

Report on an announced inspection of

# **HMP Preston**

10–14 August 2009

by HM Chief Inspector of Prisons

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# Introduction

HMP Preston is an overcrowded, largely Victorian, inner city local prison with a transient population of needy and sometimes challenging prisoners. Yet despite these constraints and demands, this announced full inspection found the prison to be performing reasonably well against all our tests of a healthy prison.

The reception area remained inadequate, particularly given the large number of prisoners who had to be processed and the range of vulnerabilities that had to be managed, but staff still managed to provide a reasonable service. Most prisoners felt safe on their first night and first days were generally well managed. Prisoners at risk of self-harm were well supported, but violence reduction arrangements required strengthening.

Security was generally proportionate but, in the effort to combat drug supply, there was an overuse of strip searches and squatting for new arrivals. There was also a perplexing array of cameras in cells, notably on the first night centre, drug dependency unit and segregation unit. Staff were unclear about the purpose of some of these cameras and there was a need to review their use and governance to ensure appropriate privacy and decency.

Despite its age, the physical environment was generally clean and well maintained. Staff-prisoner relationships were good, supported by excellent consultation arrangements and a functioning personal officer scheme. Work on diversity issues was developing, but black and minority ethnic, Muslim and foreign national prisoners reported more negatively than other prisoners on various aspects of the regime. Prisoners lacked confidence in the complaints system. Faith provision was good and health care was improving.

Unlike many local prisons, Preston had managed to ensure that prisoners had a commendably large and consistent amount of time out of cell. They had a wide range of purposeful activities to attend, including well-managed education provision. There was also reasonable access to the library and to physical education.

The strategic management of resettlement required further development, but the prison was appropriately focused on the assessment and allocation of its largely short-term population. An effective offender management unit ensured appropriate sentence and custody planning, although moving prisoners on to appropriate training prisons was proving difficult. Work on most of the resettlement pathways was satisfactory, but scope for development remained.

Elderly, overcrowded, inner city local prisons such as Preston must manage a wide range of transient, needy and sometimes difficult prisoners in conditions largely designed and built in the 19th century. It is therefore a tribute to the commitment and dedication of staff and managers that this inspection found the prison to be performing reasonably well in each of the principal areas that we examine.

**Anne Owers**  
HM Chief Inspector of Prisons

**December 2009**



# Fact page

## Task of the establishment

HMP Preston is a category B local prison.

## Area organisation

North-West

## Number held

752

## Certified normal accommodation

457

## Operational capacity

800

## Last inspection

Last full inspection: July 2004

Follow-up: January 2008

## Brief history

HMP Preston was first built in 1790. Substantially a Victorian prison, it was closed in 1931 and became a prison again in 1948. Its role changed in 1990 to that of a local prison serving the north-west area.

## Description of residential units

<b>A wing (3, 4 and 5s)</b>	Mixed convicted and remand prisoners
<b>A2 landing</b>	Reintegration unit. Mixed convicted and remand prisoners
<b>A1 landing</b>	Segregation unit
<b>B wing</b>	Mixed convicted and remand prisoners
<b>C3 and 4s</b>	Mixed convicted and remand prisoners
<b>C2 landing</b>	Vulnerable prisoner unit. Mixed convicted and remand prisoners.
<b>C1 landing</b>	Drug dependency unit. Mixed convicted and remand prisoners
<b>D wing</b>	First night centre and induction. Mixed convicted and remand prisoners
<b>F wing</b>	Convicted risk-assessed workers.
<b>G wing</b>	Convicted risk-assessed workers.
<b>Hospital</b>	General medical and mental health, including area resource. Mixed convicted and remand prisoners.



# Healthy prison summary

## Introduction

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

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

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

**- performing well against this healthy prison test.**

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

**- performing reasonably well against this healthy prison test.**

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

**- not performing sufficiently well against this healthy prison test.**

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

**- performing poorly against this healthy prison test.**

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

## Safety

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HP3 Reception staff offered a good service to prisoners, despite an unsuitable physical environment. First night and induction arrangements picked up immediate issues effectively. The quality of self-harm and suicide prevention measures was good. Black and minority ethnic and Muslim prisoners reported feeling unsafe and prisoners

expressed a lack confidence in the violence reduction measures. The supply of drugs was the biggest security issue and was dealt with proactively, but some of the measures taken were disproportionate. The introduction of the integrated drug treatment system required further development. Overall, the establishment was performing reasonably well against this healthy prison test.

- HP4 Despite good communication between Global Solutions Limited and reception staff, there were long delays in returning some prisoners from courts. The reception area was a poor and unsuitable environment in which to deal with the number of prisoners passing through it. There was good interaction between staff and prisoners in reception. Vulnerable prisoners were located in locked cells at the back of reception and did not have the good level of access to staff experienced by those located in the unlocked holding rooms.
- HP5 All prisoners were interviewed on their first night by an officer, who completed a first night assessment. All prisoners were offered a telephone call (unless calling abroad after 4pm) and issued with an impressive starter pack. Prisoners on D wing were located in reasonably clean, prepared cells. All first night cells, as well as those on the drug dependency and segregation units, had cameras but not all prisoners were informed of this and their purpose and governance was unclear. More prisoners than at comparator prisons felt safe on their first night, but black and minority ethnic, foreign national and Muslim prisoners felt less safe than their white, British national and non-Muslim counterparts.
- HP6 The induction programme lacked coordination and the timetable in the induction booklet did not reflect the delivery of the programme. Prisoners were not seen privately by the various disciplines and agencies that came to interview them. The two induction staff did not have capacity to deliver the published regime for the first night centre and prisoners spent a significant period of time locked up.
- HP7 The management of violence reduction and anti-bullying had been informed by a local safety survey. Action had been taken on the findings and significant work had been undertaken to increase the profile of anti-bullying measures. Action was being taken regarding the high number of tackling anti-social behaviour (TAB) booklets opened on the vulnerable prisoners unit, particularly as bullying was resulting in incidents of self-harm. There was a three-stage TAB system, but most prisoners did not progress from stage one, which just involved covert monitoring. Prisoners lacked confidence in the system. The support offered to victims of bullying was limited.
- HP8 The comprehensive suicide prevention and self-harm strategy reflected the assessment, care in custody and teamwork (ACCT) process and the establishment's holistic approach to supporting prisoners at risk of self-harm. Too few staff were ACCT trained. Near-death incidents were well investigated but death in custody action plans were only reviewed informally. The case reviews were multidisciplinary and objectives set included engaging family and friends, and were supported by creative interventions. The quality of entries in most ACCT documents was good and reflected significant interaction with prisoners. Gated cells and safer cells were available but operated without protocols. There was an effective Listener scheme, with good support offered to Listeners but prisoners were more negative than at comparator prisons about their access to Listeners during the first 24 hours.
- HP9 The combination of prisoners vulnerable by virtue of their offence and those escaping debt on C2 was a significant challenge in offering a safe regime. The reintegration

- HP10 The supply of drugs was the biggest security issue and was dealt with proactively, with good working relationships with the local police and a number of arrests and prosecutions relating to the supply of drugs to the prison. There was a well-publicised closed visits policy, under which all prisoners found with drugs or mobile telephones were considered for closed visits. Consequently, the number of prisoners subject to closed visits was high, as was the number of locally banned visitors. The practice of full cell searches for all new receptions within 72 hours of arrival was also part of the drive to reduce drug availability. There was an over-use of squat searches.
- HP11 The segregation unit was clean and well ordered. Daily healthcare rounds were routinely conducted by a registered mental health nurse. Prisoners were scheduled to receive only 30 minutes exercise but there was weekly access to the gym, subject to risk assessment. There was no segregation monitoring and review group (SMARG) monitoring or meetings, although most of the information was effectively monitored in other meetings.
- HP12 The use of force was high but a large proportion related to a small number of prisoners and appeared to have been appropriate. Incidents were mostly de-escalated at the earliest opportunity. There was no routine video recording of planned removals. The special cells were rarely used and prisoners removed as soon as possible.
- HP13 The prison was in the process of implementing the integrated drug treatment system (IDTS). First night treatment for drug- and alcohol-dependent prisoners was available but the prescribing regime was inflexible. The drug dependency unit offered a supportive environment and motivational group work to prisoners, but there was no support for those moving on. The random mandatory drug testing (MDT) positive rate between April and July 2009 was below target, even including the relatively high rate of refusals, and, overall, the annual MDT rates showed a downward trend.

## Respect

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- HP14 Both external and internal areas were clean and well maintained. Staff-prisoner relationships were good. The personal officer scheme worked well but did not support sentence progression. The menus provided prisoners with a diverse range of meal options, except for those selecting halal meals. Wider diversity provision was developing, as was that for foreign national prisoners. Black and minority ethnic prisoners reported more negatively than white prisoners about a range of issues, and there was insufficient consultation to identify the causes of this. Faith provision was well integrated. Prisoners lacked confidence in the complaints system. Healthcare was improving. Overall, the establishment was performing reasonably well against this healthy prison test.
- HP15 External areas were clean and internal areas well decorated. Communal areas were well maintained. Prisoners were able to access showers regularly. A significant number of cells across the establishment designed for single occupancy were occupied by two prisoners. There were problems with ventilation in the hot weather. Opportunities for prisoners to access their own clothes were restrictive. There was an

- HP16 There were reasonable proportions of prisoners on the three levels of the incentives and earned privileges (IEP) scheme, and there was evidence of opportunities to amend poor behaviour before formal procedures were invoked. There was under-representation of black and minority ethnic prisoners on the enhanced level, and the scheme was perceived as unfair by a significant number of black and minority ethnic and Muslim prisoners. The IEP policy monthly scoring system had been inconsistently implemented.
- HP17 Staff-prisoner relationships were good. In groups, and prisoners commented favourably on staff support. The range of consultative arrangements was excellent and the actions taken as a consequence were publicised. Prisoner representatives were integrated into decision making.
- HP18 There was a good personal officer scheme. While personal officers did not routinely introduce themselves, prisoners were aware of who their personal officer was and most were confident that he or she would offer support when asked. Many personal history files showed evidence of personal officer engagement and knowledge. Although sentence planning targets were also available in the files, personal officers did not yet see supporting sentence planning as part of their role.
- HP19 Prisoners were provided with a diverse range of meal options, except for those selecting halal meals. Separate utensils were not used to handle food which could be served as a halal option. There was a good level of consultation with prisoners. There was poor supervision of the queue during meal times.
- HP20 The shop service caused widespread dissatisfaction. Prices were higher than in the community, and the contractor failed to supply replacement items when stock was unavailable. The establishment had worked hard to mitigate the impact of these failures.
- HP21 An up-to-date diversity policy had been produced, diversity representatives appointed and a bi-monthly committee established. Prisoners potentially requiring additional support were identified on admission but their needs were not always properly assessed and followed through. The facilities for prisoners with physical disabilities were limited. Older prisoners had been prioritised by the healthcare department and some progressive work had begun to be carried out to support gay prisoners.
- HP22 Black and minority ethnic prisoners reported more negatively than white prisoners about a range of issues. There was insufficient consultation to identify the causes of this, and a lack of responsiveness to underlying concerns. The race equality action team (REAT) meeting was attended by a range of departments and prisoner diversity representatives. The full-time race equality officer consulted regularly with prisoner representatives. The quality of racist incident report investigations was generally satisfactory and they were externally validated.
- HP23 The foreign national strategy had recently been revised. Foreign national prisoners reported more negatively than British prisoners on a range of issues, but work with this group was improving. The UK Border Agency conducted regular surgeries, as well as delivering training to staff to improve their understanding of immigration issues. The use of interpreters and telephone translation services had increased and

- HP24 Recent changes to the application system were complicated, there was no uniform system for issuing and receiving applications and few were properly tracked. Despite this, prisoners reported positively about applications. Prisoners lacked confidence in the complaints system and in some cases they feared repercussions if making a complaint. The standard of the replies which they received was poor.
- HP25 Legal services and bail information were excellent. A weekly legal advice drop in clinic was run by a local solicitor.
- HP26 The spiritual and pastoral needs of prisoners were well catered for. The multi-faith chaplaincy team had a high profile and was well integrated into the establishment. The chapel and multi-faith room provided suitable environments for worship. Chaplains participated in all ACCT reviews, some of which were held in the chapel. Prisoners had to apply in advance if they wanted to attend a religious service, which restricted access unnecessarily.
- HP27 Although there had been a lack of investment in health services by the commissioning primary care trust (PCT), health services had undergone a major overhaul and were showing signs of recovery. Clinical governance arrangements were reasonable and there was a good skill mix. Access to nurses and GPs was hampered by the poor applications system. Triage algorithms were available but not routinely used by staff. There were poor arrangements for on-call GP cover. Prisoners were unable to see a pharmacist and the inadequate current provider was being replaced. The dental surgery had been refurbished and the service was well supported by the provider arm of the PCT.
- HP28 The inpatient facility offered both local and regional beds. Mental health patients had a reasonable and therapeutic regime but those with physical health conditions were locked up for long periods and had an impoverished regime. The primary mental health crisis team struggled to meet the needs of prisoners, with a waiting list of over 60. The mental health in-reach team offered a good service and innovative group work to those with severe and enduring mental health problems.

## Purposeful activity

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HP29 The opportunities for prisoners to be engaged in some form of work or education had improved. The majority of prisoners had at least part-time occupation and many could access training. The learning and skills provision was satisfactory. The amount of time that prisoners spent out of their cell was relatively good. Association was reliable. There was reasonable access to the library. PE facilities were reasonable and well used. Overall, the establishment was performing reasonably well against this healthy prison test.

HP30 The prison's activity spaces were adequate for the existing roll but not for the planned expansion. The offender learning and skills service offered an average of 145 full-time places. Around 40% of the prison population attended education. There were 400 full-time workplaces, offering a range of employment, most of which provided some form

- HP31 The education department was well managed, and there had been an improvement in accommodation, resources and the quantity and quality of courses, as well as an increase in the number of places, since the previous inspection. A satisfactory range of provision was offered, but access to vocational training was inadequate for vulnerable prisoners. Most work areas had accredited provision. A wide range of opportunities to develop personal and social skills was offered, but their frequency of delivery was insufficient to meet need. The new vocational training centre provided good facilities to extend vocational training.
- HP32 Most teaching and learning was good. Prisoners were well supported by trained peer mentors in classrooms. Some prison officers had completed, and others were working towards, an initial teaching qualification to enable them to act as teaching assistants in classes.
- HP33 There was a new information, advice and guidance provider. The allocation process was underdeveloped, and not informed by accurate information to support planning. A large proportion of prisoners who completed their courses achieved their qualifications. Skill development, progress and standards of work were good.
- HP34 Prisoners spent an average of eight hours out of cell, although for the small number of prisoners who were unemployed and on the basic level of the IEP scheme this figure was considerably lower. During our roll checks, approximately 20% of prisoners were locked up during the day. The dispensing of methadone disrupted the regime but staff worked hard to reduce the adverse impact.
- HP35 Significantly more prisoners than at comparator prisons received association more than five times a week. The levels of engagement between staff and prisoners during association were reasonable, and good on the smaller wings. Exercise was not cancelled unless the weather was bad.
- HP36 Access to the library was reasonable, although those working in the new vocational training centre were not able to attend during the day. The library was accessible to those with mobility difficulties. The service was promoted at induction and just over 50% of the prison population were members. Regular events and displays promoted reader development, and books and other resources reflected the interests and needs of the prison community.
- HP37 PE facilities were reasonable, with a well equipped cardiovascular fitness centre and weights room, as well as a small but adequate sports hall. The range of PE sessions was good, and all prisoners had access to five sessions each week. 'Early bird' sessions had been set up for those in full time work. Sessions were available specifically for vulnerable prisoners, the over 40s and full-time workers. The prison also ran the 'Prisoners requiring extra strength, support under peer supervision' (PRESS UPS) course for prisoners with, or recovering from, mental health problems.

## Resettlement

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- HP38 The population needs' analysis and action planning had not been pulled together under a connecting strategy. The prison was appropriately focused on assessment and allocation. A risk and needs assessment was made for every prisoner held and relevant referrals made. Offender management arrangements were proactive. Some pathways had good provision but others were underdeveloped. Overall, the establishment was performing reasonably well against this healthy prison test.
- HP39 The resettlement action plan was reviewed at the quarterly committee meetings, but there was no strategy connecting the action plan with the identified needs of the population. A needs analysis completed the previous year had outlined significant gaps in resettlement provision for remand and short-term prisoners. Short-term courses had been identified for this group of prisoners but they were not adequately prioritised.
- HP40 The limited offending behaviour programmes offered were suitable for the population turnover and the focus was to move people on to suitable training prisons, although there were problems in transferring prisoners to establishments where relevant programmes were available. There was an appropriate emphasis on developing courses relevant to prisoners' reintegration needs, and the focus on resettlement (FOR) course had been introduced. Discharge boards were not held and there was limited consultation with prisoners to ascertain whether their resettlement needs were being met adequately.
- HP41 The offender management unit (OMU) provided risk and needs assessments and sentence plans appropriate to the wide range of prisoners held at the establishment. Sentence plans were in place and there were good levels of attendance by offender managers at sentence planning boards for those in scope of offender management. Offender assessment system (OASys) assessments on prisoners out of scope of offender management were completed within time limits. Prisoners sentenced to less than 12 months had a short-term sentence plan and unsentenced prisoners had a custody care plan to meet their resettlement needs. The policy to review any outstanding needs six weeks before release was not met. Copies of OASys plans were placed in wing files with the aim that staff would check they were being completed but without assigning specific responsibility for this; short-term sentence plans and custody care plans were not routinely shared with staff.
- HP42 Offender supervisors ensured that sentence plans were in place for prisoners serving an indeterminate sentence for public protection and that they moved promptly to achieve their sentence plan targets. They also facilitated appropriate moves to training prisons for life-sentenced prisoners.
- HP43 Categorisation processes were good. Allocation of category C prisoners to appropriate training prisons was hampered by the slow roll-out of IDTS and the limited availability of offending behaviour programmes in the region.
- HP44 Resettlement pathway leads had been identified and the resettlement action plan was reviewed at the quarterly resettlement committee meeting. Although there was a full-time Nacro housing officer, who assessed all sentenced prisoners declaring

- HP45 Links between learning and skills and offender management had not yet resulted in formal links with sentence planning. An information, advice and guidance service was available to all prisoners at induction but there was no formal access before release. The education, training and employment worker provided individual advice. The preparation for work course was only available to a limited number of prisoners. Some courses on offer helped with employment opportunities, such as self-employment options. The prison had links to community agencies.
- HP46 Prisoners were seen by a nurse in reception on the day before release and were provided with a useful discharge information sheet.
- HP47 An integrated drug and alcohol strategy had been informed by needs assessments, and there was a focus on developing alcohol services. The counselling, assessment, referral, advice and throughcare (CARAT) team was unable to offer much structured one-to-one work with prisoners. Structured group work interventions consisted of IDTS modules and the re-launched short duration programme. Voluntary drug testing was available to all prisoners, but a separate compliance testing compact had yet to be developed.
- HP48 The visits hall was pleasant and spacious but visitors had to queue outside without shelter, waiting for it to open. There was a bright, but unsupervised, play area for children. Access through the telephone booking line was limited. There were good initiatives for family days and coffee morning visits. The visits manager provided advice and assistance for prisoners, linking with statutory and voluntary organisations in the community.

## Main recommendations

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- HP49 The reception area should be redesigned and rebuilt to provide a suitable environment for the number and vulnerability of receptions.
- HP50 The use of closed-circuit television in first night, drug dependency and segregation unit cells should be reviewed and action taken to ensure appropriateness and proper governance of arrangements for their use.
- HP51 Managers should take steps to ensure that those reporting bullying or being bullied have confidence that their concerns will be taken seriously and responded to by the tackling anti-social behaviour (TAB) system.
- HP52 The measures for reducing the supply of drugs should be proportionate and related to specific intelligence.
- HP53 The consultative arrangements for prisoners should routinely engage black and minority ethnic and Muslim prisoners to address their more negative perceptions.

HP54 The planned expansion in prisoner numbers should not take place without a commensurate rise in the number of activity places.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

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

- 1.1 There were approximately 1,500 movements through reception each month. Prisoners were held in small, poorly ventilated holding rooms. The transportation of prisoners to court was well managed. All prisoners were handcuffed to walk the short distance to the escort vans. Documentation was appropriately checked. Some prisoners experienced long delays in being returned from court. Video links were well used.
- 1.2 Reception was profiled to remain open during the lunch period and accept the last prisoner at 7pm. There were approximately 1,500 movements through the reception area each month, which was challenging given the limitations of the environment (see section on first days in custody). Global Solutions Limited (GSL) was the escort contractor and we observed good communication and relationships between escort and reception staff.
- 1.3 Prisoners attending court were prioritised each morning. Those travelling a significant distance to court were brought down first and located in unlocked holding cells, which were small, poorly ventilated and had insufficient seats for the number of prisoners located in them. Vulnerable prisoners were located in separate locked cells at the back of the reception area and did not have the same level of access to staff as those located in the unlocked holding rooms. There was a good stock of clothing and shoes for prisoners who did not have appropriate clothing for court.
- 1.4 The management of prisoners going to and from court was handled jointly by escort and reception staff. Prisoner escort records were fully completed and checked by both sets of staff before prisoners were handed over. All prisoners were strip searched in and out of the reception area. All were handcuffed to walk the short distance to the escort van. We were told that this was routine, owing to the close proximity to the external wall. The handcuffs were removed for the journey, except for those prisoners who were considered an escape risk, who remained handcuffed during the journey.
- 1.5 In our prisoner groups, most prisoners told us that they had not travelled significant distances or experienced delays in disembarkation from escort vans, although in our survey, 7% of prisoners (compared with 4% at comparator prisons) said that they had spent more than four hours in the van. The cellular vehicles we looked at were clean and held refreshments. In our survey, prisoners' responses were similar to the local prisons comparator regarding their safety, the attention paid to their health needs during the journey, the frequency of toilet breaks and treatment by escort staff. Reception staff were notified when court cases had concluded. However, prisoners experienced significant delays at court. For example, during the inspection a court case concluded at 12.30pm but the prisoners still had not arrived at the establishment at 3pm. We were told by reception staff that this was common.

- 1.6 The establishment had a large video-link suite located in a prefabricated building behind reception, which reception staff supervised alongside an operational support grade. The facilities were well used for court appearances and inter-prison visits.

## Recommendations

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- 1.7 Managers should work through the local Criminal Justice Board and court users groups to ensure that prisoners are returned from court in a timely manner.
- 1.8 Vulnerable prisoners should be routinely checked while held in locked holding rooms in reception.

## First days in custody

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### 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.

- 1.9 The reception area was a poor and unsuitable environment to deal with the number of prisoners going through it. Staff dealt with new receptions well and respectfully. Prisoners were searched in a private cubicle and were offered showers. All first night cells had cameras but prisoners were not informed of this before being located there. The two induction staff did not have capacity to deliver the published regime for the first night centre, and prisoners spent a significant period of time locked up.

## Reception

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- 1.10 The reception area was a poor and unsuitable environment to deal with the number of prisoners currently going through it, and this would be exacerbated by the projected further rise in prisoners being sent to the establishment. The area had been redecorated and contained up-to-date information about the establishment. Six staff worked in reception, including a senior officer, and five prisoners were employed there, including a Listener and an Insider. Reception staff had worked there for some time and were aware of the limitations of the environment; they attempted to mitigate this by staggering the number of prisoners located in reception at any one time, but this was not always possible.
- 1.11 Staff dealt with the limitations of the environment well and new receptions were treated respectfully, particularly those who were seeking vulnerable prisoner status, and demonstrated a good knowledge of the establishment's vulnerable prisoner policy. In our survey, significantly more prisoners than the comparator said that they had been treated well or very well in reception (71% compared with 58%).
- 1.12 Two interview rooms had been built into the reception area since the previous inspection and were used for the first time during the inspection. Cell sharing risk assessments were completed in these rooms, and prisoners were seen by health services staff in another private office. Prisoners were searched in a private cubicle and offered a shower. In our survey, 63% of prisoners, against the 33% comparator, said that they had been given the opportunity to

- 1.13 Prisoners were finally located in a large unlocked holding room, with good sight lines, and in which a range of information was displayed on the walls and on the television in a variety of languages. Prisoners returning from court could use the telephone located in this holding room. We were told by the Listeners in reception that they introduced themselves to all prisoners who were new to the establishment. Conversely, reception staff told us that new receptions could only have access to a Listener if they requested it.
- 1.14 There were no designated staff to collect prisoners from reception and locate them on the wings but there was good collaboration between staff to facilitate these movements. On one evening during the inspection, we spoke to a group of prisoners who had been in reception for over two and a half hours, arriving in the first night centre after 8pm. They confirmed that they had been offered an evening meal and were in receipt of a reception letter that that was issued to all new prisoners.

## First night

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- 1.15 Most prisoners were located on D4 wing for their first night. Those who required detoxification treatment underwent their first night assessment on D4 and were then located on the C1 drug dependency unit (DDU). Vulnerable prisoners were located on C2.
- 1.16 All prisoners were interviewed by an officer and a first night assessment was completed. When prisoners arrived late in the first night centre, staff were drafted in from the other wings to assist with the completion of the assessment and escorting prisoners to the DDU. Although the assessment comprised a standard set of questions, the two we observed did not go through all the same questions and one was rushed; however, the latter prisoner had been in custody before and his immediate needs were addressed. All prisoners were asked if it was their first time in prison, if they had any feelings of self-harm and if they had any gang affiliations. On the evening we visited the first night wing, owing to the late hour at which prisoners had been taken there, they were not able to meet the Listener and Insider who were located there. In our survey, 78% of prisoners said that they had felt safe on their first night, against the 73% comparator. Fewer black and minority ethnic prisoners, foreign national and Muslim prisoners than their counterparts felt safe on their first night.
- 1.17 All prisoners were issued with a starter pack which contained the induction booklets, a hygiene pack and a diary. Most prisoners were given a £1 credit to make a telephone call. Prisoners who needed to call abroad were unable to do so after 4pm, as the PIN telephone clerk was not available after this time to facilitate it.
- 1.18 All prisoners were given the opportunity to purchase a grocery pack, tobacco and extra telephone credit up to a total of £12.50. Prisoners who arrived without any money could purchase telephone credit and a smaller grocery pack or tobacco, and the prison would recoup the money once prisoners had started work or education. If prisoners missed the submission of prison shop forms on a Sunday, an emergency form could be faxed to DHL and the delivery would arrive with the main shop delivery on the following Tuesday evening.

- 1.19 Prisoners on D4 wing were located in reasonably clean, prepared cells, although one had offensive graffiti on the notice board (see recommendation 2.32). All first night cells had cameras but prisoners were not informed of this before being located there. The purpose and governance of camera cells, not only on the first night centre but across the establishment, were unclear. Staff told us that it offered prisoners reassurance that they were being monitored during their first night, but the monitors were not regularly observed.

## Induction

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- 1.20 The induction programme started on the first day after reception. Each prisoner was given two induction booklets outlining the induction timetable but they did not reflect the way in which aspects of the induction programme were delivered and the documents were available only in English. The two induction staff interviewed all new receptions to assess their first night in prison, answer any questions and accept applications.
- 1.21 Prisoners who had been at the establishment, or at another prison, recently were fast-tracked after seeing the relevant agencies. This part of the induction programme was uncoordinated and, at times, chaotic. Many of the agencies arrived at the same time and conducted their interviews with prisoners in the doorway of their cell or on the landing, and they were rushed. During the inspection, probation staff left letters for prisoners whom they had not been able to see, containing their contact details. However, in one cell we went into, the prisoner had already moved on to another wing and had not received the letter. Induction staff kept evaluation sheets from prisoners after completing the programme, and many of them rated their contact with the different agencies and staff as poor. None of the evaluation forms had been analysed.
- 1.22 Prisoners in custody for the first time received a citizenship talk, which provided a reasonable overview of the rules and regime, and saw a Listener. In our survey, 10% of prisoners, against the 29% comparator, said that they had had access to a Listener or Samaritan within a day of arrival. Prisoners who did not have access to a Listener in reception and who did not require a full induction would have little opportunity to see a Listener.
- 1.23 Prisoners spent a day completing the induction programme and, unless there were further needs to be addressed, were then moved to other wings. The two induction staff did not have capacity to deliver the published regime for the first night centre, and prisoners spent a significant period of time locked up.

## Recommendations

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- 1.24 Prisoners should be moved from reception to the wings as soon as the essential interviews have taken place, and their should be designated staff to facilitate this.
- 1.25 Prisoners should have access to a Listener on the wing where they spend their first night, regardless of the time that they arrive there.
- 1.26 The first night assessment should be delivered consistently and prisoners should be required to answer all of the questions.
- 1.27 All prisoners should have the opportunity to make a telephone call on their first night to notify someone of their whereabouts.
- 1.28 The induction booklets should be available in a range of languages.

- 1.29 Agencies should see prisoners in a private space and the meeting should be appropriately sequenced; prisoners should be clear about who they will be seeing and when.
- 1.30 The regime on the first night centre should be adhered to and prisoners there unlocked for the same periods of the day as prisoners elsewhere in the prison.

### Housekeeping point

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- 1.31 The induction evaluation forms should be analysed, and where necessary the programme should be amended or developed.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

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

2.1 External areas were clean and internal areas well decorated. Communal areas were well maintained. Prisoners were able to access showers regularly and most were in a good state. A significant number of cells designed for single occupancy were occupied by two prisoners, and ventilation was poor. Opportunities for prisoners to access their own clothes were restrictive. The reintegration unit offered good support and advocacy for a range of prisoners, with clear pathways to other accommodation. Mail was handled efficiently and security arrangements were proportionate. There was an adequate number of telephones but some had been out of order for some time and some did not have privacy hoods. The cost of telephone calls was excessive.

## Accommodation and facilities

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- 2.2 The cells and communal areas were in a good state of repair, particularly in light of the age of the buildings. There was good natural light in cells and all areas were subject to a regular decorating programme. Some graffiti was found on D wing, the first night unit and second stage accommodation; in the last case, the graffiti was of a racist nature and had not been removed during cell fabric checks.
- 2.3 The cells we observed were adequate. Too many prisoners were sharing cells designed for one, although these were large enough to accommodate furniture for two people. Facilities for prisoners with disabilities or mobility problems were limited (see section on diversity). Those who were on the escape (E) list or at high risk on the cell sharing risk assessment did not share cells. Cells were not designated as smoking or non-smoking, but efforts were made to ensure that non-smokers shared. We saw evidence of non-smokers being given their own cell when there were no other non-smokers with whom to share, but were told that this could only happen when numbers allowed. The vents of the windows were clogged with dust, and even when clean did not allow sufficient fresh air to circulate during hot weather. Prisoners told us that the temperature varied in the winter, with one side of the wings often warmer than the other. Toilets were screened by shower curtains, although prisoners believed they were required by staff to have the curtain drawn back when not using the toilet. This meant that they were drawn back when men ate in their cell.
- 2.4 Fire evacuation lists in residential offices named prisoners requiring assistance in the event of a fire. Although there was no way to identify the nature of individual prisoners' disabilities, or the specific assistance they required, staff we spoke to knew the individuals named and the help they needed. However, this was not a reliable system, as it would not inform guest staff working on the wing, and also was not comprehensive. At least one prisoner had been identified as requiring a personal evacuation plan but did not have one and was not named on the fire evacuation plan.

