

Report on an unannounced full follow-up
inspection of

HMP Forest Bank

29 June–9 July 2010

by HM Chief Inspector of Prisons

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Introduction

The full unannounced follow-up inspection of HMP Forest Bank took place from 29 June to 9 July this year before I formally took up my appointment. The inspection took place during the tenure of my predecessor, Dame Anne Owers, but I attended the inspection as an observer.

HMP Forest Bank is a category B local prison for adult and young adult men. At the time of the inspection, Forest Bank was operating under its full operational capacity of 1,424 prisoners. The prison is run under a 25-year private finance initiative by Kalyx.

Forest Bank is a good local prison and a number of improvements were evident since our last inspection.

Forest Bank predominantly serves the Greater Manchester area and 75% of the prisoners come from within an 18-mile radius of the prison. The prison has made good use of this and engaged energetically with a range of community partners to assist prisoners to resettle successfully on release. Community links are impressive, public protection procedures were good and work across most of the resettlement pathways was well developed although lacking in some coordination and integration. Resettlement activity would benefit by being underpinned by a more effective analysis of actual prisoner need, informing a more considered strategic approach and the more integrated delivery of services.

For a local prison, prisoners spend a good amount of time out of their cells. The quality of education, training, employment and other activities was generally good – work in the kitchens and the employer-led employment initiatives were particularly impressive – but there was simply not enough available. Most prisoners could access an activity place but many were only part time. So although 88% of prisoners could access some form of activity our roll check found about half the prison population locked in their cells during the working day.

The prison has had to deal with the challenge of completing a major building programme. This has included new wing blocks that provide a good standard of accommodation – the older wings were less satisfactory.

The standard of health care has improved. Developing work to support veterans with post-traumatic stress is an interesting initiative and should be encouraged. There has been excellent integration of drug services. The random mandatory drug testing (MDT) rate for the six months to May 2010 was quoted as about 9.6% although the figure ranges from 1.4% to 13.9% suggesting spikes in the availability of drugs in the prison.

Work on diversity is developing with the appointment of an enthusiastic equality and inclusion officer. The work is still too focused on race equality issues only but is developing to include other diversity strands. However, the prison should be alert to the much more negative perceptions of the prison from black and minority ethnic prisoners than their white counterparts, investigate this further and give priority to any appropriate action identified.

There are some elements of the regime that remain negative. There is too much evidence of 'unofficial' punishments. Closed visits are imposed too often and without appropriate justification. The segregation or 'care and separation unit' was in poor condition and governance should be strengthened.

A number of prisoners talked to us about 'sheeting' and these were incidents that the prison had recorded on a number of occasions. A prison officer on a wing described it to us as

'horseplay'. A very vulnerable young man who spoke to us described it as him being tied up inside a duvet cover and 'battered' every night. Prison management had limited knowledge of it. We are satisfied this does occur and needs to be stopped.

However, it is important to stress that for most prisoners, Forest Bank is a safe prison. The findings of our survey were that most prisoners felt safer than in similar establishments. But we were concerned that for a small minority of prisoners, it was not at all safe and in some cases prison officers on the wings had a passive attitude to bullying and unexplained injuries – however good the policies.

Nick Hardwick
HM Chief Inspector of Prisons

September 2010

Fact page

Task of the establishment

Category B local prison for adult and young adult men.

Area organisation

Greater Manchester

Number held

1,341

Certified normal accommodation (CNA)

1,064

Operational capacity (op cap)

1,424

Last inspection

Full inspection: September 2007

Brief history

The prison opened in 2000 under a 25-year private finance initiative (PFI) contract to provide 800 places as a category B local prison. Spaces gradually increased to 1,160 before the opening of a 264-place extension in late November 2009. The establishment holds 1,424 remand and sentenced adult males and remanded young adults (18-21 year olds).

Description of residential units

Wings A-F are the original prison; G and H are the new buildings:

Wing	Function	CNA	Op cap
A	1: Young adults	65	95
	2: General	65	96
B	1: General	65	96
	2: General	65	97
C	1: Workers/enhanced	65	97
	2: Compact-based drug testing	65	97
D	1: General	65	97
	2: General	65	97
E	1: Drug regime maintenance	65	97
	2: General	65	97
F	1: Drug regime maintenance/basic regime	65	97
	2: General	65	97
G	1: Integrated drug treatment system	57	57
	2: Induction	61	61
H	1: Integrated drug treatment system	72	72
	2: Vulnerable prisoners	74	74
Health care inpatients		20	0

Healthy prison summary

Introduction

HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

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

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

- **outcomes for prisoners are good against this healthy prison test.**

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

- **outcomes for prisoners are reasonably good against this healthy prison test.**

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

- **outcomes for prisoners are not sufficiently good against this healthy prison test.**

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

- **outcomes for prisoners are poor against this healthy prison test.**

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

HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

focus groups, research analysis of prison data and observation. This enables a reassessment of previous healthy prison assessments held by the Inspectorate on all establishments, and published in reports from 2004 onwards.

- HP4 At the last inspection in 2007 we found that Forest Bank was not performing sufficiently well against the healthy prison test of safety. We made 58 recommendations, of which 25 had been achieved, 15 partially achieved and 18 were not achieved. We have made 40 further recommendations.
- HP5 In 2007 we found that Forest Bank was not performing sufficiently well against the healthy prison test of respect. We made 67 recommendations, of which 33 had been achieved, 13 partially achieved and 21 were not achieved. We have made 49 further recommendations.
- HP6 In 2007 we found that Forest Bank was performing reasonably well against the healthy prison test of purposeful activity. We made nine recommendations, of which six had been achieved, two partially achieved and one not achieved. We have made 15 further recommendations.
- HP7 In 2007 we found that Forest Bank was performing reasonably well against the healthy prison test of resettlement. We made 24 recommendations, of which 17 had been achieved, two partially achieved, four not achieved and one was no longer relevant. We have made 16 further recommendations.

Safety

- HP8 The management of early days in custody was reasonable but first night assessments were limited and the lock-up procedure for the first 24 hours was not justified. Induction was well presented but relied on one member of staff. The number of violent incidents was not excessive. Most prisoners, including vulnerable prisoners, said that they felt safe, but findings among black and minority ethnic prisoners were not as good and some young adults referred to bullying, illustrated in the practice of 'sheeting'. Self-harm procedures were generally satisfactory. Use of force was not excessive but conditions and governance in the segregation unit were poor. Security intelligence was well managed but the application of closed visits was inappropriate. Illicit drug use was not excessive. Outcomes for prisoners at Forest Bank were assessed as not sufficiently good against this healthy prison test.
- HP9 Prisoners were negative about their treatment under escort. The vans we viewed had some graffiti and were dirty. Late arrivals were rare and most prisoners came from the local area, although there had been a significant number of overcrowding drafts received from the West Midlands.
- HP10 Reception was busy. Communal areas were clean but holding rooms were drab and had virtually no information on display. Staff were generally polite to prisoners but task-focused. In our survey, prisoners were more negative than the comparator¹ about their treatment by reception staff. Individual interviews in a private interview room were frequently interrupted. A Listener in reception had reasonable access to new arrivals. Prisoners were moved to residential units reasonably quickly.

¹ The comparator figure is calculated by aggregating all survey responses together and so is not an average across establishments

- HP11 Most prisoners spent their first night on G2 landing or H1 if they required drug interventions through the integrated drug treatment system (IDTS). Vulnerable prisoners went to the vulnerable prisoner unit on H2, if there was space, or G2. First night interviews incorporated assessments of potential risk factors as well as wider resettlement needs which detracted from a proper focus on immediate risks. Assessments were mechanistic and some identified issues were not followed up. There were no designated first night cells but procedures to identify new arrivals were effective. New arrivals were locked up on their first night in custody, which was unnecessary and inappropriate. Listeners were available on H1 and G2, but not on the vulnerable prisoner unit.
- HP12 The induction officer was responsible for inducting all prisoners but a full induction programme was not always delivered during his absence. Induction began the day after reception when prisoners were seen individually, and followed up by group sessions. Induction was multidisciplinary and departments such as bail information, counselling, assessment, referral, advice and throughcare service (CARATs) and the chaplaincy also saw prisoners individually the morning after their arrival. Vulnerable prisoners could experience a delay in accessing classroom-based sessions and those initially located on G2 had a very restricted regime
- HP13 There was a satisfactory violence reduction strategy overseen through a violence reduction committee and a small safer custody team. The findings of our main survey indicated that prisoners generally felt safer than in similar establishments. Most prisoners we spoke to confirmed this although black and minority ethnic prisoners had more negative perceptions of their safety. The incidence of violence was high but not excessive. We also identified instances of potential bullying and unexplained injuries that were not reported or recorded.
- HP14 About half of the prison's 110 young adults were held on A1 landing. Young adults identified serious concerns about their safety on A1 landing and many referred to bullying. The prison had recorded instances of 'sheeting' among young adults. This was described to us by one officer as horseplay but was, in fact, serious bullying. Prisoners told us that it was common and we met a number of young people who had clearly been victimised in this way. Prison management had limited awareness of the issue. Monitoring data in key areas, such as use of force, segregation and violent incidents, was disaggregated to assess the involvement of young adult prisoners, but this data was not properly analysed and addressed. Access to most aspects of the regime for young adults appeared equitable.
- HP15 Vulnerable prisoners generally said they felt safe, particularly on the residential unit, H2. Some thought staff on H2 were supportive, although others were more negative. Prisoners on H2 had daily access to education, gym and work opportunities, although those who had spent time on G2, used as an overflow when there were shortages of space, described a much more restricted regime. There was a new risk assessment system for prisoners seeking protection in their own interest, which would assist in ensuring informed decisions about their location.
- HP16 There was a comprehensive suicide and self-harm strategy supported by a continuous improvement plan and monthly management meeting. The number of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened in the last six months was high, at nearly 300, as was the 121 self-harm incidents. ACCT documentation was satisfactory, although observational entries did not always show interaction between staff and prisoners. Case reviews were

multidisciplinary and tailored to meet the needs of individual prisoners, and there were constructive links with their family. We were concerned to observe that a prisoner on an ACCT after being bullied was placed on report for refusing to relocate to the same wing as his bullies.

- HP17 The security department was adequately resourced and had good working relationships with local police. The security meeting was given high priority, was well attended and supported by a comprehensive report from the security manager. There were a large number of security information reports but suspicion drug testing was not well managed and this led to a poor positive test rate. Intelligence management on gang issues appeared proportionate. Almost 100 prisoners were currently on closed visits; the application of this system was overly restrictive and review procedures underdeveloped.
- HP18 The cells, showers and holding rooms in the care and separation unit were poor. There had been a significant throughput of prisoners in the previous six months, particularly for reasons of good order or discipline, but the authorising documentation was often poor and sometimes failed to provide adequate justification for decisions. The tier incentive system for prisoners located on good order or discipline was too restrictive and included placing prisoners on closed visits without adequate justification. Staff had good relationships with prisoners, but the personal officer scheme was nominal and ineffective. Individual care plans were perfunctory. Governance arrangements were underdeveloped and decisions for prisoners to remain segregated following the opening of ACCT documents without completion of a new safety screen were inappropriate and unsafe.
- HP19 The numbers of adjudications, although significantly reduced, remained high but were generally appropriate. Awards were broadly fair but records often lacked sufficient exploration before findings of guilt. We found several examples of unofficial punishments, including removal of regime without proper authorisation for prisoners already on the basic level.
- HP20 Use of force was reasonably low with 79 recorded incidents in the first six months of 2010. Many incidents did not involve the full application of control and restraint. Record keeping sometimes lacked detail but there was evidence of de-escalation. Managerial oversight, mainly through the security committee was limited. The special cell was rarely used.
- HP21 There was excellent integration of drug services, especially between clinical and psychosocial intervention teams, which was reflected in good joint care planning and work with individual prisoners. Each prisoner was allocated a named nurse and a named CARAT worker, who worked together on the prisoner's care plan and treatment reviews. However, prescribing in IDTS was not flexible enough. Mandatory drug testing rates were relatively low at about 9.6%, though the wide range over the last six months indicated spikes of drugs availability in the prison.

Respect

- HP22 The quality of the environment was generally very good, particularly on the new G and H wings. We had concerns about the co-location of basic-level prisoners on F1 landing. Staff-prisoner relationships were good, but the personal officer scheme had

limited effectiveness. The quality of food was reasonable but halal utensils were not always used. All diversity strands were addressed and were developing but much work was in the early stages of development. Racist incident reports required more rigorous investigation and some perceptions of black and minority ethnic prisoners were a concern. There was an effective and engaged chaplaincy that provided useful interventions. Prisoners had little confidence in applications and complaints procedures. The health care environment was poor but service provision was generally good. Outcomes for prisoners at Forest Bank were assessed as reasonably good against this healthy prison test.

- HP23 All residential units were light, bright and well maintained, and the environment on the new units was particularly good. Some cells in the older units were marred by toothpaste and graffiti, but all units had a full-time painter. Ventilation on the older units was poor. Toilets in double occupancy cells were insufficiently screened, and prisoners in shared cells had no lockable lockers. We saw examples of inappropriate material on display in cells across the prison. Most prisoners could wear their own clothes and had access to unit laundry facilities. Access to showers and telephones was good but showers did not have adequate privacy.
- HP24 We had concerns around the co-location of some basic-level prisoners on F1 landing, and the use of force to locate prisoners on the wing was excessive and inappropriate. The three tiers of the basic regime were confusing and unnecessarily punitive rather than motivational. Although there had been some improvements to the regime, the experience for those on tier one of basic remained poor. Decisions on promotion and demotion between levels were generally evidenced but there was some inconsistency in approach and governance was underdeveloped.
- HP25 Some prisoners raised concerns about the reliability of staff but there was an acknowledgement that most staff acted and behaved reasonably. In our survey, prisoner perceptions of victimisation and intimidation by staff were significantly better than the comparators. Our own observations of staff were positive, although we did encounter a few dismissive attitudes and inconsistencies of approach.
- HP26 Staff understood the published personal officer policy and allocated personal officers were listed on unit notice boards. In our survey, prisoners were more positive than the comparator about having a personal officer but only half, significantly worse than the comparator, said they found them helpful. There was some variation in the quality and frequency of personal officer entries in wing files, with too many lacking evidence of engagement. Quality assurance arrangements lacked effectiveness.
- HP27 The kitchen was generally well equipped and well maintained but the supervision of the serving of halal food on the serveries was inadequate. The four-week menus offered variety and special diets were well catered for. Food was of a reasonable quality, although some prisoners complained about portions. Breakfasts were served on the morning of consumption and prisoners had opportunity to dine in association. Consultation arrangements were adequate but there was limited access to comments books. Prisoners could order from the in-house shop twice a week but were negative about the range of goods offered. For example, there were no tinned products or fruit on the list and prisoners could not order goods from catalogues.
- HP28 The equality and inclusion policy referred to strands of diversity but required development. The area had been given a higher priority with the appointment of a senior management team lead and recruitment of an enthusiastic full-time equality

and inclusion officer. Work around disability and sexual orientation was developing, including referring prisoners with disabilities for appropriate support and the setting up of a support network for gay and bisexual prisoners. Although there was commitment to further improvement, much work was insufficiently embedded. There were no support forums for prisoners with disabilities, older prisoners, foreign nationals or prisoners from a black and minority ethnic background, although the chaplaincy facilitated a regular support group for the small number of Travellers. The appointment of dedicated prisoner equality and inclusion representatives was positive.

- HP29 Black and minority ethnic prisoners comprised about 19% of the population. Ethnic monitoring suggested no areas of significant concern but our survey showed strikingly negative perceptions from some prisoners from a black and minority ethnic background. The number of racist incident report forms submitted through the year was low, at about 51, but some subsequent investigations lacked rigour and these investigations were not validated externally.
- HP30 The foreign national strategy was process driven with limited attention to care or family ties. The part-time foreign national clerk worked well with the UK Border Agency and offered an appropriate service addressing deportation issues. The chaplaincy routinely provided pastoral care and support. Prisoners who attended classes in English for speakers of other languages (ESOL) received additional support from the teacher but support from residential staff was limited, particularly when language was a barrier. Foreign national prisoners had no regular contact with independent immigration and advice support agencies.
- HP31 In our survey, prisoners were very negative about applications and complaints procedures and showed little confidence in them. Many wing applications were not replied to and quality assurance arrangements were ineffective. Information on applications and complaints procedures was sparse and on some wings prisoners had to ask staff for a complaint form. Most complaints were answered promptly, although replies were often condescending and curt, and we found one case where the reply was from the member of staff the prisoner had complained about. Legal services were sufficient and prisoners had good access to them
- HP32 The chaplaincy comprised three full-time chaplains and part-time and sessional chaplains but the Muslim chaplain was only part time despite the significant number of Muslim prisoners. Attendance at formal services was reasonable and there was a programme of activity throughout the week, including faith-based study, work with families, restorative justice work and counselling. The chaplaincy was well integrated into and supportive of the broader work of the establishment.
- HP33 In our survey and discussions, there was a significant level of prisoner dissatisfaction with health care, although prisoners raised no major concerns and the prison's own health satisfaction survey was positive. There was no health needs assessment and no prison health action plan. The health centre was congested and restrictive and the inpatient and day care facilities were dated and stark. There were no long waits to see a doctor, and there was a full range of clinics for lifelong conditions. There were no day care services as yet. The pharmacy service was safe and well managed. Dental services were very good but the working environment did not meet modern standards. Prisoners had appropriate access to secondary health services. There was support for prisoners with mild to moderate mental health problems, and secondary mental health provision was good, although some mentally ill patients had

unacceptably long delays in transfers to NHS beds. Forest Bank was participating in the National Patient Safety Agency audit of safe practices in mental health.

Purposeful activity

HP34 There were sufficient full-time equivalent activity places for about half the population, although part-time provision meant that the majority of prisoners were engaged in some form of activity. Induction to learning and skills was reasonable and the range of education provision was satisfactory. Much workshop provision was mundane but some vocational training was available. Punctuality and attendance at activities was good and a positive work ethic was promoted. The PE programme and access generally were reasonably good. Time out of cell was impressive, although during the working part of the day we found up to half the population locked in cell. Outcomes for prisoners at Forest Bank were assessed as reasonably good against this healthy prison test.

HP35 The number of activity places had increased since the last inspection to provide sufficient full-time equivalent places to meet the needs of about half the population. However, about half of activity places were part time, which meant that approximately 88% of prisoners had some access to activity. The quality assurance systems for learning and skills were not robust enough and data was not used sufficiently to analyse effectiveness. Self-assessment was satisfactory overall, with a good focus on learner feedback. Allocation to activities was equitable, although the pay structure needed review. Initial assessments of prisoners' literacy and numeracy needs were satisfactory, as was the breadth of the education curriculum and the teaching. Attendance and punctuality were good. The use of lesson planning and individual learning plans was inconsistent. Most prisoners who completed their course achieved their qualification. There was good use of mentors to support learning.

HP36 The range of vocational training was satisfactory and appropriate, with provision in fork lift truck driving, construction skills certificate scheme, industrial cleaning, driving theory test and catering accredited courses. A newly introduced painting and decorating course was being developed but did not currently offer accredited qualifications. A business course aimed at preparing prisoners for self-employment was also available. Some short courses were well focused on improving employability. The standard of accommodation in the training kitchen was excellent, and training and opportunities to gain qualifications were generally good but with just 44 vocational training places, provision was insufficient to meet need. Vulnerable prisoners had no access to vocational training.

HP37 Much of the work was in contract workshops, mainly in light assembly and packing, and there was a significant number of cleaners and orderly posts. Work was generally managed to allow prisoners to develop a good work ethic, although the development of work skills was mostly not well recorded. Most of the work was mundane and repetitive with few opportunities for progression. There was insufficient provision for prisoners wanting to improve their literacy and numeracy.

HP38 Access to the library was satisfactory and evening opening had increased to five evenings a week. The range of activities to promote literacy and use of the library was very good and included a creative writing group and two reading groups led by the part-time librarian. The number of texts to support vocational training was insufficient,

but the range of general and fiction books was satisfactory. There was an adequate stock of fiction and non-fiction in 22 languages and a few foreign newspapers.

- HP39 Prisoners had good access to a well-equipped gym, with at least two sessions a week. The gym was overcrowded at peak times. The cardiovascular areas had been extended, and there was a large indoor sports hall. An all-weather sports pitch was used for activities such as football and tag rugby. A new course provided good opportunities for personal development and motivated prisoners. It included training in substance misuse, health awareness, sexual health, team building, first aid, lifestyle choices, fitness testing and football coaching. It was provided by coaches from Manchester United. Achievement of PE qualifications was good, although few prisoners took these courses.
- HP40 Access to time out of cell was very good. The prison reported a time unlocked figure of 10.5 hours a day. The core day suggested that a prisoner fully engaged with the regime could have more than 12 hours out of cell, while an unemployed prisoner could access at least five hours, and potentially six. The core day provided periods of unlock for all in the morning, at lunchtime and three hours each evening. Association was rarely, if ever, cancelled and there was little slippage in routines. However, during the working part of the day we found nearly half the population locked in cell. Exercise was offered for an hour each morning but only to those not engaged in activity

Resettlement

HP41 There was a range of good resettlement activity but this needs to be underpinned by better analysis and planning. The prison had no resettlement policy or needs analysis, although there was a strategy document covering the resettlement pathways. Governance of the management of resettlement was informal. Community links and partnerships were impressive. There was no formal custody planning for the short-term and remand prisoners who comprised about half the population but offender management for those in scope was good, particularly where they linked to community partners. Public protection procedures were good and work with indeterminate prisoners satisfactory. Work across the individual resettlement pathways was generally well developed with interesting and effective links to community partners. Outcomes for prisoners at Forest Bank were assessed as good against this healthy prison test.

HP42 The prison had no resettlement policy but had a broad but limited strategy document, based on the resettlement pathways and linked to the area reducing reoffending policy. The strategy did not address, for example, links to the offender management unit (OMU), indeterminate-sentenced prisoners or remand and short-sentenced prisoners. There was limited analysis of prisoner need and no formal meeting structures to supervise or guide strategy. Governance was essentially informal and meetings were not minuted. All new arrivals had a basic assessment of resettlement need but the document was little used and offered little on custody planning for shorter-term prisoners, apart from some signposting of pathway services. Despite this, many aspects of resettlement were well developed, especially those oriented to community links and work with partner agencies.

HP43 There were 376 prisoners in scope for formal offender management, including 36 on indeterminate sentences for public protection (IPPs) and lifers, and 138 prolific or

priority offenders or those subject to integrated offender management. Work with this group was generally very good. Offender supervisors showed good engagement with prisoners, including some structured one-to-one work. Positive initiatives included liaison with community-based Spotlight services across Greater Manchester; offender supervisor single points of contact and area surgeries in the establishment. Communication between the OMU and community probation services was also good, as were links with other departments across the prison. CARAT and housing staff access to OMU contact logs ensured effective, and generally well-integrated, communication.

- HP44 Although there were still no specific forums for IPP and lifer prisoners, work with this group through OMU was of a good standard. Over 60% of indeterminate-sentenced prisoners had been at Forest Bank for less than 12 months and, despite some problems in transferring prisoners, 47 had progressed out of the prison in the last 12 months.
- HP45 Arrangement for public protection were generally good, with robust links to probation offender supervisors and an effective full-time public protection clerk. All new arrivals were appropriately screened and managed through the monthly interdepartmental risk management meeting. Public protection and risk management were generally well understood by staff, especially those in OMU. Arrangements for monitoring mail and telephone calls were good, and almost 40% of staff had attended the 'tackling sexual offending together' course.
- HP46 The accommodation team saw all new arrivals for a detailed assessment of need. The division of the team between tenancy support and homelessness strands worked well. The good range of support included links to community providers, especially in Greater Manchester. A well-established system supported prisoners whose circumstances changed during sentence, and all those with an identified need were reviewed three months before release, along with prisoners at Forest Bank for much shorter periods. Approximately 98% of prisoners were released with accommodation to go to, and only 17 had been released with no fixed accommodation in the last six months. Bail accommodation provision was well managed.
- HP47 A good preparation for work course was available to all prisoners before their release and Jobcentre Plus and employment advocacy workers provided good support advice. There were good links with a variety of external support networks and the prison had persuaded some employers to keep open employment for prisoners serving short sentences. Approximately 21% of prisoners released had secured employment and approximately 18% continued with training.
- HP48 The finance, benefit and debt service was the least well developed of the resettlement pathways. A budgeting and money management course was available in the last 12 weeks of sentence as part of the 'get out, stay out' (GOSO) pre-release programme run by education and prisoners could open bank accounts before their discharge. There was no debt counselling and the extent of debts held by prisoners was not known.
- HP49 There was good pre-discharge health screening and planning, with assistance to find a GP and supply take-home medication. An end-of-life policy had recently been revised.

- HP50 The drug strategy lacked a current needs analysis or action plan and development targets, though these were planned. The CARAT team worked well with IDTS nurses and other departments and agencies providing interventions; it also had effective links with local community resettlement agencies. Accredited interventions were offered and there were feedback sessions to gain prisoner views of the integrated substance misuse service. A range of services for alcohol users was also available.
- HP51 The visitors' centre was well managed and offered welcoming support. The large visits room had appropriate facilities including a crèche. Evening visits were available and family days and partner meals hosted in the prison were well supported. The 'time for families' course delivered through the chaplaincy was a positive initiative, as was the family relations programme aspect of GOSO. Storybook Dads and the opportunity for prisoners to design their own books for children were extremely positive and could be extended. However, all these initiatives presently operated in isolation of each other.
- HP52 The three accredited offending behaviour programmes – short duration drug programme (SDP), P-ASRO (prison addressing substance related offending) and alcohol related violence (ARV) – were well managed and, along with control of violence for angry, impulsive drinkers (COVAID), met the needs of prisoners with substance misuse problems. There was, however, little available for those with other offending behaviour needs. The thinking skills programme (TSP) was no longer available, although over 160 prisoners were currently identified with such a need. In our survey, significantly fewer prisoners than the comparator said they had attended offending behaviour programmes. There were some non-accredited programmes but the lack of a comprehensive needs analysis meant that it was difficult to establish the extent of actual need.

Main recommendations

- HP53 All vulnerable prisoners should be kept in a safe environment and be able to access a full regime.
- HP54 The prison should investigate the actual level of violence and bullying on A1 wing, use this information to inform the anti-bullying strategy, and work actively with prisoners to eradicate 'sheeting'.
- HP55 Prisoners should only be placed on and remain on closed visits when there is sufficient security-based evidence to support this.
- HP56 The good order or discipline tiers operating in the care and separation unit should be removed and the incentives and earned privileges scheme should operate instead.
- HP57 The negative perceptions by some prisoners from black and minority ethnic backgrounds about their experience at Forest Bank should be further investigated and action taken to rectify any issues.
- HP58 The provision of health services should be determined by a health needs analysis.

- HP59 The number of activity places, particularly in vocational training, should be increased to meet the needs of the population.
- HP60 The prison should introduce custody planning for all prisoners serving sentences of less than 12 months or who are on remand.

Progress on main recommendations since the previous report

(The paragraph numbers at the end of each main recommendation refer to its location in the previous inspection report)

Main recommendations

MR1 The quality of the environment in reception and information provided to prisoners should be improved. (HP46)

Partially achieved. Although the communal areas in reception were clean and well maintained, the seven holding rooms were drab and unwelcoming (see paragraph 1.10). Notice boards in the central corridor in reception displayed some relevant information, such as on the Listener scheme, but the holding rooms displayed virtually no written information, apart from warnings about not smoking or damaging the rooms (see further recommendation 1.11).

MR2 Effective and consistently applied first night procedures should be introduced. (HP47)

Partially achieved. First night procedures had improved since the previous inspection. In our survey, 79% of respondents, significantly better than the comparator of 71%, said they felt safe on their first night in the prison. However, we were not assured that all aspects of first night procedures were applied effectively and consistently. Although there were first night interviews with all new arrivals, we found a case of one prisoner who was located in health care on his first night who had not received a first night interview. We had other concerns about the effectiveness of first night interviews (see paragraph 1.16) and found that new arrivals were not consistently offered a shower (see paragraph 1.21). (See further recommendations 1.19 and 1.20.)

MR3 Vulnerable prisoners should not be held alongside bullies or prisoners on basic and should have access to a full regime, including education. (HP48)

Partially achieved. H2 held only vulnerable prisoners, including those on the basic level. They had access to gym each weekday but not at weekends and there was a classroom on the unit where education was delivered each weekday. They had access to work in one workshop but not to vocational training. However, some vulnerable new arrivals could be held on G2 if there was no space on H2, or if there were reasons why they could not be located there. G2 had a more restricted regime, with no access to any purposeful activity. One young adult who had spent his first two days in custody on G2 told us he felt unsafe there and that his cell door could be unlocked at the same time as other prisoners (see main recommendation HP53).

MR4 The establishment should investigate the reasons for high perceptions of prisoner-on-prisoner victimisation, particularly among young adults, to inform the anti-bullying strategy. (HP49)

Partially achieved. In 2008 the prison had commissioned a university study into the perceptions of bullying among prisoners. The results had been formulated into an action plan and incorporated into the violence reduction strategy, with action taken on the recommendations.

MR5 **Mandatory drug testing [MDT] should be carried out randomly across the prison population, and its results used to inform the prison's substance use policy and practice. (HP50)**

Achieved. MDT was carried out across the prison according to national guidelines, and the results were fed back to the drug strategy meeting.

MR6 **The prison should have a diversity policy outlining how the needs of minority groups will be met, overseen by a designated manager and implemented by designated liaison officers. The policy should be informed by regular consultation and monitoring of prisoners with specific needs. (HP51)**

Partially achieved. The equality and inclusion policy dated 2010-11 broadly covered all the strands of diversity and related to both staff and prisoners. However, the policy still did not explain how the prison would meet the needs of minority groups. A member of the senior management team had been appointed as the lead for equality and inclusion and a non-uniformed member of staff had been appointed as the equality and inclusion officer (EIO). The EIO was directly responsible for all strands of diversity except foreign national prisoners, which remained with the lead. Thirteen equality and inclusion assistant officers had been identified throughout the establishment but they provided little support to the EIO, as they had little facility time for these duties. There were five prisoner representatives who were appropriately trained and regularly consulted about issues across the different strands. However, consultation arrangements with minority groups and monitoring systems for specific groups remained underdeveloped (see recommendation 4.7).

MR7 **The prison should put in place a strategy to revise and improve its health care provision. (HP52)**

Not achieved. There was no prison health development strategy. We were told that a plan would be developed following the completion of a health needs analysis in October 2010 (see main recommendation HP58).

MR8 **There should be sufficient purposeful activity for all prisoners, and all activity places should be fully utilised. (HP53)**

Partially achieved. The number of activity places overall had increased since the last inspection by approximately 10%. However, there were still not enough places to ensure that all prisoners could have full access to activities throughout the week. The move to more part-time places – approximately half of all places – had increased the number of prisoners engaged in some form of activity during the week to 88%, and attendance had improved to approximately 86%. However, at any one time around just under half of the population were not engaged in activities.

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Records should be kept of the number of prisoners held in police cells and the amount of time spent there. (1.6)

Achieved. Local records of the use of police cells had been maintained but prisoners were no longer held regularly in police cells before their arrival at the prison and at the time of the inspection the prison's population was below its operational capacity.

- 1.2 The reasons for poor prisoner perception of their treatment during escorts should be investigated. (1.7)

Not achieved. In our survey, as at the previous inspection, prisoners were negative about their treatment during escort – in some cases more so. For example, only 35% of respondents, compared with the comparator of 50% and 42% at the previous inspection, said the cleanliness of escort vans was good. The escort vehicles we viewed had some graffiti and grubby floors. Only 56% of respondents, significantly worse than the comparator of 66%, said they were treated well by escort staff. Prison managers met escort managers each month to discuss any concerns, such as timeliness of court discharges and returns. The Prison Escort and Custody Services manager had also visited the prison regularly during 2010. However, we did not see any evidence of a formal investigation into prisoner perceptions of their treatment during escort.

