence plan.
- 4.9** In the cases we looked at in detail, only three prisoners were fully engaged in a sentence plan that included key or critical aspects linked to offending and risk of harm. With more than half the population having no up-to-date risk assessment (OASys), and nearly half the cases in our sample having an insufficient risk management plan, assessment and planning to manage risk was a concern. This issue was compounded by the fact that we found several examples where prisoner behaviour in custody was indicative of risk (incidents of violence and other inappropriate behaviour), which were missed in assessments and not used to inform the community responsible officer.
- 4.10** Training and development for offender supervisors were limited. Most officer offender supervisors had only received training in the completion of OASys; there was no case management supervision or case reviews, and staff were largely left to get on with work as they saw appropriate. This was concerning since some of the band four offender supervisors were responsible for high risk cases. In contrast, probation staff received regular case reviews and supervision of their work from a senior probation officer.
- 4.11** Contact between offender supervisors and prisoners was poor and mostly only happened when a review was due (such as recategorisation or HDC, and even then not always) or in response to a specific query, but was almost always reactive. This was less the case with prisoners managed by probation staff (exclusively high and very high risk prisoners), whose time was protected. Most prisoners we spoke to had a poor perception of their experience

of offender management, and although all prisoners were allocated to an offender supervisor, in our survey only 58% said they had an offender supervisor, against the comparator of 75%. Such negative views were, again, less likely where probation staff were responsible.

- 4.12** In the previous six months, there had been 142 initial applications for HDC. Of these, 66 had been considered by the HDC board and 42 had been successful. Our review of cases considered by the board showed that appropriate decisions were made, although we were concerned about some substantial delays. In some cases, it had taken over two months to obtain internal reports from prison departments - we were told this was not unusual. There were also often delays with receiving reports back from community officers. Although the prison told us it was prioritising this work, each of the three offender management teams managed their cases separately, and there was no overall collation to ensure work was managed effectively or consistently. There was also no agreed mechanism to raise concerns about late reports at a higher level, either externally or internally.
- 4.13** There had been no releases on temporary licence (ROTL) in the previous six months. Most prisoners likely to be assessed as appropriate for ROTL were recategorised to category D, and there were relatively few delays in transferring them to open establishments. With fewer than 20% of prisoners at the prison for more than six months, most were not at Hindley for long enough to benefit from ROTL.

Recommendations

- 4.14 Prisoners should not be transferred to Hindley without an up-to-date OASys.**
- 4.15 All prisoners should have a sentence plan oriented to addressing areas of concern and risk of harm and reoffending, and appropriate interventions to address offending behaviour should be available to all prisoners.**
- 4.16 Offender supervisors should have sufficient contact with prisoners to engage them effectively on issues related to sentence plan objectives and risk.**
- 4.17 The offender management unit should introduce quality assurance procedures to ensure a consistent and effective service.**
- 4.18 All offender supervisors should have regular casework reviews and personal development plans.**
- 4.19 The prison should review home detention curfew outcomes and resolve any problems with delays in the process.**

Public protection

- 4.20** The inter-departmental risk management team (IDMRT) met monthly, with its policy and procedures outlined in the newly completed public protection policy and procedures document. Minutes indicated that the meetings considered an appropriate range of cases, including all multi agency public protection assessment (MAPPA) cases; the higher levels two and three from the outset and level one three months before their release. However, attendance at the meetings was poor with not all the member departments present, and it was not always clear that actions set by the meeting were subsequently carried out. While we found that satisfactory arrangements for public protection had been made in the relevant cases in our case sample, the absence of OASys risk assessments in many cases, along with the low levels of contact enabling offence paralleling behaviour to be identified, were

concerns. Although the prison attempted to clarify the level at which MAPPA prisoners were due to be released, this information was not always received from the community officer. We were told that if, despite follow-up requests, the information was not forthcoming, it was assumed that release would be as a MAPPA level one. Concerns about this were somewhat offset by discussion at the IDRMT, but this was clearly unacceptable and potentially dangerous. MAPPA F case reviews (assessments for community meetings undertaken by offender supervisors) were generally of a reasonable standard.

- 4.21** Although probation offender supervisors were allocated only high risk cases, some high risk cases were also allocated to band four officers. However, probation officers' expertise in risk assessment and management was not fully used and, as band four offender supervisors had had no training on risk matters, this was a lost opportunity.

Recommendations

- 4.22** The offender management department should ensure that the release level of prisoners subject to multi agency public protection assessment (MAPPA) are clarified at the earliest opportunity.
- 4.23** The prison should ensure that probation staff expertise in risk assessment and management is fully used.

Categorisation

- 4.24** In the previous six months, the prison had undertaken 142 recategorisation reviews, with 40 of these (28%) successfully downgraded to category D. Because of the backlog of OASys assessments, in some cases decisions were based on behaviour while in the prison rather than on whether risk factors had been addressed. Despite this, the cases we looked at had been appropriately considered. Reviews were generally timely.
- 4.25** Prisoners recategorised to D rarely had delays in transfer to open conditions. However, if these prisoners did not have an up-to-date OASys, one was not routinely completed before they were transferred, which was a concern.

Recommendation

- 4.26** Prisoners should not be transferred from Hindley without an up-to-date OASys assessment.

Indeterminate sentence prisoners

- 4.27** At the time of the inspection, there were only two indeterminate sentence prisoners at Hindley. This was not unusual, and often there were no such prisoners. There were no specific facilities or support for indeterminate sentence prisoners but they were invariably allocated to one of the probation offender supervisors, which was appropriate.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.28** Hindley released an average of 51 prisoners a month (308 in the previous six months). One of two prisoner peer advisers trained and employed by Shelter saw all new arrivals during their induction to assess any outstanding resettlement concerns, especially those relating to debt or accommodation. Where necessary, referrals were made to the Shelter resettlement worker.
- 4.29** Discharge boards were held around 12 weeks before release with prisoners invited to attend. Prisoners had an opportunity at this meeting to speak to key pathway providers to plan their release. However, while this initiative was appropriate, there was little integration between the different providers. The Shelter worker did not include resettlement plans from other departments in the review of the prisoner sent to the community responsible officer, which undermined the principles of the model.
- 4.30** We saw several examples of prisoners due to be released within the next fortnight who had been reviewed and had referrals made to other teams, including support for drug and alcohol services, and information about benefits or debt management. However, there was no subsequent review to clarify if this work had been followed up or led to any outcomes.
- 4.31** Offender supervisors rarely, if ever, undertook pre-release OASys assessments. We saw cases of prisoners at the end of long sentences for serious offences who were released without an up-to-date assessment or, in some cases, any OASys (especially those assessed as low or medium risk of harm). Joint planning for release by the Shelter worker and the offender supervisor was rare, and in some cases important information in OASys about risk and risk management was not reviewed by the Shelter worker or offender supervisor before the prisoner's release.
- 4.32** Staff in both the OMU and resettlement department were not clear where their roles and responsibilities ended and the other's began (see paragraph 4.5, recommendation 4.6 and main recommendation S37). Some staff in the OMU did not even know that discharge boards were taking place.

Accommodation

- 4.33** Shelter's own figures indicated around 5% of the population were released with no fixed address each month. In most cases, such prisoners had declined to engage with the accommodation service. Shelter had reasonable links with community housing providers, but in many cases no referral could be made until very close to the prisoner's release and so many left the establishment with no guarantee of a place to live. Shelter followed up these individuals to establish their outcomes, and so were confident that the 5% rate was accurate.

Education, training and employment

- 4.34** There were good links between Shelter, Novus and the National Careers Service to provide education, training and employment support to prisoners before release. The provision by The Work Company Ltd for the National Careers Service was good, with effective career advice and action planning with prisoners for their longer-term employment and training

goals. Prisoners had sufficient information to know what they needed to do to access employment or training on release, and they had opportunities to produce CVs and develop job search skills. Novus provided a good four-week preparation for release course, and tutors helped prisoners develop skills such as money management and budgeting, tenant responsibilities, food preparation and healthy eating. The prison did not collect data on the number of prisoners who went into training or employment on release.

Recommendation

- 4.35** The prison should collect and analyse data on the number of prisoners who enter sustainable employment or training on release.

Health care

- 4.36** Pre-release health care arrangements were effective. A member of the primary health care team saw and reviewed all prisoners, and arranged supplies of any take-home medication. Where appropriate, they provided information to GPs on the individual's care and treatment while in the prison. The mental health team linked effectively with community or hospital services for prisoners with an identified mental health need, including those with complex care needs subject to the care programme approach.