- 2.5 The combination of prisoners located on C2 made it difficult to manage (see section on bullying and violence reduction). Prisoners vulnerable by virtue of their offence were co-located with prisoners who were seeking protection from debts incurred on the wings, and the latter group were involved in bullying the former (see section on violence reduction). The prisoners on C2 felt that they had a disrupted day, as they were locked up whenever other prisoners moved on and off the other wings. There was an attempt to ensure that they had more time out of their cells overall to compensate. When there were too many vulnerable prisoners to be located on C2, prisoners were located on C3, which added to the complications of managing meals and association for these vulnerable prisoners.
- 2.6 The unit on A2, which was the reintegration unit, was a purposeful and supportive environment in which the most challenging prisoners were encouraged to take the steps necessary for them to live among their peers (see section on self-harm and suicide). Moves to other units took place after multidisciplinary care planning, and with targets and reviews built in. The environment was clean and calm and the floor carpeted, with soft furnishings in the association area. At the time of the inspection, only one of the prisoners located on A2 was receiving support from the mental health services, indicating that it was offering a real alternative to prisoners who were vulnerable and in need of additional support.
- 2.7 All prisoners had access to drinking water in the residential areas, as well as in-cell toilets and sinks. There had been problems accessing drinking water in work areas, which had been a particular problem during the hot weather. Kettles were provided in-cell, irrespective of privilege level, allowing hot drinks to be prepared at any time.
- 2.8 Not all in-cell emergency cell call bells were answered within five minutes. During the inspection, on Tuesday night, when shop orders were being distributed, cell call bells rang for long periods, with no response from staff. Prisoners were clear that the call bells were for emergencies only but said that it was sometimes confusing, as they were required to ring their bells to alert staff to the fact that they wanted to go out on exercise or other activities.
- 2.9 Prisoners did not have any way of securing their private possessions. Safes had been bought but not yet installed. Given that cell doors were left unlocked on association, it was surprising that there were not more instances of theft.
- 2.10 Observation panels in cell doors were generally free from obstruction. We could see into cells during our night visit, and staff were clear about what they expected from prisoners and how they would deal with any cells that were obstructed.
- 2.11 All prisoners on the standard or enhanced levels of the incentives and earned privileges (IEP) scheme had televisions in their cells, unless located in the segregation unit. There were no problems accessing replacements when needed.
- 2.12 An offensive display policy document had been issued in June 2009, and staff and prisoners we spoke to were aware of what was considered acceptable. Although this included 'page 3'-type pictures, these were in evidence on cell walls.
- 2.13 Communal areas were in good condition, and kept so by regular maintenance and cleaning. The showers were in a particularly good state, given their age, although were not easily accessible for prisoners with mobility difficulties. Staff maintained a high profile when prisoners were out of their cells, and all landings were patrolled during association periods.
- 2.14 There was a wide variety of up-to-date notices in all residential areas. These were often in pictorial form, as well as written. Despite this, there was feedback at the June 2009 prisoners'

- 2.15 The prisoner consultative committees held were well established and discussed issues of concern. The minutes were comprehensive and displayed on the wings. Actions were either completed or an explanation was given as to why not. The prisoner representatives had recently suggested giving forms to prisoners so that they could note down their comments and concerns and have them discussed at the meetings. These were in the process of being issued.
- 2.16 There were also consultative meetings with particular groups of prisoners, to establish areas of concern for them. During the inspection, the second meeting for vulnerable prisoners took place and there had also been meetings for the gypsy, Romany and travellers group, and gay prisoners (see sections on diversity and race equality).
- 2.17 Residential units were calm and well ordered during patrol states in the day and at night. In our survey, a similar number of prisoners to the comparator said that it was normally quiet enough for them to relax or sleep in their cells at night, but this was fewer than at the time of the previous inspection (63% compared with 69%). Prisoners in our groups said that the best way to attract the attention of staff was to play music too loudly, indicating a low tolerance to inconsiderate levels of noise.
- 2.18 Prisoners were allowed to send as many letters as they wished. Convicted prisoners were allowed one free letter a week and remand prisoners were allowed two. Foreign national prisoners could apply for free airmail letters in lieu of visits. In our survey, 33% of prisoners said they had problems sending or receiving mail, against the 42% comparator.
- 2.19 A high level of mail entered and left the prison, at about 600 items a day. Mail was delivered every day except Sunday but was not collected on a Saturday. A letter posted by a prisoner on a Friday afternoon would not be sent until the following Monday at the earliest. All mail was delivered to the wings by lunchtime and collected in the morning.
- 2.20 The mail office clerks were issued daily with a list of prisoners whose mail was restricted for public protection reasons and other security concerns. They were trained to examine the letters that these prisoners received and sent, for any material which might indicate a risk to the public or prison security. Besides this, one letter in 20 was opened and read by the mail office staff. Staff followed Prison Service guidelines on mail from legal advisers and other official sources. In cases where these were opened inadvertently, prisoners were advised by a written note on the item and the error was logged. In our survey, 33% (against the 43% comparator) said that their legal correspondence had been opened.
- 2.21 Prisoners were provided with a PIN on the first night centre and their telephone numbers were added once any public protection concerns had been checked. In most cases, prisoners could make calls within 24 hours (see section on first night). In our survey, 26% of respondents said that they had a problem accessing telephones, which was lower than the 31% comparator.
- 2.22 Prisoners could use telephones during association and domestics periods. We did not observe any queues for telephones during association or during the day. There were generally enough telephones on each wing (one telephone for 15 prisoners), but not all had privacy hoods and access was hampered when they were broken; at the time of the inspection, three telephones on B wing had been out of order for some time, despite being reported. There were printed notices on telephones, with information for prisoners about monitoring arrangements and a range of useful contact numbers for advice services, Samaritans and helping organisations.

## Clothing and possessions

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- 2.23 Only prisoners on remand and the enhanced level of the IEP scheme were allowed to wear their own clothes, but the mechanics for accessing these were so restrictive that most chose to wear prison clothing. Anyone wanting to wear their own clothes had to have three sets. They had a limited period of time to get clothing sent in, but once this window had passed, any further clothes had to be bought through the prison catalogue system, which was expensive.
- 2.24 Prisoners were positive about access to clean clothing of the right size and quality. In our survey, a similar number to the comparator said that they were offered clean, suitable clothes for the week. We saw kit run short on one kit exchange night, but the orderly took a note of those who were short and replaced their kit the following day.
- 2.25 Wing laundries were run by an orderly and operated effectively. There were few complaints about broken equipment, but orderlies told us that repairs were often delayed. Prisoners could iron their own kit on the wings.
- 2.26 The reception systems for storage and retrieval of property were good. Property was held securely and prisoners could access it at the weekend following an application. Although there were complaints about lost property, much of this occurred during transfers in and out, rather than property being lost at Preston. Valuable property was not security marked. Makes and models were noted on the property cards but that was the only way to identify items. Reception staff noted an amount next to valuable property, which the prisoner agreed at the time of it being logged. This was then used as the basis for any compensation claim. Complaints staff were slow to respond to requests for compensation and it took a long time for issues to be resolved.
- 2.27 There was no generic list detailing the possessions allowed for local prisons. In contrast to other prisons, however, we received few complaints that items allowed elsewhere were not allowed at Preston. Volumetric property arrangements were used proportionately. Few prisoners' cells contained much property, even for the longer-term prisoners.
- 2.28 Supermarket plastic carrier bags were available on discharge for those with a small number of items to carry. Holdalls were available for those needing them. Prisoners could apply to have clothes laundered in reception, either on arrival before storage or in preparation for court or release. They signed a disclaimer and the washing was then done by the reception orderlies.

## Hygiene

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- 2.29 There were no issues with prisoners having access to cleaning materials or time to clean cells. In our survey, a similar number of prisoners as the comparator said that they normally received cell cleaning materials each week. There was an opportunity daily for those who were unemployed or in part-time work to clean their cells. Communal areas were kept clean.
- 2.30 Communal and in-cell toilets were available and there were showers on the wings. Anyone requiring a bath had to go to the healthcare department. The showers, with the exception of those upstairs on G wing, were in a good state of repair and kept clean. Prisoners reported no difficulties with access. In our survey, 83% said they were able to have a shower every day,

- 2.31 All prisoners were issued with freshly laundered bedding on the first night unit, and sheets were cleaned weekly thereafter. The system for replacing mattresses had recently been tightened, requiring mattresses to be condemned before any replacements could be ordered. The stores staff said this had cut by half the number of mattresses they issued. No duvets were allowed at the time of the inspection, although they were to be added to the privileges list following a request from the consultative committee. Curtains had recently been made locally and installed at all cell windows.

## Recommendations

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- 2.32 Staff should specifically look for graffiti when conducting cell fabric checks and ensure that it is removed. Any graffiti of a racist nature should be reported on a racist incident report form and investigated.
- 2.33 Cells designed for one prisoner should not accommodate two.
- 2.34 Cell ventilation should be improved.
- 2.35 The vulnerable prisoner population on C2 should be carefully managed and the numbers kept under control, so as to avoid any overspill onto other landings.
- 2.36 The automated cell call bell system should be monitored by residential managers and action taken when cell bells are not answered swiftly.
- 2.37 Prisoners should be able to secure valuable items in their cells.
- 2.38 Prisoners on the standard as well as enhanced levels of the incentives and earned privileges (IEP) scheme should be allowed to wear their own clothes.
- 2.39 The current restrictions on receiving clothes should be relaxed and replacement clothing allowed to be received from families, as well as purchased.
- 2.40 Telephones should be repaired within 24 hours of being reported as out of order.
- 2.41 The shower upstairs on G wing should be refurbished.
- 2.42 Arrangements should be made for mail to be collected from the prison on Saturdays.
- 2.43 Privacy hoods should be fitted to all telephones used by prisoners.
- 2.44 Charges for telephone calls should be equivalent to those for domestic lines.

## Housekeeping points

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- 2.45 Curtains should be drawn around toilet areas when prisoners eat in their cells.
- 2.46 The offensive display policy should be enforced consistently.
- 2.47 Notices in residential areas should be available in languages other than English.
- 2.48 Valuable items should be security marked.
- 2.49 Duvets should be allowed under the IEP scheme.
- 2.50 Requests for compensation should be dealt with promptly.

## Good practice

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- 2.51 *The reintegration unit offered a supportive environment and planned integration onto larger wings, as well as relieving pressure on mental health services.*

## Staff–prisoner relationships

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### 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.

- 2.52 Staff–prisoner relationships were good. Most staff treated prisoners with respect, and staff support was good. There was a wide range of consultative arrangements and the actions taken as a consequence were publicised.
- 2.53 Most staff we spoke to were clear that their role was to support prisoners during their time in custody, ensure the security of the prison and respond to day-to-day queries and needs. There was little or no awareness among residential staff that they could also play a key role in reducing reoffending and supporting prisoners in completing sentence planning targets, other than in relation to behaviour on the wings.
- 2.54 Staff did not talk about the importance of modelling the behaviour they expected, but, in fact, mostly did so, and spoke respectfully to and about prisoners. Prisoners were positive about the way that staff behaved and spoke to them and we observed mostly constructive and courteous conversations and interactions. Only 21% of staff had undergone formal pro-social modelling, but the majority were fair and considerate in their dealings with prisoners and each other. The use of titles, first names and nicknames was common and many prisoners also knew staff by name. In our survey, significantly more than the comparator said that most staff treated them with respect (81% compared with 68%) and those considering themselves to have a disability were even more positive, at 90%. Significantly more than the comparator said they had a member of staff they could turn to for support (82% compared with 66%).

- 2.55 While we occasionally observed staff being curt with prisoners, we mostly saw a high level of engagement and interaction. Staff dealt with issues that prisoners brought to them, where possible, rather than being dismissive or encouraging them to use application forms. Senior managers had a high profile, both on a day-to-day basis and also in consultative meetings, and prisoners felt able to express their views.
- 2.56 Staff did not always knock before entering cells but were respectful in explaining why they were entering. We observed some fabric checks, which were carried out respectfully.
- 2.57 There was reasonable encouragement to attend activities and staff worked hard to ensure that the regime ran to schedule.
- 2.58 Staff were generally good at explaining the standards of behaviour expected of prisoners and enforcing rules through personal interaction, rather than warnings under the IEP scheme. Wing files showed evidence of prisoners being given a chance to amend poor behaviour before formal warnings were given. The supervision of the meal queues was an exception to this (see section on catering).
- 2.59 There was a good level of appropriate responsibility given to prisoners. The use of peer supporters was developing and some of these were full-time paid posts. The consultative committees carried credibility and prisoner representatives were seen by their peers as having a voice. Prisoners engaged in decisions which affected them, such as sentence planning and work allocation. Peers made suggestions about how their services could be improved, and these were acted on.

## Personal officers

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### Expected outcomes:

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

- 2.60 There was a good personal officer scheme. More prisoners than at comparator prisons said that they had a personal officer and that they found them helpful. In many wing history files there was evidence of personal officer engagement and knowledge. Sentence planning targets were also available in files but personal officers did not consider engagement with prisoners about sentence progression as part of their role.
- 2.61 In our survey, significantly more prisoners than the comparator (50% versus 41%) said that they had a personal officer and significantly more (71% versus 63%) said that they found them helpful. Although personal officers did not routinely introduce themselves, most prisoners could name their personal officer and cited examples of issues that they had been helped with. Personal officers were allocated alphabetically. Although this meant that caseloads were not distributed evenly, it ensured consistency of personal officer while prisoners were on the same wing, and there was a good level of reliability. All prisoners had two personal officers allocated, to ensure continuous cover.
- 2.62 Personal officers we spoke to showed a good level of knowledge about the prisoners in their care, and most were aware of personal circumstances, as well as wing behaviour. The issues they helped prisoners with ranged from simple checks of accounts to contacting families to

- 2.63 Most of the wing files we read though showed weekly entries, demonstrated good knowledge of the individual and followed through outstanding issues, either prison based or with families. When weekly entries were missed or the quality was poor, this was picked up through management checks and rectified by staff. However, although sentence planning targets were included in the wing files and available for personal officers to see, they did not consider it to be part of their role to follow these up or see whether prisoners had concerns about their reintegration into the community.

## Recommendations

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- 2.64 All personal officers should introduce themselves to those on their caseload as soon after arrival as possible.
- 2.65 The role of the personal officer should be extended to support prisoners in achieving targets set, following up referrals and supporting reintegration back into the community.

## Good practice

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- 2.66 *The alphabetical allocation of prisoners to personal officers was simple, effective and led to consistency for prisoners.*

## Section 3: Duty of care

### Bullying and violence reduction

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#### 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 There was a comprehensive violence reduction strategy, which was informed by a local safer custody survey completed in August 2008. The local survey highlighted that most of the respondents felt safe, but two-thirds regarded the tackling anti-social behaviour (TAB) system to be ineffective. Significant work had been undertaken to address some of the areas of concern expressed by prisoners but black and minority ethnic and Muslim prisoners were more negative about their current feelings of safety. The quality of recording in TAB booklets was poor. Very few alleged perpetrators progressed to stages two and three of the TAB system. Not all unexplained injuries came to the attention of the violence reduction coordinator.
- 3.2 There was a comprehensive violence reduction strategy, which was informed by a local safer custody survey completed in August 2008. It included the establishment's strategy for tackling anti-social behaviour and violence, as well as improving the knowledge and confidence of staff and prisoners in the violence reduction measures.
- 3.3 The local safer custody survey had been distributed to all prisoners and had had a response rate of 35%, of which 14% were black and minority ethnic prisoners. It highlighted that most respondents generally felt safe, but that they felt most unsafe in areas such as the visits waiting room, and during such activities as association and moving between wings. Prisoners' responses to their feelings of safety at the time our survey was conducted were similar to the comparator. Despite some of the measures in place, black and minority ethnic and Muslim prisoners were more negative than their white and non-Muslim counterparts, respectively, about their current feelings of safety (30% versus 16%, and 46% versus 14%, respectively). Managers could not identify any specific issues that might have contributed to these groups of prisoners feeling less safe.
- 3.4 A violence reduction committee met monthly and was chaired by the head of safety, decency and diversity and was attended by relevant staff from across the establishment. The full-time violence reduction coordinator prepared a comprehensive report regarding incidents of bullying, investigations of unexplained injuries and an overview of emerging trends of violence and bullying. Significant work had been undertaken to address some of the areas of concern expressed by prisoners. Staff training in tackling anti-social behaviour (TAB) was delivered to all new inductees, and at the time of the inspection 45% of uniformed staff and a significant proportion of non-uniform and non-prison staff (79% and 62%, respectively) had received training. Staff were present during movements to activities but they were not always located at the gates of the wings, where up to 40 prisoners could be located at any one time, waiting for activity movements to start.
- 3.5 The establishment operated a three-stage TAB system. Stage one consisted of covert monitoring for a period of seven days; stage two resulted in a review of the prisoner's IEP level

- 3.6 Prisoners were informed about the TAB system as part of the induction programme, and regular safety forums were held with a random selection of prisoners, to discuss and address their safety concerns. The violence reduction coordinator attended prisoners' consultative committee meetings and made himself available at the end of each meeting for prisoners to discuss any issues privately.
- 3.7 There had been 302 TAB booklets opened in the year to date, 142 of which were support booklets for victims of bullying. Of the 160 booklets opened for alleged perpetrators, only four had progressed to stage two, and three to stage three. Most booklets had been opened on C wing (111), the largest wing, followed by B wing. Of those opened on C wing, 40% (45) concerned prisoners located on the C2 landing, which held a maximum of 64 prisoners. Action was being taken regarding the high number of TAB booklets opened on the vulnerable prisoners unit, particularly as bullying was resulting in incidents of self-harm. The combination of prisoners vulnerable by virtue of their offence and those escaping debt on this landing was a significant challenge in offering a safe regime. Steps were being taken to ensure that those prisoners who sought protection owing to debts had their location on the wing reviewed if they became subject to TAB measures. Additionally, an assessment, care in custody and teamwork (ACCT) support group was run on C2 owing to the level of self-harming (see section on self-harm and suicide), some as a result of bullying.
- 3.8 The quality of recording in TAB booklets was poor and reflected the fact that alleged perpetrators were merely watched. Little was recorded about prisoners' behaviour or who they associated with. In some instances, there was further evidence indicating that a prisoner might be involved in bullying, but this did not result in any action being taken. Prisoners we spoke to, particularly on C2 landing said that the TAB system was poor and they perceived there to be little or no action taken against known bullies. Two-thirds of respondents to the local safer custody survey (see above) also regarded the TAB system to be ineffective, citing continuing victimisation and staff not caring as reasons.
- 3.9 The quality of the investigations and recording in TAB booklets was discussed at the violence reduction meetings, and the violence reduction coordinator had redesigned the booklets to encourage staff to produce more comprehensive information about prisoners. A presentation about anti-social behaviour had been developed by the coordinator and there were plans to use it as an intervention for alleged bullies. A free telephone number was available for use by prisoners and family and friends to report any incidents. The violence reduction coordinator told us that approximately 20 prisoners had used this line to report incidents of bullying.
- 3.10 Unexplained injuries were well investigated by the violence reduction coordinator, but there were some difficulties in obtaining the F213 forms (the form used to report injuries to prisoners) and only nine unexplained injuries had been reported to the violence reduction coordinator in the year to date, compared with 43 in 2008. When we cross-referenced these with the list held by the healthcare department, some had been investigated by the violence reduction coordinator or as a TAB investigation, but many had not come to the attention of the violence reduction coordinator to be investigated.

## Recommendations

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- 3.11 The supervision of prisoner movements to activities should be reviewed, to ensure that they are supervised in the holding areas appropriately.

- 3.12 The co-location of poor copers and vulnerable prisoners on C2 should be reviewed to ensure that prisoners are being held safely, that vulnerable prisoners are not being victimised and that prisoners displaying anti-social behaviour are challenged and their location on C2 reviewed.
- 3.13 The violence reduction coordinator should investigate all unexplained injuries.

## Self-harm and suicide

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### 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.

- 3.14 There was a comprehensive suicide prevention and self-harm strategy that reflected the assessment, care in custody and teamwork (ACCT) process and the establishment's holistic approach to supporting prisoners at risk of self-harm. Too few staff were ACCT trained. ACCT documents contained good assessments and care plans were detailed, and reviews were multidisciplinary. The approach to the management of prisoners on open ACCT documents or who had self-harmed was integrated, creative and responsive to the needs of prisoners. Near-death incidents were well investigated, but death in custody action plans were only reviewed informally.
- 3.15 Suicide prevention and self-harm management was strategically managed by the head of safety, decency and diversity, and operationally delivered by the suicide prevention coordinator (senior officer) and violence reduction officer. There was a comprehensive suicide prevention and self-harm strategy, which reflected the ACCT process and the establishment's holistic approach to supporting prisoners at risk of self-harm. The continuing improvement plan, overseen by the suicide prevention coordinator, reflected the work that was being undertaken, as well as planned actions. This was reviewed regularly at the safer custody committee meeting, which was well attended by a range of staff and managers, including good representation by the health services and mental health team. The monthly safer custody meeting had a good strategic overview of the levels of self-harm and potentially high-risk groups were monitored.
- 3.16 There had been no deaths in custody since the previous inspection. A total of 196 ACCT documents had been opened in the year to date, which was consistent with the equivalent period in 2008, and there were 19 open at the time of the inspection. There were 44 ACCT assessors across the establishment, who were accessed on a rota basis. Only 73% of staff had been ACCT trained. The safer custody coordinator told us that priority had been given to national training events, so it had not been possible to deliver any ACCT training, and was concerned that so few were trained. This featured as a priority in the improvement plan.
- 3.17 The ACCT documents that we reviewed contained good assessments, and care plans were detailed. ACCT reviews were multidisciplinary and in most cases there was representation from the mental health team and, where relevant, a member of staff from the offender management unit, the chaplaincy and unit managers. The plans established were well

- 3.18 In one ACCT review we observed, all the staff present had an understanding of the prisoner and made useful contributions to the meeting, while allowing the prisoner to have some control of how his care and support would proceed.
- 3.19 Contact with family and friends was always considered during the ACCT process and there was evidence that calls to families and friends had been facilitated by wing staff and the chaplaincy team. We were told by the suicide prevention coordinator that on two occasions they had organised an ACCT review to take place immediately after a prisoner's social visit, so that family members could contribute to the process and provide support to the prisoners.
- 3.20 The approach to the management of prisoners on open ACCT documents or who had self-harmed was integrated, creative and responsive to the needs of prisoners. The crisis intervention team, consisting of two mental health nurses, were often contacted by staff when there were significant concerns about a prisoner. They undertook assessments and identified any issues that were relevant to the overall ACCT process. Prisoners with more complex needs that might require longer-term intervention were located on the reintegration landing, where they received more one-to-one support and, where appropriate, medical intervention and group work. Prisoners' subsequent reintegration back onto normal location was monitored and well managed.
- 3.21 There had been 175 incidents of self-harm in the year to date, and some prolific self-harmers were held at the establishment, mainly on the reintegration landing. Most self-harm incidents occurred on the A2 landing, followed by C2 and C1. The violence reduction coordinator and safer custody staff were located in the same office, and communication between them was good, enabling them to identify incidents of bullying that were contributory factors to prisoners self-harming. Because of the high levels of self-harm on C2, and the restricted access to activities experienced by prisoners located there, an ACCT support group had started running on the wing; this had previously been run on the main locations for over two years. Prisoners located on the A2 landing and in the healthcare department, as well as any vulnerable prisoners on main location, could access the 'prisoners requiring extra strength, support under peer supervision' (PRESS UPS) course, run in collaboration with the gym and the mental health team (see section on health services).
- 3.22 Prisoners who had been involved with the safer custody team spoke positively of the help that they had received. When we discussed their ability to access Listeners, they expressed reluctance about speaking to Listeners and concerns about the level of confidentiality. Although, in our survey, prisoners said that they could speak to a Listener, black and minority ethnic, foreign national and Muslim prisoners were more negative than their counterparts about access.
- 3.23 There was an effective Listener scheme, comprising 21 Listeners. We met a group of them, and they told us that they felt supported by the Samaritans and by staff. Listeners attended the safer custody meeting and were accessed at night on a rota basis, which they said was largely adhered to by night staff. There were four care suites. Listeners located on A2 and C2 said

- 3.24 There were eight safer cells on main location, and all cells in the healthcare department contained safer cell furniture and fixtures, but there was one designated safer cell. The three gated cells in the establishment were located on C1, the healthcare department and the segregation unit. There was no policy governing the circumstances in which they should be used. The use of camera cells was outlined in the safer custody policy, and relocation into these cells was considered for prisoners on open ACCT documents. This was seen by staff as an enhanced mechanism for monitoring prisoners or a de-escalation route for prisoners who had been on constant observations, but some prisoners located in camera cells did not require enhanced supervision.
- 3.25 During our night visit, there was a comprehensive handover between the staff, and night staff were trained in ACCT procedures, carried anti-ligature knives and were aware of the new arrivals and those who were on open ACCT documents. A set of night procedures was available and staff were clear about how to access Listeners.
- 3.26 There had been three near-death incidents in the year to date. The reports prepared were of a high standard, and the recommendations made were included in the improvement plan and were being implemented. The death in custody action plans were only reviewed informally by the head of safety, decency and diversity and a principal officer in the same department. Probation staff in the community and other relevant agencies were notified when an at-risk prisoner who had been, or was currently on, an open ACCT document was about to be released into the community. They were provided with a copy of the front sheet of the ACCT document and a copy of the care maps and reviews.

## Recommendations

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- 3.27 All staff who have contact with prisoners should be assessment, care in custody and teamwork (ACCT) trained.
- 3.28 Death in custody action plans should be formally reviewed.

## Applications and complaints

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### 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.

- 3.29 Recent changes to the application system had made it more complicated and potentially confusing. Despite this, prisoners seemed content with the way it worked. Prisoners were consistently negative about the way that complaints were dealt with, and they had little confidence that their complaints would be taken seriously. The standard of the replies which they received was poor.
- 3.30 The application system had been modified in April 2009, with the intention of making it more accountable and responsive. New carbonated forms had been introduced alongside the existing 'stand alone' ones. Although staff and prisoners had been issued with guidance about

- 3.31 Prisoners' views on the complaints system were consistently negative. Only 27% of those responding to our survey said that they were dealt with promptly. In our groups, several prisoners expressed a lack of confidence in the way that complaints were dealt with, and in some cases a fear of the repercussions that might occur if they made one.
- 3.32 There were complaint boxes on each of the residential areas, and complaint forms, including those for confidential access, were available next to them.
- 3.33 Approximately 60 formal complaints were made each month. Given the size of the population and the high turnover, this appeared to be a relatively low figure. Most related to matters such as property and transfers, but there did not seem to be a clear overall pattern. Complaints were logged centrally and monthly statistics were generated, providing a breakdown in all of the key areas. The statistics were emailed to all senior staff and discussed at the senior management team meeting. When there was evidence that a cluster of issues was being raised in complaint forms, an investigation was normally carried out. This had been done most recently when several prisoners complained about the way that they had been transferred to the prison.
- 3.34 The replies we examined had been returned within the relevant timescales. The tone of the replies was mostly curt and they seldom contained the amount of information that would be likely to satisfy the complainant.
- 3.35 There was no formal system for managers to check the quality of replies to complaints. An advice sheet for staff, about how to answer a complaint properly, had recently been introduced. It was too soon to judge if this had had a beneficial effect. Complaint boxes had recently begun to be emptied by a civilian member of staff instead of an operational support grade.

## Recommendations

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- 3.36 The application system should be amended to ensure that there are reliable methods of issuing, receiving and tracking applications across all the residential areas.
- 3.37 The complaints system should be altered to ensure that it is open and transparent. Replies should contain sufficient detail and be helpful.
- 3.38 The quality of responses should be routinely assured by managers and remedial action taken where appropriate.

## Legal rights

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### Expected outcomes:

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

3.39 Prisoners had good access to legal services and bail information. The legal services officers had been trained for their role and there was a weekly drop-in legal advice clinic. There was no cover for the legal services officers or bail clerk, and in the absence of the dedicated staff the service was not available.

3.40 The legal services department consisted of two legal services officers and a bail clerk, who were managed by the offender management unit. The legal services officers had been in post for approximately a year and had attended a pilot of the revised Prison Service legal services training in October 2008. The bail clerk had not received any formal training for the role. The legal services officers were discipline officers, and in addition to their primary role were detailed to cover other duties; as a result, they were only able to devote approximately 26 hours a week to legal services.

3.41 They interviewed all new receptions, including prisoners who were recalled, those returning from court with a change of status and those transferring to Preston from other prisons. In addition, prisoners could make an application to see them. They were normally able to see prisoners within 24 hours of arrival or application, but at the time of the inspection one of the officers was on long-term sick leave and the second had recently had leave, resulting in a backlog of approximately two weeks. The bail clerk also aimed to see all new remand or trial prisoners within their first 24 hours and was meeting this target at the time of the inspection. There was no cover for the legal services officers or bail clerk, and in the absence of the dedicated staff the service was not available.

3.42 A weekly legal advice clinic provided by a local solicitor had recently started. The clinic was advertised on posters displayed on notice boards.

3.43 Legal visits were available five days a week and could be held in private legal visits rooms.

## Recommendations

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3.44 The bail clerk should be trained for the role.

3.45 Additional staff should be trained in legal services and bail information, to ensure that the service is available in the absence of the dedicated officers.

## Good practice

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3.46 *A weekly drop-in legal advice clinic was provided by a local solicitor.*

## Faith and religious activity

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### 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.

- 3.47 The spiritual and pastoral needs of prisoners were well catered for. The chaplaincy team had a high profile and were well integrated into the life of the prison. Chaplains were accessible and made efforts to ensure that the needs of individuals from all backgrounds were properly met. The chapel and the multi-faith room both provided suitable environments for worship. Good use was made of the chapel to run various non-faith activities. Chaplains participated in a variety of different committees and played a prominent role in assessment, care in detention and teamwork (ACCT) reviews. Prisoners were required to apply in advance if they wanted to attend a religious service.
- 3.48 The chaplaincy team was coordinated by a minister from an ecumenical background and there were full-time Catholic and Methodist chaplains. At the time of the inspection, the Muslim chaplain worked 25 hours a week but this was shortly due to rise to 30 hours. There was a part-time chaplaincy assistant, and prisoners had access to a pool of visiting ministers, including Sikh, Buddhist and Hindu. The different chaplains worked well together. Each carried keys and took their turn on the duty rota.
- 3.49 A Roman Catholic mass was held each Sunday at 9am, and a church of England/Free service took place at 10am. Muslim prayers were held each Friday in the multi-faith room. Between 20 and 40 prisoners normally attended the Christian services and slightly fewer attended the Muslim service. The timings of these services were well advertised on each of the wings.
- 3.50 Prisoners who wanted to attend these services were required to put their name on a list the day before it took place, to ensure that security requirements were met. We were told that in a small number of cases this practice had resulted in some prisoners being prevented from attending.
- 3.51 There was a chaplain present in the prison every day and all prisoners were interviewed by a member of the chaplaincy team on the day after they arrived. They were given information about the support available, and those who followed a minority faith were put in touch with a suitable contact. These arrangements normally worked successfully, although at the time of the inspection the team were having difficulty finding a recognised faith representative to support a pagan prisoner. The chaplains also generally made sure that prisoners who required religious artefacts were able to access them.
- 3.52 The chaplains visited prisoners in all areas of the prison daily. This included the healthcare department and the segregation unit. Prisoners who were located on the C2 landing, who did not normally mix with others, had the opportunity to attend Sunday services. Arrangements were made to ensure that they arrived and departed from the services safely. Approximately 10 of these prisoners attended regularly.
- 3.53 The chapel and the multi-faith room were good facilities. Both areas were clean and well equipped, and the multi-faith room had a suitable area where prisoners could wash. Neither the chapel nor the multi-faith room, however, was accessible to prisoners with mobility problems.

- 3.54 The chaplains spent time on the wings every day and prisoners were free to approach them. Members of the team provided good support to prisoners who had personal problems or had received distressing news. In these cases, the individual would be taken to the chapel and one of the chaplains would spend time speaking to them privately or allow them to have some peace and quiet on their own.
- 3.55 A number of Bible study and meditation classes took place in the chapel during the week. A yoga class and victim awareness course were also run there.
- 3.56 The family links worker (see section on resettlement pathways) had an office in the chaplaincy department. She worked closely with members of the team and helped to organise chaplaincy visits, which were provided in addition to the standard visiting entitlement and were available to prisoners who had welfare problems.
- 3.57 A member of the chaplaincy team normally attended the governor's morning meeting and chaplains were actively involved in the diversity committee. All assessment, care in detention and teamwork (ACCT) reviews were attended by a member of the chaplaincy team. Some of the reviews took place in a screened-off section of the chapel. This arrangement worked well and helped to 'normalise' the process.

## Recommendations

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- 3.58 Prisoners should not be required to apply in advance to attend faith services.
- 3.59 Prisoners with mobility problems should have the opportunity to participate in corporate worship.

## Substance use

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### 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.

- 3.60 The establishment was in the process of implementing the integrated drug treatment system. Methadone prescribing had been introduced and a dedicated substance misuse service was available. Prisoners received a good level of support while located on the drug dependency unit, but staff shortages impacted negatively on care planning and care continuation. The prison's mandatory drug testing rate fell below the yearly target, and proactive supply reduction measures were in place.