We repeat the recommendation

Housekeeping point

- 1.3 Escort vans should be clean and free from graffiti.

Additional information

- 1.4 During the first five months of 2010, an average of 580 prisoners a month were discharged to court. G4S provided the escort service for both courts and inter-prison transfers. Morning discharge procedures were efficient and well organised.
- 1.5 Prison escort records (PERs) we sampled were properly completed with relevant risk factors documented. Reception staff told us late arrivals from court were infrequent, which was confirmed by PERs and our observations. Many prisoners came from the local area. In our

survey, 79% of respondents, against the comparator of 72%, said they knew where they were going when they left court or on transfer from another prison. However, only 11%, worse than the comparator of 15%, said they received any written information about what would happen to them on arrival at the prison.

- 1.6 Some prisoners told us they had experienced some delays in disembarking from escort vehicles on arrival at the prison. We did not observe any delays but staff said they could happen if more than one vehicle arrived at the same time.
- 1.7 Prisoners, including those transferring to open conditions, were not given notification of planned transfers until the day of their transfer.

Further recommendations

- 1.8 Prisoners should receive information at court about the Forest Bank in a language they can understand
- 1.9 All prisoners should be given 24-hours notice of a planned transfer unless there are well evidenced security reasons not to do so.

First days in custody

Expected outcomes:

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

- 1.10 Holding rooms should be clean and equipped with facilities to occupy prisoners, including working televisions. (1.28)

Partially achieved. Holding rooms were reasonably clean, and a programme of floor stripping to improve their cleanliness began during the inspection. However, the rooms were poorly ventilated. One holding room had a toilet and wash basin but the toilet leaked and the surrounding flooring needed replacing. Three of the largest holding rooms had televisions. While we were in reception, these were switched on and showed an information DVD about Forest Bank, although some recent arrivals told us that televisions were not switched on while they were in reception. The smaller holding rooms, used to accommodate vulnerable prisoners, had no televisions. We saw newspapers and magazines in one of the reception holding rooms, although prisoners we spoke to said they had not seen any reading material when they were in reception.

Further recommendations

- 1.11 The quality of the environment in the reception holding rooms should be improved, including the display and provision of written information to prisoners.
- 1.12 All reception holding rooms should be equipped with televisions, reading material or other means to occupy prisoners.

Housekeeping point

1.13 Televisions in holding rooms should be switched on when available and prisoners are present.

1.14 **Strip searching of prisoners should be carried out by two officers. Management checks should ensure that this takes place. (1.29)**

Achieved. Searches we observed were conducted by two officers, and prisoners told us they were searched by two staff. Management checks ensured this was the case. The search area had two searching booths and was screened appropriately for privacy.

1.15 **Prisoners should not be held in the reception area for long periods. (1.30)**

Achieved. The time prisoners spent in reception varied depending on how many prisoners arrived, but we did not observe any significant delays in moving new arrivals from reception on to residential units. Most prisoners we spoke to had not been held in reception for unreasonably long periods and some said they had been moved to the residential units within one hour of their arrival in the prison.

1.16 **Reception interviews with new arrivals should take place in private, and enable them to raise any concerns and to have them dealt with promptly. (1.31)**

Not achieved. Initial interviews to check the prisoner's identity were conducted at a high counter, and prisoners had to stand some distance from the desk against the wall while this took place. Two reception staff carried out more detailed reception interviews in a separate office with appropriate privacy. The interview we observed was interrupted three times when other staff entered the interview room. Such interruptions were unlikely to encourage prisoners to ask for help or disclose sensitive information or anxieties. During the interview, prisoners were asked if they had any immediate concerns and staff in reception were aware of potential risk factors.

We repeat the recommendation.

1.17 **The basic procedures and facilities of the first night and induction unit should be explained to new arrivals before they are locked up for their first night, and they should be made aware of what will happen to them during their first few days in custody. (1.32)**

Achieved. In our survey, 51% of respondents, better than the comparator of 44%, said they received information about what was going to happen to them. The *Rough Guide to Forest Bank* was currently being updated and was not being issued to prisoners. Prisoners did not receive any written information in reception other than a copy of a custody compact, which outlined local rules and regulations. During first night interviews, new arrivals were given some verbal information about what would happen during the following day.

1.18 **All new arrivals on E1 unit should have a first night interview that allows them to raise any concerns in private. Staff should use this interview to find out if any additional support is required to help prisoners settle in. (1.33)**

Partially achieved. New arrivals no longer spent their first night on E1. Most were located on G2, the first night unit, H1, the stabilisation unit for those with substance use needs, or the vulnerable prisoner unit and overflow, H2 and G2 (see paragraph MR3). Staff on these units completed first night assessments. These covered not only potential risk factors but also a wider assessment of resettlement needs. This detracted from a proper focus on identifying and

responding to immediate needs during the first 24 hours in custody. The assessments we sampled were mechanistic, with tick-box answers and no written comments. Where issues were identified there were no records of any action or follow up by staff. Although staff we spoke to were aware of potential risk factors, first night interviews focused on collecting information. Where there were concerns about new arrivals, they were placed on hourly observations during their first night. Records of this were largely observational and showed little engagement with prisoners. There were no further interviews the following day to re-assess how the prisoner was coping and we saw no recorded entries in wing files to indicate any further follow up.

Further recommendations

- 1.19 Managers should ensure that first night procedures are consistently applied and that every prisoner receives an interview.
- 1.20 First night assessments should focus on identifying and responding to any immediate needs, and issues of concern should be followed up.

1.21 Prisoners should be allowed association and showers on their first night. (1.34)

Not achieved. Prisoners were not allowed association on their first night in custody. In our survey, only 13% of respondents, significantly worse than the comparator of 35% and the 17% response at the previous inspection, said they were offered a shower on their day of arrival. Some prisoners on induction confirmed that they were not offered a shower. Although staff on G2 landing had begun to document in prisoner wing files when a shower was offered, this was not recorded in the wing files we saw on H1. The three showers in reception did not appear to be frequently used.

We repeat the recommendation.

1.22 The locations of all first night prisoners should be identified. (1.35)

Achieved. There were no designated first night cells, but unit notice boards identified prisoners spending their first night in custody. During our night visit, staff were able to identify all new arrivals.

1.23 Purposeful activity should be offered to prisoners on E1 between periods of induction. (1.36)

Achieved. Prisoners could participate in wing routines between periods of induction, including cell cleaning, showers and exercise. However, vulnerable prisoners on G2 awaiting a place on H2 had a very restricted regime (see paragraph MR3).

1.24 The educational needs of newly arrived vulnerable prisoners should be assessed. (1.37)

Achieved. Newly arrived vulnerable prisoners had their educational needs assessed.

Additional information

- 1.25 Reception was open from 6am to 8.30pm and staffed by a team of 14 trained officers. The area was very busy with a significant number of movements to court each day, as well as the

regular arrival of prisoners on overcrowding drafts. Ten prisoners arrived on an overcrowding draft from Birmingham during the inspection.

- 1.26 In our survey, only 46% of respondents, significantly worse than the comparator of 58% and the 58% response in 2007, said they were treated well in reception. Staff we observed were generally polite with prisoners but were focused on the completion of tasks. We did not see any staff, including those who conducted the reception interview, introducing themselves to prisoners.
- 1.27 There was a Listener in reception who could see new arrivals in private if needed. There were Listeners on G2 and H1 but not on H2. In our survey, only 21% of respondents, against the comparator of 24% and 31% response in 2007, said they had met a Listener within their first 24 hours.
- 1.28 There were two telephones in reception and new arrivals could have a brief free telephone call. New arrivals were issued with a duvet, bedding, and toiletries, and a smoker's or non-smoker's reception pack.
- 1.29 One officer ensured that all new arrivals, irrespective of their initial location, received a full induction programme, and also dealt with their access to telephone numbers, PIN (personal identification number) telephone credit and the prison shop. Cover arrangements during the officer's absence were not sufficiently robust to provide assurance that all prisoners received a full induction.
- 1.30 The two-day induction programme began the morning after reception with the completion of a first 24-hour interview, which incorporated the completion of various compacts. Prisoners were given an information booklet which was covered during classroom sessions. Some departments, such as bail information, counselling, assessment, referral, advice and throughcare service (CARATs) and housing staff also saw prisoners on an individual basis the morning after their arrival.
- 1.31 The induction classroom on G2 was well equipped and included multimedia. Relevant staff, such as the chaplaincy, were also involved in the delivery of information. In the session we observed, the induction officer endeavoured to engage prisoners, encouraged questions and dealt with queries. Significant issues, such as safer custody and equality and inclusion, were emphasised.
- 1.32 Prisoners from H1 were brought to G2 to participate in classroom sessions when the induction officer felt they were sufficiently stabilised to engage fully. Classroom sessions for vulnerable prisoners tended to be delivered on a weekly basis, which meant possible delays before they completed the full induction programme.
- 1.33 The induction officer maintained comprehensive records to track prisoners' progress through the induction programme. In our survey, 85% of respondents, significantly better than the comparator of 76%, said they had been on induction and 66%, against 58%, said it covered everything they needed to know. The induction officer had recently developed a feedback questionnaire, but had not yet analysed the results.
- 1.34 New arrivals who had been in Forest Bank in the previous 12 months had the option of a fast-track induction, for which they received no pay. We were not assured that prisoners discharged up to 12 months earlier would retain all the relevant information necessary to ensure they did not need to complete a full induction.

Further recommendation

- 1.35** Induction procedures and management arrangements should ensure that all prisoners, including vulnerable prisoners, receive a full induction in line with the detailed programme whenever they arrive.

Housekeeping points

- 1.36** Reception staff should introduce themselves to prisoners and should actively engage with them during the reception process.
- 1.37** There should be effective governance of the induction fast-track arrangements to ensure prisoner needs are met.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

- 2.1 Cells without a separate closet for the in-cell toilet should not be used for double occupancy. (2.19)

Not achieved. On both the original units, A to F, and on the new units, H and G, cells used for double occupancy had no separate closet for the in-cell toilet.
We repeat the recommendation.

- 2.2 The ventilation in cells should be improved. (2.20)

Not achieved. Although cells in the two new units were adequately ventilated, the ventilation in cells in the older six wings remained poor. Many prisoners complained about the temperature in cells.

Further recommendation

- 2.3 The ventilation in cells on A to F wings should be improved

- 2.4 Prisoners on all levels of the incentives and earned privileges scheme should be able to purchase electric fans for their cells. (2.21)

Achieved. Prisoners on all levels could now buy electric fans from the prison shop. However, electric fans were not listed on the establishment's facilities list.

Housekeeping point

- 2.5 Electric fans should be listed on the published facilities list.

- 2.6 Cells with graffiti and badly marked walls should be repainted. (2.22)

Partially achieved. Some cells in the original units had some graffiti, and some cell walls were marred by toothpaste. All units employed a prisoner as a painter full time. Some painters told us that they painted cells at the request of prisoners and checked all cells regularly, while others said that staff asked for specific cells to be painted when they noted marked walls.

Housekeeping point

- 2.7 Residential managers should ensure all cells are checked regularly for graffiti and marked walls, and repainted when necessary.

2.8 Residential wings should have one telephone for every 20 prisoners, and all telephones should be fitted with privacy hoods. (2.23)

Not achieved. The number of telephones on residential units fell slightly below the ratio of one for every 20 prisoners, although access did not appear to be a problem and an additional telephone had been installed on all the original units. In our survey, only 26% of respondents, against the comparator of 32%, said they had problems accessing the telephone (although this was worse than the 17% response in 2007). Not all telephones were fitted with privacy hoods. **We repeat the recommendation.**

2.9 There should be measures to ensure that noise is kept to a minimum at night. (2.24)

Achieved. In our survey, 68% of respondents, against the comparator of 64%, said it was quiet enough for them to be able to sleep at night. Staff were clear about the action they would take to deal with inappropriate and disruptive noise. During our night visit it was generally quiet, although there was more noise on F1 landing, which accommodated prisoners on the basic level of the incentives and earned privileges (IEP) scheme (see paragraph 7.49). In our focus groups, prisoners on F2 landing said that they could be disturbed by noise from F1.

2.10 Prisoners should be issued with sufficient items of clothing and kit. (2.25)

Achieved. In our survey, significantly more respondents than at the previous inspection, 44% against 30%, said they were offered enough suitable, clean clothing for the week. All prisoners, other than those on basic level or in the segregation unit, could wear their own clothes (see paragraph 2.22).

2.11 Prisoners in double occupancy cells should have secure lockers for their personal possessions. (2.26)

Not achieved. No double occupancy cells had secure lockers for prisoners' personal possessions. **We repeat the recommendation**

2.12 Shower cubicles with an acceptable level of privacy should be installed. (2.27)

Not achieved. Shower cubicles had not been installed in any of the showers, which did not afford adequate privacy. **We repeat the recommendation.**

2.13 Prisoners should have access to showers following work activity. (2.28)

Not achieved. There were showers on both floors of each residential unit. In our survey, 97% of respondents, significantly better than the comparator of 78%, said they could shower every day. However, prisoners who worked in the kitchen said they were not able to shower after work. Staff confirmed that although they endeavoured to ensure prisoners could have a shower, access depended on the time they returned to the residential unit. **We repeat the recommendation.**

Additional information

2.14 Two additional wings had been built since the previous inspection. They had central hubs with classrooms, offices and a cardiovascular suite. The standard of accommodation on these wings was very good. The top floors were galleried and had good sightlines. All residential

units were light, bright and well maintained. External areas throughout the prison were clean and free from litter.

- 2.15 There was association equipment on the ground floor of each unit. The equipment on the A1 unit, designated for young adults, was in a poor state of repair.
- 2.16 In some cells, prisoners displayed a large quantity of personal possessions, such as toiletries and food. The prison had recently identified this as a concern, and issued a notice to prisoners of its intention to restrict the number of items, such as toiletries, which they could have in their possession. Prisoners on all levels of the IEP scheme could buy their own curtains. Not all cells on units A to F had curtains, and some prisoners used toilet paper or prison bedding to cover windows.
- 2.17 The prison had an offensive displays policy, but we saw many examples where it was not adhered to and inappropriate material was on display in cells.
- 2.18 Although some prisoners reported delays in responses to cell call bells, we observed them answered promptly. In our survey, 49% of respondents, significantly better than the comparator of 35%, said cell call bells were answered within five minutes. It was not possible to obtain monitoring data for use of the cell call bell system on A to F. Monitoring data from G and H showed call bells were responded to promptly.
- 2.19 In our survey, 47% of respondents, against a comparator of 45% and the 37% response in 2007, said they had problems accessing mail. Incoming mail was opened, checked for enclosures and delivered to residential units on the day it arrived in the prison. Unit staff collected special delivery letters from the post room. Night staff took outgoing mail to the post room, where it was dealt with by post room staff the following day, which meant there were delays in the post leaving the prison.
- 2.20 All units had an appointed wing induction prisoner support, who offered support and guidance to prisoners, particularly those new to the unit. This was a paid position, which was covered by a policy document and coordinated by two residential managers.
- 2.21 There were monthly prisoner consultative meetings attended by prisoner representatives from each wing and chaired by the head of regimes. The standard agenda covered relevant areas, such as violence reduction and access to regime facilities. Notes of meetings were published on wing notice boards. The notes indicated only minimal discussion of key areas. For example, under some agenda headings at successive meetings, the prison's policy was stated in the minutes, but there was no record that the views of prisoners had been sought or that there was wider discussion of the issues.
- 2.22 All prisoners could have clothing handed in during visits, or posted in if they did not receive visits, but only up to 28 days after arrival. In addition, remand prisoners if convicted had a further 28 days during which clothing could be handed in on a visit. Items could be exchanged once they had been in a prisoner's possession for six months, and there were procedures to cover clothing reported as lost or stolen. Prisoners could not buy their own clothing through catalogues (see paragraph 8.12 and further recommendation 8.15). There were laundries on each residential unit, which prisoners could use on a rota, although some prisoners said there were some problems with access.
- 2.23 In our survey, prisoners were negative about access to their stored property. On the day we visited reception there were 10 applications waiting to be processed but all had been submitted within the previous five days and there was only a small amount of property awaiting issue.

Reception managers said that prisoner applications for property were often completed incorrectly or did not provide all the information needed, which led to delays.

- 2.24 Prisoners were issued with duvets on arrival. Bedding was exchanged weekly and towels three times a week. In our survey, 93% of respondents, significantly better than the comparator of 80%, said they received clean sheets weekly. Prisoners reported ready access to cell cleaning material.

Further recommendations

- 2.25 Residential staff should ensure that prisoners understand the offensive displays policy and adhere to it consistently.
- 2.26 Responses to cell call bells on units A to F should be monitored.
- 2.27 Minutes of wing representative meetings should evidence clear discussion of the key issues and consultation with prisoners.

Housekeeping points

- 2.28 Broken or damaged association equipment should be repaired or replaced.
- 2.29 The collection of outgoing mail from residential units should be revised to minimise the delays in mail leaving the prison.
- 2.30 Managers should monitor access to wing laundries to ensure all prisoners have weekly access.
- 2.31 Residential staff should check that property applications are completed fully before they are forwarded to reception.

Staff-prisoner relationships

Expected outcomes:

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

- 2.32 Refresher training or mentoring for staff should be developed to improve staff confidence in dealing with basic level prisoner issues. (2.38)

Achieved. There was a mentoring scheme, with 16 trained mentors, organised by the prison's training staff. Each mentor had a caseload of about eight mainly new staff. Mentoring was voluntary and was managed one-to-one in the months following basic training. The scheme had been in place for over two years and it was acknowledged that a relaunch was needed. A course in basic gaolcraft, part of a module in the basic training of new prison custody officers, included a process of shadowing and completing task sheets to help staff address basic

challenges and the questions they would meet on the wings. Staff were also given an 'aide memoire' that provided pointers to build confidence in addressing prisoner issues.

2.33 The quality and consistency of record keeping in wing history files should be improved. (2.39)

Not achieved. The quality of entries in wing history files varied greatly. Although there was some good practice, there appeared to be no means of spreading this. The number of entries varied, as did the quality. Most were observational and failed to provide an assurance that staff had a rounded knowledge of individual prisoners. Too often entries recorded yet another introduction following a change of personal officer. Quality assurance and management checks were often perfunctory, provided no guidance and applied no criteria to the assessment undertaken.

We repeat this recommendation.

2.34 Prisoner consultation arrangements should be extended, with wing-based staff-prisoner forums to improve communication and build trust. (2.40)

Not achieved. As at the last inspection, the prison held a single monthly consultation meeting with prisoner representatives from each wing. Consultation had not been extended to a wing-based structure.

Additional information

2.35 In our survey, 65% of respondents said that staff treated them with respect, which was worse than the responses of 69% for the comparator and our last visit. However, 68% said there was a member of staff they could turn to if they had a problem, significantly better than the 59% response at our previous inspection. Findings across indicators concerning staff intimidation or victimisation were generally better than the comparators, except for respondents from a black and minority ethnic background, who were more negative. For example, 36% of black and minority ethnic respondents said they had been victimised by staff, significantly worse than the 19% of white respondents.

2.36 In our focus groups, prisoners raised concerns about the reliability and attentiveness of staff and, in particular, their confidence in dealing with issues raised by prisoners. This was also the response in the prison's most recent measure of the quality of prison life (MQPL) survey in 2008, in which a significant number of prisoners suggested a lack of trust in staff or felt ignored. In our groups, prisoners acknowledged that most staff acted and behaved reasonably, although they drew some distinction between the more experienced staff and the large number of relatively new staff. Most responses to our qualitative survey of staff-prisoner relationships (see Appendix III), suggested that prisoners had a generally positive experience and perception of staff. Our observations of staff were generally positive, although we did encounter a few dismissive attitudes, some inappropriate comments and evidence of inconsistency in dealing with issues.

2.37 Staff did not generally address prisoners by their preferred names or titles, although they were used in written work. Staff were clearly busy but generally engaged and friendly.

Further recommendation

2.38 Staff should use preferred names or titles when addressing prisoners.

Personal officers

Expected outcomes:

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

2.39 The names of personal officers should be prominently publicised on all residential wings. (2.47)

Achieved. The names of personal officers were displayed on notice boards next to offices on residential units. In our survey, 66% of respondents, significantly better than the comparator of 44% and the response of 36% at the previous inspection, said they had a personal officer.

2.40 Personal officer entries in wing history files should provide evidence of knowledge of the prisoner and positive interaction. (2.48)

Partially achieved. Personal officer entries in wing history files varied in quality. Too many entries were observational and did not reflect engagement or positive interaction with prisoners. Many entries focused solely on adherence to wing rules and regimes and did not indicate a wider knowledge of prisoners' individual circumstances. In our survey, 53% of respondents, significantly worse than the comparator of 63% and the response of 60% at the previous inspection, said they found their personal officer helpful.

We repeat the recommendation.

2.41 Management checks of wing history files should include an analysis of the quality of entries. (2.49)

Achieved. Personal officer entries in wing files were checked by both residential senior officers and unit managers, who sampled 10% of files each month. Comments on the quality of entries were recorded in wing files, and unit managers gave the head of regimes a written account of their findings. However, we were not assured that these management checks were sufficiently robust to effect improvements in practice (see recommendation 2.33).

2.42 Links between personal officers and offender supervisors should be improved. (2.50)

Not achieved. We did not see any evidence of links between the work of personal officers and offender supervisors.

We repeat the recommendation.

2.43 Personal officers should attend or contribute to assessment, care in custody and teamwork (ACCT) reviews. (2.51)

Achieved. Wing staff were consistently represented at ACCT case reviews, although it was not always possible to ensure that this was the prisoner's personal officer, as three officers needed to be on duty at a time on each unit.

Additional information

2.44 Personal officer procedures were described in a guidance document updated in May 2010, and staff we spoke to understood the requirements of the role. Personal officers were allocated on a location basis and the system included cover arrangements. It was apparent from wing file entries that frequent changes of an allocated personal officer were common.

- 2.45 The guidance required personal officers to conduct an initial interview within seven days of a prisoner's arrival on the unit and then at fortnightly intervals. The frequency of file entries varied and we saw examples where this did not meet the requirements.

Further recommendation

- 2.46 The frequency of personal officer wing file entries should be in line with the published local guidance.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

3.1 Regular bullying surveys should monitor responses and should separate findings for adult and young adult prisoners. (3.13)

Achieved. There were exit surveys of all prisoner discharged from the establishment, and the results were collated and incorporated into the policy document review. There was a quarterly prisoner violence reduction forum, which discussed 19 aspects of violence reduction, although the participants at each forum was different. All the data for young adults and adults were separated.

3.2 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books should be regularly checked for indications of bullying. (3.14)

Partially achieved. Observation book entries for incidents of violence and/or bullying were highlighted, and the action taken through the security information report and violence reduction systems indicated at the end of the entry. The observation books were quality checked daily, and the entries correlated with the data held by the violence reduction team. We did, however, find two incidents of potential bullying that were not reported or investigated by the violence reduction team – one in an observation book and one in a racist incident report form.
We repeat this recommendation.

3.3 There should be interventions to help persistent bullies modify their behaviour. (3.15)

Achieved. A half-day communication assertive behaviour (CAB) skills workshop, which took place on the wings, showed prisoners how to be assertive without the use of aggression. This was aimed at prisoners who had reached stage three of the anti-bullying monitoring system or who had been placed on basic regime for antisocial behaviour.

3.4 The quality of entries in anti-bullying monitoring documents should be significantly improved. (3.16)

Achieved. The entries in the anti-bullying monitoring documents were relevant and showed that staff had interacted with prisoners. The documents were quality checked by a manager and this process picked up any inadequacies, which were quickly rectified.

3.5 Prisoners' valuable items, such as radios and CD players, should be security marked in reception. (3.17)

Achieved. All valuable in-possession property was marked with a security sticker, and the code marked on the prisoner's property card. An ultraviolet pen was also used to mark further property.

Additional information

- 3.6 There was a good violence reduction policy document, which was understood by staff and supported by a violence reduction improvement plan and a monthly violence reduction meeting. Governance of violence reduction was through the head of residence, with daily management by a full-time violence reduction coordinator. The minutes of the violence reduction meeting had recently changed format, and the issues discussed, actions and outcomes were difficult to ascertain.
- 3.7 In our survey, 15% of respondents said they currently felt unsafe at Forest Bank, which was better than the comparator of 18%. However, 28% against a comparator of 24% said that they had felt threatened or intimidated by prisoners while at Forest Bank. In our diversity survey, 50% of black and minority ethnic respondents said they had ever felt unsafe in Forest Bank, against 34% of white respondents, and 22% against 14% said they currently felt unsafe.
- 3.8 There was a three-stage anti-bullying system. Staff who witnessed or became aware of potential bullying submitted a bullying information report (BIR) to the violence reduction manager who then investigated every incident. There had been 208 BIRs submitted in the first six months of 2010, which had resulted in 80 stage one, 93 stage two and 21 stage three monitoring. There had been 10 recorded serious assaults in the same period.
- 3.9 The wing manager investigated the completed BIR incident. Although these investigations were satisfactory, their approach had lacked consistency. The responsibility for investigating incidents had recently passed to the violence reduction manager to address any inconsistencies.
- 3.10 Data was split for young adults and adults. In the first six months of 2010, the prison had identified 39 young adult and 123 adult bullies and five young adult and 32 adult victims. This data was discussed at the monthly violence reduction meeting but there was no evidence that action had been taken actively as a result.
- 3.11 Some young adult prisoners currently and previously on A1 landing told us that bullying was a problem there. One prisoner told us that a senior prison custody officer had asked him to intervene in a bullying issue with a prisoner who had got into debt. The data collated by the violence reduction team was not analysed to establish the validity of these statements. The prison had recorded a few instances of 'sheeting' – where a prisoner was forcibly put inside a duvet cover and the opening knotted so that he could not release himself while perpetrators carried out random acts of violence. Staff branded this practice as horseplay. Prisoners told us that it was common occurrence on A1 wing, predominantly by young adults. We spoke to a number of young adults who had clearly been victimised in this way. Prison management appeared to be unaware that this was an ongoing issue (see main recommendation HP54).
- 3.12 Information about the anti-bullying strategy and violence reduction was explained as part of induction and in the induction booklet given to new arrivals. There was little information on the wings for prisoners to access.
- 3.13 There was a victim support team led by a victim support coordinator. The team interviewed potential victims and made referrals to relevant departments for continued support. On the wings, there was no system for identifying victims and no written support log to allow staff to offer ongoing support.

- 3.14 The violence reduction manager liaised with the health care department to check for any unexplained injuries. A log of these was kept and cross-checked with other data to ascertain if any potential bullying/violence had taken place. Ten unexplained injuries had been logged in the previous six months. We found an example where staff had logged an unexplained injury in the prisoner's wing history file and the wing observation book but this information had not been forwarded to the violence reduction team and had, therefore, not been recorded.

Further recommendations

- 3.15 Data from bullying information reports should be analysed separately for young adults and adults and action taken to address patterns or trends that emerge.
- 3.16 Arrangements to monitor and support victims of bullying or violence in residential areas should be improved.
- 3.17 Details of all unexplained injuries should be forwarded to the violence reduction team for investigation.

Housekeeping points

- 3.18 Information on the violence reduction strategy should be available on all residential wings.
- 3.19 Minutes of the violence reduction meeting should record the issues discussed and agreed at the meeting.

Vulnerable prisoners

- 3.20 **Formal plans for the reintegration of vulnerable prisoners, including how their individual care is to be delivered and its purpose, should be developed. (3.144)**

Not achieved. Although we were told that some prisoners had successfully returned from H2 to normal location, we saw no evidence of formal plans for the reintegration of vulnerable prisoners.

We repeat the recommendation.

Additional information

- 3.21 Vulnerable prisoners on H2 generally described feeling safe in Forest Bank, particularly on the residential unit. Prisoners who had relocated from E1 when H2 opened in late 2009 told us they felt safer on H2 and appreciated the environment which, as with the remainder of the new units, was well maintained and clean. Some prisoners said they felt less safe in other areas of the prison, including in the visits holding room and the health care centre, where there was no separate holding room.
- 3.22 Prisoners expressed mixed views about their treatment by staff on H2. Some said that staff were helpful and supportive, although others were more negative. Wing file entries were of a reasonable standard and staff had a clear knowledge of individual prisoners' circumstances.
- 3.23 The violence reduction coordinator had recently introduced a new risk assessment for prisoners who had experienced problems on other units and were seeking protection. This aimed to ensure that informed decisions were made about the most appropriate location for

such prisoners and that they were only located in the care and separation unit in exceptional circumstances. The risk assessment procedure was summarised in a flow chart displayed on residential units but was not supported by a vulnerability protocol. The system was not yet fully embedded and we were not assured that all staff were aware of it.

Further recommendation

- 3.24 The prison should have protocols that clearly describe systems to support vulnerable prisoners and includes guidance concerning effective local risk assessment.

Young adult prisoners

- 3.25 There should be a needs analysis to identify the provision needed for young adult prisoners. (3.151)

Not achieved. There had been no needs analysis for young adults. Two programmes – the Reflex programme (see paragraph 3.82) and CALM (Campaign Against Men Living Miserably² – see paragraph 5.56) – were delivered on A1, the designated young adult unit. The unit manager said staff tended to focus on enabling prisoners on A1 to attend these courses, although approximately half of the 110 young adults in the prison at the time of the inspection were not on the unit.

We repeat the recommendation.

Further recommendation

- 3.26 All young adults, whatever their location, should be able to participate in classes designated for young adults.

Additional information

- 3.27 Our individual discussions with young adult prisoners identified serious concerns about their safety and the level of bullying, particularly on A1. One young adult described a negative and very difficult experience on the unit and young adults could often not be located there because of previous problems on the unit or with the other young adults there. Most of the reported 'sheeting' incidents (see paragraph 3.11) had occurred on A1, and staff were not sufficiently alert and responsive to these issues.
- 3.28 Various departments collated and maintained disaggregated data in key areas – such as violent incidents, adjudications and use of force – to assess young adult involvement. However, there was no ongoing analysis of this data to provide assurance that young adults were not disproportionately represented in some areas and to ensure that identified areas of concern could be explored and addressed. At the time of the inspection, young adults were over-represented on the basic level of the IEP scheme – 10 of the 25 prisoners on basic were young adults, although they accounted for only 8% of the population.

² The prison ran two programmes with the acronym 'CALM'. The 'Campaign Against Men Living Miserably' was a national programme aimed at improving the mental well-being of young men that was being piloted in the prison by the mental health in-reach team. A second programme 'Controlling Anger and Learning to Manage It' was a course delivered by Greater Manchester Probation Service in 2009.

Further recommendations

- 3.29 The prison should have clear strategies to support and ensure the safety of all young adult prisoners and should provide training and support for staff working with young adults.
- 3.30 The prison should monitor all data relating to young adults strategically so that it can identify and respond promptly to any patterns or trends of over-representation of young adults in key areas, such as disciplinary matters.

Self-harm and suicide

Expected outcomes:

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

- 3.31 Listener publicity material should be prominently displayed on residential wings. (3.32)

Not achieved. There was no Listener information available on any of the wings, although individual Listeners were identified.

We repeat this recommendation.

- 3.32 Case reviews and care maps should always be completed to a good standard. (3.33)

Partially achieved. Multidisciplinary case reviews were attended by staff from the wing, health care and relevant departments, were in-depth and addressed ongoing issues. Care maps were limited with minimal issues raised.

Further recommendation

- 3.33 Care maps should be completed to a good standard and should adequately address the needs of those at risk.

- 3.34 Monitoring entries in assessment, care in custody and teamwork (ACCT) documents should demonstrate a high level of staff engagement with the prisoner. (3.34)

Not achieved. Observational entries in the ACCT documentation were generally mechanistic with little evidence of interaction between the member of staff and prisoner at risk.