Drugs and alcohol

- 4.37** Reintegration planning for prisoners with substance misuse needs was effective, with good use of peer support and regular visits from speakers from recovery backgrounds and representatives from community agencies. The drugs team had good links with Worldwide Volunteering, which organised through-the-gate support. Substance misuse workers facilitated referrals, and even bursaries, to the Phoenix House community rehabilitation centre in Liverpool, and introduced prisoners to rehabilitation staff. However, this good work was not integrated with the work of the OMU (see main recommendation S37).

Finance, benefit and debt

- 4.38** Shelter offered some information and advice on debt and debt management, primarily through its peer advisers. A useful booklet for prisoners contained standard letters and advice about managing outstanding debt, and there was also some work by the Shelter worker. However, there was no follow-up of prisoners who used the budgeting and debt booklet and it was not clear how many had benefited from it. Shelter staff estimated that approximately 15 prisoners a month were offered support with debt and finances.
- 4.39** The prison pre-release course included a money management module (see paragraph 4.34). Prisoners could open bank accounts through OMU staff, but some prisoners told us that that this was not always possible because of low staffing. Information on benefits was available to all prisoners and was included as part of their pre-release discharge board (see paragraph 4.29).

Recommendation

- 4.40** The community rehabilitation company should evaluate the impact of its debt advice booklet and assess its effectiveness to ensure that the needs of prisoners with debt problems are addressed.

Children, families and contact with the outside world

- 4.41** The chaplaincy led this pathway working with POPS (Partners of Prisoners and Family Support Group) to develop provision. Support to help prisoners maintain ties with the outside world was reasonable, and better for young adults who could access a family engagement worker. This worker received referrals of new arrivals on induction and provided a casework service to around 30 young adults and their families at a time.
- 4.42** Visits took place every day, which was sufficient to meet demand, and could be booked online and by telephone. Facilities for visits were reasonably good; the POPS visitors' centre was basic but welcoming, providing a range of useful information for visitors and additional support for first-time visitors. The visits hall was a positive environment, and contained a tea bar and a children's play area that was staffed for most sessions. Staff treated prisoners and visitors politely, but prisoners were required to wear a coloured bib and prison clothing and were not permitted to go to the toilet during visits.
- 4.43** There were four family days a year, where prisoners could interact more normally with their families. This was insufficient to meet the demands of a relatively local population. Although there was an attractive enhanced family visits room, this was no longer used.

Recommendation

- 4.44** Prisoners should be able to wear their own clothes and use the toilet during visits.

Attitudes, thinking and behaviour

- 4.45** The prison delivered two accredited offending behaviour programmes - the Thinking Skills Programme (TSP) and Resolve (addressing issues of aggression and violence). Following an analysis of needs, the number of programmes was increased in 2016-17 to four TSP and two Resolve courses. Although this range and number of programmes appeared broadly appropriate for the population, the lack of OASys assessments or reviews of sentence plan targets meant that many prisoners were not referred for such work. In our sample of cases, we found insufficient offending behaviour work in nearly half and insufficient victim awareness work in more than half of the cases. We also saw examples of prisoners who had been at the prison for some months who could have benefited from attendance on programmes but were released without completing any offending behaviour work.
- 4.46** The prison also delivered the Sycamore Tree victim awareness programme, with four courses scheduled for the next 12 months. There had been one restorative justice conference in the year to date, with others planned. These were the only other offending behaviour-related work apart from the accredited programmes (see recommendation 4.15).

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 the governor

- 5.1 The prison should ensure that all new arrivals have access to a shower and telephone call, and spend their early days in clean, prepared cells that are adequately furnished. (S32)
- 5.2 Staff should identify and provide better support for self-isolators and other vulnerable prisoners. They should both challenge and engage with perpetrators of violence and antisocial behaviour. Factors contributing to violence should be identified and addressed through prison-wide solutions to support the work of the safeguarding team. (S33)
- 5.3 Prisoners, particularly those at risk of self-harm, should have consistent access to the regime and be engaged in purposeful activity. They should receive better support from staff working on residential units. (S34)
- 5.4 The prison should improve and maintain better standards of cleanliness and conditions in cells and communal areas. Repairs should be completed without delay, and prisoners should have access to sufficient clean clothing, bedding and cleaning materials. (S35)
- 5.5 The regime for prisoners should be improved to ensure that all prisoners can access 10 hours a day out of their cell on weekdays to facilitate activity, showers, exercise and telephone calls. (S36)
- 5.6 Each department involved in the provision of resettlement, including resettlement pathway providers, the community rehabilitation company and offender management unit, should clarify its role in the prison. This should explain how their work is integrated, recorded and communicated to the responsible officer to ensure effective resettlement planning for all prisoners. (S37)

Recommendation

To Prisoner Escort and Custody Services

- 5.7 Prison escort vans should be clean and free from graffiti. (1.3)

Recommendation

To Deputy Director of Custody

- 5.8 Prisoners should not be transferred to Hindley without an up-to-date OASys. (4.14)

Recommendations

To the governor

Courts, escort and transfers

- 5.9** Arriving prisoners should be disembarked from escort vans immediately, including during the staff lunch period. (1.4)

Self-harm and suicide

- 5.10** Prisoners should have 24-hour access to Listeners, and the scheme should be fully supported by staff. (1.21)

Security

- 5.11** The prison should ensure effective integration of its drug supply and demand reduction strategies through a prison-wide approach to tackling all aspects of drug use. (1.29)
- 5.12** The suspicion drug testing programme should be reinstated as an integral part of the supply reduction strategy. (1.30)

Incentives and earned privileges

- 5.13** The incentives and earned privileges (IEP) scheme should offer more incentives to encourage good behaviour, and set specific and measurable targets for basic-level prisoners to progress. (1.33).

Discipline

- 5.14** Governance of adjudications should include detailed analysis of cases referred to the police, to ensure relevance and appropriate action. (1.37)
- 5.15** Governance of the use of force should be improved to learn lessons and reduce the high levels. (1.41)
- 5.16** The regime in the segregation unit should be improved with appropriate access to education and offending behaviour programmes to support reintegration planning back to normal location. (1.46)

Substance misuse

- 5.17** A drug recovery wing should be established as soon as possible, provided that the regime and prisoners' time out of cell improve. Staff working on the recovery wing should be specially selected and trained, and not regularly redeployed. (1.51)

Residential units

- 5.18** The offensive display policy should be enforced. (2.8)

Staff-prisoner relationships

- 5.19** Prison officers should actively engage with prisoners and help support them through their sentence. They should challenge inappropriate conduct, and behave in a fair and consistent way while responding to help meet their basic needs. (2.13)

Equality and diversity

- 5.20** The role of prisoner equality representatives should be clearly defined and given a higher profile in the prison. (2.19)
- 5.21** Discrimination incident reporting forms should be available to prisoners on all wings. (2.20)
- 5.22** There should be regular consultation meetings with prisoners from all protected characteristics groups. (2.21)
- 5.23** The prison should investigate and address the poor perceptions of safety among disabled prisoners. (2.27)
- 5.24** The regime for young adults should be the same as that for older prisoners. (2.28)

Health services

- 5.25** All custody staff should receive regular resuscitation training as part of their mandatory training programme. (2.45)
- 5.26** Prisoners should be able to complain about health services through a well-publicised, confidential system, responses should fully address the issues raised, and prisoners should be given information about how to take their complaint further if they are dissatisfied with the response. (2.46)
- 5.27** The prison should routinely gather and analyse prisoners' views on health care to support service development. (2.47)
- 5.28** All new arrivals should receive a comprehensive secondary health assessment within their first 72 hours. (2.53)
- 5.29** Prisoners should be able to attend all clinically necessary external hospital appointments, which should not be cancelled due to shortages of prison staff. (2.54)
- 5.30** The use of treatment rooms should be reviewed, and there should be effective supervision of medicine administration and supply to protect patient confidentiality and reduce the potential for illicit exchange of medicines between prisoners. (2.63)
- 5.31** Prisoners should be able to take their prescribed medication, including controlled drugs, at the required times and intervals established by the prescriber. (2.64)
- 5.32** There should be regular pharmacist input into the prison, and prisoners should have access to patient counselling, medicine use reviews and pharmacy-led clinics. (2.65)

Catering

- 5.33** Lunch should be served no earlier than 12 noon and dinner no earlier than 5pm, and breakfast should be served on the day it is to be eaten. (2.76)

- 5.34** The kitchen should be refurbished or replaced without delay. (2.77)
- 5.35** Serveries should be properly supervised during food service. (2.78)
- 5.36** All food preparation and serving areas should be kept clean, and all waste food properly disposed of after each meal. (2.79)