## Clinical management

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- 3.61 Following reception screening and an initial assessment by a substance misuse nurse, alcohol- and drug-dependent prisoners received treatment immediately; this included first night methadone prescribing for opiate users. A comprehensive assessment was completed the following morning.

- 3.62 During the previous six months, 668 prisoners had required clinical management, and the majority (553) had entered into an extended prescribing programme. Methadone was currently the only mode of treatment for opiate users; prisoners prescribed buprenorphine in the community could not continue this regime, and non-opiate-based alternatives to treat mild-to-moderate dependency were not yet available.
- 3.63 Clinical management protocols had been developed by a substance misuse specialist and ratified. Clinical services were provided by Central Lancashire NHS and by Delphi Medical Consultants. The nursing team consisted of a band 7 and a band 6 substance misuse nurse, four band 5 nurses and two band 3 support workers. An additional four band 5 posts were still vacant. Integrated drug treatment system (IDTS) funding had allowed for three additional GP sessions and specialist input of two sessions a week from Delphi, which was also the provider of local community services; this facilitated good throughcare arrangements.
- 3.64 At the beginning of August 2009, 197 prisoners were receiving methadone, and the prison reported difficulties in transferring to other establishments. Methadone was administered from C1, the prison's drug dependency unit (DDU), C2 and A2. Methasoft machines had been installed but were not yet in use; in the meantime, manual dispensing was time-consuming and impacted on the regime (see section on time out of cell).
- 3.65 Prisoners' clinical care plans were basic, and five-day treatment reviews did not take place. Counselling, assessment, referral, advice and throughcare (CARAT) workers saw those admitted to the DDU on the next day, but there were no structured joint working arrangements, and a continuation of care protocol between health and CARAT services had not yet been implemented. However, CARAT workers had started to attend treatment reviews of prisoners with complex needs who were seen by the specialist. There were plans to co-locate the teams.
- 3.66 Prisoners experiencing mental health and substance-related problems could access the primary mental health service, which included counsellors, and the mental health in-reach team, but the team's skill mix did not include dual diagnosis expertise, and nurses from the DDU did not attend multidisciplinary meetings to coordinate care.
- 3.67 Prisoners undergoing detoxification/stabilisation (50 during the inspection) were located on the DDU, which provided 65 spaces; those stabilising on methadone usually stayed for up to six days. The unit did not yet have dedicated 24-hour nurse cover but had an 'on call' system.
- 3.68 Officers had undertaken substance misuse awareness training and offered informal motivational groups; prisoners also had access to health promotion and PE assessment sessions. CARAT workers facilitated a weekly IDTS module. The atmosphere on the unit was relaxed, and prisoners spoke highly of the support they received. Following stabilisation, prisoners moved onto general location, where they lacked sufficient ongoing support and care continuation. The prison had decided against developing a second stage unit owing to population pressure.

## Drug testing

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- 3.69 The MDT scheme was well run by a coordinator and six officers from C wing, and testing facilities were satisfactory. Figures quoted at the time of the inspection stated that the random mandatory drug testing (MDT) rate showed a downward trend, from 15.7% in 2006/07 to 10.6% in 2008/09. They also stated that the year-to-date figure stood at 6%, against a target of 11.7%; ten prisoners had tested positive since April 2009, but another seven had refused tests. Testing was spread throughout the month and included weekends.

- 3.70 An average of 20% of security information reports were drug related, and out of the 86 suspicion tests conducted in the six months to June 2009, 43% returned positive. Requests for target tests were dealt with promptly, and a risk assessment and frequent testing scheme were also in operation.
- 3.71 The establishment's dedicated supply reduction team undertook intelligence-led searches, which included all new receptions, and a supply reduction action plan was in place. Test results and finds pointed towards opiates as the main drug in use, followed by buprenorphine and cannabis. Supply and demand reduction initiatives were well integrated.

## Recommendations

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- 3.72 Prescribing regimes for opiate users should be flexible and based on individual need.
- 3.73 Prison systems should ensure that prisoners maintained on methadone can be transferred to other establishments.
- 3.74 Counselling, assessment, referral, advice and throughcare (CARAT) and clinical substance misuse services should be fully integrated and jointly plan and review prisoners' care.
- 3.75 Joint work between the CARAT, clinical substance misuse and mental health in-reach teams should be developed to facilitate the care coordination of dual diagnosis prisoners.
- 3.76 Health service providers' skill mix should include dual diagnosis expertise.
- 3.77 Prisoners should be provided with structured psychosocial support and care continuation after detoxification/stabilisation.



## 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.

- 4.1 An up to date diversity policy had been produced, diversity representatives had been appointed and a monthly committee had recently been established. Diversity impact assessments had yet to be carried out. Diversity was being promoted effectively.
- 4.2 Most of the work carried out in relation to diversity was undertaken by members of the safety, decency and diversity team. This group, which also dealt with safer custody, was led by a senior manager and contained a principal officer, a senior officer and an officer, each of whom had specific responsibility for a different aspect of diversity.
- 4.3 The diversity policy was published in May 2009. The document covered all the relevant aspects of diversity and outlined in general terms how the strategic aims were to be achieved. It did not contain specific time-limited targets. Impact assessments on diversity had not been carried out.
- 4.4 The diversity equality action team (DEAT) met monthly. Its remit was to cover five of the six diversity strands (disability, age, religion, gender and sexual orientation). The sixth (race) was dealt with separately at the race equality action team (REAT) meeting. The DEAT had been established only recently and so far had met on three occasions. It was chaired by the head of safety, decency and diversity. Attendance at this meeting was rising, and the most recent one had been attended by 17 people from different parts of the prison, including six prisoner representatives. Minutes of the meetings reflected that each of the different diversity strands was given attention and that those attending the meeting had begun to address the issues pertinent to their role. The quality of the minute-taking was high.
- 4.5 The safety, decency and diversity team had taken effective steps towards promoting diversity. A diversity 'drop-in day' had been held for staff in July 2009, where information leaflets had been distributed. An exhibition based on the life of Ann Frank had recently been held for staff and prisoners. Both these events had stimulated discussions about diversity among staff and prisoners.
- 4.6 Prisoner diversity representatives had recently been appointed. These were prisoners who had been selected by staff as suitable to speak on behalf of others about issues that could be sensitive. The diversity representatives had received some basic in-house training, but, although those we spoke to said that they felt well supported, most of this appeared to be informal.

### Recommendations

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- 4.7 Time-limited targets should be set in relation to the diversity strategy, along with an implementation plan. This should cover all elements of diversity.
- 4.8 Impact assessments should be carried out.

- 4.9 Diversity representatives should receive relevant training and there should be formal arrangements to provide them with ongoing support.

## Race equality

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- 4.10 A comprehensive race equality strategy was in place and a well attended race equality action team meeting monitored implementation of the strategy, the race equality action plan and equality of treatment. The quality of racist incident report forms was reasonable. Community engagement was limited. Black and minority ethnic prisoners reported more negatively than white prisoners on a range of issues, and there was limited consultation with this group.
- 4.11 At the time of the inspection, 13% of prisoners were from a black and minority ethnic background and 7.8% were Muslim. The percentage of black and minority ethnic prisoners had remained stable over the previous six months, fluctuating between 11% and 15%.
- 4.12 There was a race equality strategy, which had been revised in December 2008, and a race equality action plan (REAP), which was available to all staff and was regularly reviewed and updated.
- 4.13 The governor provided effective leadership in this area. He was responsible for delivery of the REAP, and race equality was a standing agenda item at the senior management team meeting. The governor also attended most of the events arranged to promote racial and cultural diversity.
- 4.14 The REAT meeting was chaired by the deputy governor or, in his absence, the governor. It was well attended by different departments, including prisoner representatives, but there was no attendance by external agencies, despite the efforts of the race equality officer (REO) to engage with the community. The local race equality council had indicated that it had insufficient resources to attend, and other charitable organisations and community groups had similar difficulties. The REAT minutes demonstrated comprehensive and detailed discussions on a full range of race equality issues, and action points were noted and followed up at subsequent meetings.
- 4.15 All new staff received a full day of diversity training as part of their induction programme, which included training on race equality. There was a programme of refresher training on diversity issues, and most staff (approximately 73%) had received training in the previous 12 months. Two facilitators had been trained to deliver the new Prison Service 'challenge it, change it' course to staff, and to date approximately 18% of staff had received this new training.
- 4.16 There was a full-time REO, who had been in post for some time. He reported directly to the deputy governor on race equality matters, but was managed by the safety, decency and diversity department line manager. He had received training for his role and indicated that he had sufficient time to undertake his duties. Notice boards dedicated to diversity in residential areas identified the REO, race equality representatives and members of the REAT, and indicated how prisoners could contact them. Prisoner diversity representatives wore yellow polo shirts so that prisoners could easily identify them. The minutes of the REAT meeting, and also ethnic monitoring data, were posted on the wing diversity notice boards.
- 4.17 The REAT and senior management team reviewed ethnic monitoring data and discussed all issues and trends. The REAT meeting had identified that black and minority ethnic prisoners were over-represented in education and under-represented in other employment and in

- 4.18 At the previous inspection, we had been concerned that more than half of the black and minority ethnic prisoners were located on one wing. In response, the number of black and minority ethnic and foreign national prisoners located on each wing was carefully monitored by the deputy governor. Over the previous few months, black and minority ethnic and foreign national prisoners had been fairly evenly distributed over the main allocation wings (A, B and D wings) but they were often under-represented on F and G wings, which were reserved for prisoners in work.

### **Managing racist incidents**

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- 4.19 Racist incident reporting forms (RIRFs) and boxes for posting completed forms were available in all residential areas. This enabled prisoners to report incidents in confidence.
- 4.20 There had been 93 RIRFs submitted in 2008. In the six months from February to July 2009, 34 RIRFs had been submitted. Most had been submitted by staff and related to the racist language or behaviour of prisoners directed against other prisoners or staff, including racist comments overheard during PIN telephone monitoring. Of the 11 submitted by prisoners, two were in respect of racist language of other prisoners, one concerned racist graffiti and six related to perceived discriminatory treatment.
- 4.21 All the RIRFs were reviewed by the head of the REAT, who commissioned investigations into each incident. Many of the investigations were conducted by functional heads and other appropriate managers, rather than relying on the REO to complete all investigations. The head of the REAT reviewed and quality checked all investigations, and all completed RIRFs were validated externally by the equality and diversity lead, Central Lancashire Primary Care Trust or the equality and diversity officer for the Lancashire Constabulary. RIRFs and any action points arising from them were reviewed by the REAT. The standard of the investigations we reviewed was generally good, although we found a few examples where the level of enquiry was superficial, and one where the response failed to cover all the issues raised by the person who had submitted the form.

### **Race equality duty**

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- 4.22 At the time of the inspection, the prison had not conducted impact assessments of all locally implemented policies and functions. Ten race equality impact assessments, covering areas which the Prison Service had identified as mandatory, had been completed, checked by the REAT and approved for publication. A further eight assessments had been prepared and were being checked at the time of the inspection. In some assessments, the level of direct consultation with prisoners during the preparation of the assessment appeared inadequate and was restricted to consultation with diversity peer support representatives.
- 4.23 The public protection team reviewed the convictions of all new receptions and informed the REO of any prisoners with a current or previous racially aggravated offence, or history of racist behaviour. The REO immediately reviewed the prisoner's cell sharing risk assessment to ensure that it was appropriate and interviewed the prisoner concerned to assess his risk to other prisoners and to remind him of the prison's and the Prison Service's race equality policies. All prisoners identified as having a history of racist behaviour or a conviction for a

- 4.24 The prison held a number of prisoners from gypsy, Romany or traveller backgrounds and had set up a monthly meeting with this group of prisoners, chaired by the REO and attended by representatives from the chaplaincy, catering, education and safety, decency and diversity departments. Nine meetings had been held to date. The prisoners saw the meeting as valuable but were frustrated by the lack of progress on issues such as the cost of telephone calls, which they had raised at a number of meetings (see section on residential units). Formal consultation with prisoners from a black and minority ethnic background was limited to meetings with prisoner diversity representatives, only three of whom were from a black and minority ethnic background. In our survey, black and minority ethnic prisoners reported more negatively than white prisoners on a range of issues. The REO visited the multi-faith room at the end of Friday prayers to speak informally with Muslim prisoners, and some focus groups had taken place with groups of foreign nationals.
- 4.25 A festivals and events committee met monthly to discuss and organise racial, religious and cultural events, and the prison had held a number of special events to promote racial and cultural diversity. Activities had been arranged during Black History Month. The kitchen regularly contributed to diversity days by providing a special menu from a particular culture. Although some of these events incorporated displays, there were few images and displays around the prison that reflected the diversity of the prison and the local community.
- 4.26 The prison had made efforts to encourage community engagement, with limited success. A community event had been arranged for October 2009 in an effort to strengthen links with the local community, including the local black and minority ethnic community.

## Recommendations

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- 4.27 The effectiveness of changes to the work allocation system should be monitored to ensure that black and minority ethnic and foreign national prisoners have equality of access to work generally, and particularly to wing-based jobs.
- 4.28 Race equality impact assessments of all the prisons locally implemented policies should be completed.
- 4.29 The prison should consult more widely with prisoners from all backgrounds, particularly black and minority ethnic prisoners, when conducting race equality impact assessments of its policies.
- 4.30 There should be displays in all areas of the prison that reflect the racial diversity of the prison population and the local community.

## Religion

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- 4.31 A religious policy specific to Preston prison had yet to be drawn up and published. A full range of festivals and events were celebrated.

- 4.32 There was no specific policy or action plan relating to religion. It was identified as one of the six strands within the diversity strategy document and was a standing agenda item at the DEAT meeting. The chaplaincy team produced a short information leaflet which outlined how the religious needs of all prisoners would be met.
- 4.33 A festivals and events planning committee was chaired by the REO and was normally attended by staff from the diversity team and the chaplaincy, catering and education departments. There were usually prisoner representatives from each of the wings present. Although there was no formal analysis of religious equality at this meeting, all of the registered religions were discussed. It was evident from the detailed minutes kept that staff made efforts to ensure that resources were allocated fairly and that all relevant festivals and feast days were recognised.
- 4.34 We did not encounter any examples of religious discrimination. There were no specific strategies for dealing with this, but the chaplaincy team had a strong multi-faith ethos and were well placed to deal with matters of this type if they were to arise (see section on faith and religious activity).

## Recommendation

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- 4.35 A local policy and action plan for religion and faith activities should be drawn up and implemented.

## Foreign nationals

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- 4.36 Foreign national prisoners were more negative than British prisoners about a range of issues, particularly on first night and safety issues. The use of interpreters and telephone translation had increased and there was more translated material available. The UK Border Agency attended the prison regularly.
- 4.37 The foreign national strategy had been revised in August 2009 and was monitored by the foreign nationals committee, which met monthly. Foreign nationals were also a standing agenda item at the monthly REAT meeting.
- 4.38 At the time of the inspection, there were 33 foreign national prisoners, representing approximately 4.5 % of the prison population. Three prisoners were being held post-sentence as immigration detainees under Immigration Department Order no. 91 (IS91). The longest had been held for three weeks post-sentence.
- 4.39 In our survey, foreign national prisoners were generally less likely to have felt safe on their first night and less likely to have been offered help in dealing with problems of feeling depressed or suicidal or health problems in the first 24 hours. They also reported more negatively on many other safety issues, with 54% saying that they had felt unsafe at some time, against a comparator of 37% for British national prisoners, and 46% saying that they had been victimised by another prisoner, against a comparator of 20% for British national prisoners. More positively, 92% said that they had a member of staff they could turn to if they had a problem and 84% said that staff treated them with respect.
- 4.40 The foreign nationals coordinator had taken up post in May 2009 and had instigated a number of initiatives and improvements in the support available to foreign national prisoners, but many of these were in their infancy.

- 4.41 All foreign national prisoners were identified on reception and were interviewed by the foreign nationals coordinator, usually on the next working day after arrival, to establish if they had any particular needs.
- 4.42 There were two full-time paid foreign national diversity prisoner representatives, who met the foreign nationals coordinator regularly and attended the monthly foreign nationals committee and the REAT meeting. They had received training for their role. In addition, wing-based foreign national liaison officers had recently been appointed and had been given some basic training by the foreign nationals coordinator, with the assistance of UK Border Agency (UKBA) staff. Part of their role was to introduce themselves to all foreign national prisoners on their wing, but the foreign national prisoners we spoke to were unaware of the name and function of the foreign national liaison officers on their wing. Posters on the wings identified the foreign nationals coordinator, foreign national prisoner representatives and foreign national liaison officers.
- 4.43 The make-up of the foreign national population varied. At the time of the inspection, the largest groups were from Poland (five), China (five), Republic of Ireland (five) and Bangladesh (three). The prison regularly held focus groups, using interpreters for prisoners who were not fluent in English to aid communication and identify any issues. Recent examples included an Albanian and a Polish group.
- 4.44 Interpreters and telephone translation were used by several departments for a number of different purposes, including first night interviews, adjudications, legal and bail advice and assessment, care in custody and teamwork (ACCT) reviews. The foreign nationals coordinator had also increased the amount of translated material available. Some of this material had been translated using the internet, and in some instances the original version had not been written in plain English, so it was unclear if the translation was readable and accurate. The full package of information provided to prisoners on their first night had not been translated but there was a brief information sheet available in a number of languages advising prisoners what to expect on their first night. There were notices posted on wing notice boards in a number of different languages advising prisoners to ask staff if they required any policies or information translated into their own language. Posters giving advice on asylum and information about the International Red Cross were widely displayed in residential areas. A list was available of all staff and prisoners who spoke different languages and were willing to translate. It was regularly updated, but details of prisoners who could translate quickly became out of date as they were transferred or released.
- 4.45 The prison had developed links with UKBA nationally and with the local office based in Liverpool. Immigration officers visited the prison regularly to interview detainees subject to removal or deportation and to conduct surgeries with foreign national prisoners. The foreign national prisoners we spoke to viewed the surgeries with suspicion; however, they provided these prisoners with a point of contact for obtaining information about their individual cases. Information about independent immigration advice was not widely available but could be obtained on request from the legal services officer, who interviewed all prisoners on arrival.
- 4.46 Foreign national prisoners were not routinely issued with a copy of the foreign national prisoners' handbook, produced by the Prison Reform Trust, which was available from the Prison Service intranet in 20 languages. The foreign nationals coordinator suggested that this was because some of the information in the booklets was out of date; while this may have been the case, the handbooks would have provided these prisoners with some useful generic information about being in prison in England and Wales.

- 4.47 The most important issue for most foreign national prisoners was the cost of international telephone calls. Prisoners told us that calls often cost £1 per minute. They could purchase international telephone cards, but we were unable to establish if these were the cheapest available. Prisoners had to make an application to obtain a free monthly five-minute call. They were only given a free call if they had not had any visits in the previous month, and could wait up to three months before being provided with their first free call. Prisoners did not have unlimited access to their own private cash to purchase international telephone credit.

## Recommendations

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- 4.48 Any information translated into other languages should be written in plain language and checked for accuracy and readability.
- 4.49 The effectiveness of the foreign national personal officer scheme should be monitored, to ensure that it meets its objectives.
- 4.50 Information about independent immigration and legal advice should be available to all foreign national prisoners in their own language.
- 4.51 The foreign national committee and REAT should investigate the reasons for the more negative perceptions of foreign national prisoners, particularly around first night and safety issues.
- 4.52 Foreign national prisoners should be routinely provided with a copy of the foreign national prisoners' handbook in their own language. Where information is out of date or inaccurate, it should be marked as such.
- 4.53 Foreign national prisoners and prisoners with close relatives living overseas should have unlimited access to their own money to purchase international telephone credit.
- 4.54 Foreign national prisoners and prisoners with immediate family living overseas should be provided with a free monthly telephone call, irrespective of whether or not they receive visits.
- 4.55 The prison should ensure that the international telephone cards provided are the cheapest available, within the restrictions necessary to enable calls to be monitored.

## Disability and older prisoners

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- 4.56 The facilities for prisoners with physical disabilities were limited. Prisoners potentially requiring additional support were identified on admission, but their needs were not properly assessed and followed through. Special provision was made by health services staff for older prisoners.
- 4.57 The diversity policy made reference to the Disability Discrimination Act but there was no specific disability policy or action plan demonstrating how it was to be applied. No impact assessments on disability had been carried out. Disability was a standing agenda item at the DEAT meeting, but it was clear from the records that work was still at the information-gathering stage.

- 4.58 Prisoners were asked on admission if they had a disability and this information was kept on a database, but we found no evidence that it was subsequently used in practice. Staff were able to identify prisoners with visible disabilities, but few prisoners self-reported a disability that was not immediately obvious.
- 4.59 Staff that we spoke to seemed to have a good personal knowledge about the needs of prisoners with disabilities on their wing. However, this was not formalised, and we found no evidence of any personal emergency evacuation plans.
- 4.60 Facilities for prisoners with disabilities or mobility problems were limited. There was a single cell on C2 designated for prisoners using a wheelchair but, even though it had been adapted, it was barely suitable for the man located there at the time of the inspection. There were attempts to locate those with mobility problems on the ground floor landing, for ready access to the servery, but arrangements were basic. Prisoners with disabilities were precluded from certain jobs, rather than reasonable adjustments being made to allow them to undertake those jobs. No special arrangements had been made to allow these prisoners full access to the regime and facilities. This was particularly evident in relation to corporate worship (see section on faith and religious activity). However, reasonable attempts were made to ensure that the prisoner using a wheelchair in the adapted cell on C2, who was unfit to work, was unlocked during the day and provided with appropriate and sufficient regime activities.
- 4.61 There was a designated disability liaison officer, but he was still in the early stages of establishing his role.
- 4.62 Specific, measurable, achievable, realistic and time bound (SMART) data were not collected for this group and prisoners with disabilities did not have care plans. There was no formal carer or mentor scheme for these prisoners, although we saw examples of this type of support being provided informally.
- 4.63 No special arrangements were made to address the specific resettlement needs of prisoners with disabilities.
- 4.64 An older prisoners' policy and action plan had been published recently. These both contained relevant information and were outcome focused. A wide range of useful initiatives had been identified in the action plan but none of these had timescales. The diversity senior officer was allocated responsibility for older prisoners.
- 4.65 All prisoners over the age of 50 were screened by the healthcare department as soon as they arrived. They were also offered a secondary non-medical needs assessment within a month. The needs of older prisoners were taken into consideration in relation to catering, allocation to work and access to education. In practice, this meant that this group would generally be treated no differently to other prisoners. Where appropriate, attempts were made to locate older prisoners to accommodation that was closer to serveries and showers.
- 4.66 There were no impact assessments on older prisoners, and accommodation and facilities had not been adapted to meet the needs of ageing prisoners. Data were not collected to monitor the equality of treatment of older prisoners. Older prisoners did not have care plans and there was no carer scheme for this group. Prisoners of retirement age or over were not required to work unless they wanted to. Retired prisoners were not required to pay television rental fees.

## Recommendations

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- 4.67 Information relating to disability obtained on admission should be used to help inform staff about a prisoner's special needs throughout his time in custody.
- 4.68 Specific, measurable, achievable, realistic and time-bound (SMART) data should be produced in relation to prisoners with disabilities.
- 4.69 A formal mentor or carer scheme should be available for prisoners with disabilities.
- 4.70 Each prisoner with a disability should have a personal emergency evacuation plan and a care plan.
- 4.71 The need for accommodation with wheelchair access should be assessed and an implementation plan produced.
- 4.72 The resettlement needs of prisoners with disabilities should be specifically addressed.
- 4.73 SMART data should be produced in relation to older prisoners.
- 4.74 A formal carer scheme should be available for older prisoners.
- 4.75 All prisoners over retirement age should have a care plan.
- 4.76 The resettlement needs of older prisoners should be specifically addressed.

## Gender and sexual orientation

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- 4.77 Gender issues were considered by the prison, although a local protocol had yet to be written and published. Some progressive work had begun to be carried out to support gay prisoners.
- 4.78 Gender was one of the standing agenda items at the DEAT meeting. Nothing of significance had yet emerged in the discussions, but at the most recent meeting the chairperson had asked the complaints clerk specifically for a report on any gender-related complaints so that they could be considered at the next meeting.
- 4.79 A protocol for managing and working with transgender staff and prisoners had recently been published by the Ministry of Justice, and was due to be considered at the next DEAT meeting.
- 4.80 Sexual orientation was not monitored. The diversity team tried to encourage any self-declared gay prisoners to participate in the DEAT meeting. This had proved successful, as one gay prisoner had become a diversity representative. A gay prisoners' forum had been set up and two meetings had taken place so far. Staff had been supportive of this forum, and most officers had a good understanding of, and sympathetic attitude towards, minority groups. Three prisoners were involved in the forum, and the meeting was chaired by the diversity senior officer. We spoke to one of the participants and he was positive about his involvement, indicating that the forum provided a safe place for gay prisoners to raise issues of concern to them. It was clear from talking to him that he felt that gay prisoners were subject to various types of discrimination from other prisoners. The main action point emerging from the most

## Recommendation

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- 4.81 A local protocol for transgender prisoners should be drawn up and implemented.

## Good practice

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- 4.82 *The forum for gay prisoners provided a safe place for them to raise issues of concern.*

## 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 Prisoners were critical of the health services provided. Clinical governance arrangements were reasonable and there was a good skill mix, but vacancies and other absences were having a detrimental effect on patient care. Access to clinical staff was hampered by delays in the application system, which was not confidential. Triage algorithms were not routinely used. There were poor arrangements for GP out-of-hours cover. Prisoners were unable to see a pharmacist. Flaws in the pharmacy service had been identified before the inspection, and the appointment of a new provider was being finalised. The dental surgery had been refurbished and provided a good service. The inpatient facility offered both local and regional beds. Mental health patients had a reasonable and therapeutic regime but for those with physical health problems the regime was impoverished. The small primary mental health care team provided a good service but struggled to meet the needs of prisoners. The mental health in-reach team offered a good service and innovative group work to those with severe and enduring mental health problems.

### General

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- 5.2 Health services at the prison were provided by NHS Central Lancashire Provider Services, and were clustered with HMPs Wymott and Garth. An integrated services manager was responsible for all three healthcare departments. She had undertaken a health needs assessment for Preston in August 2008, which had identified the services required. There had been a lack of investment, in terms of time and interest, from the primary care trust (PCT) commissioners. Partnership board meetings were held quarterly and attended by the governor. The commissioners were responsible for the three prisons in the cluster. There were also various subcommittees of the partnership board.
- 5.3 The service provider had recently completely overhauled the healthcare department, which was now showing signs of recovery and development. However, the changes had yet to permeate to prisoners, and those we spoke to were critical of the services.
- 5.4 The healthcare department was located on two floors in a purpose-built building, reached via the A2 landing. Primary care facilities were on the first floor. There were inpatient beds on both floors. All areas were clean and tidy, and there was a contract for cleaning in place. The last infection control audit had been completed in September 2008; it did not contain an action plan, but some of the points noted had been remedied. The room in reception that was used by health services staff was cramped. There was a wide variety of health promotion displays all around the prison, including in reception.
- 5.5 There were four treatment rooms on prison wings and two in the department, all of which were in good order and kept generally clean and tidy. Most of the rooms appeared to have been recently decorated and fitted with new metal storage cupboards. Medicines were stored in locked metal cupboards. There was adequate separation of general stock from named patient stock and in-possession medicines awaiting supply. The stock was poorly maintained, with a

- 5.6 Controlled drugs were obtained through a signed order using a duplicate book. Records were maintained in separate controlled drugs registers for each treatment room.
- 5.7 The dental surgery, which had been redecorated and refurbished in 2008, was situated near the healthcare wing. The waiting area was poor, comprising no more than a bench at the entrance to A2, which was a busy thoroughfare. All dental equipment was modern and within servicing date. There were sufficient dental instruments, which were stored appropriately. Cross-infection control procedures were good, with an adjacent decontamination room. The washer–disinfector which had been installed was not yet operational. ‘Clean’ and ‘dirty’ areas were clearly demarcated. Disposables were used in line with current guidelines. Clinical waste was stored and disposed of appropriately.
- 5.8 Documentation relating to the autoclave and waste disposal, and written policies were in order. Resuscitation equipment and emergency medication were stored in the dental surgery and maintained by the dental surgery assistant.
- 5.9 On arrival at the establishment, all prisoners were given an information pack that included a diary containing information about health and well being; this had been devised by a member of the primary care team. While the other information provided was only in English, there were posters around the prison in a variety of languages informing prisoners that healthcare information was available in a range of languages on request.

## Clinical governance

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- 5.10 Following a major staffing issue in January 2009, the provider arm of the PCT had invested time and resources in the department. A senior manager had been seconded to the department to assist the integrated services manager and acting head of health services to re-vamp the services provided. There had been a major staffing and skill mix review, and a staff away day had identified short-, medium- and long-term goals for staff to attain in order to improve patient care. Some of the issues identified had already been put in place and there were clear plans for others, with evidence that staff had taken responsibility for improving patient services. As a result, some staff had recently been promoted and a recruitment campaign was under way.
- 5.11 Staff had access to clinical supervision. There was a lead nurse for older people and for sexual health; while the lead nurse post for lifelong conditions was vacant at the time of the inspection, the function was being covered. Two of the senior nurses were nurse prescribers, with three others in training. Two more were undertaking a ‘primary care consultations’ module. All staff had access to professional development and training. The acting head of health services had a system for checking staff professional registration details.
- 5.12 Registered nurses and healthcare assistants wore the same navy blue uniform, which was confusing for prisoners, especially as the most staff did not have a name badge on display.
- 5.13 There was a Service Level Agreement to define the arrangement with the current pharmacy provider, but this appeared to be an outdated document and had little relevance to the service

- 5.14 We were told that a needs analysis concerning dental service provision across HMPs Preston, Garth and Wymott was being undertaken by NHS Central Lancashire provider arm, with a view to distributing skills and resources appropriately across the three sites. A proposal for an oral health promotion programme was available in draft form, and employment of a dental therapist was also proposed. In addition, a PCT-based 'rapid response' dental team, consisting of two dentists and four dental surgery assistants, was to be made available to the three sites from September 2009, to reduce waiting lists.
- 5.15 Resuscitation equipment was checked weekly and staff were aware of how to access and use it effectively. There were formal arrangements with the PCT for the loan of occupational therapy equipment, and staff could request occupational therapy assessments for individual prisoners if required.
- 5.16 Clinical records were kept securely and access was limited, and there was an appointed Caldicott Guardian. There were plans to introduce an electronic clinical information system. Clinical entries were reasonable, with most dated, timed and signed. Some of the photocopied forms were of poor quality and almost unreadable. Inpatients had care plans but those with primary care needs, such as leg ulcer dressings, did not.
- 5.17 Dental record-keeping was on NHS paper records, all of which were stored in a lockable metal filing cabinet in the surgery. Standards of dental record-keeping and radiograph management were satisfactory. Signed, dated medical history sheets were routinely used and FP17 claim forms were submitted to dental services as a record of the treatment provided. Personal dental treatment plan (FP17DC) forms were not used as required by General Dental Service regulations.
- 5.18 Prisoners knew how to complain about their care and treatment, and each wing had healthcare-specific complaint forms available. Whenever possible, managers aimed to resolve complaints informally but there were arrangements for formal complaints to be responded to by the PCT.
- 5.19 The prison had an up-to-date communicable disease policy and was linked into the PCT plans for an outbreak of swine flu. Staff we spoke to were unclear about when to share health and social care information with appropriate agencies, despite a policy being in place.

## Primary care

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- 5.20 When prisoners arrived at the establishment they were seen by a nurse and an initial health screen was completed. All prisoners were given an information pack and diary (see above). Those who required detoxification or maintenance were seen on the same evening, prescribed methadone or other appropriate medications, and admitted to the DDU if required.
- 5.21 Prisoners were supposed to have a secondary health screen the next day, but our review of clinical records identified that this did not occur in all cases. In cases where it had occurred, prisoners had not signed the relevant paperwork. The nurse undertaking the secondary screen did not have the patient's notes, or, therefore, the results of the first night screen, with them when carrying out the further assessment.