We repeat the recommendation.

- 3.35 A Listener should be available for all new arrivals in reception. (3.35)

Partially achieved. A Listener was in reception every day on a rota basis to speak with new arrivals and address any issues. He stayed in reception until all new arrivals had been processed and moved on to the wings. However, the Listener only worked in reception from 3pm, and the Listener we observed had gone there at 4pm and missed some earlier arrivals.

In our survey, 21% of respondents said that they had access to a Listener within their first 24 hours, against the comparator of 24%..

3.36 There should be a Listener crisis suite to provide overnight care for prisoners at risk. (3.36)

Partially achieved. There was a Listener crisis suite on the new accommodation (G and H wings) but not on the older wings (A to F).

Further recommendation

3.37 There should be a Listener crisis suite on A to F wings to provide overnight care for prisoners at risk.

3.38 Prisoners should only be placed in strip clothing to prevent acts of self-harm in exceptional circumstances and after other measures of support and engagement have been tried. (3.37)

Achieved. We found no evidence that strip clothing had been used as a means of preventing acts of self-harm during the last 12 months. However, record keeping of such instances was poor and the information was not readily available.

Further recommendation

3.39 Record keeping on the use of strip clothing for prisoners in crisis should be improved and accessible.

3.40 Written guidance on the emergency unlock of cells at night should be issued as a matter of urgency and should also explain the circumstances for which night staff are authorised to unlock a cell. (3.38)

Achieved. Guidance had been issued in 2007 and was included in the suicide and self-harm prevention strategy. The night staff we spoke to were aware of their responsibilities.

Additional information

3.41 A comprehensive suicide and self-harm prevention strategy document covered every aspect of managing prisoners at risk. It was well laid out and an easy reference document for staff.

3.42 Governance arrangements were good. The head of residence was the lead manager, supported by a safer custody manager, senior prison custody officer and administration support. The strategy was managed by a monthly safer custody meeting, well attended by a multidisciplinary team, and included a continuous improvement plan that was discussed and updated at this meeting. The minutes of the safer custody meeting had recently changed format and the issues discussed, actions and outcomes were difficult to ascertain.

3.43 There were 20 ACCT documents opened at the time of the inspection. In the previous six months there had been 121 incidents of self-harm and 298 ACCT documents opened. This figure was high but there had been a death in custody in January 2010 and we were told that staff had become risk averse following this. The quality of ACCT documentation was

satisfactory although the observational entries were still mechanistic. Case reviews were good and included a representative from relevant departments. The safer custody manager made quality checks and there were daily duty manager checks.

- 3.44 A daily briefing sheet for all staff identified all prisoners at risk at the start of the day so that staff were aware of those prisoners who needed to be observed – 425 staff had been trained in ACCT procedures and there were 27 trained ACCT assessors at the time of the inspection. All the night staff we observed had been trained in ACCT, were aware of their responsibilities, and carried an anti-ligature knife on them.
- 3.45 There had been three deaths in custody since our last inspection, and one before our last inspection. For the latter, the prison had received a full action plan from the Prisons and Probation Ombudsman (PPO), with the recommended actions completed through the violence reduction team. Of the three later deaths, one was due to natural causes, another was self-inflicted and one was manslaughter, for which the perpetrator was sentenced in 2009. At the time of inspection, only one draft report had been received by the establishment and had been discussed at the safer custody meeting; the prison was awaiting information on the other two deaths.
- 3.46 At the time of inspection there were 18 trained Listeners who worked on a rota. They had spent 47.5 hours on call-outs during June 2010, with only 20 hours in reception dealing with new arrivals. In June 2010, Listeners had recorded 161 prisoner contact hours during the induction process.
- 3.47 Prisoners had access to a Samaritans telephone, which was held by the duty manager. If they wished to use this telephone they were given a Bluetooth headset and staff telephoned the Samaritans on their behalf. In the previous six months, the Samaritans telephone had been issued to prisoners 25 times, of which 14 had been in January 2010 after the death in custody.
- 3.48 Contact with the families of those at risk was good, with a next of kin notification pro forma for prisoners who wished for contact to be made. There was a dedicated telephone number and email address for families to raise concerns about a relative at Forest Bank. Staff said that these were rarely used by families, despite posters advertising them in the visits area.
- 3.49 At the time of the inspection, two prisoners in the care and separation unit (CSU) had gone on to an ACCT document while in the CSU. One of these prisoners had self-harmed in the CSU, but he had not had a new safety algorithm (calculation of risk) completed following this.
- 3.50 A prisoner who had self-harmed because of bullying on A1 wing had been placed on report for refusing to move from G2 wing, despite planning in his ACCT document to find a suitable location to alleviate potential bullying.

Further recommendations

- 3.51 Safety algorithms for prisoners in the care and separation unit (CSU) should be reviewed immediately after an act of self-harm.
- 3.52 Prisoners in crisis should not be placed on report for incidents involving care issues that have been raised in their ACCT documents but a further case review should be convened instead.

Housekeeping point

- 3.53 Minutes of the safer custody meeting should record the issues discussed and agreed at the meeting.

Good practice

- 3.54 *The next of kin notification procedure allowed the families of those at risk to be part of the process if the prisoner wished.*

Applications and complaints

Expected outcomes:

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

- 3.55 There should be management checks of a sample of applications each month. (3.105)

Not achieved. We could find no evidence of management checks of wing applications, although the paperwork had a quality check section for managers to sign.
We repeat this recommendation.

- 3.56 A timescale for applications should be agreed through the prisoner consultation committee. (3.106)

Achieved. This had been discussed at the prisoner consultative meeting in 2008 and supported by a prison information notice in February 2009 stating that applications would be replied to within four days.

- 3.57 Information about the wing, ethnicity and age of prisoners completing complaint forms should be collated and used to identify any emerging trends. (3.107)

Partially achieved. Data on wing, ethnicity and complaint subject was collated and produced for the senior management but there was no analysis by age.

Further recommendation

- 3.58 Information about the age of prisoners completing complaint forms should be collated and used to identify any emerging trends.

- 3.59 Monthly reports of complaints should include qualitative as well as quantitative information. (3.108)

Achieved. Information was collated monthly and qualitative information, including patterns and trends, was identified and formulated for the senior management team.

3.60 There should be management checks of at least 10% of complaint responses per month and this analysis should be included in management reports. (3.109)

Partially achieved. The head of administration carried out a monthly 10% check of complaint responses but there was no evidence of analysis of their quality or the actions taken where complaint responses were not completed to an acceptable standard.

Further recommendation

3.61 Management checks of complaint responses should include qualitative analysis of the complaints sampled.

3.62 Where interim responses are given to complaints, further responses should also be monitored (3.110)

Achieved. The clerk logged any complaints that had received interim responses and these were carried forward to the next month's data, if applicable, and monitored with the rest of the complaints.

Additional information

- 3.63** The system for applications was easily understood and information about the process was included in the induction handbook. Prisoners could make applications between 7am and 8am. They were collated on to a master sheet, transferred to a carbon copy sheet for individual applications, and distributed for a reply.
- 3.64** In our survey, only 36% of respondents, against a comparator of 48%, said that applications were dealt with within seven days. Some prisoners told us that replies to applications could take weeks and in some cases they had never received a reply. We found many examples where no reply had been given to prisoners or recorded on the application master sheet.
- 3.65** Complaint forms and boxes were available on all wings, although staff and prisoners on A1 told us that they were kept in the office and prisoners had to request one. The night orderly officer opened the complaints box and collated forms for the complaints clerk to deal with the following day. In the previous six months there had been 2,060 complaints logged.
- 3.66** In our survey, only 22% of respondents, against a comparator of 31%, felt that complaints were dealt with fairly. While some responses were reasonable, we found many replies that were condescending and curt, and in some cases the response was from the member of staff who the prisoner had complained about. Some prisoners told us their complaint had been lost and they never received a reply.
- 3.67** Weekly and monthly data on complaints were collated and given to the senior management team. The main areas of prisoner complaint in the previous six months were regime, property and health care. This information was monitored but no action taken to address the reasons for consistent complaints in these areas.
- 3.68** Information on the complaints procedure was not available on the wings but was outlined in the induction booklet. No appeal information was available and in our survey only 16% of respondents, against a comparator of 22%, said that they were given information about how to make an appeal.

Further recommendations

- 3.69 All prisoner applications should have a prompt reply that is recorded for reference.
- 3.70 Complaint forms should be available at all times and complaint boxes should only be opened by staff responsible for processing complaints.
- 3.71 Responses to complaints should be reasonable and considered and not answered by the member of staff the prisoner is making a complaint about.
- 3.72 Qualitative data should be analysed to ensure prisoners are not adversely affected in the areas where there are repeated complaints.
- 3.73 Information on the complaints system should be freely available on the wings and should include the appeal procedure.

Legal rights

Expected outcomes:

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

No recommendations were made under this heading at the last inspection.

Additional information

- 3.74 One prison custody officer had overall responsibility for bail and legal support. The officer interviewed new arrivals and was a conduit between the prisoner and his solicitor. The interview determined if a bail referral was required and there were good links with bail hostels, both locally and nationally. Prisoners could make an application to access the service.
- 3.75 The officer undertaking the legal officer role had not been trained and had developed the role independently. The Prison Service legal services training had not been available for some time, although the legal officer was anticipated to access a training course in the future. Despite this, the service provided to prisoners was good.
- 3.76 In our survey, 45% of respondents, against the comparator of 41%, said they could access their solicitor or legal representative. Such access was via the PIN telephone system, letters or through the legal services officer. Legal visits were well managed, with 11 booths available from 8am to 5pm. The booths had adequate privacy and were fit for purpose. A new video courts and video link facility was used frequently.
- 3.77 Prisoners who wished to represent themselves in court had access to IT equipment through the education department and extra stationery. In the previous six months, one prisoner had represented himself. The library had a good range of legal material.

Further recommendation

3.78 Staff undertaking legal services work should be appropriately trained.

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.

3.79 There should be an assessment of the faith needs of the population, informed by prisoner consultation, to ensure that the needs of Muslim prisoners and vulnerable prisoners are met. (5.35)

Not achieved. There had been some limited informal consultation with Muslim prisoners, which had suggested an extension of Islamic study groups and some limited communication with vulnerable prisoners about their faith needs. No report had been produced and no follow-up action was evident.

We repeat the recommendation.

3.80 The prison should recruit a full-time Muslim chaplain. (5.36)

Not achieved. The prison had a part-time Muslim chaplain who worked 20 hours a week. This was a slight improvement on our last visit when there had been two sessional Muslim chaplains. The prison had about 130 Muslim prisoners, approximately 10% of the population.

We repeat the recommendation.

Additional information

3.81 The chaplaincy comprised three full-time chaplains led by a Catholic coordinating chaplain and supported by sessional or part-time chaplains representing the major religions. A chaplain usually saw new arrivals within their first 24 hours. In our survey, 55% of respondents, against the comparator of 47%, confirmed this. Although the 54% of respondents who thought their religious beliefs were respected was consistent with the comparator, this was worse than the 60% response at our last visit. Black and minority ethnic respondents were more positive with 65%, significantly better than the 51% of white prisoners, believing their religious beliefs were respected. Black and minority ethnic prisoners were similarly more positive about their ability to see a religious leader in private, at 64% compared with 53% for white respondents. However, the overall response to this question, of 55%, was significantly worse than the 70% finding when we last visited.

3.82 The chaplaincy had a suite of spacious and well-maintained rooms, which were well used. The prison offered a range of formal services. The coordinating chaplain said that approximately 60 to 70 prisoners a week attended the various Christian services and up to 100 prisoners attended Muslim prayers. A range of study groups and faith-based courses were also on offer throughout the week and routinely in the evening. Other chaplaincy work included the restorative justice Sycamore Tree course and there was partnership work with the Building Stronger Families charity to run the Time for Families course. Trained counsellors provided counselling support. Work was also beginning with Reflex, a faith group working with young

people that provided mentoring outreach and creative programmes addressing restorative justice.

- 3.83 The coordinating chaplain was a member of the senior management team and the chaplaincy was involved in the broader work of the prison. For example, members of the chaplaincy team were ACCT case managers and assessors, and chaplains attended significant management meetings in the prison.

Substance use

Expected outcomes:

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

- 3.84 The substance misuse nurse vacancy should be filled as a matter of priority. (3.129)

Achieved. The integrated drug treatment system (IDTS) was in place, with 11 nurses, four health care assistants, two administrative officers and a lead nurse, who were all directly employed.

- 3.85 There should be an overarching review to establish the full range of prisoner substance misuse need, and staffing provision should be provided accordingly. (3.130)

Not achieved. A needs analysis had been commissioned externally but had not been of use. Another analysis was planned, in conjunction with a health care needs analysis that would combine clinical, psychosocial and supply reduction needs (see paragraph 9.43).
We repeat the recommendation.

- 3.86 There should be clinical procedures and protocols to cover all aspects of clinical provision and support. (3.131)

Achieved. All necessary IDTS clinical procedures and protocols were documented and in place as required everyday practice for the clinical and psychosocial workers.

- 3.87 A suitably qualified practitioner should carry out initial assessments of the requirements for first night symptomatic relief. (3.132)

Achieved. A specialist substance use doctor, trained to Royal College of General Practitioners (RCGP) level 2 training in the management of substance use, took the lead for this role, with agency GPs covering as needed. The doctor was keen to include counselling, assessment, referral, advice and throughcare (CARAT) workers in prisoner consultations, where possible, given time constraints and with the prisoner's consent.

Good practice

- 3.88 *The specialist substance use doctor included counselling, assessment, referral, advice and throughcare (CARAT) workers in prisoner consultations.*

- 3.89 **Clinical provision should be extended to offer Subutex as an alternative to methadone for all prisoners. (3.133)**

Not achieved. Subutex was not made available to prisoners. We were told that this was not a clinical decision but due to security concerns over the risk of diversion to illicit use.
We repeat the recommendation.

- 3.90 **Psychosocial support, including peer support, alternative therapies and groupwork provision, should be developed for those subject to clinical management. (3.134)**

Achieved. With IDTS in place, the CARAT and clinical teams worked together in delivering the IDTS 28-day psychosocial programme. The CARAT team also worked well with IDTS nurses and other departments and agencies providing additional interventions. These included in-depth hepatitis C awareness, delivered alongside the blood-borne virus nurse and the Hepatitis C Trust. CARAT workers also facilitated a hepatitis C peer support group and cannabis and mental health drop-in sessions.

- 3.91 **The clinical support team and counselling, assessment, referral, advice and throughcare service (CARATs) should develop joint care planning to facilitate effective integrated service provision. (3.135)**

Achieved. Joint care plans were developed with input from clinical nurses and the CARAT team.

- 3.92 **Staff working on E2 landing should be given additional training to enable them to work more effectively with prisoners. (3.136)**

Achieved. Staff in all areas received awareness training in IDTS, drugs, overdose and hepatitis C on a rolling programme delivered by CARAT staff, IDTS nurses and specialist external agencies, such as the Hepatitis C Trust

Additional information

- 3.93 The IDTS service had gone live in December 2009. At the time of the inspection, there were 226 prisoners receiving methadone as an opiate-substitution treatment, with a capacity of around 290. Of those in treatment, 167 were on maintenance doses and 59 on reducing doses. Treatment initiation from reception and secondary detoxification were both available. A further 99 prisoners were receiving treatment for alcohol dependence, 32 for benzodiazepine dependence and 27 for stimulant drug-related problems

- 3.94 There was excellent integration of the drug services, especially between clinical and psychosocial intervention teams. This was seen in good joint care planning and work with individual prisoners, as well as in information sharing and joint facilitation of groupwork, including CARATs, P-ASRO (prison addressing substance related offending) and the short duration drug programme (SDP). Each prisoner was allocated a named nurse in addition to a named CARAT worker. The two worked together on the prisoner's care plan and treatment reviews. Prisoners told us that this was a very helpful integration of treatment approaches. Although this model is implicit in the framework of IDTS, it is not commonly found in prisons, often due to staff shortages or staff unwillingness to work together.

- 3.95 The random mandatory drug testing (MDT) rate for the six months to May 2010 was quoted as 9.6%, although the figures range from 1.4% to 13.9%, suggesting spikes in the availability of drugs in the prison. Almost half of random tests, 45.6%, were completed at the weekends,

which was significantly more than the 14% minimum required. The suspicion tests positive rate was relatively low at 25.8%, with 16% of suspicion test requests falling out of the required 72-hour window.

- 3.96** Steroids were cited as an increasing problem in the prison. However, this was being addressed through steroid awareness groups and one-to-one sessions run jointly between CARATs and gym staff and steroid information leaflets and posters were displayed in the gym. Gym and CARAT staff had received training on steroid awareness which was due to be rolled out to general staff. Cannabis, heroin and buprenorphine were sporadically available, according to MDT results.
- 3.97** There were drug testing suites in the reception area and on the new build unit. They were clean and tidy but had no mats for strip searching.

Further recommendation

- 3.98** Target suspicion drug testing should be managed more effectively to ensure tests are undertaken within the required timeframe.

Housekeeping point

- 3.99** Strip-search mats should always be available for use in all the drug testing suites.

Good practice

- 3.100** *Integration of the drug services in approaches to treatment facilitated good care planning and individual and joint work.*

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

No recommendations were made under this heading at the last inspection.

Additional information

- 4.1 The equality and inclusion action team (EIAT) meeting had terms of reference and a standing agenda and had met monthly since February 2010. Meetings were generally chaired monthly by the head of administration, equality and inclusion, and quarterly by the director, although he had not attended any meetings since February 2010. The meetings were generally well attended, although attendance had fallen in May and June 2010. Meetings included prisoner representation. It was difficult to ascertain if all those who were supposed to attend did so, as the minutes only showed the names of attendees and not their department.
- 4.2 Although minutes from EIAT meetings were reasonably comprehensive, they indicated that not all strands of diversity were considered each time and while some, such as foreign nationals, age and disability, were on the agenda, others were not. Monitoring was discussed but applied only to black and minority ethnic prisoners. In our survey, 3% of prisoners said they were a Gypsy, Romany or Traveller but identification of these groups was underdeveloped. The education department had only recently begun to collate figures on these groups each month, but these were not discussed at the EIAT meeting; this was despite an action from October 2009 that the Irish Traveller population should be monitored which was reported as being completed on the EIAT action plan. The support group for Gypsy, Romany and Traveller prisoners facilitated by the chaplaincy was not minuted or communicated to the EIAT and was not used to inform strategy for this group of prisoners (see recommendation 4.13).
- 4.3 A timetable for completing single equality impact assessments for all relevant areas was in progress. A comprehensive action plan covered all diversity strands and was discussed at each meeting.
- 4.4 The equality and inclusion officer had developed an informative and easy-to-understand diversity package, which was delivered to all prisoners during their induction and supplemented by the presence of an equality and inclusion prisoner representative. Despite this, some prisoners told us they were not aware of who the representatives were. There were five equality and inclusion prisoner representatives at the time of inspection who had all received the same local training package as staff and who were well versed in the different strands of diversity. They had ready access to the equality and inclusion officer, who they met informally each week, and had a comprehensive job description. They were all volunteers but had recently been rewarded with a £10 PIN credit per month.
- 4.5 All new staff received the equality and inclusion training package on their induction and a refresher every two years. At the time of the inspection, 83% of all staff were trained. Staff to whom we spoke were aware of the different strands of diversity.

- 4.6 In addition to racist incident report forms, equality and inclusion reporting forms for other strands of diversity were also readily available and displayed on all house blocks. However, they had only been used twice in the year to date.

Further recommendations

- 4.7 The equality and inclusion policy should outline how the needs of minority groups will be met. The policy should be informed by regular consultation with prisoners from the different groups and monitoring of prisoners with specific needs.
- 4.8 The prison should formally monitor and analyse equality of treatment across all diversity strands and take action to rectify any inequalities.

Housekeeping points

- 4.9 Minutes of equality and inclusion action team (EIAT) meetings should record the area of work/department of attendees.
- 4.10 The standing agenda for the EIAT should include all strands of diversity.

Race equality

- 4.11 **The race equality officer should be supported by assistant race equality officers on all house blocks, with sufficient time, training and support to manage race equality effectively. (3.61)**

Not achieved. Although 13 assistant equality and inclusion officers had been identified across the establishment, this was insufficient to represent each residential area. All officers were appropriately trained but their role was underdeveloped. Although they were sometimes given time to attend meetings, they were not given enough time for their specific duties and so their support to the equality and inclusion officer was limited.

Further recommendation

- 4.12 The equality and inclusion officer should be supported by assistant equality and inclusion officers on all house blocks, with sufficient time, training and support to manage equality and inclusion effectively.

- 4.13 **Consultation with black and minority ethnic prisoners should be improved. (3.62)**

Not achieved. Although there was regular consultation with the equality and inclusion prisoner representatives, there was no regular consultation with black and minority ethnic prisoners.
We repeat the recommendation

- 4.14 **More time should be provided to the race equality officer. (3.63)**

Achieved. The equality and inclusion officer was now a full-time post responsible for all strands of diversity, including race equality. However, without proper and effective support from the assistant officers, this role was stretched, had insufficient time for race equality and was struggling to develop all strands appropriately (see further recommendation 4.12).

4.15 Prisoner representatives should be publicised on house blocks and minutes of the meetings they attend should be available to all prisoners. (3.64)

Partially achieved. Each house block had a dedicated equality and inclusion notice board, which displayed the most recent minutes of the EIAT meeting and photographs of the EIAT team and assistant equality and inclusion officers. However, the names and photographs of the equality and inclusion prisoner representatives were not displayed and although their identities were publicised during induction and they wore identifiable T-shirts, many prisoners told us they were unaware of who they were.

Housekeeping point

4.16 The identities of equality and inclusion prisoner representatives should be publicised on all residential areas.

4.17 Relationships with external community representatives should be developed to inform development and promotion of race equality. (3.65)

Not achieved. The lack of relationships with external groups to support black and minority ethnic prisoners had been highlighted as a gap in the prison's community engagement strategy. Despite efforts to engage external community representatives, the prison had been unsuccessful in creating any meaningful links to support black and minority ethnic prisoners. **We repeat the recommendation.**

4.18 Envelopes should be stocked alongside racist incident report forms to enable these to be submitted in confidence. (3.66)

Achieved. All boxes that stocked both racist incident and equality and inclusion report forms also held a good supply of envelopes.

4.19 Racist incident report forms should be promptly logged, reviewed by managers, and validated by an external body with suitable expertise. (3.67)

Partially achieved. In 2009, 107 racist incident report forms (RIRFs) had been submitted, and a further 51 in the six months to June 2010, which the equality and inclusion officer logged promptly. These figures were lower than we would expect to see. Reported allegations of racial abuse were almost equally split between prisoners and staff. In 2010, 12 such allegations had been proved, but there was no programme to challenge inappropriate behaviour. The equality and inclusion officer generally completed the investigations within the required timescale but he had had no training and there was an inconsistent methodology and often a lack of robustness to the investigations and outcomes. This included little or no evidence of the safeguarding of victims of or those reporting racial abuse. Evidence that complainants had been advised of the outcome of their RIRF was also inconsistent. Many complaints against staff were withdrawn and there was no evidence that the investigation continued to ascertain if there were any causes for concern. Although managers reviewed completed RIRFs and the Independent Monitoring Board validated a sample, there was no external validation. Prisoners had little confidence in the system, which could have accounted for the relatively low number of forms submitted.

Further recommendations

- 4.20 The prison should develop and implement a programme as soon as possible to challenge racist and discriminatory prisoner behaviour.
- 4.21 The equality and inclusion officer should be trained in conducting investigations arising from racist incident report forms and completed investigations should be validated by an external body with suitable expertise.

Additional information

- 4.22 Approximately 19% of prisoners were from black or minority ethnic backgrounds. SMART (systematic monitoring and analysing of race equality treatment) ethnic monitoring data was completed in all the mandatory fields, and was examined by the EIAT each month. On the few occasions when black or minority ethnic prisoners were over- or under-represented in a particular area, this was investigated and appropriate action taken. Despite this, our survey showed strikingly negative perceptions by some black or minority ethnic prisoners about their experience in the prison, including reception, feelings of safety, time out of cell, access to health services, and victimisation by staff and other prisoners (see main recommendation HP57).

Religion

No recommendations were made under this heading at the last inspection.

Additional information

- 4.23 The equality and inclusion policy covered only broad issues relating to religion. The coordinating chaplain was a member of the EIAT but was not always present at the monthly meetings. The only related issue discussed at the meeting for some months had been religious festivals and there was no formal monitoring to ensure equality of treatment by religion (see further recommendation 4.8).
- 4.24 There had been an impact assessment of access to religion in January 2009, in which Muslim prisoners had commented that they were not receiving sufficient support from prison staff. The impact assessment had dismissed this view and said that it considered that there was sufficient time to look after their religious and spiritual needs. However, we found examples where Muslim prisoners were not supported appropriately to practise their faith. For example, although otherwise well equipped, the kitchen had no utensils for the preparation of halal food, and we observed many occasions when designated utensils were not used to serve halal food (see recommendation 8.5). The Muslim chaplain told us that he had raised this issue repeatedly but this was not recorded in the EIAT minutes or the action plan.

Further recommendation

- 4.25 Muslim prisoners should be supported appropriately to practise their faith, and the prison should investigate the reasons why they feel insufficiently supported by prison staff.

Foreign nationals

- 4.26 The prison should have a foreign nationals' policy, a designated coordinator and a structure of meetings to identify and address the needs of this group and enable peer support. (3.75)

Partially achieved. The equality and inclusion policy included a very broad but brief foreign national strategy. This concentrated on process and did not consider care or support for foreign national prisoners or mention maintaining family ties. There was no foreign national coordinator, but a part-time clerk had approximately 20 hours a week to manage paperwork and liaison. An immigration officer from the UK Border Agency (UKBA) attended the prison bi-weekly to see individual prisoners and also held a well-attended monthly surgery. However, there were no structured meetings to offer peer support to foreign national prisoners. (See further recommendation 4.7.)

- 4.27 Staff responsible for managing immigration paperwork and liaison should receive appropriate training and guidance. (3.76)

Partially achieved. Although the part-time foreign national clerk had received no formal training, he had worked in a solicitor's office that specialised in immigration issues. He was knowledgeable, understood the issues facing foreign national prisoners and worked closely with the UKBA to develop his skills and knowledge in this area.

We repeat the recommendation.

- 4.28 Prisoners or detainees should be informed as soon as possible of removal arrangements to enable them to prepare and let their families know. (3.77)

Achieved. The foreign national clerk ensured that prisoners and detainees were informed of any arrangements relating to them at the earliest opportunity.

- 4.29 Foreign national prisoners and detainees should have ready access to independent specialist immigration advisers. (3.78)

Not achieved. Foreign national prisoners were offered no access to independent specialist immigration advice, apart from the telephone numbers for the Manchester Immigration Advisory Service and Manchester Immigration Aid.

We repeat the recommendation.

Additional information

- 4.30 There were 83 foreign national prisoners (7% of the population), who originated from 32 countries and who were supported by bi-weekly visits from UKBA. The largest contingents were from Pakistan, Iraq, Vietnam, Nigeria and Poland. Foreign national prisoners were identified on reception and their details communicated to the foreign national clerk, who checked their status with UKBA. He had built up a good relationship with UKBA and the Criminal Casework Directorate. At the time of the inspection, no prisoners were held solely under immigration powers.

- 4.31 All written documentation from UKBA was only available in English. In most cases, immigration paperwork was delivered personally to prisoners by the foreign national clerk and the UKBA immigration officer. A telephone interpreting service was used where required.

- 4.32 Staff had a broad understanding of the issues facing foreign national prisoners but often devolved responsibility to other prisoners speaking the same language or to the chaplaincy – particularly when there were language barriers. Staff were aware of the interpreting services, and we observed telephone interpreting used in reception. The equality and inclusion officer maintained records of the languages spoken by foreign national prisoners. Records of accounts for the interpreting services were only available from April 2010, but demonstrated that they were readily accessed. A list of prisoners who spoke foreign languages was available and was being updated to include staff as well.
- 4.33 All foreign national new arrivals were routinely referred to education and service provision was targeted accordingly, including ensuring that there were sufficient books in their languages in the library. Prisoners who spoke little or no English routinely attended the English for speakers of other languages (ESOL) class, where an experienced dedicated teacher also assisted with meeting any welfare needs that they discussed with him. The chaplaincy team also provided appropriate pastoral care and support on request.
- 4.34 Foreign national prisoners could swap visiting orders for a five-minute telephone call abroad each month. Although records showed that this took place, many foreign national prisoners and staff were unaware that this was available.

Housekeeping point

- 4.35 There should be wider publicity to prisoners and staff of the provision for foreign national prisoners to swap visiting orders for a five-minute telephone call.

Disability and older prisoners

- 4.36 **Suitable accommodation should be available to meet the needs of all prisoners with disabilities. (3.46)**

Partially achieved. Since the last inspection, the two newly built accommodation units provided three additional cells adapted for prisoners with disabilities, bringing the number of adapted cells to four (one on A1, one on G1 and two on H1). At the time of the inspection only one of the four cells was occupied, although the number of prisoners who reported physical disabilities or restricted movement was approximately 30. The new cells were well equipped with widened access, lowered emergency call bells, alarms by the bed and toilet, and grab rails by the toilet. However, the location of these cells restricted their use as they were on the IDTS and young adult wing. There were showers for prisoners with disabilities on G and H wings. A wheelchair user was located in a normal cell on C1 and had experienced problems with access to showers; a shower chair and walking frame were purchased only in response to a complaint. Prisoners with severe mobility difficulties were now less likely to be located in health care, unless there were other clinical issues to support this. However, bathing facilities in health care for prisoners with disabilities were poor.

We repeat the recommendation.

Additional information

- 4.37 The equality and inclusion policy included disability only in the broadest sense, and while there was a list of aims it failed to demonstrate how these would be delivered. The equality and inclusion officer managed the disability strand of the policy but had little or no support from the

assistant equality and inclusion officers to ensure that the needs of prisoners with disabilities were met and had received no specific training for the role (see further recommendation 4.12).

- 4.38 New arrivals were encouraged to declare any disabilities through a questionnaire, which was forwarded to the equality and inclusion officer, and during the induction process. Depending on the nature of the disability, referrals were made to education, health care and the health and safety adviser. Referrals to education triggered a comprehensive diagnostic assessment, which resulted in a care plan to meet the educational and learning needs of each individual. Approximately 20 such assessments were completed each month. There was evidence that health care staff drew up some care plans following referrals but these were generally only for those with acute physical conditions. The health and safety adviser had yet to take action following any referrals. Despite some progress in care planning, care plans were not shared with wider staff.
- 4.39 The equality and inclusion officer maintained a database of all prisoners who had declared a disability and for whom referrals had been made. At the time of the inspection, 154 prisoners had declared a disability. The majority were classed as 'other disability', followed by mental illness, restricted movement and dyslexia. This data was presented to the EIAT each month, but there was no further analysis of the data and no monitoring to ensure that prisoners with disabilities had equal treatment (see further recommendation 4.8).
- 4.40 The equality and inclusion policy only covered older prisoners in the broadest sense and lacked detail about how their needs were to be met. The equality and inclusion officer was also responsible for this strand but had made little or no progress in identifying and meeting the needs of older prisoners. The prison did not monitor or analyse equality of treatment by age (see further recommendation 4.8), and only analysed data for prisoners over 55.
- 4.41 There was no carer or mentor scheme for prisoners with disabilities or older prisoners, and no forum for each group where they could discuss their concerns. The equality and inclusion prisoner representatives were available for information and support but many prisoners were not aware of who they were (see housekeeping point 4.16).
- 4.42 Prisoner history sheets often did not identify disabilities and staff were not always aware of prisoners with disabilities unless they disclosed this to them directly. Although health care staff identified and catered for some needs of individual older prisoners, there was no formal system to assess their needs and we found no evidence of multidisciplinary care plans that had been shared with house block staff. We found no personal emergency and evacuation plans in any prisoner files for those who might need assistance in the event of an emergency, and not all staff were aware of those who might need assistance.
- 4.43 We were told that prisoners with disabilities that prevented them from working, and prisoners who had reached retirement age and chose not to work, were locked in their cells during the working day. Such prisoners received £3.50 a week, which was equitable with other pay scales. However, all prisoners of retirement age still had to pay for their television.