Learning and skills and work activities

- 5.37** The prison should formally recognise and record the employability skills that prisoners develop in their work activities. (3.9)
- 5.38** The prison should improve prisoner attendance at activities and ensure that all prisoners arrive on time. (3.10)
- 5.39** The prison should ensure that tutors set high expectations for all prisoners and challenge them to achieve their full potential. (3.20)
- 5.40** The prison should improve the use of target setting in vocational training so that prisoners have a clear understanding of what they need to do to progress. (3.21)
- 5.41** Tutors should improve prisoners' progress in developing their written English by paying greater attention to correcting errors and teaching them how to correct their own mistakes. (3.22)
- 5.42** Tutors should help young adult prisoners improve their attitudes and behaviour by ensuring they understand the importance of learning and work. (3.27)
- 5.43** The prison should improve the achievement of prisoners on the small number of underperforming courses. (3.31)
- 5.44** The prison should ensure that prisoners in vocational training consistently produce work to a commercial standard. (3.32)
- 5.45** The library opening times should be extended to improve prisoner access. (3.35)
- 5.46** The prison should collect and analysis data to identify the number of prisoners who visit the library. (3.36)

Physical education and healthy living

- 5.47** The all-weather sports pitch should be repaired. (3.40)
- 5.48** The prison should improve prisoner access to team sports and make better use of the outdoor facilities. (3.41)
- 5.49** The prison should introduce PE courses that ensure prisoners have an understanding of healthy lifestyles. (3.42)

Strategic management of resettlement

- 5.50** The offender management department should develop a clear local implementation policy indicating the work to be undertaken, how and by whom. In the event of limited resources,

there should be clear prioritisation, which should be shared across the department and wider prison. (4.6)

Offender management and planning

- 5.51** All prisoners should have a sentence plan oriented to addressing areas of concern and risk of harm and reoffending, and appropriate interventions to address offending behaviour should be available to all prisoners. (4.15)
- 5.52** Offender supervisors should have sufficient contact with prisoners to engage them effectively on issues related to sentence plan objectives and risk. (4.16)
- 5.53** The offender management unit should introduce quality assurance procedures to ensure a consistent and effective service. (4.17)
- 5.54** All offender supervisors should have regular casework reviews and personal development plans. (4.18)
- 5.55** The prison should review home detention curfew outcomes and resolve any problems with delays in the process. (4.19)
- 5.56** The offender management department should ensure that the release level of prisoners subject to multi agency public protection assessment (MAPPA) are clarified at the earliest opportunity. (4.22)
- 5.57** The prison should ensure that probation staff expertise in risk assessment and management is fully used. (4.23)
- 5.58** Prisoners should not be transferred from Hindley without an up-to-date OASys assessment. (4.26)

Reintegration planning

- 5.59** The prison should collect and analyse data on the number of prisoners who enter sustainable employment or training on release. (4.35)
- 5.60** The community rehabilitation company should evaluate the impact of its debt advice booklet and assess its effectiveness to ensure that the needs of prisoners with debt problems are addressed. (4.40)
- 5.61** Prisoners should be able to wear their own clothes and use the toilet during visits. (4.44)

Examples of good practice

- 5.62** A health care assistant worked actively with prisoners on the wings to understand their non-attendance at clinics, which was a well-received initiative. (2.55)
- 5.63** The mental health team undertook a rapid and comprehensive mental health assessment of all prisoners with an initial episode of self-harm. (2.70)
- 5.64** The debt management scheme was an effective way of reducing the risk of debt and subsequent problems for prisoners. (2.81)

Section 6. Appendices

Appendix I: Inspection team

Peter Clarke	Chief inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Angela Johnson	Inspector
Keith McInnis	Inspector
Angus Mulready-Jones	Inspector
Gordon Riach	Inspector
Natalie-Anne Hall	Researcher
Alissa Redmond	Researcher
Heidi Webb	Researcher
Paul Roberts	Substance misuse inspector
Steve Eley	Health services inspector
Rachel O'Callaghan	Pharmacist
Kathleen Byrne	Care Quality Commission inspector
Bo Busby	Ofsted inspector
Steve Miller	Ofsted inspector
Shahram Safavi	Ofsted inspector
Paddy Doyle	Offender management inspector
Mark Scott	Offender management inspector

Appendix II: Care Quality Commission Requirement Notices



Requirement Notices

Provider: Bridgewater Community Healthcare NHS Foundation Trust
Location: Bridgewater CHFT HMP/YOI Hindley
Location ID: RY2X2
Regulated activities: Treatment of disease, disorder, or injury, Diagnostic and screening and Surgical procedures.

Action we have told the provider to take

The table below shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 12 Safe care and treatment	12.—(1) Care and treatment must be provided in a safe way for service users.
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How the regulation was not being met:

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must make sure that medicines are administered appropriately to make sure people are safe.

Medicines must be administered accurately, and in accordance with the prescribers instructions and at suitable times to make sure that prisoners are not placed at risk. We found that medicines were not managed safely in relation to their administration and monitoring.

Prisoners did not always receive prescribed controlled drug medicines and they did not always receive them at an appropriate time which was unacceptable.

Two signatories were required to witness the administration of a controlled drug. Deficiencies in the availability of nursing staff to provide a second safety check by way of a second signature meant that when a second nurse was not available prisoners did not get their medicines.

Prisoners told us that they sometimes received their medicines several hours late. They told us that on occasion they refused to take their medicines when they were given late, because one of the side effects of their medicine was that it kept them awake and they were unable to sleep. They told us that not receiving medicine affected their ability to concentrate particularly when they attended education.

We observed from medicines records several incidents of when a controlled drug had been offered to a prisoner several hours late. In one incident we saw that a drug which should have been given between 8:00 and 8:30am was not offered to a prisoner until 17:19.

Prison staff told us of difficulties and concerns they observed and experienced with prisoners who had not received their controlled medicines at the correct prescribed time. This included a reduction in a prisoner’s ability to concentrate and it adversely affected their behaviour.

Regulation 16-Receiving and acting on complaints

16.—(1) Any complaint received must be investigated and any necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.

How the regulation was not being met:

The intention of this regulation is to make sure that people can make a complaint about their care and treatment. To meet this regulation the registered person must have an effective and accessible system for identifying, receiving, recording, handling and responding to complaints from people using the service.

We found that the registered person did not operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints.

Complaints specific to healthcare providers were received through the main prison services complaint system. This meant that patient details and the reason for their complaint were not kept private and confidential.

Some of the responses we sampled did not fully address the issues highlighted or offer an appropriate resolution when things went wrong, nor did any response inform a prisoner how to escalate their complaint if they remained dissatisfied.

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	156	324	93.0
Recall	6	30	7.0
Total	162	354	100

Sentence	18–20 yr olds	21 and over	%
Less than six months	1	0	0.2
Six months to less than 12 months	4	6	1.9
12 months to less than 2 years	29	58	16.9
2 years to less than 4 years	52	88	27.1
4 years to less than 10 years	31	101	25.6
10 years and over (not life)	0	11	2.1
ISPP (indeterminate sentence for public protection)	0	1	0.4
Life	0	1	0.2
Total	162	354	100

Age	Number of prisoners	%
Under 21 years	162	31.4
21 years to 29 years	190	36.8
30 years to 39 years	102	19.8
40 years to 49 years	48	9.3
50 years to 59 years	14	2.7
Total	516	100

Nationality	18–20 yr olds	21 and over	%
British	159	344	97.5
Foreign nationals	3	10	2.5
Total	162	354	100

Security category	18–20 yr olds	21 and over	%
Category C	5	333	65.5
Category D	1	9	1.9
YOI closed	156	12	32.6
Total	162	354	100

Ethnicity	18–20 yr olds	21 and over	%
White			
British	133	316	87.0
Irish	0	2	0.4
Gypsy/Irish Traveller	0	2	0.4
Other white	1	1	0.4
Mixed			
White and black Caribbean	4	5	1.7
White and Asian	0	1	0.2
Other mixed	3	2	1.0

Asian or Asian British			
Indian	1	2	0.6
Pakistani	5	11	3.1
Bangladeshi	6	0	0
Other Asian	2	3	1.0
Black or black British			
Caribbean	3	0	0.6
African	1	6	1.4
Other black	1	2	0.6
Other ethnic group	2	0	0.4
Not stated	0	1	0.2
Total	162	354	100

Religion	18–20 yr olds	21 and over	%
Church of England	17	66	16.1
Roman Catholic	51	105	30.2
Other Christian denominations	11	17	5.4
Muslim	18	23	7.9
Buddhist	0	8	1.6
Jewish	0	1	0.2
Other	1	1	0.4
No religion	64	133	38.2
Total	162	354	100

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	33	6.4%	43	8.3
1 month to 3 months	48	9.3%	101	19.6
3 months to six months	42	8.1%	113	21.9
six months to 1 year	30	5.8%	69	13.4
1 year to 2 years	9	1.7%	28	5.4
Total	162	31.4%	354	68.6

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment¹¹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 4 July 2016, the prisoner population at HMP Hindley was 512. Using the method described above, questionnaires were distributed to a sample of 192 prisoners.