- 5.22 Prisoners applied to see a member of the health services team using the healthcare application system. The arrangements for this were different on each wing. It was not confidential and there were major delays in the system. We tested the system, by submitting a total of eight forms on different wings during the week. Only four of them had reached the healthcare department by the following day, and one that we submitted on the first day had not reached the department by the end of the inspection.
- 5.23 Once an application form had been received, there was a six- or seven-day wait for an appointment with the GP or nurse prescriber. Prisoners complained to us about the length of the waiting list to see the GP, and told us that they often submitted multiple applications for this reason. One of the administrative staff identified whether the prisoner should be seen by a nurse or a doctor, based on the information supplied on the application form. Prisoners were sent an appointment card one to two days before their appointment. The clinicians were given the application forms before the clinic, so they knew how long prisoners had waited to see them. However, the GP seemed unperturbed that one of his patients had waited over three weeks to see him. Not all prisoners due to see a clinician attended; this was made worse if there was not a 'runner' from the healthcare department to escort them to or from the department.
- 5.24 There were good triage algorithms available to nursing staff and on display in wing treatment rooms, but we did not see evidence of them being used to assess patient need.
- 5.25 The GP service was provided by an agency that had been contracted by the commissioners. The GP we spoke to worked a four-day week and provided all the out-of-hours cover during his working week. Other GPs from the same agency provided clinic and out-of-hours cover when the designated GP was not on duty.
- 5.26 Waits for allied health professionals varied. The optician attended once a fortnight; at the time of the inspection there were 22 on his waiting list, with a further 15 due to see him on his next visit. While the waiting list for the chiropodist was shorter, prisoners complained that because the prison shop no longer sold nail clippers, they were unable to cut their toe-nails and had been told that the chiropodist would not see them.
- 5.27 Prisoners could see a nurse for sexual health advice, who also gave hepatitis B vaccinations. There appeared to be delays in prisoners receiving the rapid vaccination course for hepatitis B. The sexual health nurse provided barrier protection and lubricants on request. She aimed to see all prisoners under the age of 25 for Chlamydia screening on the day after their arrival. Meningitis C vaccinations for those under 24 were not offered.
- 5.28 One of the band 7 nurses had started clinics for men over 50 years of age, which included medication reviews and well-man checks, in line with the National Service Framework for older people. There was also a diabetes clinic and plans for clinics for other lifelong conditions. There was a dressing and leg ulcer clinic every afternoon.
- 5.29 Smoking cessation services were provided by gym staff, although health services staff administered the nicotine replacement therapy (NRT) patches. They ran a three-hour course, which was followed up by weekly monitoring of prisoners on the course and random carbon monoxide monitoring. They operated a zero tolerance policy, so that anyone who was found to be smoking while using the patches was removed from the course and had their NRT patches removed. The course included gym fitness assessments and had been well evaluated by prisoners.

## Pharmacy

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- 5.30 At the time of the inspection, pharmacy services were provided remotely by the pharmacy department of the Royal Preston Hospital. There was general dissatisfaction with this service, and a decision had been taken to change the service provider and notice served to discontinue the current arrangement. Agreement had been reached for future pharmacy services to be provided from the pharmacy at HMP Garth and this new arrangement was due to begin from October 2009. The prison had already started to receive some dispensed medicines from HMP Garth to fill gaps in the existing service.
- 5.31 A pharmacist and a technician visited the prison every weekday and, apparently, the pharmacist typically spent an hour or two at the prison, while the technician often stayed longer. However, on the day of inspection, the pharmacist only stayed at the prison for about half an hour and we did not see him. The pharmacist and technician spent most of their time at the prison reviewing and transcribing prescriptions, and rarely visited any of the treatment rooms away from the healthcare centre. Prescription items were normally supplied in a timely manner, but there was no opportunity for patients to see a pharmacist and there were no pharmacist-led clinics.
- 5.32 Administration of medication was by nursing staff during four daily treatment times. Medicines were supplied from two inpatient treatment rooms and four treatment rooms on the wings. All medicines were supplied through gated hatches, which provided an adequate interface.
- 5.33 There was an in-possession policy, but it was unclear and in need of review. In-possession risk assessments were documented but not attached to the prescription and administration charts. Medicines were normally given in-possession, providing that the conditions of the risk assessment were satisfied, although the GP we spoke to was not aware of how to undertake an in-possession risk assessment.
- 5.34 A limited list of medication was available to supply on 'special sick', and in practice supplies seemed largely to be restricted to paracetamol tablets and ibuprofen tablets. A few patient group directions were also in place, including one which enabled the supply of 32 paracetamol tablets. It was not clear why a pack size of 32 had been chosen but it appeared to be because of availability rather than for clinical reasons. Special sick supplies were appropriately recorded on the front of the prescription charts, but there was no formal review of special sick supplies.
- 5.35 An early treatment time was designated for administration of methadone and any other medicines as appropriate, for patients attending court. According to nursing staff, the pharmacy provider was unwilling to split original manufacturers' packs for in-possession medicines and would not dispense medicines in daily packs. This had led to secondary dispensing on occasions, with nurses having to pack a day's supply of medication in Henley bags, to provide medicines for court appearances. It had also, allegedly, given rise to occasions when the quantity of medicine supplied to patients was not the same as the quantity prescribed. The pharmacist was defensive when challenged about this and it was unclear under what circumstances the wrong quantity might be supplied. The prison had recognised that this was unacceptable, so HMP Garth had started to be used to provide in-possession medicines in cases where the quantity prescribed would require an original manufacturer's container to be split. HMP Garth dispensed these medicines against faxed copies of the prescription forms. The use of two different service providers to dispense medicines, while not ideal, was probably the most pragmatic solution as an interim measure pending the full transfer of the service.

- 5.36 There were two medicines and therapeutics committees: one to deal with local issues and the other set up by the PCT to deal with general issues relating to all three local prisons. Both committees met quarterly and were attended by all relevant stakeholders. There was a prescribing formulary available but it was not fully adhered to.
- 5.37 Prescriptions were hand-written on standard HR013 prescription and administration charts. Nurses then filled out a request sheet to indicate which items needed to be dispensed by the pharmacy, by cross-referencing the numbers on the prescription chart. The technician referred to the request sheet and transcribed the details of the requested medicines from the prescription chart onto a medication form. The pharmacist checked the accuracy of what had been transcribed by the technician and clinically reviewed the requested prescriptions. The transcribed medication form was then taken back to the pharmacy and used to dispense the required medicines. The pharmacist was therefore unable to refer to the original prescription form at the point of dispensing. This system appeared to offer no benefit over the use of faxed prescriptions, and was time-consuming and introduced the risk of transcription error. The pharmacist did not clinically review prescriptions that were supplied from general stock and no information about these prescriptions was held in the patient medication records on the pharmacy computer.
- 5.38 Medicines were administered by nurses in circumstances where in-possession medication was deemed inappropriate. An agreed range of general stock medicines was available for this purpose. There were agreed stock levels, and the technician periodically checked the stock levels to replenish them. In between checks, nurses could also request replacement stock using a stock request sheet. There was no audit of stock supplied in relation to prescriptions issued.

## Dentistry

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- 5.39 The service was provided through a PCT contract with three part-time dental practitioners. Six sessions a week had been provided until recently, but there were now five sessions a week; two were mainly for patients requiring urgent treatment. There was no regular cover for the dentists' absences but cover was provided when the full-time dental surgery assistant was absent.
- 5.40 The dental surgery assistant provided chair-side assistance for all three dentists and, during non-clinical time, undertook triage and satisfactorily managed the waiting list and day lists.
- 5.41 When an application for dental services was received, it was passed to the dental surgery assistant, who visited the wings and provided triage. Patients requiring urgent care were normally seen within 24 hours of an application form being received and those requiring routine treatment were placed on the waiting list.
- 5.42 At the time of the inspection, the waiting time for routine treatment was eight weeks, the longest-waiting patient having been on the list for 11 weeks. Prisoners who had left the prison were removed from the waiting list. A full range of NHS treatment was offered, although remand prisoners were offered only urgent or emergency treatment. Courses of treatment were completed efficiently.
- 5.43 Six to eight patients were seen during urgent treatment sessions and approximately 10 patients were seen during routine treatment sessions. Patients were treated with care and courtesy. Around 25% of appointments were not kept, often due to insufficient escort facilities

- 5.44 Oral health education, including smoking cessation advice, was provided at the chair-side. Tooth brushes and fluoride toothpaste were available for purchase in the prison shop.

## Secondary care

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- 5.45 As well as sending patients out to the local acute trust, the prison benefited from telemedicine links with the Airedale NHS Hospital Trust. The service was not well used, as staff appeared reluctant to do so, despite the potential benefits to patients. Appointments at the local hospital were not often cancelled, although were sometimes rearranged owing to other commitments.

## Inpatients

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- 5.46 The inpatient department had both local and regional beds, which provided inpatient services to a total of seven other prisons in the north-west area. The total bed numbers were: 14 beds for Preston and 12 regional beds; some of the beds were on the certified normal accommodation, but the number was unclear. The accommodation was a mixture of single cells and dormitories. There was also a gated cell that was under the jurisdiction of the main prison and was staffed by prison officers, when used.
- 5.47 Admission to the regional beds was arranged by referral from the original establishment, followed by an assessment by one or two members of the team from Preston, one of whom would be the patient's named nurse if he was accepted onto the unit. This provided good continuity of care. Regional patients remained under the governance of their sending establishment for all but healthcare issues.
- 5.48 At the time of the inspection, there were 11 inpatients, of whom five were from other establishments. Patients had care plans and nursing staff had good knowledge of their patients. Mental health patients were in the beds on the ground floor; they had a reasonable regime, which included access to the gym and library, as well as therapeutic group work on the wing. Those with physical health problems (two at the time of the inspection) were housed on the first floor. Due to staffing vacancies, they spent longer locked in their cells and had an impoverished regime. Lunch and evening meals on the unit were served particularly early (see section on catering).

## Mental health

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- 5.49 Mental health services were provided for both primary and secondary mental health problems. Primary mental health services were provided by a team of two nurses and a mental health graduate worker, which was due to be expanded imminently to include two counsellors. It was known as the 'crisis team', and members ensured that at least one of them was available during the core day, every day of the year. They took urgent referrals by direct contact with staff, with the aim of seeing them within four hours. They also took routine referrals, which they saw in a clinic setting, but only when there were two of them on duty, so that one member of the team was always available for 'urgent' referrals. At the time of the inspection, they had an active caseload of 45 prisoners but at least another 60 on a waiting list. The team attended assessment, care in detention and teamwork (ACCT) reviews and acted as 'gatekeepers' to the establishment's inpatient beds.

- 5.50 Prisoners with severe and enduring mental health problems were seen by the mental health in-reach team, which was employed by the Lancashire Care Trust. The team consisted of a manager and four whole-time equivalent band 6 registered nurses, although at the time of the inspection two of the posts were vacant. They took referrals from a variety of sources and had access to a range of databases, so that they could obtain information about a patient before his assessment. They had a caseload of approximately 45, at least half of which was involved in group work sessions.
- 5.51 While there were no specific day services available for those less able to cope with life on the wings, staff ran a variety of sessions, including an ACCT support group and a group session specifically for inpatients. There was also a group work session run in conjunction with gym staff. 'Prisoners requiring extra strength, support under peer supervision' (PRESS UPS) ran four times a week, specifically for prisoners less able to cope with life on the wings. It was open to inpatients, residents of the reintegration landing and those on the mental health in-reach team caseload. An RMN attended and participated in two of the sessions, and all four sessions used peer mentors who were Listeners. The group followed an adapted sports programme.
- 5.52 The mental health in-reach team acted as care programme approach (CPA) 'key workers' for those already on a CPA or subsequently started on a CPA if appropriate. They provided limited information to wing staff by placing a document in the prisoner's wing file to identify the fact that he was known to them. This was usually done with the prisoner's consent.
- 5.53 A consultant psychiatrist provided two sessions a week, one of which was specifically for inpatients. There were also four sessions provided by a psychiatric staff grade.
- 5.54 Waits for transfers to NHS mental health beds were not excessive.
- 5.55 Some discipline staff had received mental health awareness training.

## Recommendations

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- 5.56 The governor and partnership board should insist that the commissioning arm of the primary care trust plays a full and active part in the arrangements for providing health services at the establishment.
- 5.57 An alternative waiting area should be found for those attending the dentist.
- 5.58 All staff should be easily recognisable to prisoners by their grade or qualifications.
- 5.59 All patients requiring nursing interventions, such as dressings, should have a care plan.
- 5.60 Personal dental treatment plan (FP17DC) forms should be used in accordance with General Dental Service Regulations 2005.
- 5.61 There should be a clear sharing information policy, which should be known and followed by all staff.
- 5.62 All prisoners should receive a secondary health screen, by staff who have access to the patients' clinical records, and initial health screen and secondary health screen paperwork should be fully completed by both staff and prisoners.

- 5.63 The healthcare application system should be overhauled. It should provide a prompt and confidential service in which prisoners have confidence.
- 5.64 There should be sufficient staff for prisoners to be escorted to and from health services appointments
- 5.65 The triage algorithms should be used to assess prisoners' needs.
- 5.66 The GP contract should be subject to monitoring by the commissioners, to ensure that it complies with current legislation around working time and is meeting the needs of prisoners.
- 5.67 Meningitis C vaccinations should be available to prisoners who meet the criteria for vaccination.
- 5.68 Prisoners should be able to see a pharmacist.
- 5.69 Arrangements should be made for the pharmacy to dispense daily in-possession packs when circumstances demand, and secondary dispensing by nurses should stop.
- 5.70 The current system involving the transcription of prescriptions should stop and instead copies of the prescriptions should be faxed from the prison to the pharmacy, so that the pharmacist can clinically review all prescribed medication and maintain full patient medication records on the pharmacy computer.
- 5.71 The in-possession policy and risk assessment should be reviewed by the medicines and therapeutics committee to ensure sound and consistent decision making.
- 5.72 The special sick policy should be reviewed by the medicines and therapeutics committee to ensure that all appropriate medicines are available for supply. The use of 32-tablet packs of paracetamol in-possession should be reconsidered.
- 5.73 Full courses of dental treatment should be available to remand prisoners, when appropriate.
- 5.74 Use of the telemedicine suite should be encouraged.
- 5.75 The number of healthcare beds on the certified normal accommodation should be established and confirmed by the relevant authorities.
- 5.76 All inpatients should have a therapeutic regime and unlock time at least equal to that of the main establishment.
- 5.77 The 'crisis team' should be reviewed and expanded, if required, in order to meet the primary mental health needs of prisoners.
- 5.78 All discipline staff should have mental health awareness training.

## Housekeeping points

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- 5.79 The dental surgery washer–disinfector should be operational.

- 5.80 Medicine cupboards should be kept tidy, with no loose foils or discontinued medications stored in them.
- 5.81 Photocopied paperwork used by staff and filed in clinical records should be up to date and readable.
- 5.82 Prisoners should be able to cut their toe-nails using appropriate implements.
- 5.83 The prescribing formulary available should be adhered to.

### Good practice

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- 5.84 *The information pack provided to prisoners on arrival, which included a diary with a variety of information in it, was a good initiative and could be easily replicated elsewhere.*
- 5.85 *The range of information available to the mental health in-reach team allowed them to make a comprehensive assessment of all referrals.*
- 5.86 *'Prisoners requiring extra strength support under peer supervision' (PRESS UPS) was an innovative collaboration between mental health staff and the gym that encouraged participation in gym activities and helped to promote self-esteem in a prisoners with mental health problems.*

# Section 6: Activities

## Learning and skills and work activities

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### 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 There was a satisfactory range of learning and skills provision, although vocational training opportunities for vulnerable prisoners were inadequate, and the wide range of personal development courses did not run sufficiently frequently to benefit all prisoners. The new vocational training centre provided good facilities and a significant number of additional places. On average, just under 90% of those available for work were engaged on a full- or part-time basis; around 40% were in education. Insufficient information about each prisoner was available to ensure that allocations were based on their needs and restrictions. Information, advice and guidance had no formal links with sentence planning. Achievement rates for prisoners attending courses were high. Library facilities were adequate, suitably promoted and well used.
- 6.2 The offender learning and skills service (OLASS) contract holder was Manchester College, which provided education, learning and skills provision with the prison. Learning Links provided information, advice and guidance (IAG). Contracts had recently changed and both providers had only held contracts since 1 August 2009. The OLASS contract offered an average of 145 full-time places, but additional funding had been secured to take the teaching hours available to 21,796.
- 6.3 On average, just under 90% of those available for work were engaged on a full- or part-time basis. Around 40% of the prison population attended education. There were 400 full-time work places. At the time of the inspection, 537 prisoners were in employment, learning and skills in the morning and 552 in the afternoon and evening; 277 were in education, learning and skills and the rest in work or gym activities. The prison's activity spaces for its 'available for work' population, including remand prisoners, was just adequate for the current roll.
- 6.4 Work opportunities available included cleaning, works, kitchen work, stores, the textile workshop and orderly work in a range of contexts. Training and the opportunity for qualifications were offered in most areas of work. Although prisoners working in the textiles workshop received training, it was not accredited. Prisoners received an internal certificate documenting what they had learned.
- 6.5 Allocations to work and training courses were through the prisoners' activity interventions department (PAID). Pay systems did not disadvantage prisoners whether in work or education
- 6.6 Learning and skills had a well-defined role in the prison. The quantity and quality of courses, accommodation and resources had improved. The recently formed interventions team drew together resettlement pathway managers to provide strategic direction in the development of

- 6.7 The prison focused on improving provision and worked well with the education provider. Since the previous inspection, the prison population had changed: the length of stay was shorter and the population larger. Courses for short-term prisoners were available. There were opportunities for staff development, and many instructional officers had developed their teaching skills. Some prison officers had completed, and others were working towards, an initial teaching qualification to enable them to act as teaching assistants in classes.
- 6.8 The education department was well managed and classes were rarely cancelled; 97% of the contracted hours were delivered. Data on prisoners' achievements were analysed well to inform the self-assessment process and curriculum planning. The education provider had well-established quality assurance processes, which included an effective system for the observation of teaching and learning. The observation of teaching and learning in the prison's own provision had only recently started.
- 6.9 The provision of IAG was insufficiently developed and had not been available for five months. The new provider had been in place for only three weeks. Links between learning and skills and the allocation of activity were inadequate, and insufficient information about each prisoner was available to ensure that allocations were based on their needs and restrictions. Security clearance was not sought until after the allocation process. IAG had no formal links with sentence planning. Initial work to identify opportunities to develop the service had been carried out, but it was too early to judge its impact.
- 6.10 Although prisoners were supposed to be assessed to establish their learning styles and literacy, numeracy and language support needs during their first three days in prison, this was not always the case. The IAG provider was trying to improve this, and from June to July 2009, the percentage of men screened within three days improved from 70% to 93%. Cover arrangements for the IAG worker were unclear, and records showed that in one week, no screening had taken place. Screening did not include dyslexia, which relied on prisoner disclosure or officer or tutor referral. The referral process was not always sufficiently prompt.
- 6.11 A satisfactory range of accredited skills for life provision was available from entry level one to level two in literacy, numeracy and English for speakers of other languages (ESOL). Prisoners assessed as being at pre-entry level in ESOL were referred to pre-entry classes. However, arrangements for those assessed as being at pre-entry level in literacy and numeracy were unclear. Education staff encouraged such prisoners to attend classes or participate in outreach work, providing in-cell learning or Toe by Toe. This was effective in maintaining contact but informal. In the previous 12 months, 23 prisoners assessed as being at pre-entry level in numeracy were unaccounted for. Ten assessed as being at pre-entry level in literacy had refused support.
- 6.12 A wide range of opportunities was available for prisoners to develop personal and social skills, including parent craft, family relationships, budgeting and money management. Specialist advice was available in becoming self-employed and setting up a bank account. Popular art courses provided progression to up to level three. Prisoners could also undertake creative writing, digital imaging and a range of short personal development courses, which were offered when a sufficiently large group was formed. The frequency of these precluded some prisoners from benefiting from them before they were transferred. Longer-stay prisoners could develop their mentoring skills and achieve a qualification. A number of orderlies developed good social skills through projects such as Toe by Toe. The chaplaincy provided a range of courses that helped to develop personal skills and promoted social inclusion.

- 6.13 A satisfactory range of employability programmes was offered and these were appropriate for prisoners with short sentences. A new vocational training centre had opened shortly before the inspection. This provided good resources and facilities in five additional classrooms, two workshops for painting and decorating and industrial cleaning, and between 80–90 additional places. Employability programmes included a level one National Vocational Qualification in catering, painting and decorating, industrial cleaning qualifications, self-employment, manual handling, the construction site certification scheme, the basic food hygiene certificate and a range of information and communication technology (ICT) qualifications, including provision specifically for prisoners who were speakers of English as a second language. Prisoners working in the textiles workshop were trained, but this was not accredited. Vocational training was inadequate for vulnerable prisoners, who were unable to access painting and decorating or catering courses. The range of programmes had been largely determined through prisoner questionnaires, and little had been done to ensure that the skills developed were appropriate for the local labour market.
- 6.14 Most teaching and learning was of a high standard. Tutors planned their lessons comprehensively, making effective use of different learning activities and information and learning technology to engage and challenge prisoners. Prisoners were well supported by trained peer mentors in classrooms. All prisoners in learning and skills had individual learning plans, but short-term target setting was generally not sufficiently specific to support personalised learning. Progress against targets was not clearly monitored.
- 6.15 The proportion of prisoners who achieved qualifications on completion of their courses was high, at over 90%. We observed good skills development, progress and standards of work. Prisoners made particularly good progress in numeracy, and just over half achieved accreditation at two or more levels. Attendance was generally satisfactory, but the prison's arrangements for dispensing methadone adversely affected the punctuality of some prisoners, who arrived late for afternoon sessions.

## Library

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- 6.16 Lancashire Library Service provided the library service. The library was staffed by two library managers, working on a job-share basis, two senior library assistants and three orderlies. The orderlies were trained for their role, and carried out a wide range of work. Their training was recorded but not accredited.
- 6.17 Access to the library was satisfactory. Most prisoners could attend on an allocated basis throughout the core day and on one evening a week. In education, prisoners could have daily library access. The librarian systematically monitored each group's take-up of library allocation. Alternative arrangements were usually made when allocated time clashed with work or other activities, but this did not extend to prisoners in the vocational training centre. The library was accessible to prisoners with mobility difficulties.
- 6.18 Prisoners received written information about the library as part of induction, and just over 50% of the prison population were members. New borrowers had increased significantly between April and August 2009, compared with the same period in the previous year. Book loans had increased significantly from 2006/07 to 2007/08, although audiovisual loans had decreased by 63%. No user questionnaire about prisoners' views had been conducted since 2006, but one was planned.
- 6.19 The library held 6,838 items. It provided computer access and good workspace for open learning. Books and other resources reflected the interests and needs of the prison community

- 6.20 Toe by Toe and Storybook Dads programmes were based in the library. At the time of the inspection, five Toe-by-Toe pairs were active and 14 mentors had applied and been approved. So far in 2009, 70 prisoners had been involved in this programme, a marked improvement from 14 for the whole of 2008. Forty prisoners had participated in Storybook Dads in 2009 to date, compared with 83 for the whole of 2008. The library offered regular events and displays to promote reader development, on such themes as men's health, history, the environment and diversity.

## Recommendations

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- 6.21 The allocation process for placing prisoners appropriately should be supported by establishing clear links with information, advice and guidance and learning and skills.
- 6.22 It should be ensured that vocational training opportunities are equitable for vulnerable prisoners.
- 6.23 The timing of delivery of personal development courses should be reviewed, to improve access for prisoners with sentences of varying lengths.
- 6.24 A clear referral process should be developed and implemented to support prisoners assessed as being at pre-entry level in literacy or numeracy or identified as being dyslexic.
- 6.25 The clarity and monitoring arrangements of short-term learning targets should be improved to promote individual learning.
- 6.26 Accredited training for library orderlies should be introduced.
- 6.27 The planned library questionnaire should be completed and used to improve the service.
- 6.28 A strategy should be developed and implemented to reduce book losses.

## Physical education and health promotion

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### 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.

- 6.29 The PE department promoted the benefits of a healthy lifestyle. Promotional events were used to engage prisoners in a range of recreational PE activities. Special provision was offered to meet the specific needs of prisoners who were unable to take part in general programmes. Links with other prison departments were good. Gym access and most facilities were good, but showers and some changing facilities were barely adequate.
- 6.30 The PE department was effective in promoting the benefits of a healthy lifestyle to prisoners. During induction, all prisoners were given information about the range of PE and sport available to them and received an individual interview with a PE officer within their first few days at the prison. Staff promoted recreational PE through the use a range of charity events, such as the Assisted Community Engagement (ACE) 'triathlon' and the 25-mile 'Rumble on the Runners'. Posters around the prison promoted participation in health initiatives, such as the Fat Busters posters.
- 6.31 Health services staff assessed all prisoners to ensure that they were able to take part in PE. PE staff worked with health services staff to arrange a suitable programme to meet the individual needs of prisoners who were not able to take part in general programmes.
- 6.32 A wide range of PE sessions was available. All prisoners had the opportunity to use the facilities five times a week. There were two sessions in the morning and two in the afternoon. These included 'heart start', circuit training, weight training and work in the fitness centre. Occasional accredited courses were offered, such as the British Amateur Weight Lifting Association and Community Sports Leaders awards, but most sentences were not long enough for prisoners to complete a vocational qualification. A daily 'early bird' session from 8–9am targeted prisoners in full-time work. Evening sessions ran between 6.15pm and 7.30pm. Three sessions were available for vulnerable prisoners during the week and two at weekends. The prison offered a session specifically for prisoners over the age of 40. It also ran the 'Prisoners requiring extra strength, support under peer supervision' (PRESS UPS) course (see section on health services). Five sessions each week targeted prisoners with, or recovering from, mental health problems. Programmes were well delivered by PE staff. The PE department maintained good working relationships with other key parts of the prison, such as the education, healthcare, psychology and resettlement departments and the offender management unit. The 'dads actually doing something' (DADS) course (see paragraph 9.107), linked with the family sports day, improved prisoners' self-esteem and confidence and improved their relationships with their children and family.
- 6.33 PE facilities were appropriate, with a well-equipped cardiovascular fitness centre and weight training centre and a small, but adequate sports hall. There was no outside sports space. Shower facilities were poor. Showers were mostly outdated. In two of the three areas, only communal showers were available, offering no privacy. In one area, only five showerheads were available for 38 prisoners. Staff managed the situation effectively by staggering showering times and supervised the changing rooms and showers to minimise opportunities for bullying. Changing rooms in the weight training centre were too small for the number of prisoners using them.
- 6.34 All prisoners taking part in PE received clean gym kit and a towel for each session. PE staff used a daily diary to record any accidents, assaults and self-harm. Appropriate forms were sent to relevant departments where necessary.

## Recommendations

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- 6.35 The shower facilities should be updated and expanded to make them fit for use.
- 6.36 Adequate changing facilities should be provided in the weight training centre.

## Time out of cell

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### 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 The amount of time that prisoners had out of their cell was relatively good for a local prison and staff tried to follow the recently improved core day. Dispensing methadone on the wings was time-consuming and disrupted the regime, but was managed well. Not all prisoners received daily exercise. The level of engagement between staff and prisoners during association varied but officers responded helpfully if approached by prisoners for help.
- 6.38 A new core day had been published three weeks before the inspection. Managers that we spoke to acknowledged that the 9.25 hours' time out of cell which prisoners should have received according to the new programme was not actually being provided. They recognised that the new arrangements were 'aspirational', and they said that they had been designed to drive up the level of time out of cell. The new core day included 15-minute 'welfare checks' for all prisoners. This was to ensure that all prisoners were given the opportunity to make an application, or simply empty their bin. It also allowed staff to make an early physical check on all prisoners, now that the breakfast was no longer served in the morning.
- 6.39 Data we were shown indicated that, during the previous month, the average amount of time out of cell had risen for the first time to eight hours. This seemed accurate and corresponded with our own estimate. Prisoners who were unemployed and who were on the basic level of the incentives and earned privileges scheme received two hours out of their cell on three days a week and only 1.5 hours out of their cell on four days a week. At the time of the inspection, there were two men in this situation.
- 6.40 Sixty-eight per cent of prisoners said that they went on association more than five times a week, which was significantly better than the 48% comparator. Association was rarely cancelled altogether but when there were staffing shortages, split association was normally organised.
- 6.41 In our roll check, we found approximately 20% of prisoners locked up during the day. This was an improvement on the situation we had found at the previous inspection, when almost 50% had been locked up.
- 6.42 The practice of dispensing methadone on the wings had been introduced in February 2009. It was time-consuming and could take, on average, six minutes to deal with each prisoner; inevitably, this had a disruptive effect on the regime. Nevertheless, this process was managed well and the timetable had already been modified in an attempt to make it more efficient. The impact of the methadone regime accounted for some of the time lost in the new core day. There was also some slippage at the beginning and end of association sessions.

- 6.43 All prisoners had daily access to showers and telephones. The levels of engagement which we observed between staff and prisoners during association were good on the smaller wings but more limited on the larger ones. In all areas, however, staff appeared willing to assist if prisoners approached them. The recreational facilities available on the wings, which consisted mainly of table-top games, were reasonable but the amount of activity taking place was limited, primarily because of the limited space available.
- 6.44 Most prisoners had the opportunity to take exercise in the fresh air. This now included kitchen workers, who previously had not had this option. There was a complicated formula for scheduling exercise, which involved some fixed periods and some that varied. Not all prisoners who were occupied full time had the opportunity to take exercise daily. Exercise was not cancelled unless the weather was bad, and prisoners were provided with cagoules if they chose to go out in the wet. The exercise yards were grim, fenced-in concrete areas, with the exception of the healthcare yard, and they had no recreational facilities.

## Recommendations

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- 6.45 Unemployed prisoners on basic should receive adequate time out of cell.
- 6.46 All prisoners should have the opportunity to take outdoor exercise.
- 6.47 There should be recreational facilities in the exercise yards.



# Section 7: Good order

## Security and rules

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### 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 security department was well organised and adequately resourced. The gathering and analysis of intelligence was efficient and actions were completed promptly. There were good relationships with the local police force, and a full-time prison intelligence officer was based in the prison. Drugs and mobile telephones were the main security concern. The prison had introduced a range of measures to reduce the supply of drugs and mobile telephones into the prison, including the installation of netting, increased use of closed visits, routine full searches and squatting during strip searches. Indications were that the supply of drugs into the prison had reduced, but further work was required to identify whether each measure was effective and proportionate.

## Security

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- 7.2 The security department was managed by the head of security and operations, who was assisted by a deputy. There was also a supply reduction team and a security intelligence unit. A full-time prison intelligence officer worked closely with the security department, and effective cooperation with the local police force had seen a number of arrests and prosecutions connected with the trafficking of drugs and mobile telephones into the establishment.
- 7.3 There was good communication within the department and with other areas of the prison. A daily security department meeting, which ensured that any emerging issues were dealt with effectively, and the monthly security committee meeting were well attended by representatives from most areas of the prison. The security department liaised closely with the violence reduction coordinator and any information relating to violence or bullying was passed to the coordinator for further investigation or action.
- 7.4 The security department had received 2,403 security information reports (SIRs) between February and July 2009 – an average of 400 a month – most of which were related to drugs and mobile telephones. Intelligence was processed and analysed by the security intelligence unit. Recommended actions from SIRs were completed promptly, with target searching usually completed within 24 hours. The high number of SIRs, combined with the good staff-prisoner relationships we observed since the previous inspection, pointed to effective dynamic security.
- 7.5 The supply and misuse of illegal drugs was the most significant security issue. There was a supply reduction policy, and the prison had implemented a range of measures designed to disrupt and reduce the supply of drugs and mobile telephones into the prison. This had included the setting up of the supply reduction team, which was a team of four officers. The primary role of the team was to carry out target searches but they were also involved in gathering intelligence and training other staff.