Further recommendations

- 4.44 The needs of prisoners with disabilities identified through assessment and care planning should be effectively communicated to all staff involved in their management.
- 4.45 There should be a carer/mentor scheme for prisoners with disabilities and older prisoners.

- 4.46 There should be effective consultation arrangements with older prisoners and prisoners with disabilities.
- 4.47 Staff should be aware of the identity and location of all prisoners who need help in an emergency, and all such prisoners should have a personal emergency and evacuation plan.
- 4.48 Prisoners not in work because of their disability or who are retired should be unlocked during the day and given appropriate regime activities.
- 4.49 Prisoners who reach retirement age should not pay for their television.

Gender and sexual orientation

No recommendations were made under this heading at the last inspection.

Additional information

- 4.50 The equality and inclusion policy included statements on gender, gender reassignment and sexual orientation but, as with other strands of diversity, failed to state how the needs of gay, bisexual, transgender or prisoners undergoing gender reassignment would be met. The prison did not monitor or analyse equality of treatment by gender or sexual orientation (see further recommendation 4.8).
- 4.51 The equality and inclusion officer was also responsible for managing these strands and, together with an equality and inclusion prisoner representatives, had developed a monthly support group which received external support from the Lesbian and Gay Foundation, who also attended the meetings. The group was continuing to develop.

Section 5: Health services

Expected outcomes:

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

- 5.1 The hub office is inappropriate for the administration of medicines and should be replaced, as a matter of urgency, by facilities that afford sufficient confidentiality and security for staff, patients and medicines stored. (4.50)

Partially achieved. The hub office had been changed and had a double barn door with an elongated hatch. This afforded security for staff, patients and stored medicines. Several uniformed officers provided security outside the hub office during medicines administration. We were told that up to 400 prisoners was usual for the administration of medicines, which could take an hour to complete. We observed four nurses simultaneously administering medications to different prisoners through the elongated hatch, which meant that confidential conversations were not possible.

Further recommendation

- 5.2 The arrangements for administering medicine to prisoners should be improved to secure patient confidentiality.

- 5.3 The staffing levels and skill mix should be revised urgently to provide an appropriate level of health services. (4.51)

Achieved. There was a non-clinical operational manager and three senior nurses with clinical leadership roles for primary care, inpatient care and IDTS respectively. The establishment had appropriate staffing levels and there were no vacancies. The skills mix had been adjusted to provide a wide range of regular services and 24-hour nursing. Staff were clear about their roles and responsibilities; each had a personal annual review and their development requirements were identified and actioned. Discipline officers supported health centre and inpatient clinical staff.

- 5.4 The dental unit, chair and light should be replaced, and the floor re-covered with appropriate, sealed material. (4.52)

Achieved. A new dental unit, chair and light and floor covering had been installed in the last year.

- 5.5 Appropriate clinics should be available for patients with lifelong conditions. (4.53)

Achieved. There was a range of regular nurse-led clinics for lifelong conditions and additional clinics for pain control and skin disorders.

- 5.6 Both electronic and paper records should be available for all consultations, until all clinical information has been summarised on to the electronic patient information system. (4.54)

Achieved. All patients' records were kept on SystmOne, the clinical electronic information system. The paper records for patients with more extensive histories were available in the health centre.

5.7 All health care staff should have access to clinical supervision. (4.55)

Achieved. All health care staff had access to a cascade system of clinical supervision, though some preferred peer group supervision. There were no written records of supervision sessions.

Housekeeping point

5.8 Receipt of clinical supervision should be recorded in staff personal files.

5.9 All health care staff should have at least annual resuscitation and defibrillation training, and this should be recorded. (4.56)

Achieved. All health care staff had received mandatory training, including resuscitation and defibrillation, in the last year. There were good records of staff training. Resuscitation equipment was deployed strategically in four locations in the prison and was regularly checked.

5.10 All new arrivals should be assessed in reception by an appropriately qualified member of health care staff. (4.57)

Achieved. All new arrivals were assessed by registered nurses or health care assistants (HCAs) in reception. HCAs who administered the reception health screen had received additional training and had been certified as competent by a registered nurse.

5.11 Health care assistants should work under the direct supervision of qualified nurses, who should check and countersign any clinical work they undertake. (4.58)

Achieved. Registered nurses supervised the work of HCAs, and checked and countersigned their work if they worked beyond their certified competences

5.12 Prisoners with immediate health needs, such as headaches, should be able to access nurses without having to make an application to see a nurse the following day. (4.59)

Achieved. Prisoners with immediate health needs had access to triage nurses on the wings and registered nurses in the health centre.

5.13 Triage algorithms should be developed to ensure consistency of advice and treatment for all prisoners. (4.60)

Achieved. The Manchester emergency triage system was used. Algorithms were available in treatment rooms and were carried by the triage nurses in their triage bags.

5.14 Medication should be prescribed and administered according to appropriate clinical need, rather than meeting the aim of a 'twice a day' policy. (4.61)

Not achieved. The number of treatment times had been increased to three a day on weekdays, which provided more flexibility. However, only two treatment times a day were provided at weekends, which meant that prisoners prescribed medication three times a day

had to miss a dose. Prisoners who required medicines four times a day had to move to the inpatient unit. Patients prescribed hypnotics were expected to take them during the evening treatment time, which started at 5.30pm.

We repeat the recommendation.

- 5.15 All prescriptions should be legally written and include the quantity prescribed, date and signature of the prescriber. (4.62)**

Achieved. A random sample of prescription forms that we examined were all in order. The pharmacist reported that incomplete prescriptions were sometimes issued but that he was normally able to resolve any discrepancies before dispensing

- 5.16 All prescriptions for schedule two controlled drugs should include the form and strength of the drug prescribed. (4.63)**

Achieved. All schedule two controlled drug prescription forms inspected included the form and strength, but quantities prescribed were only stated numerically.

Housekeeping point

- 5.17 Controlled drug prescriptions should routinely state quantities in words and figures.**

- 5.18 Methadone mixture should be measured using appropriate glass measures, and the practice of mixing the prescribed dose with water before administration should stop. (4.64)**

Achieved. Appropriate glass measures were used for methadone administration, and nurses gave assurances that methadone mixture was not mixed with water before administration.

- 5.19 All health care staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times. (4.65)**

Partially achieved. Staff had been issued with Nursing and Midwifery Council (NMC) guidance and procedures had been reviewed since the previous inspection. However, there was still evidence of practices which fell outside NMC guidance. These included failure to make a record of the reason for omitted doses on the administration chart, which were simply left blank if the patient refused medication or did not attend. Pre-packs were available for some medicines, which were sometimes labelled (by addition of patient name and number) and supplied by nurses against prescriptions. NMC guidance only permitted this in exceptional circumstances; otherwise, checking by a pharmacist or doctor is required.

Further recommendation

- 5.20 Registered nurses should comply with Nursing and Midwifery Council guidance on the safe administration of medicines, and medicines management practice standards should be subject to clinical audit. The procedure for the routine supply of medicines by nurses should be amended to incorporate checking by a pharmacist or doctor.**

- 5.21 Applications to health services should be dealt with promptly and effectively, and prisoners should be able to see a doctor within 48 hours. (4.66)**

Achieved. Prisoners had to submit a written application to see a doctor or they could be seen by a triage nurse on the wing the same or following day. The triage nurse made an appropriate appointment to see a GP at their discretion. Listed patients were routinely seen by a doctor within two days. Urgent access to a GP was available on the same day.

- 5.22 There should be greater use of in-possession medication, and a robust policy, including drug and patient risk assessment tools, should be developed as soon as practicable. (4.67)**

Achieved. An in-possession medication policy had been implemented, and there were documented risk assessments for all patients. The use of in-possession medication had increased.

- 5.23 The pharmacist and/or pharmacy technician should routinely check the stocks of medicine stored in the health care department. (4.68)**

Not achieved. The pharmacy technician reported that she carried out a check of medicine stocks in the hub treatment room about once every three months. Nursing staff were responsible for stock management in between. The medicine trolley in the hub office was poorly maintained with obsolete stock and many disordered loose blister strips. Discontinued treatments were mixed in with stock.

We repeat the recommendation.

Housekeeping point

- 5.24 Obsolete stock, discontinued treatments and loose blister strips should be promptly removed from medicine stocks.**

- 5.25 A prison formulary should be developed. (4.69)**

Achieved. A formulary had been developed and was in use.

- 5.26 The full range of NHS dental treatments should be available, and the primary care trust should review the appropriateness of the current dental contract. (4.70)**

Achieved. The full range of NHS dental treatments was available. The dental contract had been reviewed and there was an appropriate service.

- 5.27 The beds in health care should not form part of the prison's certified normal accommodation (CNA), and admission should only be on assessment of clinical need. (4.71)**

Achieved. Inpatient beds were not on the CNA, and admission to beds was based on clinical need.

- 5.28 Prisoners should have access to an appropriate primary mental health service. (4.72)**

Achieved. Prisoners could access a primary mental health care well man clinic, individual solution-focused work with registered mental health nurses (RMNs), and counselling services via the chaplaincy. There were several group activities, including relaxation, 'combat stress' and a new 'veterans in custody' group, intended to form the basis of a veterans support

network. There were plans to develop primary mental health services further with individual work to support prisoners with post-traumatic stress disorder, and a new group to support prisoners with self-harming behaviour. Inpatient RMNs had been given time to do this and to receive training as required. There was a visiting consultant psychiatrist. A student nurse on placement had developed an accessible easy-read guide to mental health services at Forest Bank.

Good practice

5.29 *The veterans in custody group and support network were good initiatives to address the needs of these prisoners, which had not been adequately met before.*

5.30 *The easy-read guide to mental health services, given to all prisoners who enquired about mental health support, was clear, engaging and accessible.*

5.31 Mental health assessments and consultations should take place in rooms that are clean and afford appropriate privacy and confidentiality. (4.73)

Partially achieved. Rooms used for mental health assessments and consultations were generally tidy and clean. One of the four-bedded wards was used to see individual inpatients but there were frequent interruptions as it was used as a thoroughfare to a storage area.

Further recommendation

5.32 There should be a room in the inpatient area that affords confidentiality for mental health assessments and consultation.

5.33 There should be holiday and emergency cover arrangements for the dentist and dental nurse. (4.74)

Not achieved. There was no holiday and emergency cover for the dentist and dental nurse. We repeat the recommendation.

5.34 Clinical records should be kept securely in accordance with data protection and the Caldicott principles covering confidentiality of personal health information. (4.75)

Achieved. Clinical records were stored on SystemOne, and written records in dedicated archives that accorded with the Data Protection Act and Caldicott principles for the use and confidentiality of personal health information.

Additional information

5.35 Primary care services were provided by Kalyx UK. In-reach mental health services were commissioned by NHS Salford Primary Care Trust (PCT) and provided by Greater Manchester West Mental Health NHS Foundation Trust. Relationships between the prison and PCT were good and mutually supportive. There were regular minuted partnership board meetings. The partnership board received some key performance monitoring data from the prison, though aggregated trend data in some areas of performance, such as complaints, was under development. There was no health needs analysis though one was being commissioned.

- 5.36 Health care was provided in a unitary building that included 20 inpatient beds. The primary care waiting area had new seating. There was no separate waiting area for vulnerable prisoners, and some told us they felt unsafe there despite being under constant escort.
- 5.37 The health centre environment was stark. It lacked natural lighting in some rooms and ventilation was inadequate in primary care areas. The corridors were excessively noisy, which intruded on private consultations. Some consulting rooms were too narrow and not designed for clinical work. Administrative staff worked in former cells. Cells for inpatients were basic. There were three four-bedded wards, which afforded some flexibility. We observed staff in one four-bedded area making adaptations for inpatients with significant physical health needs. It was difficult to maintain privacy for inpatients. There was no group meeting room, and education and other sessions took place in the communal day area. The prison had attracted King's Fund 'enhancing the healing environment' funding to refurbish and revitalise the day area. Despite the environmental limitations, a recent PCT infection control audit demonstrated a high level of compliance with most standards. Health care cleaners were active throughout the day, though the building was difficult to keep clean.
- 5.38 Interview rooms on A to F wings were used for triage and mental health purposes, though they were uninviting and used to store equipment. The dedicated health consultation room in reception lacked natural lighting and ventilation. There was access to two group meeting rooms on the new G and H wings.
- 5.39 We observed good and professional interactions between staff and prisoners. The lead nurse for older prisoners had access to specialist education and training. Health information was available in the reception area in several languages, and telephone interpreting was used if required. Written health care information was given to prisoners during induction.
- 5.40 There were clinical governance structures and processes, with appropriate PCT involvement. Specialist advice and access to daily living aids and equipment could be accessed through the visiting physiotherapist or referral to the PCT community occupational therapy team.
- 5.41 The SystmOne health IT system was available in all treatment rooms, and prisoners' clinical records were updated contemporaneously. Care plans were available for prisoners with lifelong conditions and mental health problems. The quality of entries in the clinical records for prisoners with mental health problems was variable. There appeared to be no agreed standard so that some records were infrequent and too general, while others were detailed and focused on elements of mental state assessment.
- 5.42 Health care was a regular agenda item for the monthly prisoner consultation group. A prisoner health satisfaction survey had been introduced recently, and early results suggested high satisfaction rates (90%). This contradicted our survey data, in which 35% of respondents said that health care was poor or very poor.
- 5.43 Prisoners who wished to make a complaint about health care used the general complaints system. There were around 34 complaints a month, the majority of which concerned access to the doctor and changes to medication.
- 5.44 There were detailed plans for the control of communicable diseases and contingency plans for pandemic influenza. Information-sharing policies were in place.
- 5.45 New arrivals were offered a health screen at reception, which encompassed physical and mental health issues, disability declaration and substance use profile, and they were asked for written consent to contact their GP if necessary. The GP saw all new arrivals with mental

health and substance use needs on the first night unit. Not all new arrivals were routinely offered a comprehensive health assessment in their first 72 hours.

- 5.46 GPs were available from 9am to 9pm every day, with out-of-hours on-call medical cover outside these times.
- 5.47 There was a lead staff member for health promotion and occasional health promotion events. These include prison/PCT programmes about chlamydia and smoking. However, limited health promotion material was displayed in the health centre, there were no display boards on the wings, and health promotion materials were in English only. Barrier protection could only be acquired on prescription.
- 5.48 There were good primary care services with timetabled clinics for triage, practice nurses, treatments, lifelong conditions and allied health professionals. Following applications, triage nurses or administrators made appointments for prisoners to attend the clinics. Prisoners were notified of their appointments on the morning of the clinic, which sometimes clashed with other appointments. Although the 'did not attend' rate had fallen following management scrutiny and action, it was still above 20% for some clinics, including the GPs. Prisoners who missed appointments were re-listed to attend. Only two external health appointments had been cancelled due to security reasons in the previous three months.
- 5.49 A full-time pharmacist had been employed at the prison for about six months. His remit covered a clinical role and oversight of the pharmacy service; he had recently introduced a pharmacy-led clinic.
- 5.50 The majority of dispensed medicines were provided through a community pharmacy. Prescriptions were faxed to the community pharmacy for the medicines to be dispensed, but there was no audit of faxed copies to reconcile them against original prescriptions. There were general stock and pre-packs at the prison for nurses to supply against prescriptions. These stocks were replaced on demand, and stock supplied was not reconciled against prescriptions issued.
- 5.51 The dental surgery was pleasant and clean. There was no washer/disinfector and autoclaving in the dental surgery, which took an extended time. The autoclave had no printer, but parameters were entered in a log book daily. Funding had been allocated for a new vacuum autoclave and there were proposals to convert an adjacent treatment room into a dental decontamination unit to comply with best practice recommendations. There had been a surgery inspection by the PCT in January 2010 and a cross-infection control audit in September 2009. The few resulting recommendations were being implemented as far as possible.
- 5.52 Standards of dental record keeping were generally good. However, medical history sheets were not always dated and personal dental treatment plan forms were not used. Radiograph management was satisfactory, although a full clinical evaluation was not always documented. Film holders were not used.
- 5.53 New arrivals were told about the dental service during induction and applications could be submitted at any time. The dental surgery assistant added names to the waiting list without prioritisation, although patients deemed to require urgent treatment were seen at the next available session. At the time of the inspection, there were 114 names on the waiting list, with the longest waiting for approximately three weeks. Treatment was provided with the surgery door open to create ventilation and to ensure safety, although this compromised patient confidentiality.

- 5.54 Inpatient facilities were used appropriately. There were 12 inpatients at the time of our visit. Medical holds were used as necessary to enable prisoners to complete courses of treatment.
- 5.55 Uniformed staff received training in mental health awareness, as did IDTS and primary care staff.
- 5.56 Representatives from primary mental health, IDTS, offender management unit and the mental health in-reach team met weekly in a referral meeting to share information and coordinate care for prisoners known to the services. The in-reach team provided services for prisoners with serious and enduring mental illnesses. This newly re-established team comprised five RMNs and a visiting forensic psychiatrist; it was identifying and working up caseloads. It offered psychosocial interventions to individuals and therapeutic groups were planned. A 'Campaign Against Men Living Miserably' (CALM) group for young adults started during our visit and a group for adults was due to commence. The in-reach team planned to offer a dual-diagnosis service in partnership with IDTS staff. It had links with relevant prison departments and mentally disordered offender teams in Greater Manchester. The team supported inpatient staff to expedite the transfer of mental health patients requiring NHS beds, although transfer waiting times were sometimes extensive.
- 5.57 Forest Bank was participating in the NHS National Patient Safety Agency (NPSA) audit of safe practices in mental health care.

Further recommendations

- 5.58 Relevant comprehensive aggregated trend data should be provided for the partnership board.
- 5.59 There should be a separate waiting area in health care for vulnerable prisoners.
- 5.60 The health centre and inpatient area should be refurbished.
- 5.61 The content of clinical records for prisoners with mental health problems should be subject to clinical audit against an agreed set of standards.
- 5.62 Prisoner health satisfaction surveys should be continued on a regular basis and action should be taken where appropriate to address any concerns that do emerge.
- 5.63 Following reception screening, a further health assessment should be carried out and recorded by trained staff no later than 72 hours after the prisoner's arrival in custody.
- 5.64 There should be ongoing health promotion campaigns, dedicated health promotion displays on each wing, and materials should be available in a range of languages.
- 5.65 Barrier protection should be freely available in the prison.
- 5.66 Managers should continue to scrutinise and manage the 'did not attend' rate so that it is further reduced.
- 5.67 The system of faxed prescriptions should be subject to audit.
- 5.68 The use of general pharmacy stock should be audited so that stock supplied can be reconciled against prescriptions issued.

- 5.69 The proposals to convert the room next to the dental surgery into a decontamination unit designed to comply with best practice guidelines, and incorporating a washer/disinfector and vacuum autoclave, should be implemented without delay.
- 5.70 There should be additional dental instruments to cover the relatively lengthy washer/disinfector cycle.
- 5.71 The transfer of inpatients requiring NHS mental health inpatient services should be completed as quickly as possible.

Housekeeping points

- 5.72 Medical history sheets should always be dated.
- 5.73 Personal dental treatment plan forms should be issued in accordance with General Dental Council regulations.
- 5.74 Clinical evaluation of radiographs should always be documented.
- 5.75 Film holders should be used for intraoral radiographs.
- 5.76 The dental surgery door should be closed during treatment sessions.

Good practice

- 5.77 *Participation with the NHS National Patient Safety Agency audit demonstrated engagement with an authoritative NHS agency and an intention to share information and learn from others.*

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

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

6.1 Opportunities to accredit skills gained in the workshops should be further developed. (5.15)

Partially achieved. Prisoners could accredit their work skills through performing manufacturing operations (PMO) qualifications at level 1. However, staff absences earlier in 2010 had delayed prisoner progress and few new learners were recruited. A new member of staff was promoting the qualification and more prisoners were enrolling on the qualification.

6.2 Vulnerable prisoners should have access to education. (5.16)

Achieved. Vulnerable prisoner access to education had improved with a timetabled 30-hour weekly programme. This included an appropriate range of literacy, numeracy and art classes in the morning and afternoon. An effective week-long performing arts programme was available each month and included an Arts Council award.

6.3 Education outreach work should be developed. (5.17)

Achieved. Vulnerable prisoners had access to a weekly education programme that provided a satisfactory range of accredited courses. Prisoners with additional needs had access to individualised education outreach programmes. The well-organised Toe-by-Toe reading mentor network provided support on each wing and in the education department. Education outreach was provided individually to prisoners in the segregation unit, health care and in cells as needed

6.4 Literacy and numeracy support should be better integrated into workshops. (5.18)

Not achieved. Literacy and numeracy were not integrated into workshops to develop prisoners' skills. A member of staff was deployed to start this process during our inspection but it was too soon to judge the effectiveness of this support.
We repeat this recommendation.

6.5 There should be greater access to books not held in the library. (5.19)

Achieved. The prison library had increased access to inter-library loans with other Kalyx prisons. An additional 2,950 books were currently on loan, which had increased the stock available to prisoners. Books were also held on four wings, including basic-level prisoners, health care, segregation and the vulnerable prisoner wing, which had recently appointed a library orderly.

6.6 There should be increased opportunities for private study in the library. (5.20)

Achieved. Evening opening had increased to five evenings a week. Some prisoners in education continued to have timetabled access to the library and those on Open University courses had unlimited daily access for private study.

Additional information

- 6.7** There were insufficient places to ensure that all prisoners had full access to activities throughout the week and about 50% of work was part time. Although approximately 88% of the population were engaged in some activity during the week, during inspection just under half of the population were not engaged in activities. Around 716 prisoners were employed in a range of activities, including education, in the morning and 726 in the afternoon.
- 6.8** Education and workshops were generally well managed. Quality assurance was in place, although the arrangements were not robust enough to identify inconsistencies in lesson planning and ensure the quality of provision. The self-assessment process was satisfactory with a strong focus on using learner feedback to identify areas for improvement. Data was collected on prisoners' progress and achievement but was not analysed sufficiently to inform performance management or the development of the provision or to identify the overall effectiveness of individual courses.
- 6.9** Initial assessment of prisoners' literacy and numeracy needs was satisfactory and correctly identified where support was required. There was good support for prisoners with additional learning needs. Assessments took place during induction, where new arrivals received good information, advice and guidance on the range of provision in the prison. The allocation to activities process was fair and equitable. There were some short waiting lists for the more popular workshops and courses. The prisoner pay system was complicated and difficult to understand for both prisoners and staff and the prison had recognised that it needed review. Pay rates were lower for prisoners attending education, although there was no evidence that this was a disincentive to take part in education.
- 6.10** Contract workshops provided 235 work places in packing, textiles, warehousing, filing and light electrical assembly. There were also 328 places in a variety of work throughout the prison, of which 204 were wing cleaners. Attendance and punctuality were good. However, much work was mundane and repetitive with few opportunities for progression. Work provided opportunities for prisoners to develop employability skills of good timekeeping, attendance and productivity but in most cases these remained unacknowledged. Some prisoners held positions of responsibility managing small work teams and had developed management and communication skills, which were not recognised or recorded. Kitchen workers could gain health and hygiene qualifications and some progressed to vocational training in the training kitchen and the 'food for thought' restaurant, where they were able to develop more advanced cookery skills. Work for vulnerable prisoners was restricted to one workshop.
- 6.11** The range of vocational training was satisfactory overall, with 44 places in fork lift truck driving, construction skills certificate scheme, industrial cleaning, driving theory test and catering accredited courses. A newly introduced painting and decorating course was being developed but did not currently offer accredited qualifications and the trainer did not hold an assessor award. The new Timpson Academy provided a good standard of training with opportunities to develop employability skills; it would add value if these were recognised and recorded. The purpose-built training kitchen and restaurant provided good opportunities for prisoners to gain accredited qualifications in catering at levels 1 and 2, food hygiene at basic and level 2, and food hazard control. The standard of accommodation and equipment in the training kitchen

was excellent. There was a business course with advice for those who wished to progress into self-employment. There were too few vocational training places for the size of the prison and most courses were only available towards the end of the sentence (see main recommendation HP59). Vulnerable prisoners did not have access to any vocational training opportunities.

- 6.12 The standard of training was generally good. Punctuality, attendance and discipline were good. Although data comparing the outcomes of those who started against those who achieved was not available, most prisoners who completed their course achieved the qualification. Individual learning plans were not used to set short- and long-term learning targets.
- 6.13 The quality of education provision was satisfactory overall. Education was offered mainly on a 15 hours a week basis, with 180 part-time education places in the morning and afternoon, and with an additional five full-time places. Approximately 365 learners a day accessed education, and there was a small waiting list. There was also a full-time designated programme for the vulnerable prisoner wing. The education provision was available every weekday between 8.15-11.15am and 1.15pm-4.15pm, but not at weekends. Programmes provided a satisfactory range of levels in literacy, numeracy and English for speakers of other languages (ESOL). The range of personal and social development programmes was good and included healthy lifestyles and family relationships, and there were classes in creative writing and guitar on one evening, but there was no evening provision for vulnerable prisoners.
- 6.14 Teaching and learning were satisfactory overall, with an adequate range of materials to support learning. There was much good teaching and learning in literacy, numeracy and ESOL. The provision of information and communications technology (ICT) qualifications up to level 2 was satisfactory and the ICT suite was a well-resourced learning environment. The planning of sessions in literacy, numeracy and ESOL was inconsistent. Lesson plans were not always available. Individual learning plans were not always completed and many short-term learner targets were too broad and not sufficiently broken down into small steps in learning. Teaching and learning in performing arts and programmes for learners with additional needs were well planned and highly effective. Staff qualifications were satisfactory or better. Classroom accommodation was generally adequate. The open-plan literacy and numeracy accommodation in workshop 5 was noisy and hindered learning. Learners made satisfactory or better progress in their course and increased their confidence and communication skills. Standards of behaviour were good. Classroom attendance was 86% and punctuality was mainly good.
- 6.15 The library service was managed by the education department. It was staffed by a well-qualified librarian and a librarian employed for 16 hours a week for projects and activities, supported by two well-trained orderlies. Although there were plans to appoint an additional part-time librarian, the staffing levels were below the prison library specifications. The librarian had produced a detailed development plan with clear actions to promote improvement. Access to the library had increased since the last inspection and was satisfactory for most prisoners. It was open for 40 hours during the week, including evenings, with a minimum 30-minute session per prisoner timetabled for the wings. The library was not open at weekends. Additional visits were arranged for individual prisoners researching legal issues. An analysis of library visits in May and June 2010 highlighted variations between the wings, with the most visits made from the vulnerable prisoner wing.
- 6.16 Library resources generally reflected the needs and interests of the population, but stock levels and lending were not routinely monitored to identify trends. The range of general and fiction books was satisfactory but there were not enough books to support vocational training. There were limited books for emergent readers. There was an adequate stock of 435 fiction and non-fiction books, including dictionaries, in 22 languages, and a few foreign newspapers. There

were up-to-date legal books and Prison Services Orders. Scheduled sessions included a weekly creative writing group and two reading groups led by the part-time librarian. A well-produced anthology of poems produced by members of the creative writing group was published internally, as well as several leaflets and a display of work in the library. Storybook Dads was well established, with 76 audio CDs and eight books produced since it began in October 2008, and there had been a two-day workshop with the national project workers.

Further recommendations

- 6.17 Quality assurance arrangements should be better developed to improve and ensure a common standard across the learning and skills provision.
- 6.18 The prisoner pay policy should be urgently revised to be clear and understandable.
- 6.19 The work skills that prisoners develop in industry workshops should be recognised and recorded.
- 6.20 Accredited qualifications in painting and decorating should be introduced.
- 6.21 Vulnerable prisoners should have access to vocational training.
- 6.22 Data on training should be better used to help identify areas for improvement.
- 6.23 There should be sufficient library staff to meet the needs of the prison population.
- 6.24 The prison should routinely collect and monitor library data to identify trends and develop the service to meet changing needs.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.25 A larger cardiovascular training area should be provided. (5.27)

Achieved. There was a separate cardiovascular training area in the main gym and a facility for vulnerable prisoners on the new accommodation wing but this had no drinking water. There was additional cardiovascular equipment at the back of the sports hall, although this limited the types of team games that could be played there.

Housekeeping point

- 6.26 Water should be provided in the cardiovascular room in the new accommodation block.

Additional information

- 6.27 PE facilities were generally good. An all-weather sports pitch provided opportunities for outdoor activities, such as football and tag rugby. Indoor PE facilities included a well-equipped gym, cardiovascular room and a large sports hall. However, the main gym was very overcrowded at peak times, which compromised safety, and the ventilation was inadequate.
- 6.28 Access to recreational PE was very good, although individual participation was not recorded and staff were unable to assess if all prisoners had equity of access. The age of prisoners who attended PE was also not analysed to ensure that planned sessions met the needs of all prisoners. The gym was open from early in the morning until late evening every weekday and all day at weekends. Most prisoners had access to an early morning session before work and activities began. Prisoners had at least two sessions a week and most had more. Vulnerable prisoners were timetabled twice a week in the main gym and had regular access to the cardiovascular training gym next to their wing. In our survey, 55% of respondents, against the comparator of 41%, said that they went to the gym at least twice a week. Regular inter-wing tournaments were popular.
- 6.29 The range of vocational qualifications was satisfactory and included national vocational qualification (NVQ) level 1 in sport and recreation, gym assistant qualifications at level 1 and gym instructor at level 2. The achievement of qualifications was good, although few prisoners had undertaken these courses. The number of accredited courses planned for the next 12 months had significantly increased, as had staffing levels. Staff were appropriately qualified.
- 6.30 A new prison-accredited course linked different functions in the prison to provide training in substance misuse, health awareness, sexual health, team building, first aid, lifestyle choices, fitness testing and football coaching. The course developed a wide range of skills and knowledge, and motivated prisoners.
- 6.31 Health care staff did not assess prisoners at induction to ensure they were fit to participate in exercise. Health promotion was satisfactory. There were regular smoking cessation groups.
- 6.32 Shower facilities were limited for the number of prisoners who used the gym, although most used the showers on their wings. Appropriate records were kept of accidents and incidents in the gym. The number of recorded incidents and assaults was minimal.

Further recommendations

- 6.33 Gym use should be carefully monitored and planned to avoid overcrowding at peak times.
- 6.34 The ventilation in the gym should be improved.
- 6.35 Gym use should be recorded by individual and analysed to ensure that courses meet prisoner need and that specific groups are not excluded.
- 6.36 Health care staff should assess all prisoners before they participate in strenuous exercise.

Time out of cell

Expected outcomes:

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

6.37 Figures for time out of cell and purposeful activity key performance targets should be accurate and valid. (5.42)

Achieved. Time unlocked data was provided using the standard key performance target calculation and formula. Data collection in support of the calculation was crude and failed to account for factors such as interruptions, although these were relatively rare. The recorded outturn provided data that was broadly representative of the experience of most prisoners. The prison reported a time unlocked figure of 10.5 hours a day. The core day suggested that a prisoner fully engaged with the regime could have more than 12 hours out of cell, which included two purposeful activity sessions well in excess of three hours, each balanced by three periods of association a day. An unemployed prisoner could expect at least five hours on association, with an optional additional hour's exercise. The many part-time employed prisoners could achieve between eight and nine hours. The purposeful activity figure of around 25 hours per week seemed reasonable and valid. Session length for activity, attendance and punctuality were all good and most available activity places were filled.