We received a total of 167 completed questionnaires, a response rate of 87%. This included one questionnaire completed via interview. Eight respondents refused to complete a questionnaire and 17 questionnaires were not returned.

¹¹ 95% confidence interval with a sampling error of 7%. The formula assumes an 80% response rate (70% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/Unit	Number of completed survey returns
A	25
B	20
C	24
D	24
E	18
F	40
J	15
Segregation unit	1

Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Hindley.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹² are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Hindley in 2016 compared with responses from prisoners surveyed in all other category C training prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C training prisons since April 2012.
- A comparison within the 2016 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2016 survey between those who are aged 21 and under and those over 21.

¹² 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. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About you

Q1.2	How old are you?		
	<i>Under 21</i>		52 (31%)
	<i>21 - 29</i>		60 (36%)
	<i>30 - 39</i>		38 (23%)
	<i>40 - 49</i>		14 (8%)
	<i>50 - 59</i>		2 (1%)
	<i>60 - 69</i>		0 (0%)
	<i>70 and over</i>		0 (0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>		152 (92%)
	<i>Yes - on recall</i>		14 (8%)
	<i>No - awaiting trial</i>		0 (0%)
	<i>No - awaiting sentence</i>		0 (0%)
	<i>No - awaiting deportation</i>		0 (0%)
Q1.4	How long is your sentence?		
	<i>Not sentenced</i>		0 (0%)
	<i>Less than 6 months</i>		5 (3%)
	<i>6 months to less than 1 year</i>		16 (10%)
	<i>1 year to less than 2 years</i>		41 (25%)
	<i>2 years to less than 4 years</i>		60 (37%)
	<i>4 years to less than 10 years</i>		37 (23%)
	<i>10 years or more</i>		3 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>		0 (0%)
	<i>Life</i>		2 (1%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?		
	<i>Yes</i>		12 (7%)
	<i>No</i>		153 (93%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>		163 (99%)
	<i>No</i>		2 (1%)
Q1.7	Do you understand written English?		
	<i>Yes</i>		164 (99%)
	<i>No</i>		2 (1%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	140 (84%)	<i>Asian or Asian British - Chinese</i> 0 (0%)
	<i>White - Irish</i>	2 (1%)	<i>Asian or Asian British - other</i> 0 (0%)
	<i>White - other</i>	1 (1%)	<i>Mixed race - white and black Caribbean</i> 3 (2%)
	<i>Black or black British - Caribbean</i>	2 (1%)	<i>Mixed race - white and black African</i> 0 (0%)
	<i>Black or black British - African</i>	3 (2%)	<i>Mixed race - white and Asian</i> 1 (1%)
	<i>Black or black British - other</i>	1 (1%)	<i>Mixed race - other</i> 1 (1%)
	<i>Asian or Asian British - Indian</i>	0 (0%)	<i>Arab</i> 1 (1%)

<i>Asian or Asian British - Pakistani</i>	6 (4%)	<i>Other ethnic group</i>	1 (1%)
<i>Asian or Asian British - Bangladeshi</i>	4 (2%)		

Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?

Yes	4 (2%)
No	158 (98%)

Q1.10 What is your religion?

<i>None</i>	66 (40%)	<i>Hindu</i>	0 (0%)
<i>Church of England</i>	35 (21%)	<i>Jewish</i>	1 (1%)
<i>Catholic</i>	39 (24%)	<i>Muslim</i>	15 (9%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	1 (1%)
<i>Other Christian denomination</i>	1 (1%)	<i>Other</i>	4 (2%)
<i>Buddhist</i>	0 (0%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/ Straight</i>	163 (100%)
<i>Homosexual/Gay</i>	0 (0%)
<i>Bisexual</i>	0 (0%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes	34 (21%)
No	130 (79%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	6 (4%)
No	157 (96%)

Q1.14 Is this your first time in prison?

Yes	65 (39%)
No	100 (61%)

Q1.15 Do you have children under the age of 18?

Yes	68 (41%)
No	96 (59%)

Section 2: Courts, transfers and escorts**Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	131 (78%)
<i>2 hours or longer</i>	28 (17%)
<i>Don't remember</i>	8 (5%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

<i>My journey was less than two hours</i>	131 (79%)
Yes	20 (12%)
No	14 (8%)
<i>Don't remember</i>	1 (1%)

Q2.3 On your most recent journey here, were you offered a toilet break?

<i>My journey was less than two hours</i>	131 (79%)
Yes	3 (2%)

	No	28 (17%)
	Don't remember	4 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	81 (49%)
	No	69 (42%)
	Don't remember	15 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	129 (78%)
	No	31 (19%)
	Don't remember	5 (3%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	45 (27%)
	Well	72 (43%)
	Neither	35 (21%)
	Badly	7 (4%)
	Very badly	5 (3%)
	Don't remember	2 (1%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	Yes, someone told me	110 (66%)
	Yes, I received written information	2 (1%)
	No, I was not told anything	51 (31%)
	Don't remember	3 (2%)
Q2.8	When you first arrived here, did your property arrive at the same time as you?	
	Yes	138 (84%)
	No	23 (14%)
	Don't remember	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	57 (35%)
	2 hours or longer	99 (61%)
	Don't remember	5 (3%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	136 (86%)
	No	16 (10%)
	Don't remember	7 (4%)
Q3.3	Overall, how were you treated in reception?	
	Very well	38 (24%)
	Well	78 (48%)
	Neither	30 (19%)
	Badly	12 (7%)
	Very badly	2 (1%)
	Don't remember	1 (1%)

Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)		
	<i>Loss of property</i>	30 (21%)	<i>Physical health</i> 18 (13%)
	<i>Housing problems</i>	22 (15%)	<i>Mental health</i> 38 (26%)
	<i>Contacting employers</i>	1 (1%)	<i>Needing protection from other prisoners</i> 3 (2%)
	<i>Contacting family</i>	21 (15%)	<i>Getting phone numbers</i> 15 (10%)
	<i>Childcare</i>	1 (1%)	<i>Other</i> 5 (3%)
	<i>Money worries</i>	19 (13%)	<i>Did not have any problems</i> 60 (42%)
	<i>Feeling depressed or suicidal</i>	23 (16%)	
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?		
	<i>Yes</i>		38 (26%)
	<i>No</i>		50 (34%)
	<i>Did not have any problems</i>		60 (41%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)		
	<i>Tobacco</i>		148 (94%)
	<i>A shower</i>		48 (30%)
	<i>A free telephone call</i>		69 (44%)
	<i>Something to eat</i>		99 (63%)
	<i>PIN phone credit</i>		88 (56%)
	<i>Toiletries/ basic items</i>		73 (46%)
	<i>Did not receive anything</i>		5 (3%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)		
	<i>Chaplain</i>		94 (61%)
	<i>Someone from health services</i>		105 (69%)
	<i>A Listener/Samaritans</i>		71 (46%)
	<i>Prison shop/ canteen</i>		49 (32%)
	<i>Did not have access to any of these</i>		27 (18%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)		
	<i>What was going to happen to you</i>		92 (60%)
	<i>What support was available for people feeling depressed or suicidal</i>		73 (48%)
	<i>How to make routine requests (applications)</i>		79 (52%)
	<i>Your entitlement to visits</i>		71 (46%)
	<i>Health services</i>		81 (53%)
	<i>Chaplaincy</i>		85 (56%)
	<i>Not offered any information</i>		37 (24%)
Q3.9	Did you feel safe on your first night here?		
	<i>Yes</i>		121 (78%)
	<i>No</i>		29 (19%)
	<i>Don't remember</i>		6 (4%)
Q3.10	How soon after you arrived here did you go on an induction course?		
	<i>Have not been on an induction course</i>		15 (10%)
	<i>Within the first week</i>		126 (80%)
	<i>More than a week</i>		12 (8%)
	<i>Don't remember</i>		4 (3%)

Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	15 (10%)
	<i>Yes</i>	95 (62%)
	<i>No</i>	33 (21%)
	<i>Don't remember</i>	11 (7%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	22 (14%)
	<i>Within the first week</i>	93 (60%)
	<i>More than a week</i>	24 (15%)
	<i>Don't remember</i>	16 (10%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to.....					
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	16 (10%)	44 (28%)	28 (18%)	14 (9%)	23 (15%) 30 (19%)
	<i>Attend legal visits?</i>	14 (9%)	46 (31%)	31 (21%)	10 (7%)	12 (8%) 35 (24%)
	<i>Get bail information?</i>	5 (4%)	22 (15%)	37 (26%)	15 (11%)	21 (15%) 42 (30%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?					
	<i>Not had any letters</i>					43 (28%)
	<i>Yes</i>					43 (28%)
	<i>No</i>					66 (43%)
Q4.3	Can you get legal books in the library?					
	<i>Yes</i>					38 (24%)
	<i>No</i>					19 (12%)
	<i>Don't know</i>					100 (64%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:					
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	76 (49%)	76 (49%)	2 (1%)		
	<i>Are you normally able to have a shower every day?</i>	128 (82%)	28 (18%)	1 (1%)		
	<i>Do you normally receive clean sheets every week?</i>	52 (34%)	98 (63%)	5 (3%)		
	<i>Do you normally get cell cleaning materials every week?</i>	64 (42%)	86 (56%)	3 (2%)		
	<i>Is your cell call bell normally answered within five minutes?</i>	26 (16%)	125 (79%)	7 (4%)		
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	88 (57%)	64 (42%)	2 (1%)		
	<i>If you need to, can you normally get your stored property?</i>	28 (18%)	74 (48%)	51 (33%)		
Q4.5	What is the food like here?					
	<i>Very good</i>					1 (1%)
	<i>Good</i>					24 (15%)
	<i>Neither</i>					33 (21%)
	<i>Bad</i>					52 (33%)
	<i>Very bad</i>					49 (31%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?					
	<i>Have not bought anything yet/ don't know</i>					3 (2%)
	<i>Yes</i>					76 (48%)
	<i>No</i>					79 (50%)

Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	74 (47%)
	No	27 (17%)
	Don't know	58 (36%)
Q4.8	Are your religious beliefs respected?	
	Yes	73 (46%)
	No	15 (9%)
	Don't know/ N/A	71 (45%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?	
	Yes	91 (58%)
	No	10 (6%)
	Don't know/ N/A	57 (36%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	30 (19%)
	Very easy	39 (25%)
	Easy	26 (16%)
	Neither	14 (9%)
	Difficult	10 (6%)
	Very difficult	5 (3%)
	Don't know	35 (22%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?	
	Yes	124 (78%)
	No	21 (13%)
	Don't know	13 (8%)
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)	
		Not made one Yes No
	Are <i>applications</i> dealt with fairly?	22 (14%) 72 (46%) 61 (39%)
	Are <i>applications</i> dealt with quickly (within seven days)?	22 (15%) 55 (37%) 72 (48%)
Q5.3	Is it easy to make a complaint?	
	Yes	91 (59%)
	No	28 (18%)
	Don't know	35 (23%)
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)	
		Not made one Yes No
	Are <i>complaints</i> dealt with fairly?	61 (40%) 41 (27%) 50 (33%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	61 (40%) 34 (23%) 56 (37%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	20 (13%)
	No	137 (87%)

Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	59 (38%)
	<i>Very easy</i>	11 (7%)
	<i>Easy</i>	24 (15%)
	<i>Neither</i>	27 (17%)
	<i>Difficult</i>	18 (11%)
	<i>Very difficult</i>	18 (11%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	6 (4%)
	<i>Yes</i>	73 (47%)
	<i>No</i>	66 (42%)
	<i>Don't know</i>	11 (7%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	6 (4%)
	<i>Yes</i>	75 (48%)
	<i>No</i>	62 (40%)
	<i>Don't know</i>	12 (8%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	<i>Yes</i>	29 (19%)
	<i>No</i>	127 (81%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	117 (75%)
	<i>Very well</i>	3 (2%)
	<i>Well</i>	10 (6%)
	<i>Neither</i>	9 (6%)
	<i>Badly</i>	8 (5%)
	<i>Very badly</i>	10 (6%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes</i>	120 (79%)
	<i>No</i>	32 (21%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes</i>	111 (73%)
	<i>No</i>	42 (27%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes</i>	46 (29%)
	<i>No</i>	110 (71%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	5 (3%)
	<i>Never</i>	32 (21%)

Rarely	44 (28%)
Some of the time	43 (28%)
Most of the time	26 (17%)
All of the time	5 (3%)

Q7.5 When did you first meet your personal (named) officer?

<i>I have not met him/her</i>	71 (46%)
<i>In the first week</i>	34 (22%)
<i>More than a week</i>	29 (19%)
<i>Don't remember</i>	22 (14%)

Q7.6 How helpful is your personal (named) officer?

<i>Do not have a personal officer/ I have not met him/ her</i>	71 (47%)
<i>Very helpful</i>	23 (15%)
<i>Helpful</i>	23 (15%)
<i>Neither</i>	17 (11%)
<i>Not very helpful</i>	7 (5%)
<i>Not at all helpful</i>	10 (7%)

Section 8: Safety**Q8.1 Have you ever felt unsafe here?**

Yes	57 (36%)
No	100 (64%)

Q8.2 Do you feel unsafe now?

Yes	31 (20%)
No	124 (80%)

Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	100 (65%)	<i>At meal times</i>	17 (11%)
<i>Everywhere</i>	20 (13%)	<i>At health services</i>	7 (5%)
<i>Segregation unit</i>	2 (1%)	<i>Visits area</i>	9 (6%)
<i>Association areas</i>	19 (12%)	<i>In wing showers</i>	13 (8%)
<i>Reception area</i>	0 (0%)	<i>In gym showers</i>	5 (3%)
<i>At the gym</i>	8 (5%)	<i>In corridors/stairwells</i>	15 (10%)
<i>In an exercise yard</i>	16 (10%)	<i>On your landing/wing</i>	21 (14%)
<i>At work</i>	15 (10%)	<i>In your cell</i>	15 (10%)
<i>During movement</i>	19 (12%)	<i>At religious services</i>	3 (2%)
<i>At education</i>	8 (5%)		

Q8.4 Have you been victimised by other prisoners here?

Yes	30 (19%)
No	127 (81%)

Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	13 (8%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	13 (8%)
<i>Sexual abuse</i>	1 (1%)
<i>Feeling threatened or intimidated</i>	20 (13%)
<i>Having your canteen/property taken</i>	14 (9%)
<i>Medication</i>	6 (4%)
<i>Debt</i>	14 (9%)
<i>Drugs</i>	12 (8%)
<i>Your race or ethnic origin</i>	2 (1%)

Your religion/religious beliefs	1 (1%)
Your nationality	2 (1%)
You are from a different part of the country than others	2 (1%)
You are from a traveller community	0 (0%)
Your sexual orientation	0 (0%)
Your age	0 (0%)
You have a disability	3 (2%)
You were new here	12 (8%)
Your offence/ crime	1 (1%)
Gang related issues	7 (4%)

Q8.6 Have you been victimised by staff here?

Yes	33 (21%)
No	121 (79%)

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends)	16 (10%)
Physical abuse (being hit, kicked or assaulted)	8 (5%)
Sexual abuse	2 (1%)
Feeling threatened or intimidated	14 (9%)
Medication	9 (6%)
Debt	4 (3%)
Drugs	5 (3%)
Your race or ethnic origin	4 (3%)
Your religion/religious beliefs	5 (3%)
Your nationality	2 (1%)
You are from a different part of the country than others	3 (2%)
You are from a traveller community	0 (0%)
Your sexual orientation	1 (1%)
Your age	2 (1%)
You have a disability	3 (2%)
You were new here	4 (3%)
Your offence/ crime	2 (2%)
Gang related issues	4 (3%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	107 (72%)
Yes	15 (10%)
No	26 (18%)

Section 9: Health services**Q9.1 How easy or difficult is it to see the following people?:**

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	26 (18%)	13 (9%)	37 (25%)	16 (11%)	39 (27%)	16 (11%)
The nurse	21 (14%)	27 (19%)	54 (37%)	13 (9%)	21 (14%)	9 (6%)
The dentist	27 (18%)	8 (5%)	25 (17%)	13 (9%)	40 (27%)	33 (23%)

Q9.2 What do you think of the quality of the health service from the following people?:

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	32 (21%)	23 (15%)	47 (31%)	17 (11%)	19 (13%)	12 (8%)
The nurse	26 (17%)	37 (24%)	51 (33%)	16 (10%)	15 (10%)	8 (5%)
The dentist	52 (35%)	28 (19%)	31 (21%)	18 (12%)	11 (7%)	10 (7%)