- 7.6 The prison had experienced a number of incidents in which packages had been thrown over the perimeter into exercise yards, where they were retrieved by prisoners. In order to tackle this problem, netting had been installed over the yards. We were told that since the netting had been in place, there had been no recorded incidents of packages being thrown over the wall. Apart from this, there were no obvious physical or procedural weaknesses in the security of the prison and we found no evidence that security measures inappropriately restricted prisoners' access to regime activities.
- 7.7 In our groups, prisoners complained that they had been repeatedly strip searched during their first few days at the establishment. All prisoners were strip searched in reception, and staff told us that one of the security intelligence objectives was to conduct a full cell search of all new prisoners within 72 hours of their arrival, including those who had been transferred in from other prisons. The objective had been implemented in March 2009. Between March and May there had been 28 finds: 13 of drugs, nine mobile telephones or SIM cards, four of drug paraphernalia and two unauthorised items. In June, there had been only two drug finds. All the intelligence objectives were set and agreed by the security committee and reviewed each month at the security committee meeting using competitive analysis of intelligence and incidents. Although the results seem to indicate that the objective had been successful, no work had been done to establish whether a more targeted approach, based on intelligence, would have had similar results and if the results were proportionate to the effects of routinely strip searching prisoners twice during the first few hours or days of arrival into prison.
- 7.8 Another element of the prison's strategy to reduce the supply of drugs and mobile telephones was a closed and banned visitors policy. Under the policy, prisoners could be placed on closed visits for a range of reasons, including being found in possession of drugs or a mobile telephone, providing two positive mandatory drug tests or refusing to provide a sample. The policy stated that each case would be dealt with on its merits and that the measure should be proportionate. We reviewed a number of cases and found two examples where discretion had been used regarding whether to place a prisoner on closed visits or on the length of time for which they were placed on restriction. However, prisoners could be placed on closed visits when there was no evidence or intelligence to suggest that they might attempt to smuggle unauthorised items through visits. The number of prisoners on closed visits and the number of banned visitors were high. At the time of the inspection, there were 28 prisoners on closed visits and two local banned visitors. These numbers had been significantly higher; at the security committee meeting in July 2009 it had been noted that there were 39 prisoners on closed visits. Banned visitors and prisoners on closed visits were informed of the appeal procedure, and each case was reviewed monthly.
- 7.9 Prisoners complained to us that they were routinely required to squat during a strip search. Staff told us that prisoners were not routinely required to squat during the full search in reception or during routine cell searches but that they were invariably required to squat during a target search. Most target searches were done in response to intelligence relating to drugs, mobile telephones or weapons, and staff indicated that they would require a prisoner to squat in any of these circumstances, regardless of whether there was any intelligence to suggest that they may have an item secreted. The searching records for routine and target searches did not indicate whether prisoners had been required to squat, and searching staff did not require a manager's authority for this, so it was difficult to establish how frequently squat searching was used and how effective it was in finding secreted items.

## Rules

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- 7.10 All prisoners were given a comprehensive induction pack, including information about prison rules. The daily regime and local rules were widely publicised on notice boards in all residential areas and prisoners were aware of the standards of behaviour expected of them.
- 7.11 We found evidence of staff dealing with minor infringements informally, explaining to prisoners what was expected of them before resorting to more formal measures such as incentives and earned privileges (IEP) warnings or formal disciplinary procedures.

## Recommendations

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- 7.12 The prison should review its objective of searching all prisoners within 72 hours and closed visits policy to ensure that the results are proportionate to the detrimental effects on prisoners and their family and friends.
- 7.13 Prisoners should only be asked to squat in exceptional circumstances where there is specific intelligence to suggest they have an item secreted. A log of all squat searches should be kept, detailing the reasons, authorisation and details of any finds.

## Discipline

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### 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.

- 7.14 Adjudication hearings were conducted fairly, in appropriate surroundings. Punishments were fair and consistent with the published tariff. The number of use of force incidents was high in comparison with other local prisons, but a number of incidents involving a single prisoner had significantly contributed to the total. Most incidents were spontaneous but planned incidents were not routinely video-recorded. Use of special accommodation was relatively low and had been appropriately authorised. Two prisoners had been restrained with a body belt since the beginning of 2009; in both cases the use of the restraint had been properly authorised and appeared proportionate to the circumstances. The environment and regime in the segregation unit were reasonable and staff were respectful to prisoners. There was no multidisciplinary group monitoring the use of segregation.

## Disciplinary procedures

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- 7.15 There had been 445 adjudications in the six months before the inspection. Most of the charges were related to drugs and mobile telephones and fell under three charges: having an unauthorised article, refusing a direct order or providing a positive mandatory drug test.
- 7.16 The records we examined showed that most charges had been fully investigated. Adjudicators considered requests for legal advice as required, and witnesses were called when appropriate. Prisoners were given the opportunity to present their case and question witnesses. Reports from wing staff about prisoners' conduct were of a high standard. Punishments were consistent

- 7.17 The notice of charge was usually served on the evening before the adjudication hearing, giving prisoners time to prepare their case, but was occasionally served on the day of the hearing. In these cases, it was difficult to establish if prisoners had been given sufficient time to prepare, as adjudicators did not record the start time of the hearing on the paperwork.
- 7.18 A health services professional saw all prisoners before their hearing, and completed an algorithm to indicate if there was any reason why they should not be segregated, although it was the responsibility of adjudicators to assess whether or not prisoners were fit for the adjudication.
- 7.19 The adjudication room was a pleasant, spacious room. Paper and pencils were available to enable prisoners to make notes during the hearing. A conference telephone was available to enable adjudicators to conduct adjudications using telephone interpreting services where necessary.
- 7.20 The independent adjudicator visited the establishment approximately every 21 days. The frequency had recently increased from once a month, as adjudicators had been unable to complete the number of hearings referred to them in the time available.
- 7.21 If the charges were proved, prisoners were informed verbally of the punishment and their right to appeal and were given a copy of the of the punishment sheet.
- 7.22 There was a published tariff for adjudication punishments which was reviewed by adjudicating governors. Prisoners were notified of their right to appeal against the result of the adjudication and were given a paper copy of the punishment as well as being told verbally.
- 7.23 Adjudication standardisation meetings were held quarterly. They were chaired by the governor or deputy governor and were well attended. The meeting also monitored trends, considered ethnic monitoring data and reviewed the use of the independent adjudicator

## The use of force

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- 7.24 There had been 98 uses of force between February and July 2009. This was similar to the level found at the previous inspection but higher than the comparator. Eleven of these incidents involved a single prisoner, who was restrained to prevent him from self-harming. Most of the incidents (over 90%) were spontaneous.
- 7.25 A 100% quality check of use of force paperwork had recently been introduced. At the time of the inspection, all quality checks had been conducted by a residential governor, with the assistance of a control and restraint (C&R) coordinator. We reviewed the paperwork for incidents which had occurred in the previous six months. The quality of the reports was generally good, incorporating a description of the events leading up to the incident and including details of attempts at de-escalation. The paperwork indicated that, wherever possible, incidents were quickly de-escalated and full relocation was rarely required. In a small number of cases, force had been used when it appeared that it could have been avoided. It was not clear whether these cases had been identified during the quality checking process or if any lessons learned had been conveyed to staff.

- 7.26 A small supply of C&R equipment was kept in a cupboard in the segregation unit; the rest was kept in a C&R store room. Both areas were well organised and the equipment was in good order, with a range of sizes available to fit all staff. All discipline staff were trained in the use of C&R techniques and over 90% of staff were in date, having been trained or undertaken refresher training in the previous 12 months.
- 7.27 Planned removals were not routinely video-recorded, and during the inspection a planned removal took place without arranging for a health services professional to be present, although no force was necessary on that occasion.
- 7.28 Special accommodation had been used only three times since the beginning of 2009, significantly fewer occasions than the 26 we noted at the previous inspection. Each case had been properly authorised and documented. The longest stay in a special cell had been approximately 3.5 hours, and records indicated that prisoners were relocated to normal cells in the segregation unit as soon as they ceased to be violent or refractory. Prisoners were not automatically strip searched before being placed in special accommodation, although all three prisoners who had been located in special accommodation since the beginning of 2009 had been strip searched and provided with sterile prison clothing. Strip clothing had not been used on the unit in 2009.
- 7.29 In January 2009, there had been two incidents when a body belt had been used to prevent prisoners from self-harming. We reviewed the paperwork relating to these incidents and discussed them with managers, and it appeared that the use of a body belt had been justified in both instances to prevent the prisoners from suffering significant injury.
- 7.30 A use of force committee monitored individual incidents, statistics and emerging trends. Use of force was also an agenda item in the security committee meeting.

## Segregation unit

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- 7.31 The segregation unit was situated on the A1 landing, which was the subterranean level of A wing. It had 16 cells, including a gated cell plus two special cells. Five of the cells were fitted with closed-circuit television cameras, which could be monitored from a screen in the unit office. In addition to the cells, the unit consisted of an adjudication room, servery, staff office, toilets and showers. The communal areas and cells were clean. The wide central corridor had a number of notice boards, providing information.
- 7.32 All cells, with the exception of the special cells, were equipped with normal prison furniture, which was removed only if a risk assessment indicated that cardboard furniture should be used. At the time of the inspection, the unit and cells were at a comfortable temperature, but members of the Independent Monitoring Board (IMB) indicated that in colder weather the cells could be cold and damp.
- 7.33 At the time of the inspection, there were three prisoners located on the unit. They had all been located on the unit with proper authority and each had had a safety algorithm completed by a health services professional. There was no protocol for the use of camera cells. The three prisoners located in the unit during the inspection had initially been located in cells equipped with cameras, although one was later moved, after damaging his cell. The reasons why the prisoners had been located in camera cells were not recorded.
- 7.34 On arrival on the unit, prisoners were given a rub-down search, or a strip search if there was a risk that they might be in possession of any unauthorised item(s) which could be used to self-

- 7.35 The daily healthcare round was usually done by a registered mental health nurse. Prisoners were also seen daily by a governor grade and a member of the chaplaincy team (see section on faith and religious activity). The IMB also made regular visits and the governing governor visited at least once a week. Cell cards and the roll board gave both the first and second names of prisoners located on the unit. We observed staff talking respectfully and appropriately to prisoners.
- 7.36 Rule 45 (good order or discipline) boards were well attended and multidisciplinary, with health services, IMB and chaplaincy representatives attending regularly. Prisoners were invited to attend and were offered the opportunity to talk with board members outside of the review.
- 7.37 Prisoners collected all their meals, including breakfast, from a servery area. The evening meal was served between 4.15pm and 4.45pm, much earlier than in other residential areas, which meant that there was up to a 15-hour gap between the evening meal and breakfast (see section on catering). Prisoners were offered daily showers, telephone calls, cell cleaning equipment and exercise, although they were only scheduled to have 30 minutes exercise each day. Subject to a risk assessment, prisoners could exercise in association with other prisoners on the unit. The exercise yard was unsuitable for its purpose. It was accessed by a metal stair case, which was slippery in wet weather and had an obsolete wheelchair access ramp and railings across the centre, which would be potentially dangerous in the event of an incident. The area was dark and grim and had no seating. Prisoners could attend the gym once a week, subject to a risk assessment, and all prisoners were offered in cell-education, which was facilitated by the education department. Cells were not equipped with televisions and prisoners were only provided with radios if they had one in-possession when they were on normal location. There was a unit library, which was refreshed from the main library every week, and prisoners had the same access to the prison shop and visits as those on normal location.
- 7.38 Staff had to apply to work on the unit and had to pass a selection board. All staff were approved to work on the unit by the governor and could only work there for two years, after which any extension had to be authorised by the governor. All staff had received training in C&R techniques, suicide awareness, assessment, care in detention and teamwork (ACCT) procedures and diversity. Most had also received training in adjudication procedures and mental health awareness.
- 7.39 All prisoners located on the unit were allocated a personal officer, and wing managers were encouraged to visit prisoners to facilitate their return to normal location. Segregation staff maintained a daily record of the prisoners in their care, including information on their behaviour, demeanour and how they spent their day. Any additional information and details of contact with other departments were recorded on the prisoner's individual history sheet. Each prisoner had a care plan; these were basic for prisoners who only spent a short time on the unit, but more detailed care plans were prepared for prisoners who located there for longer periods. All prisoners were unlocked by two officers unless a risk assessment indicated that additional staff were required.
- 7.40 There was no dedicated multidisciplinary segregation monitoring and review group (SMARG) to monitor adherence to Prison Service Order 1700 and trends in the use of segregation. Most

## Recommendations

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- 7.41 Managers should ensure that any unnecessary use of force is identified, individual officers involved should be challenged and any lessons learned should be communicated to staff.
- 7.42 All planned removals should be video-recorded.
- 7.43 After every use of force, prisoners should be interviewed by a manager to check their safety and ensure that they understand what has occurred and why. Notes of these interviews should be recorded and retained with the use of force documentation.
- 7.44 Health services staff should attend all planned removals.
- 7.45 Prisoners should have access to at least one hour of exercise in the fresh air every day.
- 7.46 Seating should be provided on the exercise yard, and the safety of the exercise yard should be reviewed.
- 7.47 All segregated prisoners should be provided with a radio unless the privilege has been removed as part of an adjudication punishment.
- 7.48 There should be a multidisciplinary staff group, which meets at least quarterly, to monitor adherence to Prison Service Order 1700 and trends in the use of segregation.

## Housekeeping points

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- 7.49 Adjudicators should record the start time of hearings on the adjudication record.
- 7.50 The temperature of the segregation unit should be maintained at a comfortable level.
- 7.51 The segregation unit induction booklet should be available in a range of different languages.

## Incentives and earned privileges

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### 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.

- 7.52 The basic level of the incentives and earned privileges (IEP) scheme was used sparingly to monitor and support prisoners and return them as soon as possible to the standard level. Recent changes had focused on providing additional privileges at the enhanced level. A monthly behavioural rating system for all prisoners was not sufficiently consistent, nor

adequately supported and checked by managers, to be effective as yet. There was some evidence, from our survey and from statistics, that minority groups may have been disadvantaged recently in the application of the IEP scheme, particularly in terms of access to the enhanced level.

- 7.53 There were reasonable proportions of prisoners on the three incentive levels, with consistently few on the basic level. Those on the basic level had all received care plans, been given proper warnings before downgrading and were given support to return to the standard level. There was a good daily monitoring system for those on the basic regime, with daily recording of behaviour and disposition. Recent efforts had been made, in consultation with enhanced level prisoners, to upgrade the privileges given at the enhanced level, in order to motivate prisoners to achieve this level. As a result, several extra items were now permitted in-possession for enhanced level prisoners.
- 7.54 The policy had recently been reviewed and updated. A monthly rating system across six areas of custodial behaviour had been devised, for incorporation into individual wing records, but it had been inconsistently implemented. The management checks required by the published system were often not carried out. Prisoners could appeal against review decisions, and the IMB was invited to be present at the hearing of appeals.
- 7.55 There was evidence of a problem of prisoners from minority groups not being promoted to the enhanced level of the IEP scheme. The proportion of black and minority ethnic prisoners on the enhanced level had remained towards the lower end of the expected range in the previous 12 months, but in June 2009 dropped for the first time significantly below the expected range. Black and minority ethnic prisoners were not over-represented at the basic level, and the number of black and minority ethnic standard prisoners had tended towards the top end of the expected range. At the time of the inspection, the proportion of black and minority ethnic enhanced prisoners was lower than that of white prisoners (although the small numbers involved make it hard to draw conclusions, based on these statistics alone). In our survey, significantly fewer black and minority ethnic, foreign national and Muslim prisoners than their white, British national and non-Muslim counterparts said that the IEP scheme motivated them, and significantly fewer foreign national and Muslim prisoners said that they were treated fairly under the IEP scheme. In addition, a significantly smaller proportion of all three of these groups were on the enhanced level of the scheme than were the remainder of the population.

## Recommendations

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- 7.56 **Managers should review the monthly incentives and earned privileges (IEP) rating system in order to ensure consistent implementation and reliable management checks.**
- 7.57 **Managers should examine whether specific groups (defined by ethnicity, nationality or religion) have less opportunity to reach the enhanced IEP level than others, and take action on the basis of the evidence.**

## Good practice

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- 7.58 *The Independent Monitoring Board was invited to be represented at the consideration of all appeals against decisions on IEP level.*

# Section 8: Services

## Catering

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### 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.

- 8.1 The new kitchen was impressive, with additional classroom space for kitchen workers to undertake training. Prisoners responded similarly to the comparator about whether the food was good, and foreign national prisoners responded significantly better than British nationals about the food. Meal options were poor for prisoners who selected halal meals, and separate utensils were not used to handle food which could be served as a halal option. Meals were served too early on the segregation unit and healthcare department. The supervision of the meal queues on some wings was poor. The food we sampled was largely of good quality. There was good consultation with prisoners and the diversity menus were a good initiative.
- 8.2 The new kitchen was located to the rear of the establishment and was an impressive building in which to store and prepare food, with additional classroom space for kitchen workers to undertake training. There were seven caterers and two catering supervisors. A maximum of 28 prisoners could be employed in the kitchen and were all located on G wing, which was closest to the kitchen. Although they were only required to work six days a week, they were able to work overtime and receive payment for this. Fifteen of the prisoners employed in the kitchen at the time of the inspection had registered to undertake National Vocational Qualification (NVQ) level one, and catering staff could facilitate NVQ level two for prisoners who met the standard.
- 8.3 In our survey, a similar proportion of prisoners as the comparator said that the food was good or very good, and foreign national prisoners were significantly more positive than British nationals about the food. The menus provided prisoners with a diverse range of meal options and a healthy, vegetarian and fish option was available daily. There was only one pudding option. Meal options were poor for the 120–180 prisoners who selected halal meals at any one time. While the main population had a three-week menu cycle, there was only one halal meal option; prisoners told us that it became repetitive and they often did not choose a meal but used their prison shop supply for their meals.
- 8.4 Halal meals were sent to the wings in foil containers, and prisoners could choose to have rice or potatoes with their meals. The catering manager told us that if prisoners wanted any of the vegetables on offer from the main menu, kitchen staff would need to be informed by wing staff, so that it could be placed in a container. Given the number of prisoners accessing halal meals, it was unlikely that staff would have the time to contact the kitchen. Separate utensils were not used on the serveries to handle food which could be served as a halal option (such as vegetables). Although the serving of halal meals was problematic, the preparation and storage of halal food was undertaken in one dedicated area in the kitchen.
- 8.5 A diversity menu was produced each month, which prisoners could select from; during the inspection, a Chinese menu was available and prisoners spoke highly of these extra options. The catering manager had diversity menus planned for the remainder of the year and was making preparations for Ramadan and Black History Month. Medical diets and religious diets were catered for and the catering manager liaised with health services staff.

- 8.6 Prisoners received breakfast packs on the evening before they were to be eaten, lunch was served between noon and 12.30pm and the evening meal was served at 6pm. Meals were served too early on the segregation unit and healthcare department, from 4–5pm. Depending on which landing was unlocked first for their meals, some prisoners could wait up to half an hour to receive their meal, by which time the quality of the food would have significantly deteriorated.
- 8.7 All severy staff wore appropriate whites and gloves while serving meals, and they had all completed a basic food hygiene course, delivered by catering staff. The supervision of the meal queues on some wings was poor. On one wing, we observed prisoners working behind the severy removing an item of food from the severy, to be eaten by them and their companions.
- 8.8 Portion control was poor, with prisoners who were friendly with the severy workers receiving more food, as well as severy workers being pressured to serve larger portions. The catering manager told us that more food was provided than the quantity required, but that he still received telephone calls regarding food running out.
- 8.9 The food we sampled was largely of good quality. Food probes were available on the wings, but severy workers did not routinely check and record the temperature of the food. The severies were cleaned after each meal serving and were well maintained. There was good consultation with prisoners, and the catering manager attended prisoner consultation committee meetings and responded to requests. Surveys were issued to wings but the response rates were poor; seven had been returned from A wing in July 2009. Comment books were available but not accessible to prisoners on all wings.

## Recommendations

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- 8.10 There should be a larger selection of halal meal options, including vegetables.
- 8.11 Separate utensils should be used to handle any food which can be served as a halal option.
- 8.12 Meal queues should be better supervised. Prisoners who push in should be challenged and returned to their place, and orderlies should be directly supervised to prevent them from being pressured to give larger portions.
- 8.13 Prisoners should be unlocked and have access to their meal in a timely manner.
- 8.14 Meals served in the segregation unit and healthcare department should be brought in line with the rest of the establishment.

## Housekeeping point

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- 8.15 The food comments books should be available on the severy during the serving of the meal.

# Prison shop

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## 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.**

**8.16** Staff and prisoners reported a poor service from the prison shop. Recent price rises had resulted in many being higher than those in the community, and the contractor failed to supply replacement items when stock was unavailable. The establishment had worked hard to mitigate the impact of these failures – for example, stepping in to make refunds and undertaking thorough consultation with prisoners – but the contractor had not attended any prisoner consultation meetings. The delivery system for purchased items presented opportunities for bullying on some wings.

**8.17** Nine months into the new national contract, some of the initial local problems had been resolved, but the service was still causing widespread dissatisfaction. A manager reflected the mood of prisoners in describing it as 'atrocious'. A round of price rises in August 2009 had resulted in many prices being markedly higher than those in the community. An example given was razor blades, which had risen from £5.86 to £7.99 and were nearly £1.00 more expensive than in the community.

**8.18** The establishment had been proactive in organising prisoner meetings to make best use of the quarterly stock review cycle, and had been flexible in adding to the list of permitted items some which had previously been ruled out on security grounds. Considerable resentment was caused by the failure to supply replacement items when requested lines were out of stock, and refunds were often made late or not at all by the contractor. The establishment mitigated the impact of these failures by making refunds themselves and recouping from the contractor, where possible. Although the contractor had been consistently invited to attend prisoner consultation meetings, it had never sent a representative. The 'catalogue' system for larger items, administered by an operational support grade, worked well, in spite of pressures arising from a recent reduction in staffing.

**8.19** There were reports of bullying for purchased items while prisoners returned to their cells from collecting their shop items, on wings where the bags were not delivered to cell doors. The contractor had declined to sort bags in order of cell location, on the basis that this was not specified in the contract.

## Recommendations

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**8.20** Prison managers should ensure that there is representation from the prison shops contractor at the quarterly prisoner consultation meetings and at other consultative meetings where possible and appropriate.

**8.21** Managers should review the prison shops pricing policy regularly in order to ensure approximate parity with retail prices in the community.

**8.22** Managers should negotiate with the prison shop contractor to ensure that equivalent alternative items can be supplied, where appropriate, in lieu of ordered items which are not in stock.

8.23 Managers should alter arrangements for the delivery of shop orders to ensure that the risk of bullying is minimised.

# Section 9: Resettlement

## Strategic management of resettlement

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### 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 There was no resettlement strategy but there was an action plan which outlined the objectives of each of the reducing reoffending pathways and the targets. A needs analysis had been completed in September 2008, with the main focus on the resettlement needs of remand and short-term prisoners. There were few offending behaviour programmes, and the main focus was on moving prisoners on to training establishments. There was limited access to pre-release courses and there were no pre-discharge boards.
- 9.2 There was no resettlement strategy but an action plan was available that was described as a working document which outlined the objectives of each of the seven reducing reoffending pathways and the targets. The establishment had adopted an eighth reducing reoffending pathway – victims of crime: individuals and the community. A needs analysis had been completed in September 2008, using data from the offender assessment system (OASys) assessments, as well as custody care plans from the establishment. It had identified significant gaps in the reintegration planning and provision for remand and short-term prisoners.
- 9.3 The resettlement action plan was reviewed at the quarterly resettlement committee meeting, which was attended by pathway providers and pathway leads and focused on outcomes for prisoners across the eight pathways. Action was being taken to develop some of the pathways, particularly finance, benefit and debt, but the needs of short-term and remand prisoners were not sufficiently met.
- 9.4 The limited number of offending behaviour programmes offered was appropriate for the population, and the focus was on moving prisoners on to training establishments, although this was becoming problematic (see section on categorisation). Managers concentrated on developing courses relevant to prisoners' reintegration needs. The focus on resettlement (FOR) course was a new initiative for prisoners who had been sentenced to between one and four years (see section on attitudes, thinking and behaviour).
- 9.5 There was limited access to pre-release courses and the policy to review any outstanding needs six weeks before release was not met. There was no formal monitoring of whether prisoners' resettlement needs were being sufficiently met or ongoing consultation. Nevertheless, 20% of sentenced prisoners said that they had been helped by a member of staff to prepare for their release, against the 15% comparator.

### Recommendations

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- 9.6 An overarching reducing reoffending strategy should be produced and reflect the needs of the population.
- 9.7 Pre-discharge boards should be run at least six weeks before prisoners are released.

## Housekeeping point

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- 9.8 Prisoner consultative meetings should include an agenda item about resettlement issues.

## Offender management and planning

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### 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.

- 9.9 Sentence plans and offender assessment system (OASys) assessments were prepared by the offender management unit on time. Sentence planning processes were efficient and inclusive. Contact with prisoners in scope of offender management was good but the plans drawn up on other convicted and remand prisoners were not effectively monitored. The management of prisoners serving indeterminate sentences was sound. Arrangements for public protection and licence recalls were robust and fairly applied. Home Detention Curfew decisions were risk averse and opportunities for prisoners to benefit from the scheme were too restrictive. Release on temporary licence was not used. The processes for initial categorisation and regular reviews were sound and thorough. The scope for moving convicted prisoners on to training establishments was severely limited.

## Sentence planning and offender management

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- 9.10 The prison held a complex range of prisoners, presenting a significant challenge in terms of offender management. At the time of the inspection, there were 183 remand prisoners, a further 128 awaiting sentence and 346 sentenced prisoners. Of the sentenced prisoners, 108 were sentenced to less than 12 months, 115 were in scope of phase two of offender management and 30 were sentenced to an indeterminate sentence for public protection (IPP). There was also a small (seven) population of life-sentenced prisoners.
- 9.11 An offender management unit (OMU) had been established, staffed by a mixture of trained prison staff and seconded Probation Service staff. There were dedicated staff allocated to meeting the needs of prisoners with IPP sentences and lifers. There were two officers responsible for OASys planning for prisoners out of scope of offender management and an officer who had responsibility for drawing up needs assessments for prisoners sentenced to less than 12 months. Needs assessments for remand prisoners were allocated across the team.
- 9.12 In our survey, 44% of prisoners said that they had a sentence plan, against a local prison comparator of 38%, and 68% said that they were involved in its development, against the 60% comparator.
- 9.13 OASys assessments for prisoners who were out of scope of offender management were kept up to date within agreed timeframes, and these prisoners had sentence plans that had been agreed between the OASys supervisor and the prisoner. The plans we looked at were appropriate to the risks and needs identified. Referrals had been made to meet the needs identified, including to interventions, advice services and work opportunities.

- 9.14 Sentence plans for prisoners in scope of offender management were in place and were agreed at sentence planning boards. Attendance by offender managers was high, as most were based locally, with only minimal need for the use of video link. The prison had recently introduced the option of inviting family members to boards. OASys assessments on these prisoners were completed by the offender manager after the sentence planning board, but the OMU did not always receive a copy and did not know if they were completed on time.
- 9.15 The head of offender management quality assured 10% of OASys assessments and provided thorough feedback to offender supervisors.
- 9.16 We observed a sentence planning meeting for a priority or prolific offender with a long-standing drug problem. The community-based offender manager, the offender supervisor, a prison-based counselling, assessment, referral, advice and throughcare (CARAT) worker and the prisoner were present. Although the professionals had clear ideas about the interventions they wanted him to undertake, the prisoner's views were considered and challenged in order to arrive at an agreed plan.
- 9.17 Offender supervisors contacted prisoners in scope of offender management at least every four weeks to monitor progress on their sentence plans and to take any action required to progress the plan.
- 9.18 The prison did not provide the accredited programmes required for most prisoners to progress through their sentence, so the emphasis was on allocation of prisoners to appropriate establishments. This was a constant challenge because of the inadequate provision of certain facilities and programmes in the area, especially the integrated drug treatment system (IDTS) and the controlling anger and learning to manage it (CALM) programme. OMU staff also worked in the observation, classification and allocation (OCA) unit, so they were able to maximise the opportunities available. They were particularly effective with IPP prisoners and had links with prisons out of the area, but this involved compromises such as 'swaps' of prisoners.
- 9.19 Sentence plans for prisoners sentenced to less than 12 months were drawn up within a week of sentence. Those we inspected identified appropriate activities, work opportunities and resettlement needs. Referrals were made to appropriate departments and services in the prison. There were similar needs assessments, known as custody care plans, for remand prisoners, but these were not always completed promptly on arrival at the prison. Those we examined identified any issues for prisoners who wished to participate, and appropriate referrals were made.
- 9.20 Although assessments and planning covered the wide range of prisoners at the establishment, they were not monitored and followed up for those out of scope of offender management. While OASys targets were copied to prisoners' files, other forms of custody planning targets were not and staff did not engage in ongoing work with prisoners around these targets.
- 9.21 Prisoners entitled to home detention curfew (HDC) were invited to apply well before their release eligibility date. Those without a suitable address were offered help through the ClearSprings organisation. Prisoners were informed if they had been assessed as not being entitled to apply, and could challenge the decision. Only 8% of those applying for HDC were granted it. Some cases we examined were disproportionately risk averse.
- 9.22 Early conditional licence operated efficiently, with an average of 35 releases over the previous four months. The addresses of prisoners with post-custody supervision were checked with their home probation officers.

- 9.23 Release on temporary licence (ROTL) was theoretically available for prisoners on application but in practice was not used, despite active links with community programmes.
- 9.24 There were 77 recalled prisoners at the time of the inspection. Recalled prisoners were interviewed on the morning after arrival at the prison and an assessment made of their likelihood to self-harm. They were provided with an information pack which explained the recall process, the time limits for challenging the decision and the possible release date. Prisoners received information from the recall unit within five days of recall, so they were aware of the reasons and whether a 28-day recall applied.

## Categorisation

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- 9.25 Initial categorisation was based on a thorough analysis of information and interview with the prisoner, taking account of previous convictions in all cases. The regular review process was conducted on the basis of good information from relevant departments and on wing reports from the personal officer. There were no ad hoc reviews in response to a change in risk or to prisoner application. Prisoners were not able to attend recategorisation boards but could make a written submission.
- 9.26 The allocation of category C prisoners, of whom there were 394 at the time of the inspection, was problematic, being severely restricted by factors outside the establishment's control. Few places became available at nearby category C establishments – some recent changes of criteria, such as the emphasis on foreign national prisoners at HMP Risley, had further limited the number of places available for transfer from Preston. The roll-out of the IDTS was still creating bottlenecks. There were 68 convicted category C prisoners on methadone maintenance. HMP Haverigg (the most common destination for category C prisoners from Preston) had many more prisoners on methadone maintenance than had been planned for, with the result that there had been no such places there for six weeks before the inspection. There was too little such provision in other category C prisons in the north-west area. Further, the limited local availability of offending behaviour programmes required allocation to distant locations; for example, those needing programmes to address sexual offending were often transferred as far as Hull or Acklington.

## Public protection

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- 9.27 The public protection unit was staffed by two probation officers and a clerk who managed 114 public protection cases. There were also three prison officers who undertook the role of public protection liaison. All new arrivals were checked for public protection issues and a weekly meeting with security representatives was held to identify risk management requirements. Assessments and risk management requirements were communicated to visits, PIN telephone and security staff.
- 9.28 Prisoners identified as high risk were visited and provided with written information about the implications of their status. They were informed of restrictions and monitoring that would apply to visits, telephone calls and letters. They were also provided with information on how to apply for contact with children and how to challenge any restrictions. Prisoners could access their files on application to inform them of how risk management decisions have been made.

## Indeterminate-sentenced prisoners

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- 9.29 The management of IPP and life-sentenced prisoners was undertaken by two senior officers. While most IPP prisoners had been at the establishment for less than six months. The offender supervisors were persistent in identifying options for these prisoners, often out of the area, and continued to seek progression when a proposed move did not take place. Examples included a prisoner who had self-harmed to sabotage planned moves, prisoners who had been returned from out of the area because they were unsuitable for programmes, and another who was being assessed for a place at HMP Grendon.
- 9.30 Of the seven life-sentenced prisoners at the establishment, one was methadone dependent and the others had had moves agreed but were awaiting spaces at the receiving prisons or the completion of parole board hearings.
- 9.31 Because of the emphasis on moving indeterminate-sentenced prisoners, there were few specific services for them. However, there were separate monthly meetings for lifer and IPP prisoners, which involved consultation and guest speakers.

## Recommendations

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- 9.32 The offender management unit should receive a copy of the offender assessment system (OASys) after a sentence planning board and have a system for chasing this up.
- 9.33 Custody care plans should be completed and arrangements started within a week of a prisoner arriving at the establishment.
- 9.34 There should be a clear delegation of responsibility to wing staff for the monitoring and regular reviews of custody care plans, short-term sentence plans and OASys plans for prisoners out of scope of offender management.
- 9.35 There should be a full pre-discharge board for all prisoners at least six weeks before release, sentence length permitting.
- 9.36 The criteria applied to home detention curfew applications should be reviewed to make them less risk averse and to increase the number of successful applicants.
- 9.37 Release on temporary licence should be actively promoted and used as part of the resettlement strategy.
- 9.38 Ad hoc reviews of categorisation should take place when a prisoner makes a cogent application, or when there is a change in risk.
- 9.39 Prisoners should have the opportunity to present their case for recategorisation in person.
- 9.40 Access to offending behaviour programmes in the north-west area should be reviewed in order to reduce the number of out-of-area transfers.