Additional information

6.38 Access to time out of cell was very good. The core day provided an hour of unlock for all between 7am and 8am, a full hour at lunchtime and three hours each weekday evening. In our survey, 84% of respondents said that they went on association more than five times a week, significantly better than the 47% comparator. Association was rarely, if ever, cancelled and there was little slippage in routines. However, during the working part of the day we observed 48.5% of the population locked in cell. This was mitigated in that relatively few prisoners had no engagement at all with the regime.

6.39 Exercise was offered for an hour each morning, but only to those not in activity. Those returning early from activity could join exercise and there was reasonably good access to the cardiovascular room on G and H wings to augment exercise periods. The exercise yards were clean but stark and lacked any chairs or equipment.

Further recommendation

6.40 Benches and other suitable recreational equipment should be installed on the exercise yards.

Section 7: Good order

Security and rules

Expected outcomes:

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

- 7.1 The closed and banned visits log should be improved, and include a record of all decisions and reviews for each prisoner. (6.8)

Partially achieved. A high number of prisoners, 95, were on closed visits for security reasons. The controller maintained the closed and banned visits log and made decisions based on intelligence provided by the prison. Many initial decisions to place prisoners on closed visits were made inappropriately following a single act not related to visits (such as a cell search) or a single piece of intelligence. Despite this, records of initial decisions were well maintained. However, there were no records of subsequent reviews, except for a brief note stating that the period had been extended and why. The controller was also responsible for conducting the reviews but, unlike initial decisions, there was no record of any additional intelligence used to inform the decision or extend the period. Records to evidence that reviews had been conducted within correct timescales were poor and we were offered little assurance that they took place as required. A further two prisoners had been placed on closed visits due to their behaviour which was inappropriate and constituted an unofficial punishment. Prisoners on tier one or two of the care and separation unit regime were also automatically given closed visits, which was also inappropriate. The controller did not authorise or routinely review these decisions (see main recommendation HP55).

- 7.2 Strip searching of prisoners after visits should be intelligence-led or based on specific suspicion. (6.9)

Partially achieved. Approximately 10% of prisoners were strip-searched after visits. Searching was generally intelligence-led or based on specific suspicion from the visit. However, a small percentage of prisoners were still strip-searched for no apparent reason other than to make up the numbers; some staff still thought that prisoners could be strip-searched randomly without any intelligence or suspicion.
We repeat the recommendation.

Additional information

- 7.3 The security department was adequately resourced, included an analyst and the support of two police intelligence officers, and had a positive working relationship with local police. Although there were no significant anomalies or weaknesses in security, the trafficking of drugs and mobiles telephones into the prison was a major issue. However, there had been appropriate measures, which were not restrictive on the regime, to reduce and limit the impact of this on the population.
- 7.4 Security arrangements were generally well managed, with 3,675 security information reports (SIRs) received between January and June 2010 (against 5,898 in 2009). The majority of SIRs related to drugs, mobile telephones and threats to staff or prisoners. However, not all

intelligence was acted on in a timely fashion, for example, over 140 suspicion mandatory drug tests (MDTs) were void because they were out of time in the first six months of 2010 (see paragraph 3.95 and recommendation 3.98). Intelligence-led searches produced far better results; the 542 that had taken place between January and June 2010 had led to 396 finds, including 87 mobile telephones, 36 SIM cards, 33 batteries/chargers and 51 items of drugs or drug paraphernalia. Many other items had also been discovered after being thrown in over the wall.

- 7.5 The security committee was given a high priority, well attended and met monthly, chaired by the head of security and operations. A wide-ranging agenda covered all relevant areas. The meeting was supported by a comprehensive report from the security manager, which tracked trends and patterns over a three-year period. All areas were well discussed and recorded on the minutes, except for the use of force, which was only cursorily reviewed (see paragraph 7.29).
- 7.6 In our survey, reports of victimisation by gangs were significantly worse than the comparator. The prison was aware of gang culture. Activity around Manchester gang members was well monitored and involved regular liaison with the police. Measures for managing gangs were proportionate.
- 7.7 An expensive scanner had been bought to reduce the amount of drugs entering the prison through visits. It was used to swab visitors' hands to detect drugs. The scanner was seen as more versatile than drug detection dogs and visitors had been more accepting of the results. If the scan was positive, visitors were offered either a closed visit or the opportunity to re-book the visit.
- 7.8 Rules were explained on induction but were not displayed on notice boards. However, wing induction prisoner representatives could explain rules further if required.

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.

- 7.9 **All adjudication charges should be fully investigated. (6.28)**

Not achieved. We sampled 20 records of adjudication and consistently found that charges were not explored sufficiently before they were proved.

We repeat the recommendation.

- 7.10 **Prisoners should not be subject to unofficial punishments, and formal disciplinary procedures should be used. (6.29)**

Not achieved. We saw many ways in which prisoners were subjected to unofficial punishments. These included: enforced closed visits for prisoners on tier one or two of the care and separation unit (CSU) or following poor behaviour in the visits room; and removal of regime for basic-level prisoners on F1 following poor behaviour. There were also many notices outside the gym warning that prisoners would lose gym sessions, without formal procedures, if they were believed to have committed a range of offences, such as running on the corridor or using threatening/abusive words to gym staff. At the time of inspection, 38 prisoners were

banned from the gym for such offences.
We repeat the recommendation.

7.11 Staff should not place prisoners on report for minor offences that could be better dealt with by alternative means. (6.30)

Achieved. There had been 2,432 adjudications in 2009, and 1,216 in the first six months of 2010, which were significantly lower than at the last inspection. Senior prison custody officers checked all adjudication paperwork to ensure that charges were laid appropriately and offered advice on alternative actions. Most charges were for drugs, unauthorised articles, disobeying orders, fights and threats. Approximately 40 charges per month were referred to the independent adjudicator. The prison had also moved to a system of minor reports for young adults, of which there had been 37 between March and the end of June 2010.

7.12 Force should not be used against prisoners on open self-harm monitoring documents purely to put them into strip clothing or locate them into the observation cell in health care. (6.31)

Not achieved. Record keeping for use of the observation cell in health care and strip clothing was poor. However, managers told us that while strip clothing was used infrequently, there had been regular decisions to locate prisoners on ACCTs to the observation cell in health care. Use of force documentation was not always clear about whether an individual was on an ACCT or the reasons for location in the observation cell.
We repeat the recommendation.

7.13 All use of force documentation should be properly signed off and certified by a member of staff not involved in the incident. (6.32)

Achieved. Use of force documentation was generally well completed and always signed off by a member of staff not involved in the incident.

7.14 The establishment's protocol for the use of special accommodation should always be followed when these cells are used. (6.33)

Not achieved. The special accommodation had not been used at all in 2010 to date and only once in each of 2008 and 2009. However when it was used, authorising paperwork was not always fully completed and, although there was a user guide, the information within it was out of date.

Further recommendation

7.15 The protocol for use of special accommodation should be updated and should be followed when these cells are used.

7.16 The special cells should be modified to allow in natural light, or otherwise be taken out of use. (6.34)

Not achieved. The special cells had not been modified since the last inspection.
We repeat the recommendation.

7.17 Prisoners should not be automatically placed into strip clothing on location to the special cell. (6.35)

Not achieved. The special accommodation user guide still stated that prisoners would be 'issued with strip clothing and strip blanket' when placed in that cell. Incomplete documentation on use of the special accommodation in 2008 gave no assurance on the clothing provided for the prisoner.

We repeat the recommendation.

7.18 Prisoners should not be routinely strip-searched on first location to the segregation unit, unless deemed necessary by prior risk assessment. (6.36)

Achieved. Prisoners were not routinely strip-searched on first location to the separation unit – now known as the care and separation unit (CSU) and records of segregation clearly identified when prisoners had been strip-searched and the reasons for doing so.

7.19 All prisoners in segregation under rule 45 (good order or discipline) should be allocated a member of care and separation unit (CSU) staff as a key worker within 24 hours of arrival. The key worker should make daily records of the prisoner's behaviour on individual history sheets. There should also be regular liaison with the prisoner's wing staff to facilitate his return to normal location. (6.37)

Not achieved. There was a nominal personal officer scheme in the CSU, based on cell location, but it was underdeveloped. Liaison with prisoners was limited and records in history sheets were poor.

We repeat the recommendation.

7.20 Individual support and behaviour plans should be drawn up for all segregated prisoners within 72 hours of initial segregation, to assist their return to normal location. If segregation continues beyond 30 days, a care plan should be put in place to prevent psychological deterioration. (6.38)

Partially achieved. The only behaviour plans for prisoners in the CSU under rule 45, for their own interest, or for good order or discipline, were those drawn up by the manager authorising the segregation. Records sampled showed that these were limited and not personalised. A recent development was that senior prison custody officers wrote a basic care plan for prisoners who remained in the unit for longer than 30 days, This required further development and involvement from multidisciplinary staff.

Further recommendation

7.21 An initial individual support and behaviour plan should be drawn up within 72 hours for prisoners in the CSU to assist their return to normal location. For prisoners segregated for longer than 30 days, a multidisciplinary care plan should be put in place to prevent psychological deterioration.

7.22 Segregated prisoners should be provided with fixed furniture, unless deemed inappropriate following an individual risk assessment, in which case cardboard furniture should be issued. (6.39)

Partially achieved. Only 12 cells in the CSU had recently been fitted with fixed furniture. All other cells still had no furniture, and prisoners had been routinely located into these cells with no apparent risk assessment or consistent reasons.

We repeat the recommendation.

- 7.23 **Prisoners should not be subject to a blanket policy of closed visits on location to the CSU. All decisions to impose closed visits should be based on an individual intelligence assessment. (6.40)**

Not achieved. Closed visits were automatically and inappropriately imposed on prisoners in the CSU for good order or discipline, who were placed on tier one of the CSU's three-tier system, and those there for their own interest, who were on tier two. There were no individual intelligence assessments. The tiers generally offered prisoners less than they would have received on the basic level of the IEP scheme and were therefore inappropriate and punitive (see main recommendation HP56).

- 7.24 **CSU staff should be trained in de-escalation, mental health, personality disorder and motivational interviewing in addition to other routine training, such as race equality and suicide prevention. (6.41)**

Partially achieved. CSU staff routinely received training in most of the required areas, except for mental health, personality disorder and motivational interviewing.
We repeat the recommendation.

Additional information

- 7.25 The room used for adjudication hearings was functional and hearings were conducted courteously. The adjudicating manager ensured that prisoners understood the charges and checked their understanding of the process. Prisoners were given sufficient time to prepare their case and seek legal advice but they were not given a pen and paper to make notes during the proceedings. Although records of hearings did not always demonstrate sufficient exploration of circumstances, awards and punishments were fair and generally took account of mitigating circumstances. Some charges had been dismissed due to lack of evidence or technical anomalies – 34 in the six months to June 2010 had been quashed on appeal.
- 7.26 A quarterly review of care and separation unit meeting (ROCSUM) was well attended but reviewed only adjudications. The information provided to the meeting was comprehensive, highlighted shortfalls in the procedures, and analysed trends and patterns in adjudications and awards.
- 7.27 Incidents involving use of force had dropped significantly since the last inspection. Between January and June 2010, force had been deployed on 79 occasions, of which 18 were planned. Although not low, this figure included cases of low level physical coercion. In our survey, 15% of respondents from a black or minority ethnic background said that force had been used against them in the previous six months, which was significantly worse than the 7% response from white prisoners. However, ethnic monitoring only identified an over-representation in September 2009, which had been appropriately investigated and was due to a single prisoner.
- 7.28 Training and records on use of force were effectively managed. Records showed a concern for legitimacy in the use of force, and many examples of effective de-escalation. Control and restraint equipment was well maintained and accounted for. Planned interventions were always attended by a health care professional but were not routinely recorded.
- 7.29 Use of force was cursorily discussed at security meetings, there was no formal quality assurance procedure, and paperwork we sampled often lacked sufficient depth to explain what had happened and why and the outcome. In the six months to June 2010, force had been used at least five times to relocate prisoners placed on the basic privilege level to F1. These were disproportionate and unnecessary actions.

- 7.30 The CSU appeared bright and clean, but holding rooms were dirty, as were communal showers and toilets which were shabby and ineffectively screened. The exercise yards were bleak. Of the 27 rooms available only 24 were used as cells. The cells had graffiti, damaged flooring and dirty toilets, and no electricity points – which precluded standard-level prisoners using facilities, such as music centres and televisions that they were permitted.
- 7.31 Segregation was properly authorised, and safety algorithms were completed within two hours. Prisoners on ACCT documents were held in the CSU with no explanation about the exceptional reasons for them to be there. When an ACCT was opened on a resident of the CSU, no further safety algorithm check was completed to assess his ongoing suitability for location in the unit.
- 7.32 There was a published staff selection policy and the director approved all selections. We observed positive engagement between staff and prisoners. At least two staff were used to unlock individual prisoners, whatever their reason for being in the unit. This was unnecessary and not based on a sound risk assessment.
- 7.33 An average of 11 prisoners was held in the segregation unit, with eight at the time of our inspection. Two prisoners were held pending adjudication, one on cellular confinement, three for reasons of good order or discipline and two for their own interest. The longest resident had been there for just under two months.
- 7.34 In our survey, 13% of respondents said that they had spent a night in the CSU in the previous six months, against the comparator of 11%. In the six months to June 2010, the CSU had held 327 prisoners (including 21 young adults), which was high.
- 7.35 We were concerned about the number located there for good order or discipline (168), and the explanation on authorising documentation that often stated 'pending suitability for normal location', which gave insufficient and unjustified information for the reason for their segregation. Good order or discipline reviews took place appropriately, but while a health care professional was always present, the Independent Monitoring Board (IMB) often did not attend. Paperwork for continued segregation was often not fully completed, lacked detail about the individual prisoner's required behaviour targets and interventions, and paid insufficient attention to mental health concerns.
- 7.36 Prisoners in the CSU had daily access to showers, telephones, cell cleaning equipment and exercise. Gym sessions were available weekly to prisoners on tier three, and education staff visited the unit regularly to offer in-cell work. Prisoners were not permitted to attend education or workshops, had no opportunity to associate or exercise together, and had their meals delivered to their cell door. However, they could attend religious services subject to a risk assessment. The unit had a small stock of books that could be accessed at teatime, but there was insufficient activity to engage prisoners constructively.
- 7.37 The ROCSU meeting did not review all mandatory aspects of segregation. A senior manager visited all prisoners every day, but records of health care and chaplain visits were not always well maintained.

Further recommendations

- 7.38 All planned interventions should be video recorded.
- 7.39 There should be formal quality assurance of use of force paperwork.

- 7.40 Force should not be deployed against prisoners to impose movement to F1 when they have been placed on the basic level.
- 7.41 Cells in the care and separation unit should have electricity supplies restored immediately.
- 7.42 Prisoners on ACCT documents should only be held in the care and separation unit under exceptional circumstances.
- 7.43 Risk assessments for unlocking prisoners in the care and separation unit should be revised.
- 7.44 The documentation for authorising segregation should be fully completed, with the actual reason for location in the care and separation unit, and should take account of prisoners' individual circumstances.
- 7.45 Prisoners in the CSU should be offered an improved regime to provide access to purposeful activity.
- 7.46 Segregation monitoring and review group meetings should take place consistently and should monitor adherence to Prison Service Order 1700 and any trends or patterns in use of the care and separation unit.

Housekeeping points

- 7.47 Prisoners should be given a pen and paper to make notes during adjudication hearings.
- 7.48 Holding rooms, showers and toilets, and cells in the care and separation unit should be maintained to a good standard.

Incentives and earned privileges

Expected outcomes:

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

7.49 Basic level prisoners should be managed on their parent wing. (6.50)

Not achieved. Prisoners demoted to the basic level of the incentives and earned privileges (IEP) scheme were routinely moved to F1 landing, and in the six months to June 2010 this had involved the inappropriate deployment of force on at least five prisoners (see paragraph 7.29). Although F1 was the normal location for basic-level prisoners, at the time of the inspection others were housed on A1 and H2 and were managed appropriately, which negated the argument that basic prisoners could only be managed in one area. However, we were still not satisfied why prisoners on the basic level could not be managed on their own wing.
We repeat the recommendation.

7.50 Vulnerable prisoners should not be used to serve meals for basic level prisoners. (6.51)

Achieved. Vulnerable prisoners were now located on H2 and prisoners on basic were on F1.

- 7.51 The regime for basic level prisoners should be improved. They should be able to attend activities during the day, receive some association and be able to keep their own radio/CD player. (6.52)

Partially achieved. There had been some improvement in the regime for basic-level prisoners. The basic level operated three tiers, which was both unnecessary and confusing. Prisoners were initially placed on tier two and could lose or earn further privileges depending on their behaviour. Prisoners on all tiers were given 15 minutes each morning to shower, clean their cell and arrange telephone calls etc. All had the opportunity to take exercise for one hour. Prisoners could go to work but those on tier one were escorted to their activity place. Prisoners on tiers one and two had their lunch delivered to them in their cells. They could visit the gym at least once a week but those on tier one had no association. The experience for prisoners on tier one was exceptionally poor.

Further recommendation

- 7.52 The prison's incentives and earned privileges (IEP) scheme, particularly as it applies to prisoners on basic regime, should be simplified, and all prisoners on the basic level should be able to receive association.

Additional information

- 7.53 The recently published incentives and earned privileges (IEP) policy applied to both adult and young adult prisoners. There were three levels to the scheme, basic, standard and enhanced, although the basic level consisted of a further three tiers (see paragraph 7.51). At the time of the inspection, 22 prisoners (2%) were on the basic level and 323 (24%) on enhanced. Of the prisoners on basic, 10 were young adults, which was a significant over-representation. In our survey, respondents from a black or minority ethnic background felt less fairly treated than white respondents in the IEP scheme. However, with the exception of an over-representation of black and minority ethnic prisoners on the enhanced level in September and October 2009, all areas of the scheme were within an acceptable ethnic monitoring range.
- 7.54 Movement between the levels was decided by a review board chaired by the unit manager. Under the policy, two formal warnings and/or adjudications within a 28-day period could result in a unit manager warning and review, and three formal warnings and/or adjudications to a demotion in the regime level and a review. Although the scheme operated in this way overall, there was no formal quality assurance system and some managers used their discretion when issuing warnings and conducting reviews. However, the files we sampled showed that some decisions to demote to the basic level were taken when there was no evidence of warnings or other poor file entries, and in one case followed a period in the CSU for an adjourned charge of assault. Prisoners had an opportunity to appeal decisions and there was some evidence that appeals were upheld.
- 7.55 Prisoners who were placed on the basic level faced three weeks on that regime, with weekly reviews by the unit manager. This period could be reduced if behaviour had improved. Records for prisoners on basic were often poor and did not log daily observations, which led to limited evidence to inform reviews. Decisions of the review board were logged in the history sheet but names of attendees, including the prisoner, were not logged, and generally only the outcome of the board was recorded. Prisoners placed on basic were not given any formal/written improvement objectives and there was no evidence in files that staff offered

prisoners any assistance or encouragement to modify their behaviour and conform to the regime.

- 7.56** New arrivals had to wait eight weeks before they were considered for enhanced status, but those transferring in on enhanced maintained this status. Prisoners who wished to progress to enhanced had to have positive entries in their files for the previous eight weeks, comply with compact-based drug testing and be willing to work. Many prisoners told us that the process often took far longer than eight weeks, and some had waited up to three months to be granted enhanced status.
- 7.57** Enhanced-level prisoners qualified for one additional visit a month, an increased private cash allowance, two extra sessions of PE, and one extra letter. They could also be considered for a visit in an enhanced seating area and could buy more items from the canteen and facilities lists, such as bedding, electronic TV games, and additional CDs and tapes. Prisoners on C1 were predominantly enhanced and/or workers who received additional association periods when they were not attending activities during the working day. Those on C2 were also generally enhanced prisoners who had signed up to compact-based drug testing and were entitled to a further two PE sessions a week. These additional incentives were reasonable to motivate prisoners to achieve enhanced status.

Further recommendations

- 7.58** Decisions to demote prisoners to the basic level of the incentives and earned privileges scheme should only be based on a pattern of poor behaviour.
- 7.59** The effectiveness of IEP scheme quality assurance arrangements should be improved.

Housekeeping point

- 7.60** Prisoners placed on the basic level of the incentives and earned privileges scheme should be given written improvement objectives, which should form the basis of reviews.

Section 8: Services

Catering

Expected outcomes:

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

No recommendations were made under this heading at the last inspection.

Additional information

- 8.1 The kitchen was clean and well maintained and generally well equipped but there were no utensils for the preparation of halal food. The catering manager worked with a team consisting of a team leader, eight prison custody officers and approximately 60 prisoners.
- 8.2 Breakfast was served on the day it was consumed. Lunch and dinner were selected from a four-week rolling menu that offered some variety, healthy options and met the needs of different diets, including vegetarian, vegan, halal, kosher and gluten-free. A nurse who led diabetic clinics was liaising with the kitchen to ensure appropriate provision for diabetic prisoners. Menu options included five portions of fruit and vegetables a day.
- 8.3 Meals were generally served after 12 noon and 5pm. Staff supervised queues appropriately, and temperatures of food were taken. However, utensils designated for the serving of halal food were not used, and we also observed servery workers using their gloved hands to serve meals. Dining out in association was available to all prisoners and taken up by many.
- 8.4 The quality of meals we sampled was good and portions were adequate. In our survey, 26% of respondents said that food was good, against the comparator of 23%. However, prisoners we spoke to were less positive about the food and felt that portions were small. The catering manager was aware of these views as he (or a representative) regularly attended prisoner consultative meetings, held a regular meeting with servery workers and also produced a food survey twice yearly. Although food comments books were in place, they were not readily accessible to prisoners.

Housekeeping points

- 8.5 The main kitchen and individual servery areas should have specific utensils for the preparation, cooking and serving of halal food.
- 8.6 Prisoners should have ready access to food comments books on serveries.

Prison shop

Expected outcomes:

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

- 8.7 There should be a range of tinned goods and fresh food, including fruit and vegetables, for prisoners to buy from the prison shop. (7.14)

Not achieved. The senior management team had decided that tinned goods and fresh food, including fruit and vegetables, were not allowed to be sold to prisoners.
We repeat this recommendation.

Additional information

- 8.8 The prison shop was an in-house operation and managed by a full-time supervisor supported by four full-time workers. The list of goods available was not publicised on wing notice boards, and consultation arrangements through the prison consultation meetings was sparse.
- 8.9 In our survey, only 31% of respondents, against the comparator of 43%, said that the shop sold a wide enough range of goods to meet their needs. The shop offered a range of basic items, in line with local supermarket prices. The range of goods for black and minority ethnic prisoners was minimal, and in our survey only 24% of black and minority ethnic respondents, against 33% of white, said the shop sold a sufficient range of goods.
- 8.10 Prisoners could order items from the shop twice a week – once from their private cash account (within limits based on their IEP level) and once from their earnings canteen (with no limits on their spending). New arrivals who arrived with money could use the prison shop within 24 hours; in our survey, significantly more respondents than the comparator said they had access to the prison shop within their first 24 hours, 27% against 16%.
- 8.11 The pre-ordered, bagged and delivered service was sufficient and prisoners were positive about it. Orders were delivered to the wings on set days twice a week under adequate staff supervision. Prisoners who were away from the prison on the day their order was delivered had access to their goods upon their return. Prisoners had access to accurate and up-to-date records of their finances, and the shop supervisor dealt with problems with orders promptly. There had been very few complaints about the shop in the previous six months.
- 8.12 Prisoners could not order from catalogues and could only buy items that were on the shop list, which had an inadequate choice of hobby materials.

Further recommendations

- 8.13 Prisoners should be consulted on the items available through the prison shop, and lists of these should be prominently displayed on residential wings.
- 8.14 The prison shop should expand the range of goods for black and minority ethnic prisoners.
- 8.15 Prisoners should be allowed to buy goods through catalogues.

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 9.1 The resettlement strategy should be updated to reflect the new delivery arrangements at Forest Bank. (8.4)

Partially achieved. The resettlement strategy was based on the seven resettlement pathways and linked to the area reducing reoffending strategy. The document was updated regularly and included broad objectives, but was limited. Information included various initiatives under each pathway, but nothing about how these linked together, and so some pathways work lacked coordination and integration. The document also included nothing about offender management, indeterminate-sentenced prisoners or prisoners on remand or sentenced to less than 12 months. There was no associated policy that outlined the roles and responsibilities of the broad reducing reoffending/resettlement function.

Further recommendations

- 9.2 The resettlement strategy should outline how developments will be achieved across all aspects of resettlement, including offender management.

- 9.3 The prison should have an up-to-date resettlement policy that outlines fully its resettlement function.

- 9.4 Forest Bank should be invited to contribute to North West area Prison Service resettlement forums in order that best practice can be shared. (8.5)

Achieved. Following the last inspection, Forest Bank had been invited to attend the North West area resettlement forum, and the head of offender management had undertaken this since March 2008. In April 2009, the group was disbanded following reorganisation and, at the time of the inspection, no longer met. The director still attended the governing governor group for the area and the head of offender management attended the area offender management forum.

Additional information

- 9.5 The deputy director had overall responsibility for resettlement, with two senior managers responsible for various aspects. There was, however, no formal meeting structure, and although both senior managers met the deputy director regularly, these meetings were not minuted. One of the managers met with team leaders under her areas of responsibility but notes of these meetings were not published or distributed.

- 9.6 There was also no needs analysis of the population. The offender management unit (OMU) collated information on the targets set by offender supervisors following OASys (offender assessment system) reviews but this was not used to inform developments and did not include

the needs of prisoners on remand or sentenced to less than 12 months – approximately 45% of the population.

- 9.7 Despite the lack of strategic cohesion across the resettlement function, there was much good work to meet the needs of prisoners. There were good links with local partner agencies, which appeared to ensure reasonable outcomes for the majority of prisoners, of whom 75% came from within an 18-mile radius of the prison.

Further recommendations

- 9.8 Governance structures for the management of resettlement should be improved and more accountable, ensuring the consistent progress of the resettlement strategy.
- 9.9 There should be a regular needs analysis of the prison population to ensure that resources and provision are meeting need.

Offender management and planning

Expected outcomes:

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

- 9.10 **Offender supervisors and other relevant staff should be co-located to facilitate the delivery of the offender management model. (8.14)**

Achieved. At the time of the inspection, there were eight officer offender supervisors (although one was on long-term sick leave); two further staff had been recruited but had not yet started. Three probation officers (one of whom was part time), along with a senior, were located together. Although other key departments, including programmes, counselling, assessment, referral, advice and throughcare service (CARATs) and accommodation were located elsewhere, there were generally good links. The accommodation and CARATs staff could also access OMU electronic logs for prisoners, and so were able to inform offender supervisors, in some detail, of their work.

- 9.11 **There should be better computer links to assist the completion and receipt of offender assessment system (OASys) documents. (8.15)**

Achieved. There were good computer links to facilitate the completion of OASys assessments. The majority of external OASys were up to date. Although there was a backlog of around 140 OASys assessments, these were internal reports (for prisoners not in scope for offender management). Delays were not excessive, with the majority less than three months overdue, and were due to staff shortages and an emphasis on prisoners in scope.

Further recommendation

- 9.12 All OASys assessments and their reviews should be up to date.

9.13 Resources should be provided to enable Forest Bank to deliver appropriate services to life sentenced prisoners. (8.16)

Achieved. Since the last inspection, the number of indeterminate-sentenced prisoners had gone down slightly from 50 to 36. At the time of the inspection, there were 31 prisoners on indeterminate sentences for public protection (IPPs), and two mandatory and three discretionary lifers. Despite this, the prison had been allocated resources for one extra post within offender management. The post had been used as a generic offender supervisor and all IPP prisoners were allocated across the team. Probation offender supervisors were responsible for mandatory and discretionary lifers.

9.14 Lifer planning processes should commence at the earliest opportunity. (8.17)

Achieved. There was reasonable provision for indeterminate-sentenced prisoners, whose cases were managed in a similar way to all other prisoners under offender management. However, they were prioritised for offending behaviour programmes. There were still some difficulties in moving these prisoners to other establishments but generally this was not a significant issue. At the time of the inspection, 60% of all indeterminate-sentenced prisoners had been at Forest Bank less than a year and in the previous 12 months, 47 had been moved to other prisons.

9.15 Lifer forums should be established. (8.18)

Not achieved. There continued to be no lifer forums or other specific facilities for this group of prisoners.

We repeat this recommendation.

Additional information

9.16 All prisoners were assessed on their first night using a basic screening tool (see paragraph 1.18). These assessments were undertaken too early after arrival for prisoners who had never been in custody before or who were anxious about being in prison. Although this document was suppose to act as a point of referral to resettlement pathways, it was not used effectively. CARAT and accommodation staff interviewed all prisoners during induction using their own assessment forms, but there were no mechanisms for referral to other pathways. We saw examples where assessments indicated problems with contact with families and with debt but no referrals had been made and staff were unaware of where referrals should be made. There was no single point of contact for these pathways (see recommendation 9.40 and paragraph 9.60). Although prisoners were informed about the provision and courses available under these two pathways, they were expected to make their own applications to specific services. Assessment forms were kept in wing files but personal officers were unfamiliar with them and did not use them to inform their contact with prisoners.

9.17 At the time of the inspection, approximately 620 prisoners were on remand or serving sentences under 12 months. There was no custody planning for these groups but both could access specific support through the resettlement pathways. Although 353 prisoners were subject to OASys assessment, they were not in scope for offender management. This group had only minimal contact with offender supervisors but their sentence plans appropriately outlined specific needs. A further 376 prisoners were in scope for offender management, including indeterminate-sentenced prisoners. Of this group, 138 were classified as prolific or priority offenders (PPOs) and a further 70 under the model of integrated offender management (IOM). Probation offender supervisors worked appropriately only with higher risk prisoners and MAPPA (multi-agency public protection arrangements) cases.

- 9.18 Each area across Greater Manchester had developed a model of managing high risk offenders in 'Spotlight' projects. Under this model, service providers, including community drug teams, accommodation support services, probation and police services, were co-located in the community to offer an integrated range of support and monitoring. As some prisoners under the PPO or IOM model could be released without licence (if under 12 months, or if they had not been convicted) their participation was voluntary. To facilitate this model, each officer offender supervisor was the single point of contact for an identified geographic area so that both community-based providers and prisoners knew who to contact for information. This model was further facilitated by monthly surgeries in the prison that community-based providers attended to meet with prisoners from their area. Similarly, offender supervisors also attended meetings in the community, and even on some occasions undertook home visits, to understand the groups with whom they were working. Although the project was relatively new – Tameside, the oldest established, had been set up just over a year previously – we were told that indications so far for prisoner engagement and reducing reoffending were extremely positive. Prisoners covered by these arrangements were also reasonably positive about the support available.
- 9.19 Although there were no specific guidelines for offender supervisors on the frequency of their contact with prisoners under offender management, many saw them at least monthly, and more often for probation offender supervisors, who worked with higher risk prisoners. There was some structured one-to-one work, mostly by probation staff. Contact with community offender managers was generally good.
- 9.20 Categorisation and recategorisation procedures were followed appropriately. Although 879 prisoners were, at the time of our inspection, identified as category C, there were problems in transferring them to alternative prisons in the area. There were similar problems for the 46 category D prisoners. Most places were allocated on the basis of the need to complete offending behaviour programmes and prisoners with longer sentences were also prioritised. Most prisoners serving under 12 months could expect to complete their sentence at Forest Bank.
- 9.21 Arrangements for home detention curfew (HDC) were also appropriate. In the previous six months, 46% of applications (103 out of 216) had been successful. Provision for release on temporary licence (ROTL) however was poor. There were no arrangements for community-based provision and even release for job or college interviews were rare, and there had been no ROTL in the previous six months.
- 9.22 There was a full-time public protection clerk and all MAPPAs two and three cases were allocated to probation offender supervisors. At the time of the inspection there were 10 MAPPAs two cases and four MAPPAs three. Seventy-eight prisoners were identified as a risk to children and 94 were subject to restrictions due to harassment. The good links between OMU and the public protection clerk included electronic links to the OMU database/contact log to ensure all information was made available. The public protection clerk and offender supervisors could add to this information.
- 9.23 All new arrivals were screened and where public protection concerns were identified the prisoner was reviewed at the next monthly interdepartmental risk management board. The prisoner was then reviewed regularly, depending on identified concerns. A member of staff could ask for a prisoner to be reviewed at any time, regardless of their status, and we saw examples of this. The minutes of these meetings showed that information sharing was generally good and notes included specific action points identifying the responsible person.