Q9.3	What do you think of the overall quality of the health services here?	
	<i>Not been</i>	20 (13%)
	<i>Very good</i>	20 (13%)
	<i>Good</i>	54 (36%)
	<i>Neither</i>	26 (17%)
	<i>Bad</i>	17 (11%)
	<i>Very bad</i>	14 (9%)
Q9.4	Are you currently taking medication?	
	<i>Yes</i>	76 (49%)
	<i>No</i>	79 (51%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?	
	<i>Not taking medication</i>	79 (51%)
	<i>Yes, all my meds</i>	46 (30%)
	<i>Yes, some of my meds</i>	13 (8%)
	<i>No</i>	16 (10%)
Q9.6	Do you have any emotional or mental health problems?	
	<i>Yes</i>	61 (40%)
	<i>No</i>	93 (60%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?	
	<i>Do not have any emotional or mental health problems</i>	93 (62%)
	<i>Yes</i>	36 (24%)
	<i>No</i>	22 (15%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	<i>Yes</i>	57 (37%)
	<i>No</i>	97 (63%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	<i>Yes</i>	26 (17%)
	<i>No</i>	128 (83%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	<i>Very easy</i>	59 (39%)
	<i>Easy</i>	15 (10%)
	<i>Neither</i>	10 (7%)
	<i>Difficult</i>	4 (3%)
	<i>Very difficult</i>	9 (6%)
	<i>Don't know</i>	54 (36%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	<i>Very easy</i>	13 (9%)
	<i>Easy</i>	21 (14%)
	<i>Neither</i>	17 (11%)
	<i>Difficult</i>	6 (4%)
	<i>Very difficult</i>	19 (13%)
	<i>Don't know</i>	75 (50%)

Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	24 (16%)
	No	129 (84%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	13 (8%)
	No	141 (92%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	<i>Did not / do not have a drug problem</i>	90 (61%)
	Yes	31 (21%)
	No	26 (18%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, while in this prison?	
	<i>Did not / do not have an alcohol problem</i>	128 (84%)
	Yes	14 (9%)
	No	11 (7%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	<i>Did not have a problem/ did not receive help</i>	111 (77%)
	Yes	28 (19%)
	No	6 (4%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	15 (10%)	35 (23%)	53 (34%)	18 (12%)	21 (14%)	13 (8%)
	Vocational or skills training	18 (12%)	33 (22%)	49 (33%)	21 (14%)	18 (12%)	9 (6%)
	Education (including basic skills)	13 (9%)	43 (29%)	60 (41%)	17 (11%)	10(7%)	5 (3%)
	Offending behaviour programmes	40 (27%)	19 (13%)	31 (21%)	28 (19%)	14 (10%)	15 (10%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	<i>Not involved in any of these</i>					26 (17%)	
	Prison job					91 (60%)	
	Vocational or skills training					26 (17%)	
	Education (including basic skills)					32 (21%)	
	Offending behaviour programmes					15 (10%)	
Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?						
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>		
	Prison job	19 (15%)	62 (48%)	28 (22%)	21 (16%)		
	Vocational or skills training	26 (24%)	44 (41%)	18 (17%)	20 (19%)		
	Education (including basic skills)	23 (21%)	49 (45%)	16 (15%)	20 (19%)		
	Offending behaviour programmes	36 (35%)	34 (33%)	16 (16%)	17 (17%)		
Q11.4	How often do you usually go to the library?						
	<i>Don't want to go</i>					29 (19%)	
	<i>Never</i>					46 (30%)	
	<i>Less than once a week</i>					26 (17%)	
	<i>About once a week</i>					46 (30%)	

	<i>More than once a week</i>	5 (3%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?	
	<i>Don't use it</i>	62 (41%)
	<i>Yes</i>	46 (30%)
	<i>No</i>	45 (29%)
Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	34 (22%)
	<i>0</i>	22 (14%)
	<i>1 to 2</i>	30 (20%)
	<i>3 to 5</i>	48 (31%)
	<i>More than 5</i>	19 (12%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	9 (6%)
	<i>0</i>	10 (7%)
	<i>1 to 2</i>	30 (20%)
	<i>3 to 5</i>	39 (25%)
	<i>More than 5</i>	65 (42%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	3 (2%)
	<i>0</i>	6 (4%)
	<i>1 to 2</i>	16 (10%)
	<i>3 to 5</i>	78 (51%)
	<i>More than 5</i>	50 (33%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	30 (20%)
	<i>2 to less than 4 hours</i>	33 (22%)
	<i>4 to less than 6 hours</i>	42 (28%)
	<i>6 to less than 8 hours</i>	22 (15%)
	<i>8 to less than 10 hours</i>	6 (4%)
	<i>10 hours or more</i>	3 (2%)
	<i>Don't know</i>	15 (10%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	57 (37%)
	<i>No</i>	96 (63%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	60 (39%)
	<i>No</i>	94 (61%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	31 (20%)
	<i>No</i>	123 (80%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	22 (14%)

Very easy	34 (22%)
Easy	42 (27%)
Neither	14 (9%)
Difficult	24 (15%)
Very difficult	16 (10%)
Don't know	3 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	0 (0%)
	Yes	108 (70%)
	No	47 (30%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	47 (31%)
	No contact	62 (40%)
	Letter	16 (10%)
	Phone	17 (11%)
	Visit	30 (19%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	84 (58%)
	No	62 (42%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	0 (0%)
	Yes	67 (45%)
	No	83 (55%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	83 (55%)
	Very involved	23 (15%)
	Involved	17 (11%)
	Neither	5 (3%)
	Not very involved	16 (11%)
	Not at all involved	8 (5%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	<i>Do not have a sentence plan/ not sentenced</i>	83 (55%)
	Nobody	37 (25%)
	Offender supervisor	19 (13%)
	Offender manager	17 (11%)
	Named/ personal officer	9 (6%)
	Staff from other departments	7 (5%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/ not sentenced</i>	83 (55%)
	Yes	42 (28%)
	No	10 (7%)
	Don't know	16 (11%)

Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>			83 (54%)
	Yes			14 (9%)
	No			34 (22%)
	<i>Don't know</i>			24 (15%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>			83 (53%)
	Yes			25 (16%)
	No			25 (16%)
	<i>Don't know</i>			24 (15%)
Q13.10	Do you have a needs based custody plan?			
	Yes			8 (5%)
	No			76 (49%)
	<i>Don't know</i>			71 (46%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	Yes			19 (12%)
	No			135 (88%)
Q13.12	Do you know of anyone in this prison who can help you with the following on release?: (Please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	41 (29%)	34 (24%)	68 (48%)
	Accommodation	43 (30%)	37 (26%)	63 (44%)
	Benefits	44 (31%)	35 (25%)	63 (44%)
	Finances	40 (30%)	26 (19%)	69 (51%)
	Education	42 (31%)	32 (24%)	61 (45%)
	Drugs and alcohol	51 (39%)	31 (23%)	50 (38%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>			0 (0%)
	Yes			66 (43%)
	No			87 (57%)

Main comparator and comparator to last time



Prisoner survey responses HMP Hindley 2016

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percentage highlighted in green is significantly better	HMP Hindley 2016	Category C training prisons comparator
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		167	6,468
SECTION 1: General information			
1.2	Are you under 21 years of age?	31%	2%
1.3	Are you sentenced?	100%	100%
1.3	Are you on recall?	8%	9%
1.4	Is your sentence less than 12 months?	13%	6%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	9%
1.5	Are you a foreign national?	7%	9%
1.6	Do you understand spoken English?	99%	99%
1.7	Do you understand written English?	99%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	14%	25%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	2%	4%
1.1	Are you Muslim?	9%	13%
1.11	Are you homosexual/gay or bisexual?	0%	4%
1.12	Do you consider yourself to have a disability?	21%	21%
1.13	Are you a veteran (ex-armed services)?	4%	6%
1.14	Is this your first time in prison?	39%	38%
1.15	Do you have any children under the age of 18?	42%	51%
SECTION 2: Transfers and escorts			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	17%	45%
For those who spent two or more hours in the escort van:			
2.2	Were you offered anything to eat or drink?	57%	74%
2.3	Were you offered a toilet break?	8%	8%
2.4	Was the van clean?	49%	62%
2.5	Did you feel safe?	78%	79%
2.6	Were you treated well/very well by the escort staff?	71%	73%
2.7	Before you arrived here were you told that you were coming here?	66%	60%
2.7	Before you arrived here did you receive any written information about coming here?	1%	14%
2.8	When you first arrived here did your property arrive at the same time as you?	84%	86%

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction			
3.1	Were you in reception for less than 2 hours?	35%	54%
3.2	When you were searched in reception, was this carried out in a respectful way?	86%	85%
3.3	Were you treated well/very well in reception?	72%	76%
	When you first arrived:		
3.4	Did you have any problems?	58%	61%
3.4	Did you have any problems with loss of property?	21%	18%
3.4	Did you have any housing problems?	15%	12%
3.4	Did you have any problems contacting employers?	1%	2%
3.4	Did you have any problems contacting family?	15%	18%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%
3.4	Did you have any money worries?	13%	13%
3.4	Did you have any problems with feeling depressed or suicidal?	16%	15%
3.4	Did you have any physical health problems?	12%	13%
3.4	Did you have any mental health problems?	27%	17%
3.4	Did you have any problems with needing protection from other prisoners?	2%	5%
3.4	Did you have problems accessing phone numbers?	10%	16%
	For those with problems:		
3.5	Did you receive any help/ support from staff in dealing with these problems?	43%	36%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	94%	75%
3.6	A shower?	30%	28%
3.6	A free telephone call?	44%	42%
3.6	Something to eat?	63%	55%
3.6	PIN phone credit?	56%	51%
3.6	Toiletries/ basic items?	46%	47%