# Resettlement pathways

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## 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.

9.41 There was a full-time housing officer but her department was not adequately resourced. There were also links with external accommodation services. Formal access to information, advice and guidance before release was not routinely available. The prison had developed links to local community agencies to help support prisoners secure employment or training on release. Prisoners were seen by a nurse in reception on the day before they were discharged. Those on the care programme approach who were known to the mental health in-reach team were referred to community services before release. Benefit advice and assistance was provided by Jobcentre Plus. There was no developed financial advice. Prisoners were helped to prepare to set up a bank account on release.

## Reintegration planning

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### Accommodation

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- 9.42 A full-time accommodation officer, seconded from Nacro, was located in the prison and provided a range of services to prisoners directly, and through arrangements with community-based organisations. She worked alone and received 70 referrals and applications a month, a workload she struggled to cope with.
- 9.43 The prison had a target of 80% of prisoners being discharged to settled accommodation. Eleven per cent of those released in the previous three months had been homeless. The accommodation officer aimed to assess each prisoner's accommodation needs within a week of arrival but had failed to do so during March and April 2009 due to staff shortages, although this had improved at the time of the inspection.
- 9.44 A full housing assessment was carried out on sentenced prisoners who were homeless. Homeless remand prisoners were provided with advice and information. There were no prisoner orderlies trained in this role who could have taken on some of the burden carried by the accommodation officer.
- 9.45 The accommodation officer had established links with providers in the local community, including private landlords, voluntary organisations and local authorities. Some visited the prison to interview and advise interested prisoners. ACE and Developing Initiatives Supporting Communities (DISC) provided resettlement advice and support for released prisoners, and ACE workers visited the prison weekly. The accommodation officer helped prisoners to end or sustain tenancies, as appropriate to their length of sentence, and liaised with landlords directly to ensure that arrangements were in place. Prisoners who had rent arrears were offered a repayment scheme which would build up a repayment history for them, to help in future applications for accommodation.

- 9.46 A modular programme was introduced in January 2009 which taught skills in finding and sustaining accommodation. The course was called 'practical housing units' and was designed to be continued in the community. Two modules could be completed in the prison, and once a released prisoner had achieved five modules he was eligible for priority housing status with local authorities.

### **Education, training and employment**

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

- 9.47 The learning and skills department had developed limited links with the OMU. Formal access to information, advice and guidance before release was not routinely available.
- 9.48 The education, training and employment worker provided advice on the production of CVs, job applications and dealing with disclosure, at a pre-release interview. The short preparation for work course offered by the education provider was primarily designed to prepare prisoners for work within the prison estate and was not available to everyone. Other courses offered by the education department helped prisoners to improve their employment opportunities. Achievement on employability courses was good. Vulnerable prisoners had few opportunities to gain accredited qualifications to enhance their employability.
- 9.49 In commercial workshops for main location prisoners where there was no accredited qualification, prisoners developed a good work ethic. The prison had developed links to local community agencies to help prisoners to secure employment or training on release. The prison's area key performance target for prisoners leaving with employment on release was 25%, which the prison had met.

### **Mental and physical health**

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- 9.50 Prisoners were seen by a nurse in reception on the day before release. They were weighed, although there was no clear reason why, and were provided with a useful discharge information sheet, although this was not done consistently. Prisoners' GPs were sent a letter to inform them that their patient had been in prison, but it was not clear that this was always with the prisoner's consent.
- 9.51 Prisoners on the care programme approach who were known to the mental health in-reach team were referred to community services before release, and whenever possible a case conference was organised.
- 9.52 The inpatient unit could accept patients with palliative care needs if required.

### **Finance, benefit and debt**

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- 9.53 There was a full-time coordinator from Jobcentre Plus at the prison who saw prisoners during induction to ensure that claims were closed, and before release to arrange for fresh claims to be made. She saw up to 150 prisoners a month in this role and was able to book appointments with Job Centres for those being released.
- 9.54 There was limited debt advice available. The local authority debt counsellor visited intermittently and an agreement had been made for the secondment of a Citizens Advice worker, who was waiting for security clearance at the time of the inspection. No prisoners had been trained in advice services.

- 9.55 The infrequency of resettlement courses, coupled with short sentences, precluded some prisoners from benefiting from them before release.
- 9.56 Prisoners were offered advice on setting up a bank account on release. There were no formal arrangements with a bank to facilitate this but prisoners were provided with appropriate identification and helped to obtain official documents to aid the procedure.

## Recommendations

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- 9.57 The housing office should be adequately staffed.
- 9.58 Prisoners should be recruited and trained to undertake assessments of housing need and to give appropriate advice.
- 9.59 All prisoners should have the opportunity to complete an appropriate pre-release process.
- 9.60 Access to vocational training for vulnerable prisoners should be improved.
- 9.61 All prisoners should be given information and assistance in accessing health services in the community on release.
- 9.62 The Citizens Advice worker should be security cleared as soon as possible and start providing a service to prisoners.
- 9.63 Prisoners should be recruited and trained in providing advice on employment, benefits and debt to other prisoners.

## Housekeeping point

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- 9.64 The letter sent to a prisoner's GP should maintain his confidentiality and only reveal that he has been in custody with his written consent.

## Good practice

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- 9.65 *The practical housing units programme was a creative initiative to equip prisoners with the skills to resolve their problems.*

## Drugs and alcohol

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- 9.66 The establishment had developed an integrated substance misuse strategy and was increasing alcohol services. Group work was currently limited to weekly integrated drug treatment system sessions on the drug dependency unit, but prisoners could access the short duration programme (SDP), which benefited from input provided by community agencies. There were effective joint working arrangements between counselling, assessment, referral, advice and throughcare (CARAT) and SDP teams.

- 9.67 The head of offender management acted as the establishment drug coordinator, and a drug strategy/programmes manager coordinated the different strands of the strategy effectively.

- 9.68 There was an integrated drug and alcohol strategy, which was informed by both an alcohol and a drug treatment needs assessment, and a focus on developing alcohol services. The strategy's action plan and performance targets were out of date.
- 9.69 The CARAT service consisted of a manager and five drug workers from Lifeline, as well as two officers and two administrative staff. Funding had been agreed for an additional two posts. The team was well managed, and all staff could access appropriate case supervision and training events, but their accommodation (consisting of two decrepit and overcrowded prefabricated buildings) was inadequate. There were plans to co-locate the team with clinical and offender management staff in a renovated building.
- 9.70 The CARAT team was meeting its target of conducting 1,300 triage assessments a year, but ongoing, structured one-to-one work with prisoners was limited. All new arrivals received service information and harm reduction advice individually within three days, and those located on the drug dependency unit were seen the following day.
- 9.71 The active caseload stood at 329 in August 2009, with another 17 files suspended. Group work was limited to a weekly IDTS module held on the drug dependency unit. Prisoners on general location told us of difficulties in accessing CARAT workers, and this seemed to be due to a delay in applications reaching the team.
- 9.72 Ongoing work with primary alcohol users was not part of the team's remit, but links with community alcohol services had been established. There had been no dedicated alcohol worker in post since March 2009, but funding for a full-time replacement had recently been secured. In the meantime, service provision consisted of the short IDTS alcohol module, a two-week alcohol awareness course run by the learning and skills department and limited input by Alcoholics Anonymous (AA).
- 9.73 The CARAT service was represented at appropriate multidisciplinary meetings, and a range of joint working protocols had been developed. A protocol with health services had not yet been implemented; the team liaised with clinical staff about the throughcare needs of individual prisoners, but services were not yet integrated. There was good communication with the OMU; CARAT workers sent copies of care plans and attended sentence planning meetings. They also contributed to the FOR programme's 'marketplace' (see section on attitudes, thinking and behaviour).
- 9.74 One of the CARAT workers acted as the link to the short duration drug programme (SDP); he provided assessments and referrals and attended pre-course meetings. The programme team consisted of a civilian treatment manager, a facilitator from Lifeline and two officers. Joint team meetings and workshops facilitated good communication between the services and the introduction of detailed joint care plans.
- 9.75 The SDP was open to prisoners on remand and to those serving short sentences. The prison had not achieved the target of 240 starts in the previous last year, and the course had been stopped after an audit in December 2008. Re-launched in April 2009 with a reduced target of 120 starts, the programme was now well managed and set to exceed the completion target of 78 in 2009; the team had just received an audit result of 100%. Prisoners spoke highly of the support they received in the SDP. Graduates contributed to pre-course sessions, and there were plans to extend the buddy system to include such prisoners. Participants could also undertake a creative writing course offered by an outside agency, and auricular acupuncture

- 9.76 Pre-release planning was undertaken on a one-to-one basis, and links had been established with local drug intervention programmes (DIPs). Three local DIP teams had appointed prison link workers, who also attended IDTS meetings at the establishment. There were plans to strengthen links further by providing these workers with keys and office space once the CARAT team re-located.
- 9.77 All prisoners could participate in the establishment's voluntary drug testing programme. The dedicated testing suite was located on C wing. The target of 230 compacts and 345 tests each month was met, with testing conducted by C wing officers. A new compact-based drug testing programme had been developed, which was not linked to the incentives and earned privileges (IEP) scheme, but a separate compliance testing compact for incentive- and employment-based testing was not available.
- 9.78 In our survey, 76% of prisoners reported receiving help with their drug or alcohol problem, against the 68% comparator, and 83% had found the help or intervention useful, against the 77% comparator.

## Recommendations

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- 9.79 The substance misuse strategy should contain up-to-date action plans and performance measures.
- 9.80 The establishment and the counselling, assessment, referral, advice and throughcare (CARAT) service should ensure that prisoners' self-referrals are processed promptly.
- 9.81 The establishment should provide the CARAT team with adequate office accommodation and interview and group work rooms.
- 9.82 There should be a clear distinction between voluntary and compliance drug testing.

## Good practice

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- 9.83 *CARAT and short duration drug programme (SDP) teams worked closely together and had introduced joint care plans for the prisoners in their care.*
- 9.84 *SDP participants benefited from the input of community agencies, which included a creative writing course.*

## Children and families of offenders

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- 9.85 Prisoners and visitors complained that it was difficult to book a visit, and visitors had to queue outside to wait for the start of visits. It took some time for all visitors to gain entrance to the visits hall, delaying the start of their visit. Information for visitors was provided in a range of leaflets and notices, and in an inadequate handbook. The visits hall was bright and well decorated. The play area was not supervised and queues for the snack bar curtailed visiting time. A survey of prisoners and their visitors was being conducted, and some of the results had

been analysed. The chaplaincy ran an active voluntary visitors scheme. There were excellent family visiting arrangements.

- 9.86 Prisoners were issued with a visiting order on reception; subsequently, sentenced prisoners could have two visits every 28 days. Remanded prisoners were allowed three visits a week, one of which had to be at the weekend.
- 9.87 Prisoners on the enhanced level of the IEP scheme were allowed four extra visits a month and prisoners on the basic level had their visits restricted to one hour.
- 9.88 Visits were normally between 1.45pm and 3.45pm every weekday, and up to three adult visitors were admitted for each prisoner. There were no limits on the number of children visiting and we observed extra chairs being provided to accommodate a prisoner's children. No evening visits or homework club were provided for children visiting.
- 9.89 Visits for vulnerable prisoners took place at the same time as for other prisoners. A note we received from a vulnerable prisoner raised the concern that this arrangement made their visitors vulnerable to abuse. We asked prisoners and staff if they shared this concern and found that they were satisfied with the arrangements. Vulnerable prisoners we spoke to told us that their visitors had not experienced abuse and that arrangements to keep their status hidden from other prisoners and visitors were adequate. They felt that the existing arrangements provided them with equal access to visits in a safe environment.
- 9.90 Visitors could book visits by telephone during specific periods on weekdays. Prisoners and visitors we spoke to complained of difficulties getting through on the booking line. One prisoner's mother told us that she had tried for an entire morning period to get through, without success, and other visitors told us of similar experiences. We tried the telephone booking line ourselves and it was answered after six rings. We were told by the staff answering the telephone that they had booked more than 50 visits that morning by the time we called, at 10.45am. There was no email booking system, although there was one for legal visitors, and visitors could only book a further visit when leaving the visits hall by a telephone, which was often engaged.
- 9.91 A visitors handbook had been produced. It contained information about booking and attending visits, contact details for those wishing to raise concerns about prisoners, and information about a range of support and advisory services for families. However, this was not actively provided to visitors and some important information was inaccurate, contradictory or unclear. There was also a range of information leaflets available for prisoners and their families about support services, including notices on wing telephone booths, and notices in the visitors' centre. Basic information concerning visits was also contained in the visiting orders.
- 9.92 The entrance to the visits hall was a long way from the visitors' centre where visitors booked in. After booking in, visitors had to queue outside the unit, without any shelter.
- 9.93 The searching of visitors that we observed was respectful, but the large number meant that it was hectic and it took a long time for visitors to gain entrance to the visits hall; this could delay the start of their visit by up to 30 minutes. If visitors had not arrived at the start of visits, prisoners could be taken back to the holding area but were not prevented from having the visit if their visitor arrived late.
- 9.94 The visits hall was modern, bright and airy, with room for 54 prisoner visits at fixed tables. It was rather sparse but some progress had been made in decorating the area. The refreshments kiosk did not open until after visits had started and this led to some queuing,

- 9.95 Prisoners arriving for visits underwent a rub-down search. Vulnerable prisoners were held separately in a second holding room. Contact between prisoners and visitors was relaxed and there appeared to be no restrictions on physical contact. On leaving visits, 10% of prisoners were subjected to a strip search, as well as those whose behaviour might have raised suspicion.
- 9.96 There were three closed visits rooms, which accommodated up to ten prisoners at any one time (see section on security and rules). In each booth there was one partition, which did not provide adequate privacy for all the prisoners on closed visits.
- 9.97 The visits manager had conducted a survey of prisoners and visitors. She had analysed the prisoners' results and identified many of the issues that we raised during the inspection.
- 9.98 The chaplaincy ran an active prison visitors scheme with five volunteers, who met every six months for support and training. They visited in normal visits and on the wings.
- 9.99 There were two excellent family visits schemes. Family days were available for enhanced and standard regime prisoners every eight weeks. A range of advice agencies and Sure Start attended to provide information for families.
- 9.100 Coffee mornings, held every two weeks for a maximum of 20 prisoners, were open to all IEP levels by application and were a means of encouraging interaction between prisoners and their children through play and shared learning.
- 9.101 The visits manager was also the family liaison officer and a member of the reducing reoffending committee. This arrangement was reflected in the way that policies and practice in resettlement and visits were inclusive of families.
- 9.102 The visits manager provided casework support on family issues, including child contact, liaison with social services and putting families in touch with helping services. She took applications from prisoners and referrals from staff and external agencies. She had established links with community-based services such as Sure Start, families of ex-offenders organisations and community child play. These provided advice to the establishment and individual prisoners' families, as well as accepting referrals for services.
- 9.103 The family liaison officer had used funding available from a local college to start a prisoners' parenting skills course called 'dads actually doing something' (DADS). It consisted of eight sessions. The first course had just finished, and nine prisoners had completed it. It was finishing with a family sports day, which involved prisoners' children attending the sports hall. There were plans to deliver it every eight weeks, depending on the recruitment of a sufficient number of appropriate prisoners.
- 9.104 When prisoners required contact with their families for specific purposes, such as newly born children, pre-adoption and bereavement, this was arranged through the chaplaincy by the family liaison officer and she liaised with social services as required.
- 9.105 There was no use of ROTL to allow prisoners nearing the end of their sentences to become reintegrated with their families or for primary carers to attend family events.

## Recommendations

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- 9.106 All prisoners should be allowed at least one visit a week.
- 9.107 There should be arrangements for evening visits.
- 9.108 A homework club for prisoners' children should operate during school term time.
- 9.109 The time and methods available for booking visits should be extended to include booking by email, evening and weekend telephone booking, booking by the prisoner and personal booking after a visit.
- 9.110 The visitors handbook should be revised and a copy provided to every new visitor with the visiting order.
- 9.111 Arrangements and timings for getting visitors through security should be revised so that visits start at the advertised time.
- 9.112 Visitors should not have to queue outside the visits hall.
- 9.113 Arrangements for selling snacks to visitors should be revised to avoid long queues.
- 9.114 The play area in visits should be supervised.
- 9.115 There should be partitions between each prisoner in the closed visits booths.

## Good practice

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- 9.116 *The family visits and coffee morning visits combined promotion of family ties with access to advice and support.*
- 9.117 *The dads actually doing something (DADS) course was well designed and a creative use of an opportunity offered by the local college.*

## Attitudes, thinking and behaviour

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- 9.118 The prison had stopped running the enhanced thinking skills programme and introduced the focus on resettlement (FOR) programme. The two programmes run so far had achieved a high quality rating, and 55 completions a year were planned. An accredited victim awareness programme was run by the chaplaincy for up to 120 prisoners a year. The area review had proposed provision of two further accredited programmes, concerned with motivation to change and workplace attitudes.
- 9.119 An area review of provision of accredited interventions for prisoners had removed the enhanced thinking skills programme from the prison. The rationale was that the role of the prison was to assess and allocate sentenced prisoners as soon as possible to a training establishment consistent with their sentence plan and to resettle prisoners released into their local area.

- 9.120 Consistent with this approach, the prison had introduced the FOR programme in April 2009. The programme was for prisoners in the last four months of a sentence between 12 months and four years. It was designed to motivate and support prisoners with their resettlement needs and consisted of group work and individual sessions. The final session took the form of a 'marketplace' with community-based service providers, and an assessment was completed by prisoners' offender managers. This was followed by a review with the offender manager and family members, to formulate an action plan arising from the programme.
- 9.121 Full programmes had been run in April and June 2009. The prison aimed to run six programmes a year and achieve 55 completions. The quality of the programme had already been audited and achieved a score of 100% compliance.
- 9.122 There was a designated offender supervisor linked to the programme, to help target appropriate prisoners. It was envisioned that prisoners would return to the prison, from the establishments to which they had been transferred, at the end of their sentences to undertake the programme, which would require consideration of the means by which lower category prisoners could be accommodated.
- 9.123 A victim awareness programme, developed internally and accredited by the EDI accredited awards body in 2008, was offered by the chaplaincy. The previous course, which had been run by the Prison Fellowship, had been viewed as less inclusive because of its strong Christian emphasis. Ten courses were run a year, with 12 prisoners in each. Since being developed, it had been adopted by another prison in the area.
- 9.124 The review of programme provision in the area had proposed the introduction of thinking skills in the workplace and an A2Z motivational programme but these had not started at the time of the inspection.

## Recommendations

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- 9.125 The prison should develop a strategy to ensure that prisoners from the local area can return to Preston to complete the 'focus on resettlement' programme before release.
- 9.126 The thinking skills in the workplace and A2Z programmes should be introduced.

# Section 10: Recommendations, housekeeping points and good practice

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

## Main recommendations

To the governor

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- 10.1 The reception area should be redesigned and rebuilt to provide a suitable environment for the number and vulnerability of receptions. (HP49)
  - 10.2 The use of closed-circuit television in first night, drug dependency and segregation unit cells should be reviewed and action taken to ensure appropriateness and proper governance of arrangements for their use. (HP50)
  - 10.3 Managers should take steps to ensure that those reporting bullying or being bullied have confidence that their concerns will be taken seriously and responded to by the tackling anti-social behaviour (TAB) system. (HP51)
  - 10.4 The measures for reducing the supply of drugs should be proportionate and related to specific intelligence. (HP52)
  - 10.5 The consultative arrangements for prisoners should routinely engage black and minority ethnic and Muslim prisoners to address their more negative perceptions. (HP53)
  - 10.6 The planned expansion in prisoner numbers should not take place without a commensurate rise in the number of activity places. (HP54)

## Recommendations

To the Director of Offender Management

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- 10.7 The implementation of the integrated drug treatment system at should be prioritised in order to ease the allocation of prisoners needing methadone maintenance from local to training prisons. (9.41)
  - 10.8 Access to offending behaviour programmes in the north-west area should be reviewed in order to reduce the number of out-of-area transfers. (9.42)

## Recommendation

To the regional custody manager

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- 10.9 The availability of places at suitable training prisons in the area should match the needs of local prisoners to enable progress through their sentences. (9.32)

### **Courts, escorts and transfers**

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- 10.10 Managers should work through the local Criminal Justice Board and court users groups to ensure that prisoners are returned from court in a timely manner. (1.7)
- 10.11 Vulnerable prisoners should be routinely checked while held in locked holding rooms in reception. (1.8)

### **First days in custody**

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- 10.12 Prisoners should be moved from reception to the wings as soon as the essential interviews have taken place, and there should be designated staff to facilitate this. (1.24)
- 10.13 Prisoners should have access to a Listener on the wing where they spend their first night, regardless of the time that they arrive there. (1.25)
- 10.14 The first night assessment should be delivered consistently and prisoners should be required to answer all of the questions. (1.26)
- 10.15 All prisoners should have the opportunity to make a telephone call on their first night to notify someone of their whereabouts. (1.27)
- 10.16 The induction booklets should be available in a range of languages. (1.28)
- 10.17 Agencies should see prisoners in a private space and the meeting should be appropriately sequenced; prisoners should be clear about who they will be seeing and when. (1.29)
- 10.18 The regime on the first night centre should be adhered to, and prisoners there unlocked for the same periods of the day as prisoners elsewhere in the prison. (1.30)

### **Residential units**

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- 10.19 Staff should specifically look for graffiti when conducting cell fabric checks and ensure that it is removed. Any graffiti of a racist nature should be reported on a racist incident report form and investigated. (2.32)
- 10.20 Cells designed for one prisoner should not accommodate two. (2.33)
- 10.21 Cell ventilation should be improved. (2.34)
- 10.22 The vulnerable prisoner population on C2 should be carefully managed and the numbers kept under control, so as to avoid any overspill onto other landings. (2.35)
- 10.23 The automated cell call bell system should be monitored by residential managers and action taken when cell bells are not answered swiftly. (2.36)
- 10.24 Prisoners should be able to secure valuable items in their cells. (2.37)

- 10.25 Prisoners on the standard as well as enhanced levels of the incentives and earned privileges (IEP) scheme should be allowed to wear their own clothes. (2.38)
- 10.26 The current restrictions on receiving clothes should be relaxed and replacement clothing allowed to be received from families, as well as purchased. (2.39)
- 10.27 Telephones should be repaired within 24 hours of being reported as out of order. (2.40)
- 10.28 The shower upstairs on G wing should be refurbished. (2.41)
- 10.29 Arrangements should be made for mail to be collected from the prison on Saturdays. (2.42)
- 10.30 Privacy hoods should be fitted to all telephones used by prisoners. (2.43)
- 10.31 Charges for telephone calls should be equivalent to those for domestic lines. (2.44)

### **Personal officers**

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- 10.32 All personal officers should introduce themselves to those on their caseload as soon after arrival as possible. (2.64)
- 10.33 The role of the personal officer should be extended to support prisoners in achieving targets set, following up referrals and supporting reintegration back into the community. (2.65)

### **Bullying and violence reduction**

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- 10.34 The supervision of prisoner movements to activities should be reviewed, to ensure that they are supervised in the holding areas appropriately. (3.11)
- 10.35 The co-location of poor copers and vulnerable prisoners on C2 should be reviewed to ensure that prisoners are being held safely, that vulnerable prisoners are not being victimised and that prisoners displaying anti-social behaviour are challenged and their location on C2 reviewed. (3.12)
- 10.36 The violence reduction coordinator should investigate all unexplained injuries. (3.13)

### **Self-harm and suicide**

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- 10.37 All staff who have contact with prisoners should be assessment, care in custody and teamwork (ACCT) trained. (3.27)
- 10.38 Death in custody action plans should be formally reviewed. (3.28)

### **Applications and complaints**

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- 10.39 The application system should be amended to ensure that there are reliable methods of issuing, receiving and tracking applications across all the residential areas. (3.36)
- 10.40 The complaints system should be altered to ensure that it is open and transparent. Replies should contain sufficient detail and be helpful. (3.37)

- 10.41 The quality of responses should be routinely assured by managers and remedial action taken where appropriate. (3.38)

### **Legal rights**

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- 10.42 The bail clerk should be trained for the role. (3.44)
- 10.43 Additional staff should be trained in legal services and bail information, to ensure that the service is available in the absence of the dedicated officers. (3.45)

### **Faith and religious activity**

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- 10.44 Prisoners should not be required to apply in advance to attend faith services. (3.58)
- 10.45 Prisoners with mobility problems should have the opportunity to participate in corporate worship. (3.59)

### **Substance use**

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- 10.46 Prescribing regimes for opiate users should be flexible and based on individual need. (3.72)
- 10.47 Prison systems should ensure that prisoners maintained on methadone can be transferred to other establishments. (3.73)
- 10.48 Counselling, assessment, referral, advice and throughcare (CARAT) and clinical substance misuse services should be fully integrated and jointly plan and review prisoners' care. (3.74)
- 10.49 Joint work between the CARAT, clinical substance misuse and mental health in-reach teams should be developed to facilitate the care coordination of dual diagnosis prisoners. (3.75)
- 10.50 Health service providers' skill mix should include dual diagnosis expertise. (3.76)
- 10.51 Prisoners should be provided with structured psychosocial support and care continuation after detoxification/stabilisation. (3.77)

### **Diversity**

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- 10.52 Time-limited targets should be set in relation to the diversity strategy, along with an implementation plan. This should cover all elements of diversity. (4.7)
- 10.53 Impact assessments should be carried out. (4.8)
- 10.54 Diversity representatives should receive relevant training and there should be formal arrangements to provide them with ongoing support. (4.9)

### **Diversity: race equality**

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- 10.55 The effectiveness of changes to the work allocation system should be monitored to ensure that black and minority ethnic and foreign national prisoners have equality of access to work generally, and particularly to wing-based jobs. (4.27)

- 10.56 Race equality impact assessments of all the prisons locally implemented policies should be completed. (4.28)
- 10.57 The prison should consult more widely with prisoners from all backgrounds, particularly black and minority ethnic prisoners, when conducting race equality impact assessments of its policies. (4.29)
- 10.58 There should be displays in all areas of the prison that reflect the racial diversity of the prison population and the local community. (4.30)

### **Diversity: religion**

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- 10.59 A local policy and action plan for religion and faith activities should be drawn up and implemented. (4.35)

### **Diversity: foreign nationals**

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- 10.60 Any information translated into other languages should be written in plain language and checked for accuracy and readability. (4.48)
- 10.61 The effectiveness of the foreign national personal officer scheme should be monitored, to ensure that it meets its objectives. (4.49)
- 10.62 Information about independent immigration and legal advice should be available to all foreign national prisoners in their own language. (4.50)
- 10.63 The foreign national committee and REAT should investigate the reasons for the more negative perceptions of foreign national prisoners, particularly around first night and safety issues. (4.51)
- 10.64 Foreign national prisoners should be routinely provided with a copy of the foreign national prisoners' handbook in their own language. Where information is out of date or inaccurate, it should be marked as such. (4.52)
- 10.65 Foreign national prisoners and prisoners with close relatives living overseas should have unlimited access to their own money to purchase international telephone credit. (4.53)
- 10.66 Foreign national prisoners and prisoners with immediate family living overseas should be provided with a free monthly telephone call, irrespective of whether or not they receive visits. (4.54)
- 10.67 The prison should ensure that the international telephone cards provided are the cheapest available, within the restrictions necessary to enable calls to be monitored. (4.55)

### **Diversity: disability and older prisoners**

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- 10.68 Information relating to disability obtained on admission should be used to help inform staff about a prisoner's special needs throughout his time in custody. (4.677)
- 10.69 Specific, measurable, achievable, realistic and time-bound (SMART) data should be produced in relation to prisoners with disabilities. (4.68)

- 10.70 A formal mentor or carer scheme should be available for prisoners with disabilities. (4.69)
- 10.71 Each prisoner with a disability should have a personal emergency evacuation plan and a care plan. (4.70)
- 10.72 The need for accommodation with wheelchair access should be assessed and an implementation plan produced. (4.71)
- 10.73 The resettlement needs of prisoners with disabilities should be specifically addressed. (4.72)
- 10.74 SMART data should be produced in relation to older prisoners. (4.73)
- 10.75 A formal carer scheme should be available for older prisoners. (4.74)
- 10.76 All prisoners over retirement age should have a care plan. (4.75)
- 10.77 The resettlement needs of older prisoners should be specifically addressed. (4.76)

### **Diversity: gender and sexual orientation**

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- 10.78 A local protocol for transgender prisoners should be drawn up and implemented. (4.81)

### **Health services**

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- 10.79 The governor and partnership board should insist that the commissioning arm of the primary care trust plays a full and active part in the arrangements for providing health services at the establishment. (5.56)
- 10.80 An alternative waiting area should be found for those attending the dentist. (5.57)
- 10.81 All staff should be easily recognisable to prisoners by their grade or qualifications. (5.58)
- 10.82 All patients requiring nursing interventions, such as dressings, should have a care plan. (5.59)
- 10.83 Personal dental treatment plan (FP17DC) forms should be used in accordance with General Dental Service Regulations 2005. (5.60)
- 10.84 There should be a clear sharing information policy, which should be known and followed by all staff. (5.61)
- 10.85 All prisoners should receive a secondary health screen, by staff who have access to the patients' clinical records, and initial health screen and secondary health screen paperwork should be fully completed by both staff and prisoners. (5.62)
- 10.86 The healthcare application system should be overhauled. It should provide a prompt and confidential service in which prisoners have confidence. (5.63)
- 10.87 There should be sufficient staff for prisoners to be escorted to and from health services appointments. (5.64)
- 10.88 The triage algorithms should be used to assess prisoners' needs. (5.65)

- 10.89 The GP contract should be subject to monitoring by the commissioners, to ensure that it complies with current legislation around working time and is meeting the needs of prisoners. (5.66)
- 10.90 Meningitis C vaccinations should be available to prisoners who meet the criteria for vaccination. (5.67)
- 10.91 Prisoners should be able to see a pharmacist. (5.68)
- 10.92 Arrangements should be made for the pharmacy to dispense daily in-possession packs when circumstances demand, and secondary dispensing by nurses should stop. (5.69)
- 10.93 The current system involving the transcription of prescriptions should stop and instead copies of the prescriptions should be faxed from the prison to the pharmacy, so that the pharmacist can clinically review all prescribed medication and maintain full patient medication records on the pharmacy computer. (5.70)
- 10.94 The in-possession policy and risk assessment should be reviewed by the medicines and therapeutics committee to ensure sound and consistent decision making. (5.71)
- 10.95 The special sick policy should be reviewed by the medicines and therapeutics committee to ensure that all appropriate medicines are available for supply. The use of 32-tablet packs of paracetamol in-possession should be reconsidered. (5.72)
- 10.96 Full courses of dental treatment should be available to remand prisoners, when appropriate. (5.73)
- 10.97 Use of the telemedicine suite should be encouraged. (5.74)
- 10.98 The number of healthcare beds on the certified normal accommodation should be established and confirmed by the relevant parties. (5.75)
- 10.99 All inpatients should have a therapeutic regime and unlock time at least equal to that of the main establishment. (5.76)
- 10.100 The 'crisis team' should be reviewed and expanded, if required, in order to meet the primary mental health needs of prisoners. (5.77)
- 10.101 All discipline staff should have mental health awareness training. (5.78)

### **Learning and skills and work activities**

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- 10.102 The allocation process for placing prisoners appropriately should be supported by establishing clear links with information, advice and guidance and learning and skills. (6.21)
- 10.103 It should be ensured that vocational training opportunities are equitable for vulnerable prisoners. (6.22)
- 10.104 The timing of delivery of personal development courses should be reviewed, to improve access for prisoners with sentences of varying lengths. (6.23)
- 10.105 A clear referral process should be developed and implemented to support prisoners assessed as being at pre-entry level in literacy or numeracy or identified as being dyslexic. (6.24)