- 9.24 There was a full-time violent and sexual offenders register (VISOR) and monitoring clerk in the security department who undertook all telephone and mail monitoring. At the time of the inspection, 155 prisoners were subject to full monitoring.
- 9.25 The prison had introduced a training course for all staff, ' tackling sexual offending together', which 214 staff (almost 40%) had attended.

Further recommendations

- 9.26 Referral arrangements to service providers under the resettlement pathways should be based on identified need, easier to use and more transparent and accountable.
- 9.27 The prison should make use of release on temporary licence (ROTL) for prisoners before their release.

Resettlement pathways

Expected outcomes:

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

Reintegration planning

Accommodation

No recommendations were made under this heading at the last inspection.

Additional information

- 9.28 The accommodation team consisted of six staff, two part time, who were divided into tenancy support and homelessness work. The team saw all new arrivals during induction, usually the day after arrival. The team worked with prisoners on tenancy issues and in some cases, where there were rent arrears, gave advice on the management of this debt. In the previous six month, the team had helped 215 prisoners to maintain their tenancy and a further 27 to manage rent arrears.
- 9.29 The homeless team offered support with accommodation to prisoners identified as expected to be homeless on release. In most cases, the team picked them up three months before their release to pursue provision. There were good links with community support and the team was actively involved with accommodation forums in Greater Manchester. There were also regular mid-sentence assessments where prisoners' circumstances changed. In the previous six months, accommodation had been found for 187 of the 204 prisoners identified as potentially homeless on release; overall the annual figure for the prison was approximately 98%. Although such accommodation included temporary housing, most was supported housing. Most of the 17 prisoners released with no fixed accommodation in this period had declined help or support.

- 9.30 The bail support worker based in the OMU helped prisoners on remand find accommodation for bail purposes. In the previous six months, 116 prisoners had been so helped, either privately or through ClearSprings, and more recently with BASS (bail accommodation and support services) provided by Stonham housing, which had taken over this contract. In some cases approved premises were secured through a link in Greater Manchester probation service.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

No recommendations were made under this heading at the last inspection.

Additional information

- 9.31 There was a good preparation for work course, which included CV building, job application, healthy living, citizenship, family relationships, budget and finance. The 'get out ,stay out' course provided valuable skills training to support employment on release. A representative from Jobcentre Plus gave prisoners information on how to access their employment services on release.
- 9.32 The employment advocacy worker provided information, advice and guidance before release. Good links with a variety of external agencies were used effectively to work with prisoners seeking employment and training on release. The prison had a good understanding of employment needs in the areas where prisoners were being released and had developed some good employer links, including persuading employers to keep open employment for prisoners serving short sentences. Approximately 21% of prisoners released into the community had secured employment and approximately 18% continued into training.

Mental and physical health

- 9.33 **Prisoners not registered with a GP should be given assistance to do this before their release. (8.37)**
- Achieved.** There were weekly pre-discharge clinics where prisoners were assisted to locate a GP and to register.
- 9.34 **Information included in discharge letters should be checked against the prisoner's electronic and paper clinical records. (8.38)**
- Achieved.** Discharge letters were individualised and contained accurate clinical summaries.
- 9.35 **All prisoners taking medication before their release should be given a sufficient supply of medication until they can obtain a prescription from their community GP. (8.39)**
- Achieved.** Prisoners with planned release dates were given a five-day supply of medication to take out. However, there was no clear policy for prisoners attending court.

Further recommendation

- 9.36 There should be a policy on supplying medicines to prisoners attending court.

9.37 **The palliative care policy should be updated. (8.40)**

Achieved. The palliative care policy had been updated and the prison worked closely with the PCT palliative care service.

Additional information

9.38 Before release, prisoners with mental health problems were offered a pre-discharge assessment that identified their throughcare requirements. Links were made with health and social care agencies as appropriate. In-reach staff acted as case managers for prisoners on the care programme approach and for throughcare.

Finance, benefit and debt

No recommendations were made under this heading at the last inspection.

Additional information

9.39 Provision for prisoners under this pathway was limited, with no specific point of contact for referrals. A budget and money management course was available for prisoners in the last 12 weeks of their sentence as part of the 'get out, stay out' programme. The course was delivered each morning for a week and ran every week. While a useful basic introduction to budget management, there was little information on debt management. Although prisoners were asked during their induction assessment about any debt problems, there was no debt management or counselling. The prison collected no information on the extent of debt held by prisoners. Prisoners could open bank accounts before their release, and the thousandth such account had just been opened.

Further recommendation

9.40 All prisoners should be able to access debt management and counselling support at Forest Bank.

Drugs and alcohol

9.41 **The drug strategy document should be updated and include annual developmental targets and objectives. (8.50)**

Not achieved. The drug strategy, while including alcohol, was thin on detail and lacked any action plans or time-bound developmental targets or objectives.
We repeat the recommendation.

9.42 **The drug strategy group should be re-established immediately and used to manage and review progress against agreed developmental objectives. (8.51)**

Achieved. The drug strategy group met monthly, with good representation from across the prison.

9.43 **There should be an annual substance use needs analysis, including alcohol, which should inform the drug strategy document and service/treatment provision. (8.52)**

Not achieved. There had been no needs analysis, although this was planned (see also paragraph 3.85).

We repeat the recommendation.

- 9.44 **An alcohol strategy should be developed as part of the overall drug strategy document, and appropriate treatment should be available to prisoners. (8.53)**

Achieved. Alcohol was mentioned in the drug strategy document. Available programmes and interventions included: alcohol detoxification; harm reduction advice and guidance for poly-drug users; Alcoholics Anonymous; and alcohol awareness as part of IDTS and through education. Additionally, accredited offending behaviour programmes included alcohol related violence (ARV) and control of violence for angry impulsive drinkers (COVAID). The education department had also organised a performance by an external drama group on the effects of substance misuse, including alcohol.

- 9.45 **Counselling, assessment, referral, advice and throughcare (CARAT) cases should be prioritised to take account of both treatment need and available sentence time. (8.54)**

Achieved. CARAT cases were allocated to individual workers following an analysis of factors such as release date, any open ACCT documents or complicated clinical needs, and according to PPO areas. This helped the workers' knowledge of resettlement opportunities and resources in their allocated local areas.

- 9.46 **There should be a planned range of interventions to meet the treatment needs of the CARAT population, especially those with substantial needs and/or completing detoxification programmes. (8.55)**

Achieved. Interventions available included the IDTS 28-day psychosocial programme, P-ASRO (prison addressing substance related offending), short duration drug programme (SDP), ARV and COVAID.

- 9.47 **There should be a clear distinction between voluntary and compliance drug testing compacts. (8.56)**

No longer relevant. Compact based drug testing (CBDT) had replaced voluntary and compliance tests.

Additional information

- 9.48 The drug strategy group had a standing agenda with regular reporting from key departments. The CARAT team comprised seven workers with an additional vacancy, an administrative worker and a team leader. The CARAT caseload was 292 active cases (of which 215 were on IDTS) and 34 cases were suspended.

- 9.49 In our survey, only 67% of respondents said they knew who to contact in the prison for help with drug and alcohol problems, against a comparator of 82%, and only 54% against 70% said they had received any help or intervention. However, 77% said that the intervention or help they received was useful. While 40%, against 31% thought they would have a problem with drugs when they left the prison, only 28% said the same for alcohol.

- 9.50 The CARAT and IDTS workers held feedback sessions to gain prisoner views of the integrated service. In contrast to our survey results, documented responses from these sessions showed

high levels of satisfaction with the service. Prisoners also told us about the ease of accessibility and effectiveness of the IDTS.

- 9.51 There were 300 CBDT compacts, with 450 tests a month completed. The positive rate for the six months to May 2010 was 3%. The CBDT testing suite was clean, tidy and appropriately equipped. Mobile testing kits were used for testing prisoners in their places of work.

Children and families of offenders

- 9.52 **Visitors should be able to book their next visit while they are at the prison. (3.93)**

Achieved. Visitors could complete a request for a visit form before they left the prison. The visits clerk processed the request the following day and told prisoners that the visit was booked. Visits booking by text had recently been introduced but was slow and cumbersome, although some visitors used the service. There was no system for email bookings.

Further recommendation

- 9.53 Visitors should be able to book visits via email.

- 9.54 **Conditions in the prisoner holding rooms should be improved. (3.94)**

Achieved. Prisoners were held in visits waiting cells for relatively short periods. The cells were reasonably well decorated and maintained

- 9.55 **The wooden barriers along the centre of the visits tables should be removed. (3.95)**

Achieved. Since the last inspection the visits area had been revamped. Arrangements were relaxed, with small low tables with no wooden barrier.

- 9.56 **There should be relationship counselling for prisoners and their partners. (8.61)**

Achieved. The prison ran a 'time for families' course through the chaplaincy. The course was designed for prisoners and their partners, covered many key aspects of relationships and managing family life, and was delivered one day a week for six weeks. Four programmes had been delivered to date, with five scheduled for the forthcoming year

- 9.57 **Parenting courses for prisoners should be introduced. (8.62)**

Partially achieved. The 'time for families' course included a session about parenting, although it was not specifically a parenting course. Similarly, the 'families and relationships' course delivered by education as part of the 'get out, stay out' package touched on issues of parenting but was not particularly oriented to the subject.

We repeat the recommendation.

Additional information

- 9.58 Arrangements for domestic visits were generally good. Remand prisoners did not need visiting orders and could receive a half-hour visit every day. Sentenced prisoners could receive a visit of up to three hours. Visits were open during the week until 7.30pm with the last visitors admitted at 6.30pm. Since the last inspection a new visitors' centre had been built. It was

large, bright and airy with appropriate information and advice, along with vending machines for drinks and snacks. The centre was run by the Prison Advice and Care Trust (PACT), which also staffed the large crèche and a tea bar in the visits area. Although the visitors centre had a comments book, no comments had been made in it and there had been no visitors' survey. Visitors we spoke to were positive about their experience. In our survey, 49% of respondents said they had received a visit within a week of their arrival, against the comparator of only 35%, and 47%, against 40%, said they had received a visit in the previous week.

- 9.59 The visits room was large and light and could accommodate up to 50 visitors. Prisoners usually made their own way to visits. Vulnerable prisoners had to wait to be escorted and some told us that there could be significant delays, but those we observed were only a few minutes. Prisoners had to wear bibs during visits, which was unnecessary. Enhanced prisoners had an extra monthly enhanced visit, for which they could sit on sofas with their visitors and did not have to wear bibs.
- 9.60 There were some initiatives on the children and families pathway but some operated in isolation. For example, there was no link between the 'time for families' and the 'families and relationships' programmes. Staff delivering the latter were also not aware of the family and partner visits provision available and staff generally were not clear who was the pathway lead or point of contact for referrals for this aspect of resettlement.
- 9.61 The Storybook Dads programme, run by the education department, was extremely popular, and there was currently a three-month waiting list to record a story. A further initiative for prisoners to design and print their own personalised story for a child at home had recently been introduced and was also popular.
- 9.62 Enhanced prisoners could arrange to eat a meal with their partners in the training canteen at the prison twice a month. Family visits took place four times a year, although these too were restricted to enhanced prisoners.

Further recommendations

- 9.63 The prison should undertake regular surveys of visitors to establish their experiences and areas for improvements.
- 9.64 Prisoners should not have to wear bibs during visits.
- 9.65 The availability of Storybook Dads and the personal story initiative should be extended.
- 9.66 Standard-level prisoners should be able to take part in family visits.

Attitudes, thinking and behaviour

- 9.67 **A prisoner needs analysis for offending behaviour programmes should be commissioned. (8.67)**

Not achieved. There was no needs analysis except that oriented to objectives set from OASys; this covered only approximately 55% of prisoners. We were also not assured that offender supervisors always made recommendations in sentence plans for prisoners to complete programmes that were not available at Forest Bank. In our survey, only 33% of respondents, against the comparator of 47%, said that there were plans for them to achieve

some or all of their targets at another prison.
We repeat the recommendation.

Additional information

- 9.68 Three accredited programmes were available: SDP, P-ASRO and ARV (see also paragraph 9.44). In 2009, the SDP had 129 completions from 156 starts and P-ASRO had 36 starts and completions. The ARV programme had just started in 2010 but was expected to run twice in the year with 20 completions. COVAID was available as a non-accredited programme (see paragraph 9.44), and there were currently 31 prisoners on the waiting list.
- 9.69 The thinking skills programme (TSP) and CALM (Controlling Anger and Learning to Manage It) had been delivered during 2009 by Greater Manchester probation service in a joint initiative, but neither programme was currently funded to be delivered. Despite this, 164 prisoners were on the waiting list for TSP. In our survey, only 34% of respondents said that they had been involved in an offending behaviour programme at Forest Bank, which was significantly worse than the 49% comparator and the 40% response at the 2007 inspection. The Sycamore Tree restorative justice programme was delivered through the chaplaincy and had run four times in the previous 12 months.

Further recommendation

- 9.70 There should be a full range of programmes to meet the needs of the prisoner population at Forest Bank.

Section 10: Summary of recommendations, housekeeping points and good practice

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

Main recommendations

To the director

-
- 10.1 All vulnerable prisoners should be kept in a safe environment and be able to access a full regime. (HP53, see paragraph HP15)
 - 10.2 The prison should investigate the actual level of violence and bullying on A1 wing, use this information to inform the anti-bullying strategy, and work actively with prisoners to eradicate 'sheeting'. (HP54, see paragraph HP14)
 - 10.3 Prisoners should only be placed on and remain on closed visits when there is sufficient security-based evidence to support this. (HP55, see paragraph HP17)
 - 10.4 The good order or discipline tiers operating in the care and separation unit should be removed and the incentives and earned privileges scheme should operate instead. (HP56, see paragraph HP18)
 - 10.5 The negative perceptions by some prisoners from black and minority ethnic backgrounds about their experience at Forest Bank should be further investigated and action taken to rectify any issues. (HP57, see paragraph HP29)
 - 10.6 The provision of health services should be determined by a health needs analysis. (HP58, see paragraph HP33)
 - 10.7 The number of activity places, particularly in vocational training, should be increased to meet the needs of the population. (HP59, see paragraph HP36)
 - 10.8 The prison should introduce custody planning for all prisoners serving sentences of less than 12 months or who are on remand. (HP60, see paragraph HP42)

Recommendation

To NOMS

-
- 10.9 Cells without a separate closet for the in-cell toilet should not be used for double occupancy. (2.1)

Recommendations

To the director

Courts, escorts and transfers

-
- 10.10 The reasons for poor prisoner perception of their treatment during escorts should be investigated. (1.2)

- 10.11 Prisoners should receive information at court about the Forest Bank in a language they can understand. (1.8, see paragraph 1.5)
- 10.12 All prisoners should be given 24-hours notice of a planned transfer unless there are well evidenced security reasons not to do so. (1.9, see paragraph 1.7)

First days in custody

- 10.13 The quality of the environment in the reception holding rooms should be improved, including the display and provision of written information to prisoners. (1.11)
- 10.14 All reception holding rooms should be equipped with televisions, reading material or other means to occupy prisoners. (1.12)
- 10.15 Managers should ensure that first night procedures are consistently applied and that every prisoner receives an interview. (1.19)
- 10.16 First night assessments should focus on identifying and responding to any immediate needs, and issues of concern should be followed up. (1.20)
- 10.17 Prisoners should be allowed association and showers on their first night. (1.21)
- 10.18 Induction procedures and management arrangements should ensure that all prisoners, including vulnerable prisoners, receive a full induction in line with the detailed programme whenever they arrive. (1.35, see paragraph 1.29)

Residential units

- 10.19 The ventilation in cells on A to F wings should be improved. (2.3)
- 10.20 Residential wings should have one telephone for every 20 prisoners, and all telephones should be fitted with privacy hoods. (2.8)
- 10.21 Prisoners in double occupancy cells should have secure lockers for their personal possessions. (2.11)
- 10.22 Shower cubicles with an acceptable level of privacy should be installed. (2.12)
- 10.23 Prisoners should have access to showers following work activity. (2.13)
- 10.24 Residential staff should ensure that prisoners understand the offensive displays policy and adhere to it consistently. (2.25, see paragraph 2.17)
- 10.25 Responses to cell call bells on units A to F should be monitored. (2.26, see paragraph 2.18)
- 10.26 Minutes of wing representative meetings should evidence clear discussion of the key issues and consultation with prisoners. (2.27, see paragraph 2.21)

Staff-prisoner relationships

- 10.27 The quality and consistency of record keeping in wing history files should be improved. (2.33)

- 10.28 Staff should use preferred names or titles when addressing prisoners. (2.38, see paragraph 2.37)

Personal officers

- 10.29 Personal officer entries in wing history files should provide evidence of knowledge of the prisoner and positive interaction. (2.40)
- 10.30 Links between personal officers and offender supervisors should be improved. (2.42)
- 10.31 The frequency of personal officer wing file entries should be in line with the published local guidance. (2.46, see paragraph 2.45)

Bullying and violence reduction

- 10.32 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books should be regularly checked for indications of bullying. (3.2)
- 10.33 Data from bullying information reports should be analysed separately for young adults and adults and action taken to address patterns or trends that emerge. (3.15, see paragraph 3.10)
- 10.34 Arrangements to monitor and support victims of bullying or violence in residential areas should be improved. (3.16, see paragraph 3.13)
- 10.35 Details of all unexplained injuries should be forwarded to the violence reduction team for investigation. (3.17, see paragraph 3.14)

Vulnerable prisoners

- 10.36 Formal plans for the reintegration of vulnerable prisoners, including how their individual care is to be delivered and its purpose, should be developed. (3.20)
- 10.37 The prison should have protocols that clearly describe systems to support vulnerable prisoners and includes guidance concerning effective local risk assessment. (3.24, see paragraph 3.23)

Young adult prisoners

- 10.38 There should be a needs analysis to identify the provision needed for young adult prisoners. (3.25)
- 10.39 All young adults, whatever their location, should be able to participate in classes designated for young adults. (3.26)
- 10.40 The prison should have clear strategies to support and ensure the safety of all young adult prisoners, and should provide training and support for staff working with young adults. (3.29, see paragraph 3.27)
- 10.41 The prison should monitor all data relating to young adults strategically so that it can identify and respond promptly to any patterns or trends of over-representation of young adults in key areas, such as disciplinary matters. (3.30, see paragraph 3.28)

Self-harm and suicide

- 10.42 Listener publicity material should be prominently displayed on residential wings. (3.31)
- 10.43 Care maps should be completed to a good standard and should adequately address the needs of those at risk. (3.33)
- 10.44 Monitoring entries in assessment, care in custody and teamwork (ACCT) documents should demonstrate a high level of staff engagement with the prisoner. (3.34)
- 10.45 There should be a Listener crisis suite on A to F wings to provide overnight care for prisoners at risk. (3.37)
- 10.46 Record keeping on the use of strip clothing for prisoners in crisis should be improved and accessible. (3.39)
- 10.47 Safety algorithms for prisoners in the care and separation unit (CSU) should be reviewed immediately after an act of self-harm. (3.51, see paragraph 3.49)
- 10.48 Prisoners in crisis should not be placed on report for incidents involving care issues that have been raised in their ACCT documents but a further case review should be convened instead. (3.52, see paragraph 3.50)

Applications and complaints

- 10.49 There should be management checks of a sample of applications each month. (3.55)
- 10.50 Information about the age of prisoners completing complaint forms should be collated and used to identify any emerging trends. (3.58)
- 10.51 Management checks of complaint responses should include qualitative analysis of the complaints sampled. (3.61)
- 10.52 All prisoner applications should have a prompt reply that is recorded for reference. (3.69, see paragraph 3.64)
- 10.53 Complaint forms should be available at all times and complaint boxes should only be opened by staff responsible for processing complaints. (3.70, see paragraph 3.65)
- 10.54 Responses to complaints should be reasonable and considered and not answered by the member of staff the prisoner is making a complaint about. (3.71, see paragraph 3.66)
- 10.55 Qualitative data should be analysed to ensure prisoners are not adversely affected in the areas where there are repeated complaints. (3.72, see paragraph 3.67)
- 10.56 Information on the complaints system should be freely available on the wings and should include the appeal procedure. (3.73, see paragraph 3.68)

Legal rights

- 10.57 Staff undertaking legal services work should be appropriately trained. (3.78, see paragraph 3.75)

Faith and religious activity

- 10.58 There should be an assessment of the faith needs of the population, informed by prisoner consultation, to ensure that the needs of Muslim prisoners and vulnerable prisoners are met. (3.79)
- 10.59 The prison should recruit a full-time Muslim chaplain. (3.80)

Substance use

- 10.60 There should be an overarching review to establish the full range of prisoner substance misuse need, and staffing provision should be provided accordingly. (3.85)
- 10.61 Clinical provision should be extended to offer Subutex as an alternative to methadone for all prisoners. (3.89)
- 10.62 Target suspicion drug testing should be managed more effectively to ensure tests are undertaken within the required timeframe. (3.98, see paragraph 3.95)

Diversity

- 10.63 The equality and inclusion policy should outline how the needs of minority groups will be met. The policy should be informed by regular consultation with prisoners from the different groups and monitoring of prisoners with specific needs. (4.7)
- 10.64 The prison should formally monitor and analyse equality of treatment across all diversity strands and take action to rectify any inequalities. (4.8, see paragraph 4.2)

Diversity: race equality

- 10.65 The equality and inclusion officer should be supported by assistant equality and inclusion officers on all house blocks, with sufficient time, training and support to manage equality and inclusion effectively. (4.12)
- 10.66 Consultation with black and minority ethnic prisoners should be improved. (4.13)
- 10.67 Relationships with external community representatives should be developed to inform development and promotion of race equality. (4.17)
- 10.68 The prison should develop and implement a programme as soon as possible to challenge racist and discriminatory prisoner behaviour. (4.20)
- 10.69 The equality and inclusion officer should be trained in conducting investigations arising from racist incident report forms, and completed investigations should be validated by an external body with suitable expertise. (4.21)

Diversity: religion

- 10.70 Muslim prisoners should be supported appropriately to practise their faith, and the prison should investigate the reasons why they feel insufficiently supported by prison staff. (4.25, see paragraph 4.24)

Diversity: foreign nationals

- 10.71 Staff responsible for managing immigration paperwork and liaison should receive appropriate training and guidance. (4.27)
- 10.72 Foreign national prisoners and detainees should have ready access to independent specialist immigration advisers. (4.29)

Diversity: disability and older prisoners

- 10.73 Suitable accommodation should be available to meet the needs of all prisoners with disabilities. (4.36)
- 10.74 The needs of prisoners with disabilities identified through assessment and care planning should be effectively communicated to all staff involved in their management. (4.44, see paragraph 4.38)
- 10.75 There should be a carer/mentor scheme for prisoners with disabilities and older prisoners. (4.45, see paragraph 4.41)
- 10.76 There should be effective consultation arrangements with older prisoners and prisoners with disabilities. (4.46, see paragraph 4.41)
- 10.77 Staff should be aware of the identity and location of all prisoners who need help in an emergency, and all such prisoners should have a personal emergency and evacuation plan. (4.47, see paragraph 4.42)
- 10.78 Prisoners not in work because of their disability or who are retired should be unlocked during the day and given appropriate regime activities. (4.48, see paragraph 4.43)
- 10.79 Prisoners who reach retirement age should not pay for their television. (4.49, see paragraph 4.43)

Health services

- 10.80 The arrangements for administering medicine to prisoners should be improved to secure patient confidentiality. (5.2)
- 10.81 Medication should be prescribed and administered according to appropriate clinical need, rather than meeting the aim of a 'twice a day' policy. (5.14)
- 10.82 Registered nurses should comply with Nursing and Midwifery Council guidance on the safe administration of medicines, and medicines management practice standards should be subject

to clinical audit. The procedure for the routine supply of medicines by nurses should be amended to incorporate checking by a pharmacist or doctor. (5.20)

- 10.83 The pharmacist and/or pharmacy technician should routinely check the stocks of medicine stored in the health care department. (5.23)
- 10.84 There should be a room in the inpatient area that affords confidentiality for mental health assessments and consultation. (5.32)
- 10.85 There should be holiday and emergency cover arrangements for the dentist and dental nurse. (5.33)
- 10.86 Relevant comprehensive aggregated trend data should be provided for the partnership board. (5.58, see paragraph 5.35)
- 10.87 There should be a separate waiting area in health care for vulnerable prisoners. (5.59, see paragraph 5.36)
- 10.88 The health centre and inpatient area should be refurbished. (5.60, see paragraph 5.37)
- 10.89 The content of clinical records for prisoners with mental health problems should be subject to clinical audit against an agreed set of standards. (5.61, see paragraph 5.41)
- 10.90 Prisoner health satisfaction surveys should be continued on a regular basis and action should be taken where appropriate to address any concerns that do emerge. (5.62, see paragraph 5.42)
- 10.91 Following reception screening, a further health assessment should be carried out and recorded by trained staff no later than 72 hours after the prisoner's arrival in custody. (5.63, see paragraph 5.45)
- 10.92 There should be ongoing health promotion campaigns, dedicated health promotion displays on each wing, and materials should be available in a range of languages. (5.64, see paragraph 5.47)
- 10.93 Barrier protection should be freely available in the prison. (5.65, see paragraph 5.47)
- 10.94 Managers should continue to scrutinise and manage the 'did not attend' rate so that it is further reduced. (5.66, see paragraph 5.48)
- 10.95 The system of faxed prescriptions should be subject to audit. (5.67, see paragraph 5.50)
- 10.96 The use of general pharmacy stock should be audited so that stock supplied can be reconciled against prescriptions issued. (5.68, see paragraph 5.50)
- 10.97 The proposals to convert the room next to the dental surgery into a decontamination unit designed to comply with best practice guidelines, and incorporating a washer/disinfector and vacuum autoclave, should be implemented without delay. (5.69, see paragraph 5.51)
- 10.98 There should be additional dental instruments to cover the relatively lengthy washer/disinfector cycle. (5.70, see paragraph 5.51)

10.99 The transfer of inpatients requiring NHS mental health inpatient services should be completed as quickly as possible. (5.71, see paragraph 5.56)

Learning and skills and work activities

10.100 Literacy and numeracy support should be better integrated into workshops. (6.4)

10.101 Quality assurance arrangements should be better developed to improve and ensure a common standard across the learning and skills provision. (6.17, see paragraph 6.8)

10.102 The prisoner pay policy should be urgently revised to be clear and understandable. (6.18, see paragraph 6.9)

10.103 The work skills that prisoners develop in industry workshops should be recognised and recorded. (6.19, see paragraph 6.10)

10.104 Accredited qualifications in painting and decorating should be introduced. (6.20, see paragraph 6.11)

10.105 Vulnerable prisoners should have access to vocational training. (6.21, see paragraph 6.11)

10.106 Data on training should be better used to help identify areas for improvement. (6.22, see paragraph 6.12)

10.107 There should be sufficient library staff to meet the needs of the prison population. (6.23, see paragraph 6.15)

10.108 The prison should routinely collect and monitor library data to identify trends and develop the service to meet changing needs. (6.24, see paragraph 6.16)

Physical education and health promotion

10.109 Gym use should be carefully monitored and planned to avoid overcrowding at peak times. (6.33, see paragraph 6.27)

10.110 The ventilation in the gym should be improved. (6.34, see paragraph 6.27)

10.111 Gym use should be recorded by individual and analysed to ensure that courses meet prisoner need and that specific groups are not excluded. (6.35, see paragraph 6.28)

10.112 Health care staff should assess all prisoners before they participate in strenuous exercise. (6.36, see paragraph 6.31)

Time out of cell

10.113 Benches and other suitable recreational equipment should be installed on the exercise yards. (6.40, see paragraph 6.39)

Security and rules

10.114 Strip searching of prisoners after visits should be intelligence-led or based on specific suspicion. (7.2)

Discipline

- 10.115 All adjudication charges should be fully investigated. (7.9)
- 10.116 Prisoners should not be subject to unofficial punishments, and formal disciplinary procedures should be used. (7.10)
- 10.117 Force should not be used against prisoners on open self-harm monitoring documents purely to put them into strip clothing or locate them into the observation cell in health care. (7.12)
- 10.118 The protocol for use of special accommodation should be updated and should be followed when these cells are used. (7.15)
- 10.119 The special cells should be modified to allow in natural light, or otherwise be taken out of use. (7.16)
- 10.120 Prisoners should not be automatically placed into strip clothing on location to the special cell. (7.17)
- 10.121 All prisoners in segregation under rule 45 (good order or discipline) should be allocated a member of care and separation unit (CSU) staff as a key worker within 24 hours of arrival. The key worker should make daily records of the prisoner's behaviour on individual history sheets. There should also be regular liaison with the prisoner's wing staff to facilitate his return to normal location. (7.19)
- 10.122 An initial individual support and behaviour plan should be drawn up within 72 hours for prisoners in the CSU to assist their return to normal location. For prisoners segregated for longer than 30 days, a multidisciplinary care plan should be put in place to prevent psychological deterioration. (7.21)
- 10.123 Segregated prisoners should be provided with fixed furniture, unless deemed inappropriate following an individual risk assessment, in which case cardboard furniture should be issued. (7.22)
- 10.124 CSU staff should be trained in de-escalation, mental health, personality disorder and motivational interviewing in addition to other routine training, such as race equality and suicide prevention. (7.24)
- 10.125 All planned interventions should be video recorded. (7.38, see paragraph 7.28)
- 10.126 There should be formal quality assurance of use of force paperwork. (7.39, see paragraph 7.29)
- 10.127 Force should not be deployed against prisoners to impose movement to F1 when they have been placed on the basic level. (7.40, see paragraph 7.29)

- 10.128 Cells in the care and separation unit should have electricity supplies restored immediately. (7.41, see paragraph 7.30)
- 10.129 Prisoners on ACCT documents should only be held in the care and separation unit under exceptional circumstances. (7.42, see paragraph 7.31)
- 10.130 Risk assessments for unlocking prisoners in the care and separation unit should be revised. (7.43, see paragraph 7.32)
- 10.131 The documentation for authorising segregation should be fully completed, with the actual reason for location in the care and separation unit, and should take account of prisoners' individual circumstances. (7.44, see paragraph 7.35)
- 10.132 Prisoners in the CSU should be offered an improved regime to provide access to purposeful activity. (7.45, see paragraph 7.36)
- 10.133 Segregation monitoring and review group meetings should take place consistently and should monitor adherence to Prison Service Order 1700 and any trends or patterns in use of the care and separation unit. (7.46, see paragraph 7.37)

Incentives and earned privileges

- 10.134 Basic level prisoners should be managed on their parent wing. (7.49)
- 10.135 The prison's incentives and earned privileges (IEP) scheme, particularly as it applies to prisoners on basic regime, should be simplified, and all prisoners on the basic level should be able to receive association. (7.52)
- 10.136 Decisions to demote prisoners to the basic level of the incentives and earned privileges scheme should only be based on a pattern of poor behaviour. (7.58, see paragraph 7.54)
- 10.137 The effectiveness of IEP scheme quality assurance arrangements should be improved. (7.59, see paragraph 7.54)