Key to tables

Main comparator and comparator to last time

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SECTION 3: Reception, first night and induction continued			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	62%	53%
3.7	Someone from health services?	69%	69%
3.7	A Listener/Samaritans?	46%	33%
3.7	Prison shop/ canteen?	32%	24%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	60%	50%
3.8	Support was available for people feeling depressed or suicidal?	48%	40%
3.8	How to make routine requests?	52%	44%
3.8	Your entitlement to visits?	46%	39%
3.8	Health services?	53%	52%
3.8	The chaplaincy?	56%	48%
3.9	Did you feel safe on your first night here?	78%	81%
3.10	Have you been on an induction course?	91%	90%
	For those who have been on an induction course:		
3.11	Did the course cover everything you needed to know about the prison?	68%	60%
3.12	Did you receive an education (skills for life) assessment?	86%	84%
SECTION 4: Legal rights and respectful custody			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	39%	45%
4.1	Attend legal visits?	41%	47%
4.1	Get bail information?	19%	14%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	28%	39%
4.3	Can you get legal books in the library?	24%	42%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	49%	67%
4.4	Are you normally able to have a shower every day?	82%	92%
4.4	Do you normally receive clean sheets every week?	34%	72%
4.4	Do you normally get cell cleaning materials every week?	42%	66%
4.4	Is your cell call bell normally answered within five minutes?	17%	35%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	69%
4.4	Can you normally get your stored property, if you need to?	18%	24%
4.5	Is the food in this prison good/very good?	16%	31%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	48%	48%
4.7	Are you able to speak to a Listener at any time, if you want to?	47%	57%
4.8	Are your religious beliefs are respected?	46%	52%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	58%	59%
4.10	Is it easy/very easy to attend religious services?	41%	49%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Applications and complaints			
5.1	Is it easy to make an application?	79%	81%
	For those who have made an application:		
5.2	Do you feel applications are dealt with fairly?	54%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	43%	40%
5.3	Is it easy to make a complaint?	59%	59%
	For those who have made a complaint:		
5.4	Do you feel complaints are dealt with fairly?	45%	34%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	38%	29%
5.5	Have you ever been prevented from making a complaint when you wanted to?	13%	19%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	22%	29%
SECTION 6: Incentives and earned privileges scheme			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	47%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	19%	8%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	33%	37%
SECTION 7: Relationships with staff			
7.1	Do most staff, in this prison, treat you with respect?	79%	80%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	30%
7.4	Do staff normally speak to you most of the time/all of the time during association?	20%	21%
7.5	Do you have a personal officer?	55%	64%
	For those with a personal officer:		
7.6	Do you think your personal officer is helpful/very helpful?	58%	63%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety			
8.1	Have you ever felt unsafe here?	36%	37%
8.2	Do you feel unsafe now?	20%	15%
8.4	Have you been victimised by other prisoners here?	19%	27%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	8%	12%
8.5	Hit, kicked or assaulted you?	8%	8%
8.5	Sexually abused you?	1%	1%
8.5	Threatened or intimidated you?	13%	16%
8.5	Taken your canteen/property?	9%	7%
8.5	Victimised you because of medication?	4%	4%
8.5	Victimised you because of debt?	9%	4%
8.5	Victimised you because of drugs?	8%	4%
8.5	Victimised you because of your race or ethnic origin?	1%	4%
8.5	Victimised you because of your religion/religious beliefs?	1%	3%
8.5	Victimised you because of your nationality?	1%	3%
8.5	Victimised you because you were from a different part of the country?	1%	4%
8.5	Victimised you because you are from a Traveller community?	0%	1%
8.5	Victimised you because of your sexual orientation?	0%	2%
8.5	Victimised you because of your age?	0%	3%
8.5	Victimised you because you have a disability?	2%	3%
8.5	Victimised you because you were new here?	8%	5%
8.5	Victimised you because of your offence/crime?	1%	4%
8.5	Victimised you because of gang related issues?	4%	4%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 8: Safety continued			
8.6	Have you been victimised by staff here?	21%	29%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	10%	11%
8.7	Hit, kicked or assaulted you?	5%	4%
8.7	Sexually abused you?	1%	1%
8.7	Threatened or intimidated you?	9%	12%
8.7	Victimised you because of medication?	6%	4%
8.7	Victimised you because of debt?	3%	2%
8.7	Victimised you because of drugs?	3%	2%
8.7	Victimised you because of your race or ethnic origin?	3%	4%
8.7	Victimised you because of your religion/religious beliefs?	3%	3%
8.7	Victimised you because of your nationality?	1%	3%
8.7	Victimised you because you were from a different part of the country?	2%	3%
8.7	Victimised you because you are from a Traveller community?	0%	1%
8.7	Victimised you because of your sexual orientation?	1%	1%
8.7	Victimised you because of your age?	1%	2%
8.7	Victimised you because you have a disability?	2%	3%
8.7	Victimised you because you were new here?	3%	4%
8.7	Victimised you because of your offence/crime?	1%	4%
8.7	Victimised you because of gang related issues?	3%	2%
	For those who have been victimised by staff or other prisoners:		
8.8	Did you report any victimisation that you have experienced?	37%	40%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 9: Health services			
9.1	Is it easy/very easy to see the doctor?	34%	29%
9.1	Is it easy/very easy to see the nurse?	56%	50%
9.1	Is it easy/very easy to see the dentist?	23%	14%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:		
9.2	The doctor?	59%	47%
9.2	The nurse?	69%	56%
9.2	The dentist?	60%	43%
9.3	The overall quality of health services?	57%	42%
9.4	Are you currently taking medication?	49%	49%
	For those currently taking medication:		
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	79%	83%
9.6	Do you have any emotional well being or mental health problems?	40%	32%
	For those who have problems:		
9.7	Are you being helped or supported by anyone in this prison?	62%	50%
SECTION 10: Drugs and alcohol			
10.1	Did you have a problem with drugs when you came into this prison?	37%	25%
10.2	Did you have a problem with alcohol when you came into this prison?	17%	16%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	23%	24%
10.5	Have you developed a problem with drugs since you have been in this prison?	16%	10%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	9%	7%
	For those with drug or alcohol problems:		
10.7	Have you received any support or help with your drug problem while in this prison?	54%	61%
10.8	Have you received any support or help with your alcohol problem while in this prison?	56%	64%
	For those who have received help or support with their drug or alcohol problem:		
10.9	Was the support helpful?	83%	77%

Main comparator and comparator to last time

Key to tables

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Any percentage highlighted in blue is significantly worse		
Any percentage highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
SECTION 11: Activities		
Is it very easy/ easy to get into the following activities:		
11.1 A prison job?	57%	47%
11.1 Vocational or skills training?	55%	41%
11.1 Education (including basic skills)?	70%	56%
11.1 Offending behaviour programmes?	34%	23%
Are you currently involved in any of the following activities:		
11.2 A prison job?	60%	60%
11.2 Vocational or skills training?	17%	16%
11.2 Education (including basic skills)?	21%	22%
11.2 Offending behaviour programmes?	10%	12%
11.3 Have you had a job while in this prison?	86%	83%
For those who have had a prison job while in this prison:		
11.3 Do you feel the job will help you on release?	56%	43%
11.3 Have you been involved in vocational or skills training while in this prison?	76%	74%
For those who have had vocational or skills training while in this prison:		
11.3 Do you feel the vocational or skills training will help you on release?	54%	57%
11.3 Have you been involved in education while in this prison?	79%	79%
For those who have been involved in education while in this prison:		
11.3 Do you feel the education will help you on release?	58%	58%
11.3 Have you been involved in offending behaviour programmes while in this prison?	65%	70%
For those who have been involved in offending behaviour programmes while in this prison:		
11.3 Do you feel the offending behaviour programme(s) will help you on release?	51%	50%
11.4 Do you go to the library at least once a week?	34%	43%
11.5 Does the library have a wide enough range of materials to meet your needs?	30%	46%
11.6 Do you go to the gym three or more times a week?	44%	33%
11.7 Do you go outside for exercise three or more times a week?	68%	53%
11.8 Do you go on association more than five times each week?	33%	65%
11.9 Do you spend ten or more hours out of your cell on a weekday?	2%	17%
SECTION 12: Friends and family		
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	37%	34%
12.2 Have you had any problems with sending or receiving mail?	39%	43%
12.3 Have you had any problems getting access to the telephones?	20%	20%
12.4 Is it easy/ very easy for your friends and family to get here?	49%	28%