- 10.106 The clarity and monitoring arrangements of short-term learning targets should be improved to promote individual learning. (6.25)
- 10.107 Accredited training for library orderlies should be introduced. (6.26)
- 10.108 The planned library questionnaire should be completed and used to improve the service. (6.27)
- 10.109 A strategy should be developed and implemented to reduce book losses. (6.28)

### **Physical education and health promotion**

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- 10.110 The shower facilities should be updated and expanded to make them fit for use. (6.35)
- 10.111 Adequate changing facilities should be provided in the weight training centre. (6.36)

### **Time out of cell**

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- 10.112 Unemployed prisoners on basic should receive adequate time out of cell. (6.45)
- 10.113 All prisoners should have the opportunity to take outdoor exercise. (6.46)
- 10.114 There should be recreational facilities in the exercise yards. (6.47)

### **Security and rules**

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- 10.115 The prison should review its objective of searching all prisoners within 72 hours and closed visits policy to ensure that the results are proportionate to the detrimental effects on prisoners and their family and friends. (7.12)
- 10.116 Prisoners should only be asked to squat in exceptional circumstances where there is specific intelligence to suggest they have an item secreted. A log of all squat searches should be kept, detailing the reasons, authorisation and details of any finds. (7.13)

### **Discipline**

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- 10.117 Managers should ensure that any unnecessary use of force is identified, individual officers involved should be challenged and any lessons learned should be communicated to staff. (7.41)
- 10.118 All planned removals should be video-recorded. (7.42)
- 10.119 After every use of force, prisoners should be interviewed by a manager to check their safety and ensure that they understand what has occurred and why. Notes of these interviews should be recorded and retained with the use of force documentation. (7.43)
- 10.120 Health services staff should attend all planned removals. (7.44)
- 10.121 Prisoners should have access to at least one hour of exercise in the fresh air every day. (7.45)
- 10.122 Seating should be provided on the exercise yard, and the safety of the exercise yard should be reviewed. (7.46)

- 10.123 All segregated prisoners should be provided with a radio unless the privilege has been removed as part of an adjudication punishment. (7.47)
- 10.124 There should be a multidisciplinary staff group, which meets at least quarterly, to monitor adherence to Prison Service Order 1700 and trends in the use of segregation. (7.48)

### **Incentives and earned privileges**

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- 10.125 Managers should review the monthly incentives and earned privileges (IEP) rating system in order to ensure consistent implementation and reliable management checks. (7.56)
- 10.126 Managers should examine whether specific groups (defined by ethnicity, nationality or religion) have less opportunity to reach the enhanced IEP level than others, and take action on the basis of the evidence. (7.57)

### **Catering**

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- 10.127 There should be a larger selection of halal meal options, including vegetables. (8.10)
- 10.128 Separate utensils should be used to handle any food which can be served as a halal option. (8.11)
- 10.129 Meal queues should be better supervised. Prisoners who push in should be challenged and returned to their place, and orderlies should be directly supervised to prevent them from being pressured to give larger portions. (8.12)
- 10.130 Prisoners should be unlocked and have access to their meal in a timely manner. (8.13)
- 10.131 Meals served in the segregation unit and healthcare department should be brought in line with the rest of the establishment. (8.14)

### **Prison shop**

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- 10.132 Prison managers should ensure that there is representation from the prison shops contractor at the quarterly prisoner consultation meetings and at other consultative meetings where possible and appropriate. (8.20)
- 10.133 Managers should review the prison shops pricing policy regularly in order to ensure approximate parity with retail prices in the community. (8.21)
- 10.134 Managers should negotiate with the prison shop contractor to ensure that equivalent alternative items can be supplied, where appropriate, in lieu of ordered items which are not in stock. (8.22)
- 10.135 Managers should alter arrangements for the delivery of shop orders to ensure that the risk of bullying is minimised. (8.23)

### **Strategic management of resettlement**

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- 10.136 An overarching reducing reoffending strategy should be produced and reflect the needs of the population. (9.6)

10.137 Pre-discharge boards should be run at least six weeks before prisoners are released. (9.7)

### **Offender management and planning**

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- 10.138 The offender management unit should receive a copy of the offender assessment system (OASys) after a sentence planning board and have a system for chasing this up. (9.32)
- 10.139 Custody care plans should be completed and arrangements started within a week of a prisoner arriving at the establishment. (9.33)
- 10.140 There should be a clear delegation of responsibility to wing staff for the monitoring and regular reviews of custody care plans, short-term sentence plans and OASys plans for prisoners out of scope of offender management. (9.34)
- 10.141 There should be a full pre-discharge board for all prisoners at least six weeks before release, sentence length permitting. (9.35)
- 10.142 The criteria applied to home detention curfew applications should be reviewed to make them less risk averse and to increase the number of successful applicants. (9.36)
- 10.143 Release on temporary licence should be actively promoted and used as part of the resettlement strategy. (9.37)
- 10.144 Ad hoc reviews of categorisation should take place when a prisoner makes a cogent application, or when there is a change in risk. (9.38)
- 10.145 Prisoners should have the opportunity to present their case for recategorisation in person. (9.39)
- 10.146 Access to offending behaviour programmes in the north-west area should be reviewed in order to reduce the number of out-of-area transfers. (9.40)

### **Resettlement pathways**

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- 10.147 The housing office should be adequately staffed. (9.57)
- 10.148 Prisoners should be recruited and trained to undertake assessments of housing need and to give appropriate advice. (9.58)
- 10.149 All prisoners should have the opportunity to complete an appropriate pre-release process. (9.59)
- 10.150 Access to vocational training for vulnerable prisoners should be improved. (9.60)
- 10.151 All prisoners should be given information and assistance in accessing health services in the community on release. (9.61)
- 10.152 The Citizens Advice worker should be security cleared as soon as possible and start providing a service to prisoners. (9.62)
- 10.153 Prisoners should be recruited and trained in providing advice on employment, benefits and debt to other prisoners. (9.63)

- 10.154 The substance misuse strategy should contain up-to-date action plans and performance measures. (9.79)
- 10.155 The establishment and the counselling, assessment, referral, advice and throughcare (CARAT) service should ensure that prisoners' self-referrals are processed promptly. (9.80)
- 10.156 The establishment should provide the CARAT team with adequate office accommodation and interview and group work rooms. (9.81)
- 10.157 There should be a clear distinction between voluntary and compliance drug testing. (9.82)
- 10.158 All prisoners should be allowed at least one visit a week. (9.106)
- 10.159 There should be arrangements for evening visits. (9.107)
- 10.160 A homework club for prisoners' children should operate during school term time. (9.108)
- 10.161 The time and methods available for booking visits should be extended to include booking by email, evening and weekend telephone booking, booking by the prisoner and personal booking after a visit. (9.109)
- 10.162 The visitors handbook should be revised and a copy provided to every new visitor with the visiting order. (9.110)
- 10.163 Arrangements and timings for getting visitors through security should be revised so that visits start at the advertised time. (9.111)
- 10.164 Visitors should not have to queue outside the visits hall. (9.112)
- 10.165 Arrangements for selling snacks to visitors should be revised to avoid long queues. (9.113)
- 10.166 The play area in visits should be supervised. (9.114)
- 10.167 There should be partitions between each prisoner in the closed visits booths. (9.115)
- 10.168 The prison should develop a strategy to ensure that prisoners from the local area can return to Preston to complete the 'focus on resettlement' programme before release. (9.125)
- 10.169 The thinking skills in the workplace and A2Z programmes should be introduced. (9.126)

## Housekeeping points

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### **First days in custody**

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- 10.170 The induction evaluation forms should be analysed, and where necessary the programme should be amended or developed. (1.31)

### **Residential units**

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- 10.171 Curtains should be drawn around toilet areas when prisoners eat in their cells. (2.45)

- 10.172 The offensive display policy should be enforced consistently. (2.46)
- 10.173 Notices in residential areas should be available in languages other than English. (2.47)
- 10.174 Valuable items should be security marked. (2.48)
- 10.175 Duvets should be allowed under the IEP scheme. (2.49)
- 10.176 Requests for compensation should be dealt with promptly. (2.50)

### **Health services**

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- 10.177 The dental surgery washer–disinfector should be operational. (5.79)
- 10.178 Medicine cupboards should be kept tidy, with no loose foils or discontinued medications stored in them. (5.80)
- 10.179 Photocopied paperwork used by staff and filed in clinical records should be up to date and readable. (5.81)
- 10.180 Prisoners should be able to cut their toe-nails using appropriate implements. (5.82)
- 10.181 The prescribing formulary available should be adhered to. (5.83)

### **Discipline**

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- 10.182 Adjudicators should record the start time of hearings on the adjudication record. (7.49)
- 10.183 The temperature of the segregation unit should be maintained at a comfortable level. (7.50)
- 10.184 The segregation unit induction booklet should be available in a range of different languages. (7.51)

### **Catering**

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- 10.185 The food comments books should be available on the servery during the serving of the meal. (8.15)

### **Strategic management of resettlement**

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- 10.186 Prisoner consultative meetings should include an agenda item about resettlement issues. (9.8)

### **Resettlement pathways**

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- 10.187 The letter sent to a prisoner's GP should maintain his confidentiality and only reveal that he has been in custody with his written consent. (9.64)

# Examples of good practice

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## **Residential units**

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- 10.188 The reintegration unit offered a supportive environment and planned integration onto larger wings, as well as relieving pressure on mental health services. (2.51)

## **Personal officers**

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- 10.189 The alphabetical allocation of prisoners to personal officers was simple, effective and led to consistency for prisoners. (2.66)

## **Legal rights**

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- 10.190 A weekly drop-in legal advice clinic was provided by a local solicitor.

## **Diversity: gender and sexual orientation**

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- 10.191 The forum for gay prisoners provided a safe place for them to raise issues of concern. (4.82)

## **Health services**

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- 10.192 The information pack provided to prisoners on arrival, which included a diary with a variety of information in it, was a good initiative and could be easily replicated elsewhere. (5.84)
- 10.193 The range of information available to the mental health in-reach team allowed them to make a comprehensive assessment of all referrals. (5.85)
- 10.194 'Prisoners requiring extra strength support under peer supervision' (PRESS UPS) was an innovative collaboration between mental health staff and the gym that encouraged participation in gym activities and helped to promote self-esteem in a prisoners with mental health problems. (5.86)

## **Incentives and earned privileges**

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- 10.195 The Independent Monitoring Board was invited to be represented at the consideration of all appeals against decisions on IEP level. (7.58)

## **Resettlement pathways**

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- 10.196 The practical housing units programme was a creative initiative to equip prisoners with the skills to resolve their problems. (9.65)
- 10.197 CARAT and short duration drug programme (SDP) teams worked closely together and had introduced joint care plans for the prisoners in their care. (9.83)
- 10.198 SDP participants benefited from the input of community agencies, which included a creative writing course. (9.84)

10.199 The family visits and coffee morning visits combined promotion of family ties with access to advice and support. (9.116)

10.200 The dads actually doing something (DADS) course was well designed and a creative use of an opportunity offered by the local college. (9.117)

## Appendix I: Inspection team

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Nigel Newcomen	Deputy Chief Inspector
Sara Snell	Team leader
Martin Kettle	Inspector
Ian MacFadyen	Inspector
Vinnett Percy	Inspector
Andrew Rooke	Inspector
Lucy Young	Inspector
Elizabeth Tysoe	Healthcare inspector
Sigrid Englen	Substance use inspector
Jen Davies	Dental inspector
Steve Gascoigne	Pharmacy inspector
Susan Bain	Ofsted lead inspector
Stephen Miller	Ofsted assistant lead inspector
Ian Hanscombe	Ofsted inspector
Colin Lambert	St Giles Trust
Steve Quinn	Care Quality Commission
Laura Nettleingham	Senior Research Officer
Sherelle Parke	Researcher
Lucy Trussler	Researcher

## 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 year-olds	21 and over	%
Sentenced		346	46
Recall		89	12
Convicted unsentenced		128	17
Remand		183	24
Civil prisoners		1	0.2
Detainees		6	0.8
<b>Total</b>		<b>753</b>	<b>100</b>

Sentence	18–20 year-olds	21 and over	%
Unsentenced		318	42
Less than 6 months		74	10
6 months to less than 12 months		34	5
12 months to less than 2 years		78	10
2 years to less than 4 years		101	13
4 years to less than 10 years		100	13
10 years and over (not life)		11	1
ISPP		30	2
Life		7	1
<b>Total</b>		<b>753</b>	<b>100</b>

Age	Number of prisoners	%
Please state minimum age	21	
Under 21 years	0	
21 years to 29 years	340	45
30 years to 39 years	240	32
40 years to 49 years	122	16
50 years to 59 years	43	6
60 years to 69 years	8	1
70 plus years	0	0
Please state maximum age	65	
<b>Total</b>	<b>753</b>	<b>100</b>

Nationality	18–20 year-olds	21 and over	%
British		711	94.4
Foreign nationals		33	4.3
<b>Total</b>		<b>753</b>	<b>98.7</b>

Security category	18–20 year-olds	21 and over	%
Uncategorised unsentenced		281	38
Uncategorised sentenced		5	1
Cat A			
Cat B		26	3.5
Cat C		394	53

Cat D		33	4.3
Other		2	0.2
<b>Total</b>		<b>741</b>	<b>100</b>

<b>Ethnicity</b>	<b>18–20 year-olds</b>	<b>21 and over</b>	<b>%</b>
White			
British		654	86
Irish		7	1
Other white		9	1
Mixed			
White and Black Caribbean		4	0.5
White and Black African		0	
White and Asian		1	0.1
Other mixed		5	
Asian or Asian British			
Indian		11	1.4
Pakistani		28	4
Bangladeshi		3	0.4
Other Asian		11	1.4
Black or Black British			
Caribbean		7	1
African		2	0.2
Other Black		5	1
Chinese or other ethnic group			
Chinese		6	1
Other ethnic group		0	
Not stated		0	
<b>Total</b>		<b>753</b>	<b>100</b>

<b>Religion</b>	<b>18–20 year-olds</b>	<b>21 and over</b>	<b>%</b>
Baptist		0	
Church of England		206	27
Roman Catholic		180	24
Other Christian denominations		20	3
Muslim		59	8
Sikh		1	0.1
Hindu		0	
Buddhist		7	0.8
Jewish		1	0.1
Other			
No religion		279	3
<b>Total</b>		<b>753</b>	<b>100</b>

### Sentenced prisoners only

Length of stay	18–20 year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			154	35.4
1 month to 3 months			110	25.3
3 months to 6 months			82	18.9
6 months to 1 year			63	14.5
1 year to 2 years			21	4.8
2 years to 4 years			4	0.9
4 years or more			1	0.2
<b>Total</b>			<b>435</b>	<b>100</b>

### Unsentenced prisoners only

Length of stay	18–20 year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			92	28.9
1 month to 3 months			118	37.1
3 months to 6 months			79	24.8
6 months to 1 year			27	8.5
1 year to 2 years			2	0.6
2 years to 4 years			0	0.0
4 years or more			0	0.0
<b>Total</b>			<b>318</b>	<b>100</b>

Main offence	18–20 year-olds	21 and over	%
Violence against the person		199	26.43
Sexual offences		58	7.70
Burglary		123	16.33
Robbery		71	9.43
Theft and handling		40	5.31
Fraud and forgery		13	1.73
Drugs offences		108	14.34
Other offences		103	13.68
Civil offences		1	0.13
Offence not recorded / holding warrant		25	3.32
<b>Total</b>		<b>753</b>	<b>100</b>

## Appendix III: Summary of prisoner questionnaires

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### Prisoner survey methodology

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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

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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 21 July 2009, the prisoner population at HMP Preston was 752. The sample size was 137. Overall, this represented 18% of the prisoner population.

#### Selecting the sample

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

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Nine respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. In total, no respondents were interviewed.

#### Methodology

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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

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In total, 122 respondents completed and returned their questionnaires. This represented 16% of the prison population. The response rate was 89%. In addition to the nine respondents who refused to complete a questionnaire, three questionnaires were not returned and three were returned blank.

## Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2009 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 38 local prisons since April 2003.
- The current survey responses in 2009 against the responses of prisoners surveyed at HMP Preston in 2004.
- A comparison within the 2009 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2009 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2009 survey between Muslim and non-Muslim prisoners.
- A comparison within the 2009 survey between those that consider themselves to have a disability and those that do not.

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

## Summary

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

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

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

## Section 1: About you

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.

<b>Q1.2</b>	<b>How old are you?</b>	
	<i>Under 21</i> .....	0%
	<i>21 – 29</i> .....	44%
	<i>30 – 39</i> .....	33%
	<i>40 – 49</i> .....	17%
	<i>50 – 59</i> .....	6%
	<i>60 – 69</i> .....	1%
	<i>70 and over</i> .....	0%
<b>Q1.3</b>	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	48%
	<i>Yes - on recall</i> .....	10%
	<i>No - awaiting trial</i> .....	20%
	<i>No - awaiting sentence</i> .....	20%
	<i>No - awaiting deportation</i> .....	1%
<b>Q1.4</b>	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	43%
	<i>Less than 6 months</i> .....	5%
	<i>6 months to less than 1 year</i> .....	7%
	<i>1 year to less than 2 years</i> .....	10%
	<i>2 years to less than 4 years</i> .....	18%
	<i>4 years to less than 10 years</i> .....	9%
	<i>10 years or more</i> .....	4%
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	2%
	<i>Life</i> .....	2%
<b>Q1.5</b>	<b>Approximately, how long do you have left to serve? (If you are serving life or IPP, please use the date of your next board.)</b>	
	<b><i>Not sentenced</i></b> .....	45%
	<i>6 months or less</i> .....	35%
	<i>More than 6 months</i> .....	20%
<b>Q1.6</b>	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	26%
	<i>1 to less than 3 months</i> .....	25%
	<i>3 to less than 6 months</i> .....	25%
	<i>6 to less than 12 months</i> .....	14%
	<i>12 months to less than 2 years</i> .....	5%
	<i>2 to less than 4 years</i> .....	3%
	<i>4 years or more</i> .....	1%

<b>Q1.7</b>	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>			
	Yes .....			11%
	No .....			89%
<b>Q1.8</b>	<b>Is English your first language?</b>			
	Yes .....			92%
	No .....			8%
<b>Q1.9</b>	<b>What is your ethnic origin?</b>			
	<i>White – British</i> .....	83%	<i>Asian or Asian British - Bangladeshi</i> .....	2%
	<i>White – Irish</i> .....	2%	<i>Asian or Asian British - Other</i> .....	1%
	<i>White – Other</i> .....	1%	<i>Mixed Race - White and Black Caribbean</i> .....	1%
	<i>Black or Black British - Caribbean</i> ...	1%	<i>Mixed Race - White and Black African</i> .....	1%
	<i>Black or Black British - African</i> .....	0%	<i>Mixed Race - White and Asian</i> .....	0%
	<i>Black or Black British - Other</i> .....	1%	<i>Mixed Race - Other</i> .....	0%
	<i>Asian or Asian British - Indian</i> .....	2%	<i>Chinese</i> .....	1%
	<i>Asian or Asian British - Pakistani</i> ....	6%	<i>Other ethnic group</i> .....	1%
<b>Q1.10</b>	<b>Do you consider yourself to be Gypsy/Romany/Traveller?</b>			
	Yes .....			5%
	No .....			95%
<b>Q1.11</b>	<b>What is your religion?</b>			
	<i>None</i> .....	20%	<i>Hindu</i> .....	0%
	<i>Church of England</i> .....	38%	<i>Jewish</i> .....	0%
	<i>Catholic</i> .....	27%	<i>Muslim</i> .....	10%
	<i>Protestant</i> .....	3%	<i>Sikh</i> .....	0%
	<i>Other Christian denomination</i> .....	0%	<i>Other</i> .....	0%
	<i>Buddhist</i> .....	2%		
<b>Q1.12</b>	<b>How would you describe your sexual orientation?</b>			
	<i>Heterosexual/straight</i> .....			96%
	<i>Homosexual/gay</i> .....			3%
	<i>Bisexual</i> .....			2%
	<i>Other</i> .....			0%
<b>Q1.13</b>	<b>Do you consider yourself to have a disability?</b>			
	Yes .....			26%
	No .....			74%
<b>Q1.14</b>	<b>How many times have you been in prison before?</b>			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	20%	12%	31%	38%

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

1	2 to 5	More than 5
64%	27%	9%

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

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

**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?	10%	38%	24%	17%	7%	3%	0%
Your personal safety during the journey?	6%	52%	22%	13%	7%	0%	0%
The comfort of the van?	3%	13%	12%	35%	36%	1%	0%
The attention paid to your health needs?	6%	23%	29%	20%	15%	3%	4%
The frequency of toilet breaks?	1%	12%	23%	20%	30%	2%	13%

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
50%	29%	12%	7%	2%

**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>
13%	58%	20%	5%	3%	1%

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

	Yes	No	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	81%	18%	1%
Before you arrived here did you receive any written information about what would happen to you?	11%	87%	2%
When you first arrived here did your property arrive at the same time as you?	87%	12%	1%

## 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> .....               | 11% | <i>Money worries</i> .....                           | 21% |
| <i>Loss of property</i> .....                            | 14% | <i>Feeling depressed or suicidal</i> .....           | 65% |
| <i>Housing problems</i> .....                            | 38% | <i>Health problems</i> .....                         | 69% |
| <i>Contacting employers</i> .....                        | 12% | <i>Needing protection from other prisoners</i> ..... | 31% |
| <i>Contacting family</i> .....                           | 54% | <i>Accessing phone numbers</i> .....                 | 51% |
| <i>Ensuring dependants were being looked after</i> ..... | 22% | <i>Other</i> .....                                   | 4%  |
- 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> .....              | 24% | <i>Money worries</i> .....                           | 23% |
| <i>Loss of property</i> .....                      | 16% | <i>Feeling depressed or suicidal</i> .....           | 23% |
| <i>Housing problems</i> .....                      | 25% | <i>Health problems</i> .....                         | 32% |
| <i>Contacting employers</i> .....                  | 7%  | <i>Needing protection from other prisoners</i> ..... | 8%  |
| <i>Contacting family</i> .....                     | 26% | <i>Accessing phone numbers</i> .....                 | 19% |
| <i>Ensuring dependants were looked after</i> ..... | 11% | <i>Other</i> .....                                   | 4%  |
- Q3.3 Please answer the following questions about reception:**
- |   | Yes | No  | Don't remember |
|---|-----|-----|----------------|
| Were you seen by a member of health services?                     | 98% | 1%  | 1%             |
| When you were searched, was this carried out in a respectful way? | 80% | 18% | 3%             |
- Q3.4 Overall, how well did you feel you were treated in reception?**
- |  | Very well | Well | Neither | Badly | Very badly | Don't remember |
|--|-----------|------|---------|-------|------------|----------------|
|  | 13%       | 58%  | 13%     | 12%   | 3%         | 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> .....                                     | 46% |
| <i>Information about what support was available for people feeling depressed or suicidal</i> ..... | 54% |
| <i>Information about how to make routine requests</i> .....  | 46% |
| <i>Information about your entitlement to visits</i> .....  | 46% |
| <i>Information about health services</i> .....   | 54% |
| <i>Information about the chaplaincy</i> .....  | 46% |
| <i>Not offered anything</i> .....  | 20% |
- 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> .....       | 85% |
| <i>The opportunity to have a shower</i> ..... | 63% |

<i>The opportunity to make a free telephone call</i> .....	48%
<i>Something to eat</i> .....	72%
<b><i>Did not receive anything</i></b> .....	3%

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

<i>Chaplain or religious leader</i> .....	52%
<i>Someone from health services</i> .....	85%
<i>A Listener/Samaritans</i> .....	10%
<b><i>Did not meet any of these people</i></b> .....	12%

**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> .....	23%
<i>No</i> .....	77%

**Q3.9 Did you feel safe on your first night here?**

<i>Yes</i> .....	78%
<i>No</i> .....	17%
<i>Don't remember</i> .....	5%

**Q3.10 How soon after your arrival did you go on an induction course?**

<b><i>Have not been on an induction course</i></b> .....	28%
<i>Within the first week</i> .....	41%
<i>More than a week</i> .....	16%
<i>Don't remember</i> .....	15%

**Q3.11 Did the induction course cover everything you needed to know about the prison?**

<b><i>Have not been on an induction course</i></b> .....	29%
<i>Yes</i> .....	41%
<i>No</i> .....	18%
<i>Don't remember</i> .....	13%

## 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?	8%	35%	16%	23%	8%	10%
Attend legal visits?	10%	47%	17%	11%	5%	12%
Obtain bail information?	6%	29%	16%	16%	10%	23%

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

<b><i>Not had any letters</i></b> .....	15%
<i>Yes</i> .....	33%
<i>No</i> .....	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?	59%	37%	4%	0%
Are you normally able to have a shower every day?	83%	15%	2%	0%
Do you normally receive clean sheets every week?	85%	13%	2%	0%
Do you normally get cell cleaning materials every week?	67%	30%	4%	0%
Is your cell call bell normally answered within five minutes?	49%	44%	6%	1%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	32%	4%	1%
Can you normally get your stored property, if you need to?	32%	40%	22%	6%

**Q4.4 What is the food like here?**

Very good	Good	Neither	Bad	Very bad
6%	18%	18%	29%	31%

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

<i>Have not bought anything yet</i> .....	4%
Yes.....	46%
No.....	50%

**Q4.6 Is it easy or difficult to get either:**

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	38%	43%	5%	5%	2%	7%
An application form	35%	50%	4%	8%	1%	3%

**Q4.7 Have you made an application?**

Yes.....	84%
No.....	16%

**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?	17%	54%	30%
Do you feel <i>applications</i> are dealt with promptly (within seven days)?	17%	46%	37%

**Q4.9 Have you made a complaint?**

Yes.....	26%
No.....	74%

<b>Q4.10</b>	<b>Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)</b>			<b>Not made one</b>	<b>Yes</b>	<b>No</b>
	Do you feel <i>complaints</i> are dealt with fairly?	74%	9%	17%		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	73%	7%	20%		
	Were you given information about how to make an appeal?	47%	20%	33%		
<b>Q4.11</b>	<b>Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?</b>					
	<i>Not made a complaint</i> .....				73%	
	Yes.....				9%	
	No.....				18%	
<b>Q4.12</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	41%	5%	19%	21%	10%	4%
<b>Q4.13</b>	<b>What level of the IEP scheme are you on now?</b>					
	<i>Don't know what the IEP scheme is</i> .....				8%	
	<i>Enhanced</i> .....				28%	
	<i>Standard</i> .....				61%	
	<i>Basic</i> .....				3%	
	<i>Don't know</i> .....				0%	
<b>Q4.14</b>	<b>Do you feel you have been treated fairly in your experience of the IEP scheme?</b>					
	<i>Don't know what the IEP scheme is</i> .....				9%	
	Yes .....				60%	
	No .....				23%	
	<i>Don't know</i> .....				7%	
<b>Q4.15</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour?</b>					
	<i>Don't know what the IEP scheme is</i> .....				10%	
	Yes.....				54%	
	No.....				36%	
<b>Q4.16</b>	<b>Please answer the following questions about this prison?</b>					
	In the last six months have any members of staff physically restrained you (C&R)?	Yes			No	
		3%			97%	
	In the last six months have you spent a night in the segregation/care and separation unit?	Yes			No	
		10%			90%	

<b>Q4.17</b>	<b>Please answer the following questions about your religious beliefs?</b>	Yes	No	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	57%	14%	30%
	Are you able to speak to a religious leader of your faith in private if you want to?	64%	7%	29%

<b>Q4.18</b>	<b>Can you speak to a listener at any time, if you want to?</b>	Yes	No	<i>Don't know</i>
		65%	6%	29%

<b>Q4.19</b>	<b>Please answer the following questions about staff in this prison?</b>	Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	82%	18%
	Do <b>most</b> staff treat you with respect?	81%	19%

## Section 5: Safety

<b>Q5.1</b>	<b>Have you ever felt unsafe in this prison?</b>
	Yes ..... 38%
	No ..... 62%

<b>Q5.2</b>	<b>Do you feel unsafe in this prison at the moment?</b>
	Yes ..... 18%
	No ..... 82%

<b>Q5.3</b>	<b>In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)</b>
	<i>Never felt unsafe</i> ..... 64%
	<i>Everywhere</i> ..... 9%
	<i>Segregation unit</i> ..... 4%
	<i>Association areas</i> ..... 15%
	<i>Reception area</i> ..... 17%
	<i>At the gym</i> ..... 14%
	<i>In an exercise yard</i> ..... 14%
	<i>At work</i> ..... 11%
	<i>During Movement</i> ..... 17%
	<i>At education</i> ..... 7%
	<i>At meal times</i> ..... 7%
	<i>At health services</i> ..... 14%
	<i>Visit's area</i> ..... 12%
	<i>In wing showers</i> ..... 15%
	<i>In gym showers</i> ..... 12%
	<i>In corridors/stairwells</i> ..... 10%
	<i>On your landing/wing</i> ..... 13%
	<i>In your cell</i> ..... 7%
	<i>At religious services</i> ..... 6%

<b>Q5.4</b>	<b>Have you been victimised by another prisoner or group of prisoners here?</b>
	Yes ..... 25%
	No ..... 75%

<b>Q5.5</b>	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>
	<i>Insulting remarks (about you or your family or friends)</i> ..... 14%
	<i>Because of your sexuality</i> ..... 0%

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

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

Yes.....	17%
No.....	83%

**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>	6%	<i>Because you have a disability.....</i>	1%
<i>Physical abuse (being hit, kicked or assaulted).....</i>	2%	<i>Because of your religion/religious beliefs.....</i>	3%
<i>Sexual abuse.....</i>	0%	<i>Because of your age.....</i>	1%
<i>Because of your race or ethnic origin.....</i>	2%	<i>Being from a different part of the country than others.....</i>	6%
<i>Because of drugs.....</i>	6%	<i>Because of your offence/crime.....</i>	6%
<i>Because you were new here.....</i>	3%	<i>Because of gang related issues.....</i>	1%
<i>Because of your sexuality.....</i>	1%		

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

<b><i>Not been victimised</i></b> .....	72%
Yes.....	10%
No.....	18%

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

Yes.....	30%
No.....	70%

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

Yes.....	16%
No.....	84%

**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>
16%	18%	6%	6%	4%	51%

## Section 6: Health services

<b>Q6.1</b>	<b>How easy or difficult is it to see the following people:</b>						
	<b><i>Don't know</i></b>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	
	12%	5%	26%	11%	32%	15%	
	17%	9%	28%	10%	27%	8%	
	21%	2%	8%	9%	30%	29%	
	39%	1%	13%	13%	22%	12%	
<b>Q6.2</b>	<b>Are you able to see a pharmacist?</b>						
	Yes .....						41%
	No .....						59%
<b>Q6.3</b>	<b>What do you think of the quality of the health service from the following people:</b>						
	<b><i>Not been</i></b>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	
	22%	13%	25%	12%	19%	9%	
	24%	15%	28%	15%	9%	8%	
	45%	5%	15%	9%	10%	15%	
	50%	5%	16%	14%	7%	8%	
<b>Q6.4</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<b><i>Not been</i></b>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	
	15%	11%	28%	14%	24%	8%	
<b>Q6.5</b>	<b>Are you currently taking medication?</b>						
	Yes .....						56%
	No .....						44%
<b>Q6.6</b>	<b>If you are taking medication, are you allowed to keep possession of your medication in your own cell?</b>						
	<b><i>Not taking medication</i></b> .....						44%
	Yes .....						37%
	No .....						19%
<b>Q6.7</b>	<b>Do you feel you have any emotional well-being/mental health issues?</b>						
	Yes .....						40%
	No .....						60%
<b>Q6.8</b>	<b>Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)</b>						
	<b><i>Do not have any issues/not receiving any help</i></b> .....						70%
	<i>Doctor</i> .....						15%
	<i>Nurse</i> .....						10%
	<i>Psychiatrist</i> .....						4%
	<i>Mental health in-reach team</i> .....						18%
	<i>Counsellor</i> .....						2%
	<i>Other</i> .....						3%