Prison shop

- 10.138 There should be a range of tinned goods and fresh food, including fruit and vegetables, for prisoners to buy from the prison shop. (8.7)
- 10.139 Prisoners should be consulted on the items available through the prison shop, and lists of these should be prominently displayed on residential wings. (8.13, see paragraph 8.8)
- 10.140 The prison shop should expand the range of goods for black and minority ethnic prisoners. (8.14, see paragraph 8.9)
- 10.141 Prisoners should be allowed to buy goods through catalogues. (8.15, see paragraph 8.12)

Strategic management of resettlement

- 10.142 The resettlement strategy should outline how developments will be achieved across all aspects of resettlement, including offender management. (9.2)

- 10.143 The prison should have an up-to-date resettlement policy that outlines fully its resettlement function. (9.3)
- 10.144 Governance structures for the management of resettlement should be improved and more accountable, ensuring the consistent progress of the resettlement strategy. (9.8, see paragraph 9.5)
- 10.145 There should be a regular needs analysis of the prison population to ensure that resources and provision are meeting need. (9.9, see paragraph 9.6)

Offender management and planning

- 10.146 All OASys assessments and their reviews should be up to date. (9.12)
- 10.147 Lifer forums should be established. (9.15)
- 10.148 Referral arrangements to service providers under the resettlement pathways should be based on identified need, easier to use and more transparent and accountable. (9.26, see paragraph 9.17)
- 10.149 The prison should make use of release on temporary licence (ROTL) for prisoners before their release. (9.27, see paragraph 9.21)

Resettlement pathways

- 10.150 There should be a policy on supplying medicines to prisoners attending court. (9.36)
- 10.151 All prisoners should be able to access debt management and counselling support at Forest Bank. (9.40, see paragraph 9.39)
- 10.152 The drug strategy document should be updated and include annual developmental targets and objectives. (9.41)
- 10.153 There should be an annual substance use needs analysis, including alcohol, which should inform the drug strategy document and service/treatment provision. (9.43)
- 10.154 Visitors should be able to book visits via email. (9.53)
- 10.155 Parenting courses for prisoners should be introduced. (9.57)
- 10.156 The prison should undertake regular surveys of visitors to establish their experiences and areas for improvements. (9.63, see paragraph 9.58)
- 10.157 Prisoners should not have to wear bibs during visits. (9.64, see paragraph 9.59)
- 10.158 The availability of Storybook Dads and the personal story initiative should be extended. (9.65, see paragraph 9.61)
- 10.159 Standard-level prisoners should be able to take part in family visits. (9.66, see paragraph 9.62)
- 10.160 A prisoner needs analysis for offending behaviour programmes should be commissioned. (9.67)

10.161 There should be a full range of programmes to meet the needs of the prisoner population at Forest Bank. (9.70, see paragraph 9.69)

Housekeeping points

Courts, escorts and transfers

10.162 Escort vans should be clean and free from graffiti. (1.3)

First days in custody

10.163 Televisions in holding rooms should be switched on when available and prisoners are present. (1.13)

10.164 Reception staff should introduce themselves to prisoners and should actively engage with them during the reception process. (1.36, see paragraph 1.26)

10.165 There should be effective governance of the induction fast-track arrangements to ensure prisoner needs are met. (1.37, see paragraph 1.34)

Residential units

10.166 Electric fans should be listed on the published facilities list. (2.5)

10.167 Residential managers should ensure all cells are checked regularly for graffiti and marked walls, and repainted when necessary. (2.7)

10.168 Broken or damaged association equipment should be repaired or replaced. (2.28, see paragraph 2.15)

10.169 The collection of outgoing mail from residential units should be revised to minimise the delays in mail leaving the prison. (2.29, see paragraph 2.19)

10.170 Managers should monitor access to wing laundries to ensure all prisoners have weekly access. (2.30, see paragraph 2.22)

10.171 Residential staff should check that property applications are completed fully before they are forwarded to reception. (2.31, see paragraph 2.23)

Bullying and violence reduction

10.172 Information on the violence reduction strategy should be available on all residential wings. (3.18, see paragraph 3.12)

10.173 Minutes of the violence reduction meeting should record the issues discussed and agreed at the meeting. (3.19, see paragraph 3.6)

Self-harm and suicide

- 10.174 Minutes of the safer custody meeting should record the issues discussed and agreed at the meeting. (3.53, see paragraph 3.42)

Substance use

- 10.175 Strip-search mats should always be available for use in all the drug testing suites. (3.99, see paragraph 3.97)

Diversity

- 10.176 Minutes of equality and inclusion action team (EIAT) meetings should record the area of work/department of attendees. (4.9, see paragraph 4.1)
- 10.177 The standing agenda for the EIAT should include all strands of diversity. (4.10, see paragraph 4.2)

Diversity: race equality

- 10.178 The identities of equality and inclusion prisoner representatives should be publicised on all residential areas. (4.16)

Diversity: foreign nationals

- 10.179 There should be wider publicity to prisoners and staff of the provision for foreign national prisoners to swap visiting orders for a five-minute telephone call. (4.35, see paragraph 4.34)

Health services

- 10.180 Receipt of clinical supervision should be recorded in staff personal files. (5.8)
- 10.181 Controlled drug prescriptions should routinely state quantities in words and figures. (5.17)
- 10.182 Obsolete stock, discontinued treatments and loose blister strips should be promptly removed from medicine stocks. (5.24)
- 10.183 Medical history sheets should always be dated. (5.72, see paragraph 5.52)
- 10.184 Personal dental treatment plan forms should be issued in accordance with General Dental Council regulations. (5.73, see paragraph 5.52)
- 10.185 Clinical evaluation of radiographs should always be documented. (5.74, see paragraph 5.52)
- 10.186 Film holders should be used for intraoral radiographs. (5.75, see paragraph 5.52)
- 10.187 The dental surgery door should be closed during treatment sessions. (5.76, see paragraph 5.53)

Physical education and health promotion

10.188 Water should be provided in the cardiovascular room in the new accommodation block. (6.26)

Discipline

10.189 Prisoners should be given a pen and paper to make notes during adjudication hearings. (7.47, see paragraph 7.25)

10.190 Holding rooms, showers and toilets, and cells in the care and separation unit should be maintained to a good standard. (7.48, see paragraph 7.30)

Incentives and earned privileges

10.191 Prisoners placed on the basic level of the incentives and earned privileges scheme should be given written improvement objectives, which should form the basis of reviews. (7.60, see paragraph 7.55)

Catering

10.192 The main kitchen and individual servery areas should have specific utensils for the preparation, cooking and serving of halal food. (8.5)

10.193 Prisoners should have ready access to food comments books on serveries. (8.6)

Examples of good practice

10.194 The next of kin notification procedure allowed the families of those at risk to be part of the process if the prisoner wished. (3.54, see paragraph 3.48)

10.195 The specialist substance use doctor included counselling, assessment, referral, advice and throughcare (CARAT) workers in prisoner consultations. (3.88)

10.196 Integration of the drug services in approaches to treatment facilitated good care planning and individual and joint work. (3.100, see paragraph 3.94)

10.197 The veterans in custody group and support network were good initiatives to address the needs of these prisoners, which had not been adequately met before. (5.29)

10.198 The easy-read guide to mental health services, given to all prisoners who enquired about mental health support, was clear, engaging and accessible. (5.30)

10.199 Participation with the NHS National Patient Safety Agency audit demonstrated engagement with an authoritative NHS agency and an intention to share information and learn from others. (5.77, see paragraph 5.57)

Appendix I: Inspection team

Anne Owers	HM Chief Inspector
Nick Hardwick	Chief Inspector designate
Martin Lomas	Team leader
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Andrea Walker	Inspector
Laura Nettleingham	Research officer
Catherine Nichols	Research officer
Amy Pearson	Research trainee

Specialist inspectors

Paul Roberts	Drugs inspector
Paul Tarbuck	Health services inspector
Daniel Burton	Ofsted inspector
Margaret Hobson	Ofsted inspector
Stephen Miller	Ofsted inspector
Sheila Willis	Ofsted inspector

Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	0	738	55
Recall	0	177	13
Convicted unsentenced	50	113	12
Remand	56	187	18
Civil prisoners	0	1	
Detainees	4	15	1
Total	110	1,231	99

Sentence	18-20 yr olds	21 and over	%
Unsentenced	110	315	32
Less than 6 months		127	9
6 months to less than 12 months		78	6
12 months to less than 2 years		169	13
2 years to less than 4 years		272	20
4 years to less than 10 years		217	16
10 years and over (not life)		15	1
ISPP		30	2
Life		8	0.5
Total	110	1,231	99.5

Age	Number of prisoners	%
Under 21 years: <i>youngest=18</i>	110	8
21 years to 29 years	632	47
30 years to 39 years	379	28
40 years to 49 years	155	12
50 years to 59 years	48	4
60 years to 69 years	14	1
70 plus years: <i>oldest=88</i>	3	0.5
Total	1,341	100.5

Nationality	18-20 yr olds	21 and over	%
British	98	1145	93
Foreign nationals	12	86	7
Total	110	1,231	100

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced	110	315	32
Cat B		21	2
Cat C		848	63
Cat D		47	3.5
Total	110	1,231	100.5

Ethnicity	18-20 yr olds	21 and over	%
<i>White:</i>			
British	86	993	80
Irish	0	7	0.5
Other white	2	25	2
<i>Mixed:</i>			
White and black Caribbean	3	11	1
White and black African	0	3	0.5
White and Asian	1	3	0.5
Other mixed	0	16	1
<i>Asian or Asian British:</i>			
Indian	0	4	0.5
Pakistani	4	47	4
Bangladeshi	0	5	0.5
Other Asian	5	58	5
<i>Black or black British:</i>			
Caribbean	4	15	1
African	1	13	1
Other black	4	19	2
<i>Chinese or other ethnic group:</i>			
Chinese	0	6	0.5
Other ethnic group	0	3	0.5
<i>Not stated:</i>	0	3	0.5
Total	110	1,231	101

Religion	18-20 yr olds	21 and over	%
Church of England	15	354	28
Roman Catholic	21	289	23
Other Christian denominations	2	18	2
Muslim	13	120	10
Sikh	0	1	
Hindu	0	2	
Buddhist	1	15	1
Jewish	0	2	
Other	0	7	0.5
No religion	58	423	36
Total	110	1,231	100.5

Sentenced prisoners only

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			164	18
1 month to 3 months			205	22
3 months to 6 months			197	22
6 months to 1 year			199	22
1 year to 2 years			129	14
2 years to 4 years			20	2
4 years or more			2	
Total			916	100

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	41	37	90	29
1 month to 3 months	39	35	116	37
3 months to 6 months	25	23	83	26
6 months to 1 year	5	5	22	7
1 year to 2 years	0		4	1
Total	110	100	315	100

Main offence	18–20 yr olds	21 and over	%
Violence against the person	16	269	21
Sexual offences	5	49	4
Burglary	17	224	18
Robbery	34	158	14
Theft and handling	3	89	7
Fraud and forgery	0	14	1
Drugs offences	6	153	12
Other offences	29	271	22
Civil offences	0	1	
Offence not recorded/holding warrant	0	3	
Total	110	1,231	99

Appendix III: Safety and staff-prisoner relationship interviews

Safety interviews

Twenty two prisoners were approached by the HMIP research team to undertake structured interviews on issues of safety and staff-prisoner relationships at HMP Forest Bank. Individuals were randomly selected from wings in the establishment.

Location of interviews

	Number of interviews
A wing	5
B wing	3
C wing	3
D wing	3
E wing	3
F Wing	3
H wing	2
Total	22

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

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

Demographic information

- Length of time in prison on this sentence ranged from 10 days to five years.
- Length of time at HMP Forest Bank ranged from 10 days to two years
- Fifteen prisoners were sentenced, and seven were on remand.
- Sentence length ranged from five months to seven years.
- Average age was 30 (ranging from 18 to 52)
- Five interviews were conducted with black and minority ethnic prisoners and 17 with white prisoners.
- One interviewee did not have English as a first language.
- Seven interviewees stated their religion as Christian, five as Muslim, the other 10 said that they had no religion.
- Two interviewees stated they had a disability.
- One interviewee said he was a foreign national.

Safety

All interviewees were asked to identify areas of concern about safety within HMP Forest Bank, as well as rating the problem on a scale of 1-4 (1 = a little unsafe, to 4 = extremely unsafe). A

'seriousness score' was then calculated, by multiplying the number of individuals who thought the issue was a problem by the average rating score.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Health care facilities	3	1.7	5
Number of staff on duty during the day	1	4	4
Number of staff on duty during association	1	4	4
Surveillance cameras	1	4	4
Existence of an illegal market	1	4	4
Availability of drugs	1	4	4
Response of staff with regards to fights/bullying/self harm in the prison	1	4	4
Movement to work/education/gym	1	4	4
Gang culture	1	4	4
Lack of trust in staff	2	2	4
Lack of information about prison regime	2	2	4
Overcrowding	2	2	4
Layout/structure of the prison	1	3	3
Staff behaviour with prisoners	1	3	3
Lack of confidence in staff	1	1	1
Procedures for discipline (adjudications)	1	1	1
Staff members giving favours in return for something	0	0	0
Aggressive body language of staff	0	0	0
Aggressive body language of prisoners	0	0	0
The way meals are served	0	0	0
Isolation (within the prison)	0	0	0

Health care facilities were the top issue with a score of five, but this was an extremely low score with few relevant comments. Eleven other issues scored four.

Overall rating

Interviewees were asked to give an overall rating for safety at HMP Forest Bank, with 1 being very bad and 4 being very good. **The average rating was 3.3.**

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

1	2	3	4
1 (5%)	3 (14%)	6 (27%)	12 (56%)

Staff-prisoner relationships

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

Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
14 (64%)	6 (27%)	2 (9%)	0 (0%)

The average rating was 1.5

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

1 Always	2	3	4 Never
18 (82%)	1 (5%)	3 (14%)	0 (0%)

The average rating was 1.3

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

1 Always	2	3	4 Never
5 (23%)	5 (23%)	3 (14%)	9 (41%)

The average rating was 2.7

How often do wing staff knock before entering your cell?

1 Always	2	3	4 Never
1 (5%)	1 (5%)	5 (23%)	15 (68%)

The average rating was 3.5

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

1 Very helpful	2	3	4 Not at all helpful
7 (32%)	8 (36%)	5 (23%)	2 (9%)

The average rating was 2

How often are staff appropriate in their behaviour?

1 Always	2	3	4 Never
15 (68%)	5 (23%)	2 (9%)	0 (0%)

The average rating was 1.4

Do staff treat prisoners fairly?

1 Completely	2	3	4 Not at all
10 (45%)	9 (41%)	2 (9%)	1 (5%)

The average rating was 1.7

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

1 Completely	2	3	4 Not at all
14 (64%)	5 (23%)	2 (9%)	1 (5%)

The average rating was 1.5

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

1 Completely	2	3	4 Not at all
12 (57%)	6 (29%)	1 (5%)	2 (10%)

The average rating was 1.7

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

Yes	No	Depends who you approach
19 (90%)	0 (0%)	2 (10%)

How often do staff interact with you?

1 Always	2	3	4 Never
11 (50%)	6 (27%)	3 (14%)	2 (9%)

The average rating was 1.8

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

One (5%) interviewee stated they did not. Of the 21 (95%) who said that they did, they gave the following rating of how many staff they felt they could approach:

1 Many	2	3	4 One
13 (61%)	5 (24%)	1 (5%)	2 (10%)

The average rating was 1.6

Can you approach your personal officer?

Yes	No	Don't have one
14 (64%)	4 (18%)	4 (18%)

Do staff challenge inappropriate behaviour?

1 Always	2	3	4 Never
17 (77%)	3 (9%)	2 (14%)	0 (0%)

The average rating was 1.4

Do staff promote responsible behaviour?

1 Always	2	3	4 Never
8 (36%)	6 (27%)	2 (9%)	6 (27%)

The average rating was 2.3

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

1 Always	2	3	4 Never
12 (55%)	5 (23%)	3 (14%)	2 (9%)

The average rating was 1.8

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

1 Always	2	3	4 Never
8 (36%)	1 (5%)	4 (18%)	9 (41%)

The average rating was 2.6

Have you ever been discriminated against by staff because of:

- Your ethnicity

Yes	No
2	20

- Your nationality

Yes	No
1	21

- Your religion

Yes	No
0	22

- Your age

Yes	No
2	20

- You have a disability

Yes	No
0	20

- Your sexual orientation

Yes	No
0	22

- Your sentence status i.e. VP/remand/sentenced/recalled/IPP/lifer

Yes	No
2	20

Overall rating

Interviewees were asked to give an overall rating for staff-prisoner relationships at HMP Forest Bank, with 1 being excellent and 4 being poor. **The average rating was 2.**

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

1	2	3	4
3 (14%)	16 (73%)	2 (9%)	1 (5%)

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.

Choosing the sample size

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

At the time of the survey on 28 June 2010, the prisoner population at HMP Forest Bank was 1,303. The sample size was 217. Overall, this represented 17% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. Two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 193 respondents completed and returned their questionnaires. This represented 15% of the prison population. The response rate was 89%. In addition to the 10 respondents who refused to complete a questionnaire, seven questionnaires were not returned and seven were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 36 local prisons since 2006.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP Forest Bank in 2007.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

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

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

Summary

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

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'not

sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated from different totals (all missing data is excluded). The actual numbers will match up as the data is cleaned to be consistent.

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

Survey results

Section 1: About you

In order for us to ensure that everyone is treated equally within this prison, we ask that you fill in the following information about yourself. This will allow us to look at the answers provided by different groups of people in order to detect discrimination and to investigate whether there are equal opportunities for all across all areas of prison life. Your responses to these questions will remain both anonymous and confidential.

Q1.2	How old are you?	
	<i>Under 21</i>	15 (8%)
	<i>21 - 29</i>	77 (41%)
	<i>30 - 39</i>	61 (32%)
	<i>40 - 49</i>	30 (16%)
	<i>50 - 59</i>	5 (3%)
	<i>60 - 69</i>	2 (1%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	104 (55%)
	<i>Yes - on recall</i>	30 (16%)
	<i>No - awaiting trial</i>	28 (15%)
	<i>No - awaiting sentence</i>	27 (14%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	56 (30%)
	<i>Less than 6 months</i>	17 (9%)
	<i>6 months to less than 1 year</i>	12 (6%)
	<i>1 year to less than 2 years</i>	35 (19%)
	<i>2 years to less than 4 years</i>	28 (15%)
	<i>4 years to less than 10 years</i>	28 (15%)
	<i>10 years or more</i>	6 (3%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	5 (3%)
	<i>Life</i>	0 (0%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<i>Not sentenced</i>	56 (31%)
	<i>6 months or less</i>	61 (34%)
	<i>More than 6 months</i>	62 (35%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	32 (17%)
	<i>1 to less than 3 months</i>	49 (26%)
	<i>3 to less than 6 months</i>	34 (18%)
	<i>6 to less than 12 months</i>	39 (21%)
	<i>12 months to less than 2 years</i>	24 (13%)
	<i>2 to less than 4 years</i>	10 (5%)
	<i>4 years or more</i>	1 (1%)

Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?		
	Yes		16 (9%)
	No		170 (91%)
Q1.8	Is English your first language?		
	Yes		175 (94%)
	No		11 (6%)
Q1.9	What is your ethnic origin?		
	<i>White - British</i>	148 (77%)	<i>Asian or Asian British - Bangladeshi</i> 3 (2%)
	<i>White - Irish</i>	3 (2%)	<i>Asian or Asian British - other</i> . 2 (1%)
	<i>White - other</i>	2 (1%)	<i>Mixed heritage - white and black Caribbean</i> 9 (5%)
	<i>Black or black British - Caribbean</i>	5 (3%)	<i>Mixed heritage - white and black African</i> 1 (1%)
	<i>Black or black British - African</i> ...	3 (2%)	<i>Mixed heritage - white and Asian</i> 2 (1%)
	<i>Black or black British - other</i>	0 (0%)	<i>Mixed heritage - other</i> 0 (0%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Chinese</i> 0 (0%)
	<i>Asian or Asian British - Pakistani</i>	11 (6%)	<i>Other ethnic group</i>
			1 (1%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?		
	Yes		6 (3%)
	No		174 (97%)
Q1.11	What is your religion?		
	<i>None</i>	45 (24%)	<i>Hindu</i>
	<i>Church of England</i>	65 (34%)	<i>Jewish</i>
	<i>Catholic</i>	51 (27%)	<i>Muslim</i>
	<i>Protestant</i>	1 (1%)	<i>Sikh</i>
	<i>Other Christian denomination</i> .	5 (3%)	<i>Other</i>
	<i>Buddhist</i>	3 (2%)	
			1 (1%)
Q1.12	How would you describe your sexual orientation?		
	<i>Heterosexual/straight</i>		184 (98%)
	<i>Homosexual/gay</i>		0 (0%)
	<i>Bisexual</i>		2 (1%)
	<i>Other</i>		1 (1%)
Q1.13	Do you consider yourself to have a disability?		
	Yes		34 (18%)
	No		158 (82%)
Q1.14	How many times have you been in prison before?		
	<i>0</i>	<i>1</i>	<i>2 to 5</i>
	48 (25%)	16 (8%)	59 (31%)
			<i>More than 5</i>
			67 (35%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
117 (62%)	56 (30%)	15 (8%)

Q1.16 Do you have any children under the age of 18?

Yes	113 (59%)
No	77 (41%)

Section 2: Courts, transfers and escorts

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

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	14 (7%)	53 (28%)	36 (19%)	47 (25%)	25 (13%)	9 (5%)	5 (3%)
Your personal safety during the journey?	13 (8%)	78 (47%)	39 (23%)	22 (13%)	8 (5%)	3 (2%)	4 (2%)
The comfort of the van?	4 (2%)	21 (11%)	19 (10%)	62 (33%)	74 (40%)	2 (1%)	4 (2%)
The attention paid to your health needs?	8 (4%)	33 (18%)	57 (31%)	36 (20%)	25 (14%)	6 (3%)	16 (9%)
The frequency of toilet breaks?	5 (3%)	18 (10%)	36 (20%)	38 (21%)	50 (27%)	8 (4%)	29 (16%)

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
85 (45%)	70 (37%)	26 (14%)	4 (2%)	6 (3%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
24 (13%)	81 (43%)	57 (30%)	16 (8%)	6 (3%)	5 (3%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	150 (79%)	37 (19%)	4 (2%)
Before you arrived here did you receive any written information about what would happen to you?	21 (11%)	156 (85%)	7 (4%)
When you first arrived here did your property arrive at the same time as you?	135 (76%)	37 (21%)	5 (3%)

Section 3: Reception, first night and induction

- Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|-----------|
| <i>Didn't ask about any of these</i> | 35 (20%) | <i>Money worries</i> | 28 (16%) |
| <i>Loss of property</i> | 17 (10%) | <i>Feeling depressed or suicidal</i> | 95 (54%) |
| <i>Housing problems</i> | 68 (38%) | <i>Health problems</i> | 107 (60%) |
| <i>Contacting employers</i> | 28 (16%) | <i>Needing protection from other prisoners</i> | 40 (23%) |
| <i>Contacting family</i> | 93 (53%) | <i>Accessing phone numbers</i> ... | 66 (37%) |
| <i>Ensuring dependants were being looked after</i> | 21 (12%) | <i>Other</i> | 8 (5%) |
- Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**
- | | | | |
|--|----------|--|----------|
| <i>Didn't have any problems</i> | 57 (34%) | <i>Money worries</i> | 38 (23%) |
| <i>Loss of property</i> | 14 (8%) | <i>Feeling depressed or suicidal</i> .. | 29 (17%) |
| <i>Housing problems</i> | 37 (22%) | <i>Health problems</i> | 42 (25%) |
| <i>Contacting employers</i> | 12 (7%) | <i>Needing protection from other prisoners</i> | 16 (10%) |
| <i>Contacting family</i> | 48 (29%) | <i>Accessing phone numbers</i> | 45 (27%) |
| <i>Ensuring dependants were looked after</i> | 12 (7%) | <i>Other</i> | 4 (2%) |
- Q3.3 Please answer the following questions about reception:**
- | | Yes | No | Don't remember |
|---|-----------|----------|----------------|
| Were you seen by a member of health services? | 173 (92%) | 11 (6%) | 5 (3%) |
| When you were searched, was this carried out in a respectful way? | 124 (67%) | 54 (29%) | 6 (3%) |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- | Very well | Well | Neither | Badly | Very badly | Don't remember |
|-----------|----------|----------|----------|------------|----------------|
| 17 (9%) | 70 (37%) | 63 (33%) | 26 (14%) | 12 (6%) | 2 (1%) |
- Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)**
- | | |
|--|-----------|
| <i>Information about what was going to happen to you</i> | 90 (51%) |
| <i>Information about what support was available for people feeling depressed or suicidal</i> | 79 (44%) |
| <i>Information about how to make routine requests</i> | 75 (42%) |
| <i>Information about your entitlement to visits</i> | 87 (49%) |
| <i>Information about health services</i> | 101 (57%) |
| <i>Information about the chaplaincy</i> | 91 (51%) |
| <i>Not offered anything</i> | 42 (24%) |

Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)	
	<i>A smokers/non-smokers pack.....</i>	171 (91%)
	<i>The opportunity to have a shower.....</i>	25 (13%)
	<i>The opportunity to make a free telephone call.....</i>	155 (82%)
	<i>Something to eat.....</i>	136 (72%)
	<i>Did not receive anything.....</i>	7 (4%)
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)	
	<i>Chaplain or religious leader</i>	101 (55%)
	<i>Someone from health services</i>	130 (71%)
	<i>A Listener/Samaritans.....</i>	39 (21%)
	<i>Did not meet any of these people.....</i>	27 (15%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?	
	<i>Yes.....</i>	49 (27%)
	<i>No.....</i>	134 (73%)
Q3.9	Did you feel safe on your first night here?	
	<i>Yes.....</i>	149 (79%)
	<i>No.....</i>	29 (15%)
	<i>Don't remember.....</i>	11 (6%)
Q3.10	How soon after your arrival did you go on an induction course?	
	<i>Have not been on an induction course.....</i>	28 (15%)
	<i>Within the first week</i>	131 (70%)
	<i>More than a week</i>	20 (11%)
	<i>Don't remember.....</i>	7 (4%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course.....</i>	28 (16%)
	<i>Yes.....</i>	100 (56%)
	<i>No.....</i>	36 (20%)
	<i>Don't remember.....</i>	16 (9%)

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</i>	
						<i>N/A</i>	
	Communicate with your solicitor or legal representative?	21 (11%)	61 (33%)	29 (16%)	37 (20%)	22 (12%)	14 (8%)
	Attend legal visits?	21 (13%)	82 (50%)	28 (17%)	8 (5%)	7 (4%)	18 (11%)
	Obtain bail information?	10 (6%)	24 (15%)	38 (24%)	26 (17%)	23 (15%)	36 (23%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

Not had any letters 20 (11%)
 Yes 70 (37%)
 No 97 (52%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	83 (44%)	74 (39%)	15 (8%)	16 (9%)
Are you normally able to have a shower every day?	184 (97%)	6 (3%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	174 (93%)	11 (6%)	2 (1%)	1 (1%)
Do you normally get cell cleaning materials every week?	167 (88%)	17 (9%)	4 (2%)	1 (1%)
Is your cell call bell normally answered within five minutes?	91 (49%)	77 (41%)	15 (8%)	4 (2%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	124 (68%)	58 (32%)	0 (0%)	0 (0%)
Can you normally get your stored property, if you need to?	37 (21%)	91 (51%)	38 (21%)	14 (8%)

Q4.4 What is the food like here?

Very good *Good* *Neither* *Bad* *Very bad*
 7 (4%) 43 (23%) 39 (21%) 63 (33%) 38 (20%)

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

Have not bought anything yet 5 (3%)
 Yes 59 (31%)
 No 124 (66%)

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	61 (33%)	74 (40%)	17 (9%)	12 (6%)	8 (4%)	15 (8%)
An application form	57 (32%)	81 (45%)	14 (8%)	11 (6%)	8 (4%)	9 (5%)

Q4.7 Have you made an application?

Yes 139 (74%)
 No 49 (26%)

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

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	49 (27%)	71 (39%)	64 (35%)
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	49 (27%)	48 (27%)	84 (46%)

Q4.9 Have you made a complaint?

Yes	89 (47%)
No	99 (53%)

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

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	99 (52%)	20 (11%)	70 (37%)
Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	99 (54%)	27 (15%)	58 (32%)
Were you given information about how to make an appeal?	68 (40%)	28 (16%)	75 (44%)

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

Not made a complaint	99 (53%)
Yes	26 (14%)
No	63 (34%)

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

<i>Don't know who they are</i>	Very easy	Easy	Neither	Difficult	Very difficult
66 (36%)	5 (3%)	25 (14%)	34 (19%)	34 (19%)	19 (10%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	31 (17%)
<i>Enhanced</i>	62 (33%)
<i>Standard</i>	87 (47%)
<i>Basic</i>	2 (1%)
<i>Don't know</i>	5 (3%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is	31 (17%)
Yes	92 (50%)
No	44 (24%)
<i>Don't know</i>	17 (9%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

<i>Don't know what the IEP scheme is</i>	31 (17%)
Yes	64 (35%)
No	68 (37%)
<i>Don't know</i>	20 (11%)

Q4.16 Please answer the following questions about this prison:

	Yes	No
In the last six months have any members of staff physically restrained you (C&R)?	15 (8%)	171 (92%)
In the last six months have you spent a night in the segregation/care and separation unit?	23 (13%)	154 (87%)

Q4.17 Please answer the following questions about your religious beliefs:

	Yes	No	<i>Don't know/N/A</i>
Do you feel your religious beliefs are respected?	99 (54%)	26 (14%)	58 (32%)
Are you able to speak to a religious leader of your faith in private if you want to?	96 (55%)	8 (5%)	70 (40%)

Q4.18 Can you speak to a Listener at any time if you want to?