Main comparator and comparator to last time

Key to tables

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 13: Preparation for release			
For those who are sentenced:			
13.1	Do you have a named offender manager (home probation officer) in the probation service?	70%	82%
For those who are sentenced what type of contact have you had with your offender manager:			
13.2	No contact?	58%	36%
13.2	Contact by letter?	15%	35%
13.2	Contact by phone?	16%	25%
13.2	Contact by visit?	28%	32%
13.3	Do you have a named offender supervisor in this prison?	58%	75%
For those who are sentenced:			
13.4	Do you have a sentence plan?	45%	63%
For those with a sentence plan:			
13.5	Were you involved/very involved in the development of your plan?	58%	53%
Who is working with you to achieve your sentence plan targets:			
13.6	Nobody?	55%	47%
13.6	Offender supervisor?	28%	37%
13.6	Offender manager?	25%	26%
13.6	Named/ personal officer?	14%	12%
13.6	Staff from other departments?	10%	15%
For those with a sentence plan:			
13.7	Can you achieve any of your sentence plan targets in this prison?	62%	62%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	19%
13.9	Are there plans for you to achieve any of your targets in the community?	34%	28%
13.10	Do you have a needs based custody plan?	5%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	16%
For those that need help do you know of anyone in this prison who can help you on release with the following:			
13.12	Employment?	33%	34%
13.12	Accommodation?	37%	37%
13.12	Benefits?	36%	39%
13.12	Finances?	27%	28%
13.12	Education?	34%	34%
13.12	Drugs and alcohol?	38%	43%
For those who are sentenced:			
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	43%	55%

Diversity analysis



Key question responses (ethnicity) HMP Hindley 2016

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		23	143
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	13%	7%
1.6	Do you understand spoken English?	96%	100%
1.7	Do you understand written English?	100%	99%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	3%
1.1	Are you Muslim?	61%	1%
1.12	Do you consider yourself to have a disability?	4%	23%
1.13	Are you a veteran (ex-armed services)?	4%	4%
1.14	Is this your first time in prison?	56%	37%
2.6	Were you treated well/very well by the escort staff?	65%	72%
2.7	Before you arrived here were you told that you were coming here?	74%	65%
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	86%
3.3	Were you treated well/very well in reception?	65%	73%
3.4	Did you have any problems when you first arrived?	62%	58%
3.7	Did you have access to someone from health care when you first arrived here?	63%	70%
3.9	Did you feel safe on your first night here?	82%	77%
3.10	Have you been on an induction course?	82%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	22%	41%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	54%	48%
4.4	Are you normally able to have a shower every day?	82%	81%
4.4	Is your cell call bell normally answered within five minutes?	13%	17%
4.5	Is the food in this prison good/very good?	13%	16%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	31%	51%
4.7	Are you able to speak to a Listener at any time, if you want to?	41%	47%
4.8	Do you feel your religious beliefs are respected?	73%	41%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	57%
5.1	Is it easy to make an application?	73%	79%
5.3	Is it easy to make a complaint?	46%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	37%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	13%	19%
7.1	Do most staff, in this prison, treat you with respect?	72%	80%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	72%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	13%	21%
7.4	Do you have a personal officer?	50%	55%
8.1	Have you ever felt unsafe here?	22%	39%
8.2	Do you feel unsafe now?	18%	21%
8.3	Have you been victimised by other prisoners?	13%	20%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	9%	13%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	0%
8.5	Have you been victimised because of your nationality? (By prisoners)	5%	1%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	27%	20%
8.7	Have you ever felt threatened or intimidated by staff here?	9%	9%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	18%	1%
8.7	Have you been victimised because of your nationality? (By staff)	9%	0%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	28%	35%
9.1	Is it easy/ very easy to see the nurse?	48%	58%
9.4	Are you currently taking medication?	23%	53%
9.6	Do you feel you have any emotional well being/mental health issues?	19%	43%
10.3	Is it easy/very easy to get illegal drugs in this prison?	50%	49%
11.2	Are you currently working in the prison?	48%	62%
11.2	Are you currently undertaking vocational or skills training?	14%	18%
11.2	Are you currently in education (including basic skills)?	33%	19%
11.2	Are you currently taking part in an offending behaviour programme?	5%	11%
11.4	Do you go to the library at least once a week?	43%	32%
11.6	Do you go to the gym three or more times a week?	62%	41%
11.7	Do you go outside for exercise three or more times a week?	57%	70%
11.8	On average, do you go on association more than five times each week?	28%	34%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	2%
12.2	Have you had any problems sending or receiving mail?	52%	37%
12.3	Have you had any problems getting access to the telephones?	19%	21%



Key question responses (disability, age under 21) HMP Hindley 2016

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
Any percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
Number of completed questionnaires returned		34	130	52	114
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	6%	7%	10%	6%
1.6	Do you understand spoken English?	100%	99%	98%	99%
1.7	Do you understand written English?	97%	100%	100%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	3%	17%	21%	11%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	3%	4%	2%
1.1	Are you Muslim?	3%	11%	11%	8%
1.12	Do you consider yourself to have a disability?			18%	22%
1.13	Are you a veteran (ex-armed services)?	0%	5%	2%	5%
1.14	Is this your first time in prison?	30%	42%	69%	26%
2.6	Were you treated well/very well by the escort staff?	65%	73%	64%	74%
2.7	Before you arrived here were you told that you were coming here?	62%	67%	60%	70%
3.2	When you were searched in reception, was this carried out in a respectful way?	89%	85%	82%	87%
3.3	Were you treated well/very well in reception?	73%	72%	69%	73%
3.4	Did you have any problems when you first arrived?	76%	54%	50%	62%
3.7	Did you have access to someone from health care when you first arrived here?	78%	67%	57%	74%
3.9	Did you feel safe on your first night here?	65%	81%	78%	77%
3.10	Have you been on an induction course?	94%	91%	96%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	41%	37%	33%	41%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	48%	49%	43%	51%
4.4	Are you normally able to have a shower every day?	85%	80%	79%	83%
4.4	Is your cell call bell normally answered within five minutes?	18%	16%	12%	18%
4.5	Is the food in this prison good/very good?	25%	14%	19%	14%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	63%	45%	54%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	59%	44%	21%	58%
4.8	Do you feel your religious beliefs are respected?	50%	45%	39%	49%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	65%	55%	44%	63%
5.1	Is it easy to make an application?	69%	82%	65%	84%
5.3	Is it easy to make a complaint?	61%	58%	42%	67%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	38%	49%	41%	49%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	50%	42%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	25%	17%	12%	22%
7.1	Do most staff, in this prison, treat you with respect?	73%	81%	74%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	70%	73%	70%	74%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	16%	21%	14%	22%
7.4	Do you have a personal officer?	53%	54%	53%	55%
8.1	Have you ever felt unsafe here?	64%	29%	27%	40%
8.2	Do you feel unsafe now?	40%	15%	10%	25%
8.3	Have you been victimised by other prisoners?	44%	13%	14%	21%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	34%	7%	6%	16%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	2%	4%	0%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	1%	2%	0%
8.5	Have you been victimised because of your nationality? (By prisoners)	3%	1%	2%	1%
8.5	Have you been victimised because of your age? (By prisoners)	0%	0%	0%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	10%	0%	2%	2%

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	28%	20%	19%	23%
8.7	Have you ever felt threatened or intimidated by staff here?	17%	8%	8%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	2%	6%	1%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	3%	6%	2%
8.7	Have you been victimised because of your nationality? (By staff)	0%	2%	4%	0%
8.7	Have you been victimised because of your age? (By staff)	0%	2%	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	10%	0%	0%	3%
9.1	Is it easy/very easy to see the doctor?	27%	36%	36%	33%
9.1	Is it easy/ very easy to see the nurse?	52%	56%	60%	54%
9.4	Are you currently taking medication?	83%	41%	32%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	87%	28%	21%	48%
10.3	Is it easy/very easy to get illegal drugs in this prison?	61%	46%	29%	58%
11.2	Are you currently working in the prison?	47%	64%	58%	62%
11.2	Are you currently undertaking vocational or skills training?	14%	18%	19%	17%
11.2	Are you currently in education (including basic skills)?	25%	21%	30%	17%
11.2	Are you currently taking part in an offending behaviour programme?	4%	12%	19%	5%
11.4	Do you go to the library at least once a week?	40%	32%	42%	30%
11.6	Do you go to the gym three or more times a week?	29%	47%	45%	44%
11.7	Do you go outside for exercise three or more times a week?	59%	71%	72%	67%
11.8	On average, do you go on association more than five times each week?	48%	30%	26%	36%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	2%	0%	3%
12.2	Have you had any problems sending or receiving mail?	48%	38%	42%	38%
12.3	Have you had any problems getting access to the telephones?	29%	19%	30%	16%