<b>Q6.9</b>	<b>Did you have a problem with either of the following when you came into this prison?</b>			
		Yes	No	
	Drugs	40%	60%	
	Alcohol	27%	73%	
<b>Q6.10</b>	<b>Have you developed a problem with either of the following since you have been in this prison?</b>			
		Yes	No	
	Drugs	13%	87%	
	Alcohol	4%	96%	
<b>Q6.11</b>	<b>Do you know who to contact in this prison to get help with your drug or alcohol problem?</b>			
	Yes .....			39%
	No .....			10%
	<i>Did not/do not have a drug or alcohol problem</i> .....			51%
<b>Q6.12</b>	<b>Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?</b>			
	Yes .....			38%
	No .....			12%
	<i>Did not/do not have a drug or alcohol problem</i> .....			50%
<b>Q6.13</b>	<b>Was the intervention or help you received, whilst in this prison, helpful?</b>			
	Yes .....			32%
	No .....			6%
	<i>Did not have a problem/have not received help</i> .....			61%
<b>Q6.14</b>	<b>Do you think you will have a problem with either of the following when you leave this prison?</b>	Yes	No	Don't know
	Drugs	16%	64%	20%
	Alcohol	11%	69%	20%
<b>Q6.15</b>	<b>Do you know who in this prison can help you contact external drug or alcohol agencies on release?</b>			
	Yes .....			28%
	No .....			17%
	N/A .....			54%

## Section 7: Purposeful activity

<b>Q7.1</b>	<b>Are you currently involved in any of the following activities? (Please tick all that apply to you.)</b>	
	Prison job .....	40%
	Vocational or skills training .....	10%
	Education (including basic skills) .....	30%

Offending behaviour programmes..... 15%  
**Not involved in any of these**..... 31%

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

	<b>Not been involved</b>	Yes	No	Don't know
Prison job	39%	28%	26%	7%
Vocational or skills training	51%	26%	14%	9%
Education (including basic skills)	29%	45%	16%	11%
Offending behaviour programmes	44%	35%	12%	9%

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

**Don't want to go**..... 8%  
 Never..... 12%  
 Less than once a week..... 18%  
 About once a week..... 44%  
 More than once a week..... 6%  
 Don't know..... 12%

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

<b>Don't want to go</b>	0	1	2	3 to 5	More than 5	Don't know
25%	19%	5%	6%	29%	12%	5%

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

<b>Don't want to go</b>	0	1 to 2	3 to 5	More than 5	Don't know
15%	19%	22%	21%	20%	3%

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

Less than 2 hours..... 18%  
 2 to less than 4 hours..... 24%  
 4 to less than 6 hours..... 14%  
 6 to less than 8 hours..... 15%  
 8 to less than 10 hours..... 11%  
 10 hours or more..... 13%  
 Don't know..... 5%

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

<b>Don't want to go</b>	0	1 to 2	3 to 5	More than 5	Don't know
1%	2%	2%	22%	68%	6%

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

**Do not go on association**..... 6%  
 Never..... 16%  
 Rarely..... 20%  
 Some of the time..... 36%  
 Most of the time..... 14%  
 All of the time..... 9%

## Section 8: Resettlement

<b>Q8.1</b>	<b>When did you first meet your personal officer?</b>					
	<i>Still have not met him/her</i> .....	50%				
	<i>In the first week</i> .....	20%				
	<i>More than a week</i> .....	15%				
	<i>Don't remember</i> .....	16%				
<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer/still have not met him/her</i>		<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>
		51%	14%	20%	6%	7%
						<i>Not at all helpful</i>
						2%
<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>					
	<i>Not sentenced</i> .....	46%				
	<i>Yes</i> .....	24%				
	<i>No</i> .....	30%				
<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	77%				
	<i>Very involved</i> .....	5%				
	<i>Involved</i> .....	10%				
	<i>Neither</i> .....	3%				
	<i>Not very involved</i> .....	4%				
	<i>Not at all involved</i> .....	1%				
<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	77%				
	<i>Yes</i> .....	13%				
	<i>No</i> .....	10%				
<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>					
	<i>Do not have a sentence plan/OASys</i> .....	76%				
	<i>Yes</i> .....	11%				
	<i>No</i> .....	13%				
<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>					
	<i>Not sentenced</i> .....	46%				
	<i>Yes</i> .....	16%				
	<i>No</i> .....	38%				
<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>					
	<i>Yes</i> .....	20%				
	<i>No</i> .....	80%				

- Q8.9 Have you had any problems with sending or receiving mail?**  
 Yes ..... 33%  
 No ..... 60%  
 Don't know..... 7%
- Q8.10 Have you had any problems getting access to the telephones?**  
 Yes ..... 26%  
 No ..... 71%  
 Don't know..... 3%
- Q8.11 Did you have a visit in the first week that you were here?**  
**Not been here a week yet** ..... 6%  
 Yes ..... 25%  
 No ..... 65%  
 Don't remember..... 4%
- Q8.12 How many visits did you receive in the last week?**
- | <b>Not been in a week</b> | <b>0</b> | <b>1 to 2</b> | <b>3 to 4</b> | <b>5 or more</b> |
|---------------------------|----------|---------------|---------------|------------------|
| 7%                        | 60%      | 31%           | 2%            | 0%               |
- Q8.13 How are you and your family/friends usually treated by visits staff?**  
**Not had any visits** ..... 34%  
 Very well ..... 7%  
 Well ..... 23%  
 Neither ..... 15%  
 Badly ..... 6%  
 Very badly ..... 6%  
 Don't know..... 9%
- Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?**  
 Yes ..... 42%  
 No ..... 58%
- Q8.15 Do you know who to contact to get help with the following within this prison: (Please tick all that apply to you.)**
- |   |   |
|---|---|
| <b>Don't know who to contact</b> ..... 56%        | <i>Help with your finances in preparation for release</i> ..... 16%           |
| <i>Maintaining good relationships</i> ..... 14%   | <i>Claiming benefits on release</i> ..... 37%                                 |
| <i>Avoiding bad relationships</i> ..... 9%        | <i>Arranging a place at college/continuing education on release</i> ..... 17% |
| <i>Finding a job on release</i> ..... 24%         | <i>Continuity of health services on release</i> ..... 17%                     |
| <i>Finding accommodation on release</i> ..... 27% | <i>Opening a bank account</i> ..... 10%                                       |

**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> .....	34%	<i>Help with your finances in preparation for release</i> .....	28%
<i>Maintaining good relationships</i> .....	19%	<i>Claiming benefits on release</i> .....	30%
<i>Avoiding bad relationships</i> .....	18%	<i>Arranging a place at college/continuing education on release</i> .....	19%
<i>Finding a job on release</i> .....	51%	<i>Continuity of health services on release</i> .....	20%
<i>Finding accommodation on release</i> .....	36%	<i>Opening a bank account</i> .....	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?**

<i>Not sentenced</i> .....	46%
<i>Yes</i> .....	24%
<i>No</i> .....	30%

**Thank you for completing this survey**



## Prisoner Survey Responses HMP Preston 2009

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

### Key to tables

		HMP Preston 2009	Local prisons comparator	HMP Preston 2009	HMP Preston 2004
	Any percent highlighted in green is significantly better.				
	Any percent highlighted in blue is significantly worse.				
	Any percent highlighted in orange shows a significant difference in prisoners' background details.				
	Percentages which are not highlighted show there is no significant difference.				
<b>Number of completed questionnaires returned</b>		<b>122</b>	<b>4090</b>	<b>122</b>	<b>89</b>
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	0%	5%	0%	1%
3a	Are you sentenced?	58%	66%	58%	62%
3b	Are you on recall?	10%	10%	10%	0%
4a	Is your sentence less than 12 months?	12%	18%	12%	16%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	2%	4%	2%	0%
5	Do you have six months or less to serve?	35%	32%	35%	17%
6	Have you been in this prison less than a month?	26%	18%	26%	
7	Are you a foreign national?	11%	13%	11%	3%
8	Is English your first language?	92%	90%	92%	98%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other categories)?	15%	27%	15%	3%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%		5%	
11	Are you Muslim?	10%	12%	10%	
12	Are you homosexual/gay or bisexual?	4%	3%	4%	
13	Do you consider yourself to have a disability?	26%	19%	26%	
14	Is this your first time in prison?	20%	28%	20%	9%
15	Have you been in more than five prisons this time?	9%	9%	9%	
16	Do you have any children under the age of 18?	53%	56%	53%	73%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	48%	51%	48%	32%
1b	Was your personal safety during the journey good/very good?	58%	59%	58%	55%
1c	Was the comfort of the van good/very good?	16%	13%	16%	8%
1d	Was the attention paid to your health needs good/very good?	29%	29%	29%	21%
1e	Was the frequency of toilet breaks good/very good?	13%	13%	13%	5%
2	Did you spend more than four hours in the van?	7%	4%	7%	5%
3	Were you treated well/very well by the escort staff?	71%	68%	71%	69%
4a	Did you know where you were going when you left court or when transferred from another prison?	81%	72%	81%	88%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	14%	11%	10%
4c	When you first arrived here did your property arrive at the same time as you?	87%	81%	87%	80%

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		HMP Preston 2009	Local prisons comparator	HMP Preston 2009	HMP Preston 2004
<b>SECTION 3: Reception, first night and induction</b>					
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:				
<b>1b</b>	Problems with loss of property?	14%	11%	14%	
<b>1c</b>	Housing problems?	38%	29%	38%	
<b>1d</b>	Problems contacting employers?	12%	12%	12%	
<b>1e</b>	Problems contacting family?	54%	48%	54%	
<b>1f</b>	Problems ensuring dependants were looked after?	22%	12%	22%	
<b>1g</b>	Money problems?	21%	18%	21%	
<b>1h</b>	Problems of feeling depressed/suicidal?	65%	53%	65%	
<b>1i</b>	Health problems?	69%	59%	69%	
<b>1j</b>	Problems in needing protection from other prisoners?	31%	24%	31%	
<b>1k</b>	Problems accessing phone numbers?	51%	37%	51%	
<b>2</b>	When you first arrived:				
<b>2a</b>	Did you have any problems?	76%	77%	76%	74%
<b>2b</b>	Did you have any problems with loss of property?	16%	12%	16%	8%
<b>2c</b>	Did you have any housing problems?	25%	23%	25%	26%
<b>2d</b>	Did you have any problems contacting employers?	7%	7%	7%	2%
<b>2e</b>	Did you have any problems contacting family?	26%	31%	26%	28%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	11%	8%	11%	3%
<b>2g</b>	Did you have any money worries?	23%	25%	23%	20%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	23%	23%	23%	20%
<b>2i</b>	Did you have any health problems?	32%	25%	32%	32%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	8%	9%	8%	6%
<b>2k</b>	Did you have problems accessing phone numbers?	19%	32%	19%	
<b>3a</b>	Were you seen by a member of health services in reception?	98%	86%	98%	92%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	80%	69%	80%	63%
<b>4</b>	Were you treated well/very well in reception?	71%	58%	71%	59%
<b>5</b>	On your day of arrival, were you offered any of the following:				
<b>5a</b>	Information about what was going to happen to you?	46%	43%	46%	48%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	54%	44%	54%	47%
<b>5c</b>	Information about how to make routine requests?	46%	33%	46%	42%
<b>5d</b>	Information about your entitlement to visits?	46%	42%	46%	39%
<b>5e</b>	Information about health services?	55%	44%	55%	
<b>5f</b>	Information about the chaplaincy?	46%	44%	46%	

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HMP Preston 2009	HMP Preston 2004
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**SECTION 3: Reception, first night and induction continued**

<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	85%	79%	85%	78%
<b>6b</b>	The opportunity to have a shower?	63%	33%	63%	82%
<b>6c</b>	The opportunity to make a free telephone call?	48%	57%	48%	27%
<b>6d</b>	Something to eat?	72%	82%	72%	86%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	52%	49%	52%	67%
<b>7b</b>	Someone from health services?	85%	70%	85%	82%
<b>7c</b>	A Listener/Samaritans?	10%	29%	10%	40%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	23%	20%	23%	46%
<b>9</b>	Did you feel safe on your first night here?	78%	73%	78%	85%
<b>10</b>	Have you been on an induction course?	72%	74%	72%	73%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	57%	57%	57%	61%

**SECTION 4: Legal rights and respectful custody**

<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	42%	42%	42%	
<b>1b</b>	Attend legal visits?	56%	61%	56%	
<b>1c</b>	Obtain bail information?	35%	24%	35%	
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	33%	43%	33%	58%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	60%	51%	60%	54%
<b>3b</b>	Are you normally able to have a shower every day?	83%	79%	83%	85%
<b>3c</b>	Do you normally receive clean sheets every week?	85%	82%	85%	87%
<b>3d</b>	Do you normally get cell cleaning materials every week?	67%	65%	67%	67%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	49%	38%	49%	36%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	63%	64%	63%	69%
<b>3g</b>	Can you normally get your stored property, if you need to?	32%	29%	32%	63%
<b>4</b>	Is the food in this prison good/very good?	23%	25%	23%	25%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	45%	46%	29%
<b>6a</b>	Is it easy/very easy to get a complaints form?	81%	81%	81%	78%
<b>6b</b>	Is it easy/very easy to get an application form?	84%	86%	84%	85%
<b>7</b>	Have you made an application?	84%	82%	84%	83%

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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	64%	55%	64%	56%
8b	Do you feel applications are dealt with promptly (within seven days)?	56%	50%	56%	58%
9	Have you made a complaint?	26%	47%	26%	62%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	35%	33%	35%	33%
10b	Do you feel complaints are dealt with promptly (within seven days)?	27%	36%	27%	48%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	34%	57%	34%	31%
10c	Were you given information about how to make an appeal?	20%	27%	20%	43%
12	Is it easy/very easy to see the Independent Monitoring Board?	24%	29%	24%	54%
13	Are you on the enhanced (top) level of the IEP scheme?	29%		29%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	60%		60%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	54%		54%	
16a	In the last six months have any members of staff physically restrained you (C & R)?	3%		3%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	10%		10%	
13a	Do you feel your religious beliefs are respected?	57%	53%	57%	67%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	64%	56%	64%	75%
14	Are you able to speak to a Listener at any time, if you want to?	65%	62%	65%	79%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	82%	66%	82%	69%
15b	Do most staff, in this prison, treat you with respect?	81%	68%	81%	76%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	38%	39%	38%	30%
2	Do you feel unsafe in this prison at the moment?	18%	19%	18%	
4	Have you been victimised by another prisoner?	25%	22%	25%	20%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	14%	11%	14%	12%
5b	Hit, kicked or assaulted you?	5%	8%	5%	8%
5c	Sexually abused you?	0%	1%	0%	2%
5d	Victimised you because of your race or ethnic origin?	6%	4%	6%	2%
5e	Victimised you because of drugs?	7%	4%	7%	1%
5f	Taken your canteen/property?	6%	5%	6%	4%
5g	Victimised you because you were new here?	5%	5%	5%	1%
5h	Victimised you because of your sexuality?	0%	1%	0%	

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HMP Preston 2009	HMP Preston 2004

**SECTION 5: Safety continued**

<b>5i</b>	Victimised you because you have a disability?	2%	2%	2%	
<b>5j</b>	Victimised you because of your religion/religious beliefs?	5%	3%	5%	
<b>5k</b>	Victimised you because of your age?	3%		3%	
<b>5l</b>	Victimised you because you were from a different part of the country?	3%	5%	3%	2%
<b>5m</b>	Victimised you because of your offence/crime?	5%	6%	5%	
<b>5n</b>	Victimised you because of gang related issues?	3%		3%	
<b>6</b>	Have you been victimised by a member of staff?	17%	26%	17%	24%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks made about you, your family or friends?	6%	13%	6%	15%
<b>7b</b>	Hit, kicked or assaulted you?	2%	5%	2%	4%
<b>7c</b>	Sexually abused you?	0%	1%	0%	1%
<b>7d</b>	Victimised you because of your race or ethnic origin?	2%	5%	2%	0%
<b>7e</b>	Victimised you because of drugs?	6%	4%	6%	10%
<b>7f</b>	Victimised you because you were new here?	3%	6%	3%	1%
<b>7g</b>	Victimised you because of your sexuality?	1%	1%	1%	
<b>7h</b>	Victimised you because you have a disability?	1%	3%	1%	
<b>7i</b>	Victimised you because of your religion/religious beliefs?	3%	4%	3%	
<b>7j</b>	Victimised you because of your age?	1%		1%	
<b>7k</b>	Victimised you because you were from a different part of the country?	5%	4%	5%	4%
<b>7l</b>	Victimised you because of your offence/crime?	5%	8%	5%	
<b>7m</b>	Victimised you because of gang related issues?	1%		1%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	35%	32%	35%	32%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	30%	25%	30%	
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	16%	25%	16%	
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	34%	32%	34%	44%
<b>SECTION 6: Healthcare</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	31%	27%	31%	
<b>1b</b>	Is it easy/very easy to see the nurse?	38%	51%	38%	
<b>1c</b>	Is it easy/very easy to see the dentist?	10%	10%	10%	
<b>1d</b>	Is it easy/very easy to see the optician?	14%	11%	14%	
<b>2</b>	Are you able to see a pharmacist?	41%	45%	41%	

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<b>Healthcare continued</b>					
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?	49%	48%	49%	32%
3b	The nurse?	57%	61%	57%	63%
3c	The dentist?	36%	35%	36%	38%
3d	The optician?	42%	37%	42%	52%
4	The overall quality of health services?	46%	43%	46%	36%
5	Are you currently taking medication?	56%	46%	56%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	66%	61%	66%	
7	Do you feel you have any emotional well-being/mental health issues?	40%	32%	40%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	28%	41%	28%	
8b	A doctor?	28%	27%	28%	
8c	A nurse?	20%	11%	20%	
8d	A psychiatrist?	10%	23%	10%	
8e	The mental health in-reach team?	49%	26%	49%	
8f	A counsellor?	5%	11%	5%	
9a	Did you have a drug problem when you came into this prison?	40%	30%	40%	30%
9b	Did you have an alcohol problem when you came into this prison?	27%	19%	27%	9%
10a	Have you developed a drug problem since you have been in this prison?	13%	10%	13%	
10b	Have you developed an alcohol problem since you have been in this prison?	4%	3%	4%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	79%	79%	79%	
12	Have you received any help or intervention whilst in this prison?	76%	68%	76%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	83%	77%	83%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	36%	31%	36%	32%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	31%	26%	31%	21%
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?	62%	56%	62%	58%

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<b>SECTION 7: Purposeful activity</b>					
<b>1</b>	Are you currently involved in any of the following activities:				
<b>1a</b>	A prison job?	40%	45%	40%	
<b>1b</b>	Vocational or skills training?	10%	14%	10%	
<b>1c</b>	Education (including basic skills)?	30%	27%	30%	
<b>1d</b>	Offending behaviour programmes?	15%	9%	15%	
<b>2ai</b>	Have you had a job whilst in this prison?	61%	66%	61%	
For those who have had a prison job whilst in this prison:					
<b>2aii</b>	Do you feel the job will help you on release?	46%	39%	46%	
<b>2bi</b>	Have you been involved in vocational or skills training whilst in this prison?	49%	56%	49%	
For those who have had vocational or skills training whilst in this prison:					
<b>2bii</b>	Do you feel the vocational or skills training will help you on release?	53%	49%	53%	
<b>2ci</b>	Have you been involved in education whilst in this prison?	71%	65%	71%	
For those who have been involved in education whilst in this prison:					
<b>2cii</b>	Do you feel the education will help you on release?	63%	58%	63%	
<b>2di</b>	Have you been involved in offending behaviour programmes whilst in this prison?	56%	52%	56%	
For those who have been involved in offending behaviour programmes whilst in this prison:					
<b>2dii</b>	Do you feel the offending behaviour programme(s) will help you on release?	62%	48%	62%	
<b>3</b>	Do you go to the library at least once a week?	50%	36%	50%	50%
<b>4</b>	On average, do you go to the gym at least twice a week?	47%	42%	47%	
<b>5</b>	On average, do you go outside for exercise three or more times a week?	41%	38%	41%	44%
<b>6</b>	On average, do you spend ten or more hours out of your cell on a weekday?	13%	10%	13%	14%
<b>7</b>	On average, do you go on association more than five times each week?	68%	48%	68%	68%
<b>8</b>	Do staff normally speak to you most of the time/all of the time during association?	23%	18%	23%	21%
<b>SECTION 8: Resettlement</b>					
<b>1</b>	Do you have a personal officer?	50%	41%	50%	24%
For those with a personal officer:					
<b>2</b>	Do you think your personal officer is helpful/very helpful?	71%	63%	71%	73%
For those who are sentenced:					
<b>3</b>	Do you have a sentence plan?	44%	38%	44%	38%
For those with a sentence plan?					
<b>4</b>	Were you involved/very involved in the development of your plan?	68%	60%	68%	61%
<b>5</b>	Can you achieve some/all of your sentence plan targets in this prison?	56%	60%	56%	
<b>6</b>	Are there plans for you to achieve some/all your targets in another prison?	45%	46%	47%	

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<b>Resettlement continued</b>					
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	30%	25%	30%	
8	Do you feel that any member of staff has helped you to prepare for release?	20%	15%	20%	
9	Have you had any problems with sending or receiving mail?	33%	42%	33%	62%
10	Have you had any problems getting access to the telephones?	26%	31%	26%	35%
11	Did you have a visit in the first week that you were here?	25%	37%	25%	26%
12	Did you receive one or more visits in the last week?	33%	40%	33%	
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	47%		47%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	42%	41%	42%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	14%	16%	14%	
15c	Avoiding bad relationships?	9%	11%	9%	
15d	Finding a job on release?	24%	39%	24%	42%
15e	Finding accommodation on release?	27%	41%	27%	61%
15f	With money/finances on release?	16%	28%	16%	39%
15g	Claiming benefits on release?	37%	42%	37%	60%
15h	Arranging a place at college/continuing education on release?	17%	28%	17%	48%
15i	Accessing health services on release?	17%	33%	17%	44%
15j	Opening a bank account on release?	10%	27%	10%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	19%	15%	19%	
16c	Avoiding bad relationships?	18%	14%	18%	
16d	Finding a job?	51%	55%	51%	
16e	Finding accommodation?	36%	48%	36%	
16f	Money/finances?	28%	52%	28%	
16g	Claiming benefits?	30%	38%	30%	
16h	Arranging a place at college/continuing education?	19%	33%	19%	
16i	Accessing health services?	20%	24%	20%	
16j	Opening a bank account?	28%	41%	28%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	44%	48%	44%	49%



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

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

## Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
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Percentages which are not highlighted show there is no significant difference.							
<b>Number of completed questionnaires returned</b>		<b>18</b>	<b>103</b>	<b>13</b>	<b>106</b>	<b>12</b>	<b>107</b>
1.3	Are you sentenced?	33%	62%	15%	62%	34%	61%
1.7	Are you a foreign national?	33%	7%			34%	8%
1.8	Is English your first language?	61%	98%	58%	97%	58%	96%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other categories)?			46%	11%	92%	6%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	4%	0%	6%	0%	5%
1.11	Are you Muslim?	65%	1%	34%	8%		
1.12	Do you consider yourself to have a disability?	23%	27%	31%	26%	8%	28%
1.13	Is this your first time in prison?	50%	15%	61%	14%	58%	15%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	24%	31%	42%	29%	37%	29%
2.3	Were you treated well/very well by the escort staff?	63%	72%	54%	72%	54%	73%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	61%	85%	93%	80%	50%	86%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	47%	56%	61%	55%	46%	56%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	59%	67%	39%	69%	46%	68%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	41%	75%	39%	75%	37%	74%
3.2a	Did you have any problems when you first arrived?	94%	74%	92%	76%	91%	75%
3.3a	Were you seen by a member of healthcare staff in reception?	89%	100%	100%	98%	84%	100%
3.3b	When you were searched in reception, was this carried out in a respectful way?	61%	84%	58%	83%	50%	85%
3.4	Were you treated well/very well in reception?	39%	77%	66%	71%	34%	76%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	63%	88%	75%	87%	54%	88%
3.9	Did you feel safe on your first night here?	59%	81%	54%	80%	63%	81%
3.10	Have you been on an induction course?	89%	69%	85%	70%	73%	72%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	12%	48%	42%	44%	18%	46%

Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.						
	Any percent highlighted in blue is significantly worse.						
	Any percent highlighted in orange shows a significant difference in prisoners' background details.						
	Percentages which are not highlighted show there is no significant difference.						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	53%	61%	58%	60%	37%	62%
4.3b	Are you normally able to have a shower every day?	71%	85%	92%	82%	63%	85%
4.3e	Is your cell call bell normally answered within five minutes?	53%	49%	50%	51%	46%	50%
4.4	Is the food in this prison good/very good?	18%	23%	34%	22%	27%	22%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	47%	46%	48%	37%	47%
4.6a	Is it easy/very easy to get a complaints form?	76%	82%	78%	81%	66%	84%
4.6b	Is it easy/very easy to get an application form?	75%	86%	100%	82%	73%	86%
4.9	Have you made a complaint?	35%	23%	9%	26%	27%	24%
4.13	Are you on the enhanced (top) level of the IEP scheme?	18%	30%	8%	31%	18%	31%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	39%	64%	46%	63%	30%	65%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	23%	59%	33%	57%	20%	59%
4.16a	In the last six months have any members of staff physically restrained you (C & R)?	0%	3%	9%	2%	0%	3%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	6%	10%	0%	11%	0%	11%
4.17a	Do you feel your religious beliefs are respected?	69%	55%	50%	58%	54%	58%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	66%	80%	63%	40%	67%
4.18	Are you able to speak to a Listener at any time, if you want to?	44%	69%	46%	68%	50%	66%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	75%	84%	92%	81%	80%	82%
4.19b	Do most staff, in this prison, treat you with respect?	76%	83%	84%	82%	73%	83%
5.1	Have you ever felt unsafe in this prison?	41%	37%	54%	37%	54%	35%
5.2	Do you feel unsafe in this prison at the moment?	30%	16%	25%	18%	46%	14%
5.4	Have you been victimised by another prisoner?	30%	23%	46%	20%	37%	21%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here (by prisoners)?	17%	2%	15%	3%	27%	1%
5.5i	Have you been victimised because you have a disability (by prisoners)?	6%	1%	0%	2%	0%	1%
5.5j	Have you been victimised because of your religion/religious beliefs (by prisoners)?	17%	2%	15%	3%	27%	1%
5.6	Have you been victimised by a member of staff?	25%	15%	31%	15%	27%	15%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here (by staff)?	6%	0%	0%	1%	9%	0%

## Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better.						
	Any percent highlighted in blue is significantly worse.						
	Any percent highlighted in orange shows a significant difference in prisoners' background details.						
	Percentages which are not highlighted show there is no significant difference.						
5.7h	Have you been victimised because you have a disability (by staff)?	0%	1%	8%	0%	0%	1%
5.7i	Have you been victimised because of your religion/religious beliefs (by staff)?	12%	1%	15%	1%	18%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	37%	29%	46%	28%	46%	28%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	17%	15%	23%	15%	18%	14%
5.11	Is it easy/very easy to get illegal drugs in this prison?	12%	37%	15%	37%	18%	35%
6.1a	Is it easy/very easy to see the doctor?	17%	33%	34%	29%	18%	32%
6.1b	Is it easy/very easy to see the nurse?	25%	39%	50%	35%	27%	39%
6.2	Are you able to see a pharmacist?	41%	41%	30%	42%	37%	41%
6.5	Are you currently taking medication?	30%	62%	23%	63%	18%	61%
6.7	Do you feel you have any emotional well-being/mental health issues?	30%	42%	42%	41%	27%	41%
7.1a	Are you currently working in the prison?	12%	45%	10%	43%	10%	45%
7.1b	Are you currently undertaking vocational or skills training?	12%	9%	10%	10%	10%	9%
7.1c	Are you currently in education (including basic skills)?	50%	26%	30%	30%	40%	27%
7.1d	Are you currently taking part in an offending behaviour programme?	6%	17%	0%	17%	0%	18%
7.3	Do you go to the library at least once a week?	37%	51%	37%	51%	20%	52%
7.4	On average, do you go to the gym at least twice a week?	59%	45%	66%	45%	37%	47%
7.5	On average, do you go outside for exercise three or more times a week?	41%	41%	37%	42%	27%	43%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	15%	0%	14%	0%	15%
7.7	On average, do you go on association more than five times each week?	41%	72%	42%	71%	46%	71%
7.8	Do staff normally speak to you at least most of the time during association time (most/all of the time)?	6%	27%	16%	24%	9%	26%
8.1	Do you have a personal officer?	59%	50%	66%	49%	63%	48%
8.9	Have you had any problems sending or receiving mail?	24%	35%	42%	33%	46%	31%
8.10	Have you had any problems getting access to the telephones?	35%	24%	50%	23%	46%	22%



### Key questions (Disability Analysis) HMP Preston 2009

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

#### Key to tables

	Any percent highlighted in green is significantly better.	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
<b>Number of completed questionnaires returned</b>		<b>32</b>	<b>89</b>
1.3	Are you sentenced?	38%	65%
1.7	Are you a foreign national?	13%	10%
1.8	Is English your first language?	97%	91%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White Other categories)?	13%	16%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	5%
1.11	Are you Muslim?	3%	13%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	10%	24%
2.1d	Was the attention paid to your health needs good/very good?	36%	27%
2.3	Were you treated well/very well by the escort staff?	78%	68%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	94%	77%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	61%	53%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	61%	67%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	71%	70%
3.2a	Did you have any problems when you first arrived?	90%	73%
3.3a	Were you seen by a member of healthcare staff in reception?	100%	98%
3.3b	When you were searched in reception, was this carried out in a respectful way?	90%	77%
3.4	Were you treated well/very well in reception?	80%	68%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	89%	83%
3.9	Did you feel safe on your first night here?	74%	79%
3.10	Have you been on an induction course?	59%	76%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	40%	44%

## Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
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	Any percent highlighted in blue is significantly worse.		
	Any percent highlighted in orange shows a significant difference in prisoners' background details.		
	Percentages which are not highlighted show there is no significant difference.		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	69%	57%
4.3b	Are you normally able to have a shower every day?	93%	80%
4.3e	Is your cell call bell normally answered within five minutes?	76%	41%
4.4	Is the food in this prison good/very good?	42%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	47%
4.6a	Is it easy/very easy to get a complaints form?	77%	83%
4.6b	Is it easy/very easy to get an application form?	81%	86%
4.9	Have you made a complaint?	26%	25%
4.13	Are you on the enhanced (top) level of the IEP scheme?	29%	29%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	75%	56%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	73%	48%
4.16a	In the last six months have any members of staff physically restrained you (C & R)?	4%	2%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	4%	12%
4.17a	Do you feel your religious beliefs are respected?	64%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	72%	63%
4.18	Are you able to speak to a Listener at any time, if you want to?	69%	64%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	85%	81%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	90%	79%
5.1	Have you ever felt unsafe in this prison?	47%	35%
5.2	Do you feel unsafe in this prison at the moment?	15%	19%
5.4	Have you been victimised by another prisoner?	39%	18%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here (by prisoners)?	7%	4%
5.5i	Victimised you because you have a disability?	7%	0%
5.5j	Have you been victimised because of your religion/religious beliefs (by prisoners)?	7%	4%
5.6	Have you been victimised by a member of staff?	11%	18%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here (by staff)?	0%	1%
5.7h	Victimised you because you have a disability?	4%	0%
5.7i	Have you been victimised because of your religion/religious beliefs (by staff)?	4%	2%

## Key to tables

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	Any percent highlighted in blue is significantly worse.		
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	Percentages which are not highlighted show there is no significant difference.		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	48%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	11%	17%
5.11	Is it easy/very easy to get illegal drugs in this prison?	33%	33%
6.1a	Is it easy/very easy to see the doctor?	41%	27%
6.1b	Is it easy/very easy to see the nurse?	46%	34%
6.2	Are you able to see a pharmacist?	36%	42%
6.5	Are you currently taking medication?	86%	47%
6.7	Do you feel you have any emotional well-being/mental health issues?	75%	28%
7.1a	Are you currently working in the prison?	31%	44%
7.1b	Are you currently undertaking vocational or skills training?	19%	6%
7.1c	Are you currently in education (including basic skills)?	31%	30%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	18%
7.3	Do you go to the library at least once a week?	58%	46%
7.4	On average, do you go to the gym at least twice a week?	30%	53%
7.5	On average, do you go outside for exercise three or more times a week?	43%	40%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	11%	14%
7.7	On average, do you go on association more than five times each week?	78%	64%
7.8	Do staff normally speak to you at least most of the time during association time (most/all of the time)?	26%	23%
8.1	Do you have a personal officer?	55%	49%
8.9	Have you had any problems sending or receiving mail?	37%	32%
8.10	Have you had any problems getting access to the telephones?	37%	22%