Yes	No	<i>Don't know</i>
104 (56%)	11 (6%)	72 (39%)

Q4.19 Please answer the following questions about staff in this prison:

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	124 (68%)	59 (32%)
Do most staff treat you with respect?	118 (65%)	63 (35%)

Section 5: Safety

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

Yes	68 (37%)
No	118 (63%)

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

Yes	28 (15%)
No	156 (85%)

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

<i>Never felt unsafe</i>	118 (66%)	<i>At mealtimes</i>	13 (7%)
<i>Everywhere</i>	17 (9%)	<i>At health services</i>	10 (6%)
<i>Segregation unit</i>	7 (4%)	<i>Visit's area</i>	19 (11%)
<i>Association areas</i>	23 (13%)	<i>In wing showers</i>	19 (11%)
<i>Reception area</i>	8 (4%)	<i>In gym showers</i>	11 (6%)

<i>At the gym</i>	19 (11%)	<i>In corridors/stairwells</i>	10 (6%)
<i>In an exercise yard</i>	22 (12%)	<i>On your landing/wing</i>	24 (13%)
<i>At work</i>	14 (8%)	<i>In your cell</i>	19 (11%)
<i>During movement</i>	28 (16%)	<i>At religious services</i>	7 (4%)
<i>At education</i>	10 (6%)		

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

Yes	37 (20%)	If No, go to question 5.6
No.....	146 (80%)	

Q5.5 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>	17 (9%)	<i>Because of your sexuality</i>	1 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (6%)	<i>Because you have a disability</i>	6 (3%)
<i>Sexual abuse</i>	1 (1%)	<i>Because of your religion/religious beliefs</i>	6 (3%)
<i>Because of your race or ethnic origin</i>	9 (5%)	<i>Because of your age</i>	7 (4%)
<i>Because of drugs</i>	7 (4%)	<i>Being from a different part of the country than others</i>	5 (3%)
<i>Having your canteen/property taken</i>	10 (5%)	<i>Because of your offence/crime</i>	8 (4%)
<i>Because you were new here...</i>	13 (7%)	<i>Because of gang related issues</i>	10 (5%)

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

Yes	39 (22%)	If No, go to question 5.8
No.....	139 (78%)	

Q5.7 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>	16 (9%)	<i>Because you have a disability</i>	2 (1%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	8 (4%)	<i>Because of your religion/religious beliefs</i>	0 (0%)
<i>Sexual abuse</i>	0 (0%)	<i>Because of your age</i>	3 (2%)
<i>Because of your race or ethnic origin</i>	5 (3%)	<i>Being from a different part of the country than others</i>	4 (2%)
<i>Because of drugs</i>	7 (4%)	<i>Because of your offence/crime</i> ...	8 (4%)
<i>Because you were new here</i>	7 (4%)	<i>Because of gang related issues</i>	7 (4%)
<i>Because of your sexuality</i>	1 (1%)		

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

Not been victimised	121 (72%)
Yes	17 (10%)
No.....	29 (17%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
 Yes 50 (28%)
 No 128 (72%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?
 Yes 36 (20%)
 No 143 (80%)

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

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
38 (21%)	33 (18%)	12 (7%)	14 (8%)	7 (4%)	76 (42%)

Section 6: Health services

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

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	18 (10%)	6 (3%)	35 (19%)	22 (12%)	68 (38%)	31 (17%)
The nurse	21 (12%)	12 (7%)	60 (35%)	18 (10%)	45 (26%)	17 (10%)
The dentist	26 (15%)	1 (1%)	13 (8%)	11 (6%)	63 (36%)	59 (34%)
The optician	54 (31%)	1 (1%)	13 (8%)	21 (12%)	45 (26%)	38 (22%)

Q6.2 Are you able to see a pharmacist?
 Yes 58 (37%)
 No 98 (63%)

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

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	41 (23%)	11 (6%)	45 (25%)	24 (13%)	31 (17%)	26 (15%)
The nurse	34 (19%)	15 (8%)	57 (32%)	30 (17%)	25 (14%)	16 (9%)
The dentist	63 (37%)	3 (2%)	21 (12%)	19 (11%)	33 (20%)	30 (18%)
The optician	86 (52%)	2 (1%)	16 (10%)	28 (17%)	18 (11%)	15 (9%)

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

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
30 (17%)	7 (4%)	45 (25%)	31 (17%)	31 (17%)	35 (20%)

Q6.5 Are you currently taking medication?
 Yes 81 (45%)
 No 98 (55%)

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

<i>Not taking medication</i>	98 (55%)
Yes	37 (21%)
No	42 (24%)

Q6.7	Do you feel you have any emotional well-being/mental health issues?			
	Yes			56 (31%)
	No			124 (69%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	<i>Do not have any issues/not receiving any help</i>			136 (80%)
	Doctor			23 (14%)
	Nurse.....			17 (10%)
	Psychiatrist.....			9 (5%)
	Mental health in-reach team.....			13 (8%)
	Counsellor.....			11 (6%)
	Other.....			6 (4%)
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	59 (36%)	104 (64%)	
	Alcohol	44 (29%)	107 (71%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes			16 (9%)
	No.....			163 (91%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes			58 (33%)
	No.....			29 (17%)
	<i>Did not/do not have a drug or alcohol problem</i>			88 (50%)
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, while in this prison?			
	Yes			49 (28%)
	No.....			41 (23%)
	<i>Did not/do not have a drug or alcohol problem</i>			88 (49%)
Q6.13	Was the intervention or help you received, while in this prison, helpful?			
	Yes			34 (20%)
	No.....			10 (6%)
	<i>Did not have a problem/have not received help</i>			129 (75%)
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	45 (24%)	114 (60%)	30 (16%)
	Alcohol	25 (15%)	120 (72%)	21 (13%)

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

Yes	35 (20%)
No	27 (16%)
N/A.....	112 (64%)

Section 7: Purposeful activity

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

Prison job	84 (47%)
Vocational or skills training.....	8 (4%)
Education (including basic skills).....	36 (20%)
Offending behaviour programmes.....	15 (8%)
Not involved in any of these	58 (33%)

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

	Not been involved	Yes	No	Don't know
Prison job	64 (42%)	35 (23%)	39 (25%)	15 (10%)
Vocational or skills training	75 (64%)	16 (14%)	16 (14%)	10 (9%)
Education (including basic skills)	70 (52%)	29 (22%)	21 (16%)	14 (10%)
Offending behaviour programmes	79 (66%)	16 (13%)	15 (13%)	9 (8%)

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

Don't want to go	36 (20%)
Never.....	37 (21%)
Less than once a week.....	27 (15%)
About once a week.....	55 (31%)
More than once a week.....	11 (6%)
Don't know.....	13 (7%)

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

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
37 (21%)	19 (11%)	13 (7%)	13 (7%)	41 (23%)	45 (25%)	11 (6%)

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

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
32 (18%)	14 (8%)	42 (24%)	39 (22%)	46 (26%)	4 (2%)

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

Less than 2 hours	16 (9%)
2 to less than 4 hours.....	52 (29%)
4 to less than 6 hours.....	34 (19%)
6 to less than 8 hours.....	32 (18%)
8 to less than 10 hours.....	21 (12%)

10 hours or more..... 14 (8%)
 Don't know..... 8 (5%)

Q7.7 On average, how many times do you have association each week?
 Don't want to go 0 1 to 2 3 to 5 More than 5 Don't know
 5 (3%) 3 (2%) 5 (3%) 5 (3%) 148 (84%) 10 (6%)

Q7.8 How often do staff normally speak to you during association time?
 Do not go on association 6 (3%)
 Never..... 21 (12%)
 Rarely..... 43 (24%)
 Some of the time..... 64 (36%)
 Most of the time..... 28 (16%)
 All of the time..... 17 (9%)

Section 8: Resettlement

Q8.1 When did you first meet your personal officer?
 Still have not met him/her..... 61 (34%)
 In the first week..... 48 (27%)
 More than a week..... 39 (22%)
 Don't remember..... 32 (18%)

Q8.2 How helpful do you think your personal officer is?
 Do not have a personal officer/
 still have not met him/her Very helpful Helpful Neither Not very helpful Not at all helpful
 61 (35%) 18 (10%) 41 (24%) 29 (17%) 16 (9%) 8 (5%)

Q8.3 Do you have a sentence plan/OASys?
 Not sentenced..... 56 (31%)
 Yes..... 49 (27%)
 No..... 74 (41%)

Q8.4 How involved were you in the development of your sentence plan?
 Do not have a sentence plan/OASys..... 130 (73%)
 Very involved..... 9 (5%)
 Involved..... 20 (11%)
 Neither..... 4 (2%)
 Not very involved..... 10 (6%)
 Not at all involved..... 6 (3%)

Q8.5 Can you achieve all or some of your sentence plan targets in this prison?
 Do not have a sentence plan/OASys..... 130 (73%)
 Yes..... 31 (17%)
 No..... 17 (10%)

Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?				
	<i>Do not have a sentence plan/OASys</i>	130	(74%)		
	Yes	15	(9%)		
	No.....	31	(18%)		
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?				
	<i>Not sentenced</i>	56	(32%)		
	Yes	24	(14%)		
	No.....	95	(54%)		
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?				
	Yes	17	(10%)		
	No.....	152	(90%)		
Q8.9	Have you had any problems with sending or receiving mail?				
	Yes	84	(47%)		
	No.....	81	(46%)		
	<i>Don't know</i>	12	(7%)		
Q8.10	Have you had any problems getting access to the telephones?				
	Yes	46	(26%)		
	No.....	126	(71%)		
	<i>Don't know</i>	5	(3%)		
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>	10	(6%)		
	Yes	87	(49%)		
	No.....	78	(44%)		
	<i>Don't remember</i>	2	(1%)		
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	0		1 to 2	3 to 4
	10 (6%)	83 (47%)	76 (43%)	4 (2%)	3 (2%)
					5 or more
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>	41	(24%)		
	<i>Very well</i>	25	(15%)		
	<i>Well</i>	36	(21%)		
	<i>Neither</i>	32	(19%)		
	<i>Badly</i>	18	(11%)		
	<i>Very badly</i>	10	(6%)		
	<i>Don't know</i>	8	(5%)		

- Q8.14 Have you been helped to maintain contact with your family/friends while in this prison?**
 Yes 39 (23%)
 No 134 (77%)
- Q8.15 Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)**
- | | | | |
|---|----------|---|----------|
| <i>Don't know who to contact ..</i> | 91 (61%) | <i>Help with your finances in preparation for release</i> | 20 (13%) |
| <i>Maintaining good relationships</i> | 17 (11%) | <i>Claiming benefits on release ...</i> | 51 (34%) |
| <i>Avoiding bad relationships</i> | 14 (9%) | <i>Arranging a place at college/continuing education on release</i> | 11 (7%) |
| <i>Finding a job on release</i> | 24 (16%) | <i>Continuity of health services on release</i> | 20 (13%) |
| <i>Finding accommodation on release</i> | 35 (23%) | <i>Opening a bank account</i> | 34 (23%) |
- Q8.16 Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)**
- | | | | |
|---|----------|---|----------|
| <i>No problems.....</i> | 62 (37%) | <i>Help with your finances in preparation for release</i> | 46 (28%) |
| <i>Maintaining good relationships</i> | 20 (12%) | <i>Claiming benefits on release ...</i> | 54 (33%) |
| <i>Avoiding bad relationships</i> | 27 (16%) | <i>Arranging a place at college/continuing education on release</i> | 29 (17%) |
| <i>Finding a job on release</i> | 84 (51%) | <i>Continuity of health services on release</i> | 28 (17%) |
| <i>Finding accommodation on release</i> | 54 (33%) | <i>Opening a bank account</i> | 47 (28%) |
- Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?**
Not sentenced..... 56 (32%)
 Yes 50 (28%)
 No 71 (40%)

Main comparator and comparator to last time



Prisoner survey responses HMP Forest Bank 2010

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

Key to tables

		HMP Forest Bank 2010	Local prisons comparator	HMP Forest Bank 2010	HMP Forest Bank 2007
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in prisoners' background details				
	No significant difference				
Number of completed questionnaires returned		193	4,418	193	134
SECTION 1: General information					
2	Are you under 21 years of age?	8%	5%	8%	14%
3a	Are you sentenced?	71%	66%	71%	64%
3b	Are you on recall?	16%	11%	16%	18%
4a	Is your sentence less than 12 months?	16%	17%	16%	25%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	4%	3%	5%
5	Do you have six months or less to serve?	34%	32%	34%	40%
6	Have you been in this prison less than a month?	17%	20%	17%	
7	Are you a foreign national?	9%	14%	9%	5%
8	Is English your first language?	94%	88%	94%	93%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	27%	20%	19%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%	3%	
11	Are you Muslim?	10%	12%	10%	11%
12	Are you homosexual/gay or bisexual?	2%	3%	2%	2%
13	Do you consider yourself to have a disability?	18%	21%	18%	9%
14	Is this your first time in prison?	25%	29%	25%	24%
15	Have you been in more than five prisons this time?	8%	9%	8%	
16	Do you have any children under the age of 18?	60%	56%	60%	50%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	35%	50%	35%	42%
1b	Was your personal safety during the journey good/very good?	55%	60%	55%	61%
1c	Was the comfort of the van good/very good?	14%	14%	14%	14%
1d	Was the attention paid to your health needs good/very good?	23%	29%	23%	27%
1e	Was the frequency of toilet breaks good/very good?	13%	16%	13%	12%
2	Did you spend more than four hours in the van?	2%	4%	2%	3%
3	Were you treated well/very well by the escort staff?	56%	66%	56%	57%
4a	Did you know where you were going when you left court or when transferred from another prison?	79%	72%	79%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	15%	11%	12%
4c	When you first arrived here did your property arrive at the same time as you?	76%	81%	76%	77%

Key to tables

Main comparator and comparator to last time

		HMP Forest Bank 2010	Local prisons comparator	HMP Forest Bank 2010	HMP Forest Bank 2007
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in prisoners' background details				
	No significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	10%	12%	10%	
1c	Housing problems?	38%	30%	38%	
1d	Problems contacting employers?	16%	13%	16%	
1e	Problems contacting family?	53%	49%	53%	
1f	Problems ensuring dependants were looked after?	12%	14%	12%	
1g	Money problems?	16%	18%	16%	
1h	Problems of feeling depressed/suicidal?	54%	54%	54%	
1i	Health problems?	60%	63%	60%	
1j	Problems in needing protection from other prisoners?	23%	21%	23%	
1k	Problems accessing phone numbers?	37%	42%	37%	
2	When you first arrived:				
2a	Did you have any problems?	66%	77%	66%	81%
2b	Did you have any problems with loss of property?	8%	13%	8%	10%
2c	Did you have any housing problems?	22%	24%	22%	21%
2d	Did you have any problems contacting employers?	7%	7%	7%	4%
2e	Did you have any problems contacting family?	29%	34%	29%	27%
2f	Did you have any problems ensuring dependants were being looked after?	7%	8%	7%	3%
2g	Did you have any money worries?	23%	23%	23%	29%
2h	Did you have any problems with feeling depressed or suicidal?	17%	22%	17%	21%
2i	Did you have any health problems?	25%	29%	25%	18%
2j	Did you have any problems with needing protection from other prisoners?	10%	9%	10%	6%
2k	Did you have problems accessing phone numbers?	27%	30%	27%	
3a	Were you seen by a member of health services in reception?	92%	88%	92%	91%
3b	When you were searched in reception, was this carried out in a respectful way?	67%	71%	67%	69%
4	Were you treated well/very well in reception?	46%	58%	46%	58%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	51%	44%	51%	47%
5b	Information about what support was available for people feeling depressed or suicidal?	44%	45%	44%	40%
5c	Information about how to make routine requests?	42%	36%	42%	31%
5d	Information about your entitlement to visits?	49%	43%	49%	43%
5e	Information about health services?	57%	48%	57%	
5f	Information about the chaplaincy?	51%	46%	51%	
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	91%	84%	91%	82%
6b	The opportunity to have a shower?	13%	35%	13%	17%
6c	The opportunity to make a free telephone call?	82%	56%	82%	90%
6d	Something to eat?	72%	81%	72%	89%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	55%	47%	55%	61%
7b	Someone from health services?	71%	73%	71%	70%

Key to tables

Main comparator and comparator to last time

		HMP Forest Bank 2010	Local prisons comparator	HMP Forest Bank 2010	HMP Forest Bank 2007
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in prisoners' background details				
	No significant difference				
7c	A Listener/Samaritans?	21%	24%	21%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	27%	16%	27%	23%
9	Did you feel safe on your first night here?	79%	71%	79%	82%
10	Have you been on an induction course?	85%	76%	85%	83%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	66%	58%	66%	75%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	45%	41%	45%	53%
1b	Attend legal visits?	63%	59%	63%	79%
1c	Obtain bail information?	22%	24%	22%	28%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	40%	38%	42%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	44%	50%	44%	30%
3b	Are you normally able to have a shower every day?	97%	78%	97%	94%
3c	Do you normally receive clean sheets every week?	93%	80%	93%	88%
3d	Do you normally get cell cleaning materials every week?	88%	61%	88%	78%
3e	Is your cell call bell normally answered within five minutes?	49%	35%	49%	47%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	68%	64%	68%	61%
3g	Can you normally get your stored property if you need to?	21%	27%	21%	32%
4	Is the food in this prison good/very good?	26%	23%	26%	31%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	31%	43%	31%	44%
6a	Is it easy/very easy to get a complaints form?	72%	79%	72%	86%
6b	Is it easy/very easy to get an application form?	77%	86%	77%	93%
7	Have you made an application?	74%	85%	74%	81%
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	53%	55%	53%	56%
8b	Do you feel applications are dealt with promptly (within seven days)?	36%	48%	36%	44%
9	Have you made a complaint?	47%	43%	47%	60%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	22%	31%	22%	36%
10b	Do you feel complaints are dealt with promptly (within seven days)?	32%	34%	32%	43%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	29%	26%	29%	21%
10c	Were you given information about how to make an appeal?	16%	22%	16%	32%
12	Is it easy/very easy to see the Independent Monitoring Board?	16%	25%	16%	28%
13	Are you on the enhanced (top) level of the IEP scheme?	33%	28%	33%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	50%	53%	50%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	47%	35%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	7%	8%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	11%	13%	
13a	Do you feel your religious beliefs are respected?	54%	54%	54%	60%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	55%	56%	55%	70%

Main comparator and comparator to last time

Key to tables

		HMP Forest Bank 2010	Local prisons comparator	HMP Forest Bank 2010	HMP Forest Bank 2007
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in prisoners' background details				
	No significant difference				
14	Are you able to speak to a Listener at any time if you want to?	56%	58%	56%	78%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	68%	70%	68%	59%
15b	Do most staff, in this prison, treat you with respect?	65%	69%	65%	69%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	37%	40%	37%	40%
2	Do you feel unsafe in this prison at the moment?	15%	18%	15%	23%
4	Have you been victimised by another prisoner?	20%	22%	20%	27%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	11%	9%	14%
5b	Hit, kicked or assaulted you?	6%	7%	6%	15%
5c	Sexually abused you?	1%	1%	1%	2%
5d	Victimised you because of your race or ethnic origin?	5%	4%	5%	3%
5e	Victimised you because of drugs?	4%	4%	4%	6%
5f	Taken your canteen/property?	6%	5%	6%	5%
5g	Victimised you because you were new here?	7%	6%	7%	9%
5h	Victimised you because of your sexuality?	1%	1%	1%	1%
5i	Victimised you because you have a disability?	3%	3%	3%	1%
5j	Victimised you because of your religion/religious beliefs?	3%	2%	3%	2%
5k	Victimised you because of your age?	4%	2%	4%	
5l	Victimised you because you were from a different part of the country?	3%	4%	3%	5%
5m	Victimised you because of your offence/crime?	4%	5%	4%	
5n	Victimised you because of gang related issues?	6%	3%	6%	
6	Have you been victimised by a member of staff?	22%	26%	22%	21%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	9%	12%	9%	15%
7b	Hit, kicked or assaulted you?	5%	5%	5%	1%
7c	Sexually abused you?	0%	1%	0%	1%
7d	Victimised you because of your race or ethnic origin?	3%	5%	3%	2%
7e	Victimised you because of drugs?	4%	5%	4%	2%
7f	Victimised you because you were new here?	4%	6%	4%	3%
7g	Victimised you because of your sexuality?	1%	1%	1%	2%
7h	Victimised you because you have a disability?	1%	3%	1%	2%
7i	Victimised you because of your religion/religious beliefs?	0%	3%	0%	2%
7j	Victimised you because of your age?	2%	2%	2%	
7k	Victimised you because you were from a different part of the country?	2%	4%	2%	2%
7l	Victimised you because of your offence/crime?	5%	5%	5%	
7m	Victimised you because of gang related issues?	4%	2%	4%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	37%	34%	37%	29%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	24%	28%	29%
10	Have you ever felt threatened or intimidated by a member of staff in here?	20%	23%	20%	15%

Main comparator and comparator to last time

Key to tables

		HMP Forest Bank 2010	Local prisons comparator	HMP Forest Bank 2010	HMP Forest Bank 2007
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in prisoners' background details				
	No significant difference				
11	Is it easy/very easy to get illegal drugs in this prison?	39%	30%	39%	50%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	23%	27%	23%	
1b	Is it easy/very easy to see the nurse?	42%	50%	42%	
1c	Is it easy/very easy to see the dentist?	8%	11%	8%	
1d	Is it easy/very easy to see the optician?	8%	12%	8%	
2	Are you able to see a pharmacist?	37%	46%	37%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	41%	47%	41%	48%
3b	The nurse?	50%	59%	50%	51%
3c	The dentist?	23%	33%	23%	31%
3d	The optician?	23%	36%	23%	42%
4	The overall quality of health services?	35%	41%	35%	40%
5	Are you currently taking medication?	45%	49%	45%	29%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	47%	58%	47%	33%
7	Do you feel you have any emotional well-being/mental health issues?	31%	34%	31%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	30%	40%	30%	
8b	A doctor?	43%	33%	43%	
8c	A nurse?	32%	16%	32%	
8d	A psychiatrist?	15%	19%	15%	
8e	The mental health in-reach team?	23%	28%	23%	
8f	A counsellor?	19%	12%	19%	
9a	Did you have a drug problem when you came into this prison?	36%	33%	36%	27%
9b	Did you have an alcohol problem when you came into this prison?	29%	24%	29%	15%
10a	Have you developed a drug problem since you have been in this prison?	9%	9%	9%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	67%	82%	67%	
12	Have you received any help or intervention while in this prison?	54%	70%	54%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	77%	76%	77%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	40%	31%	40%	33%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	28%	26%	28%	28%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	57%	59%	57%	54%

Main comparator and comparator to last time

Key to tables

		HMP Forest Bank 2010	Local prisons comparator	HMP Forest Bank 2010	HMP Forest Bank 2007
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in prisoners' background details				
	No significant difference				
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	47%	44%	47%	
1b	Vocational or skills training?	5%	12%	5%	
1c	Education (including basic skills)?	20%	27%	20%	
1d	Offending behaviour programmes?	8%	8%	8%	
2ai	Have you had a job while in this prison?	58%	66%	58%	63%
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	39%	40%	39%	39%
2bi	Have you been involved in vocational or skills training while in this prison?	36%	53%	36%	53%
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	38%	52%	38%	31%
2ci	Have you been involved in education while in this prison?	48%	63%	48%	64%
For those who have been involved in education while in this prison:					
2cii	Do you feel education will help you on release?	45%	60%	45%	50%
2di	Have you been involved in offending behaviour programmes while in this prison?	34%	49%	34%	40%
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	40%	49%	40%	44%
3	Do you go to the library at least once a week?	37%	37%	37%	32%
4	On average, do you go to the gym at least twice a week?	55%	41%	55%	47%
5	On average, do you go outside for exercise three or more times a week?	48%	37%	48%	55%
6	On average, do you spend 10 or more hours out of your cell on a weekday?	8%	10%	8%	10%
7	On average, do you go on association more than five times each week?	84%	47%	84%	87%
8	Do staff normally speak to you most of the time/all of the time during association?	25%	17%	25%	24%
SECTION 8: Resettlement					
1	Do you have a personal officer?	66%	44%	66%	36%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	53%	63%	53%	60%
For those who are sentenced:					
3	Do you have a sentence plan?	40%	39%	40%	24%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	59%	58%	59%	76%
5	Can you achieve some/all of your sentence plan targets in this prison?	65%	61%	65%	50%
6	Are there plans for you to achieve some/all your targets in another prison?	33%	47%	33%	50%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	20%	27%	20%	21%
8	Do you feel that any member of staff has helped you to prepare for release?	10%	14%	10%	16%
9	Have you had any problems with sending or receiving mail?	47%	45%	47%	37%
10	Have you had any problems getting access to the telephones?	26%	32%	26%	17%
11	Did you have a visit in the first week that you were here?	49%	35%	49%	49%
12	Did you receive one or more visits in the last week?	47%	40%	47%	48%
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	47%	50%	47%	

Main comparator and comparator to last time

Key to tables

		HMP Forest Bank 2010	Local prisons comparator	HMP Forest Bank 2010	HMP Forest Bank 2007
	Significantly better than the comparator				
	Significantly worse than the comparator				
	A significant difference in prisoners' background details				
	No significant difference				
14	Have you been helped to maintain contact with family/friends while in this prison?	23%	36%	23%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	11%	14%	11%	
15c	Avoiding bad relationships?	9%	10%	9%	
15d	Finding a job on release?	16%	29%	16%	41%
15e	Finding accommodation on release?	23%	32%	23%	45%
15f	With money/finances on release?	13%	20%	13%	27%
15g	Claiming benefits on release?	34%	34%	34%	50%
15h	Arranging a place at college/continuing education on release?	7%	19%	7%	30%
15i	Accessing health services on release?	13%	24%	13%	37%
15j	Opening a bank account on release?	23%	18%	23%	31%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	12%	14%	12%	
16c	Avoiding bad relationships?	16%	14%	16%	
16d	Finding a job?	51%	50%	51%	53%
16e	Finding accommodation?	33%	43%	33%	44%
16f	Money/finances?	28%	38%	28%	52%
16g	Claiming benefits?	33%	34%	33%	32%
16h	Arranging a place at college/continuing education?	18%	24%	18%	35%
16i	Accessing health services?	17%	20%	17%	23%
16j	Opening a bank account?	28%	32%	28%	44%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	41%	48%	41%	31%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Forest Bank 2010

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in prisoners' background details		
	No significant difference		
Number of completed questionnaires returned		34	158
1.3	Are you sentenced?	64%	72%
1.7	Are you a foreign national?	13%	7%
1.8	Is English your first language?	94%	94%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	21%	20%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	9%	2%
1.11	Are you Muslim?	9%	10%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	21%	26%
2.1d	Was the attention paid to your health needs good/very good?	29%	22%
2.3	Were you treated well/very well by the escort staff?	66%	54%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	73%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	45%	54%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	52%	54%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	57%	61%
3.2a	Did you have any problems when you first arrived?	75%	64%
3.3a	Were you seen by a member of health care staff in reception?	94%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	73%	66%
3.4	Were you treated well/very well in reception?	53%	44%
3.7b	Did you have access to someone from health care within the first 24 hours?	73%	70%
3.9	Did you feel safe on your first night here?	73%	80%
3.10	Have you been on an induction course?	88%	84%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	43%

Diversity Analysis - Disability

Key to tables

	Significantly better than the comparator	Consider themselves to have a disability	Do not consider themselves to have a disability
	Significantly worse than the comparator		
	A significant difference in prisoners' background details		
	No significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	31%	47%
4.3b	Are you normally able to have a shower every day?	94%	97%
4.3e	Is your cell call bell normally answered within five minutes?	52%	48%
4.4	Is the food in this prison good/very good?	31%	25%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	29%
4.6a	Is it easy/very easy to get a complaints form?	63%	74%
4.6b	Is it easy/very easy to get an application form?	63%	80%
4.9	Have you made a complaint?	53%	47%
4.13	Are you on the enhanced (top) level of the IEP scheme?	27%	34%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	41%	52%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	34%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	8%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	13%
4.17a	Do you feel your religious beliefs are respected?	63%	52%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	54%
4.18	Are you able to speak to a Listener at any time if you want to?	57%	55%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	65%
4.19b	Do most staff, in this prison, treat you with respect?	59%	66%
5.1	Have you ever felt unsafe in this prison?	47%	35%
5.2	Do you feel unsafe in this prison at the moment?	16%	15%
5.4	Have you been victimised by another prisoner?	30%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	5%
5.5i	Victimised you because you have a disability?	10%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%
5.6	Have you been victimised by a member of staff?	25%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	3%
5.7h	Victimised you because you have a disability?	4%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%

Diversity Analysis - Disability

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Significantly better than the comparator		
	Significantly worse than the comparator		
	A significant difference in prisoners' background details		
	No significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	37%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	17%	21%
5.11	Is it easy/very easy to get illegal drugs in this prison?	45%	38%
6.1a	Is it easy/very easy to see the doctor?	16%	24%
6.1b	Is it easy/ very easy to see the nurse?	49%	40%
6.2	Are you able to see a pharmacist?	43%	36%
6.5	Are you currently taking medication?	73%	40%
6.7	Do you feel you have any emotional well-being/mental health issues?	58%	26%
7.1a	Are you currently working in the prison?	43%	48%
7.1b	Are you currently undertaking vocational or skills training?	3%	5%
7.1c	Are you currently in education (including basic skills)?	20%	20%
7.1d	Are you currently taking part in an offending behaviour programme?	3%	10%
7.3	Do you go to the library at least once a week?	39%	36%
7.4	On average, do you go to the gym at least twice a week?	42%	59%
7.5	On average, do you go outside for exercise three or more times a week?	25%	50%
7.6	On average, do you spend 10 or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	13%	7%
7.7	On average, do you go on association more than five times each week?	81%	85%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	20%	26%
8.1	Do you have a personal officer?	61%	67%
8.9	Have you had any problems sending or receiving mail?	45%	48%
8.10	Have you had any problems getting access to the telephones?	17%	28%

Diversity Analysis



Key question responses (ethnicity) HMP Forest Bank 2010

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

Key to tables

	Significantly better than the comparator	Black and minority ethnic prisoners	White prisoners
	Significantly worse than the comparator		
	A significant difference in prisoners' background details		
	No significant difference		
Number of completed questionnaires returned		39	153
1.3	Are you sentenced?	62%	73%
1.7	Are you a foreign national?	27%	4%
1.8	Is English your first language?	81%	97%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?		
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	3%
1.11	Are you Muslim?	44%	1%
1.12	Do you consider yourself to have a disability?	18%	18%
1.13	Is this your first time in prison?	40%	22%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	29%	21%
2.3	Were you treated well/very well by the escort staff?	48%	57%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	62%	83%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	64%	50%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	55%	53%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	67%	59%
3.2a	Did you have any problems when you first arrived?	83%	63%
3.3a	Were you seen by a member of health care staff in reception?	92%	91%
3.3b	When you were searched in reception, was this carried out in a respectful way?	50%	71%
3.4	Were you treated well/very well in reception?	32%	49%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	70%	71%
3.9	Did you feel safe on your first night here?	68%	82%
3.10	Have you been on an induction course?	92%	83%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	43%	45%

Diversity Analysis

Key to tables

	Significantly better than the comparator	Black and minority ethnic prisoners	White prisoners
	Significantly worse than the comparator		
	A significant difference in prisoners' background details		
	No significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	52%	42%
4.3b	Are you normally able to have a shower every day?	100%	96%
4.3e	Is your cell call bell normally answered within five minutes?	54%	48%
4.4	Is the food in this prison good/very good?	22%	27%
4.5	Does the shop /canteen sell a wide enough range of goods to meet your needs?	24%	33%
4.6a	Is it easy/very easy to get a complaints form?	78%	71%
4.6b	Is it easy/very easy to get an application form?	77%	76%
4.9	Have you made a complaint?	42%	49%
4.13	Are you on the enhanced (top) level of the IEP scheme?	31%	34%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	42%	52%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	35%	35%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	15%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	13%
4.17a	Do you feel your religious beliefs are respected?	65%	51%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	64%	53%
4.18	Are you able to speak to a Listener at any time if you want to?	57%	55%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	65%
4.19b	Do most staff, in this prison, treat you with respect?	67%	65%
5.1	Have you ever felt unsafe in this prison?	50%	34%
5.2	Do you feel unsafe in this prison at the moment?	22%	14%
5.4	Have you been victimised by another prisoner?	26%	19%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	23%	1%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	11%	1%
5.6	Have you been victimised by a member of staff?	36%	19%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	12%	1%

Diversity Analysis

Key to tables

	Significantly better than the comparator	Black and minority ethnic prisoners	White prisoners
	Significantly worse than the comparator		
	A significant difference in prisoners' background details		
	No significant difference		
5.7h	Have you been victimised because you have a disability? (By staff)	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	0%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	41%	26%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	43%	15%
5.11	Is it easy/very easy to get illegal drugs in this prison?	36%	40%
6.1a	Is it easy/very easy to see the doctor?	9%	26%
6.1b	Is it easy/ very easy to see the nurse?	22%	46%
6.2	Are you able to see a pharmacist?	17%	42%
6.5	Are you currently taking medication?	47%	45%
6.7	Do you feel you have any emotional well-being/mental health issues?	26%	33%
7.1a	Are you currently working in the prison?	42%	49%
7.1b	Are you currently undertaking vocational or skills training?	6%	4%
7.1c	Are you currently in education (including basic skills)?	33%	16%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	9%
7.3	Do you go to the library at least once a week?	44%	35%
7.4	On average, do you go to the gym at least twice a week?	63%	54%
7.5	On average, do you go outside for exercise three or more times a week?	66%	44%
7.6	On average, do you spend 10 or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	8%
7.7	On average, do you go on association more than five times each week?	77%	86%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	12%	28%
8.1	Do you have a personal officer?	65%	67%
8.9	Have you had any problems sending or receiving mail?	50%	47%
8.10	Have you had any problems getting access to the telephones?	30%	25%