

Report on an announced inspection of

HMP Buckley Hall

16–20 April 2012

by HM Chief Inspector of Prisons

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Introduction

Located in Rochdale, Buckley Hall is a relatively small category C training prison holding up to 445 adult prisoners. Despite significant changes to the establishment over the last 20 years, it has managed to retain its function for the past seven years, providing a welcome measure of stability. A relatively new facility, the establishment was taken over by the public sector following a market testing process in 2000. This status was recently confirmed in early 2011 when the public sector again won a subsequent competitive market test. The new service level agreement was introduced in November 2011. At this full inspection, we found a settled establishment with outcomes for prisoners that were reasonably good or better.

Safer custody arrangements were effective with the number of violent incidents low. Incidents that did occur were addressed rigorously and supported by meaningful interventions. Similarly, self-harm incidents were low and, again, support structures to assist those in crisis were generally effective, although quite a high number of prisoners in crisis were located in segregation without alternatives being given sufficient consideration. A commendable feature of the prison's safer custody and emergent adult safeguarding work was the partnership working, advice and support offered by Calderstones Partnership NHS Foundation Trust.

Use of force seemed low although there was evidence of some under reporting. In contrast, use of segregation was higher than expected and, as seen previously at Buckley Hall, a significant number of prisoners sought protection in segregation prior to onward transfer out of the establishment. This, as well as aspects of the segregation unit's limited environment and regime, required further attention.

Security was generally applied proportionately but drugs were a problem. Random testing had recently peaked at 30% although the six month average was about half this level. This was still very high and prisoners seemed to believe getting drugs or alcohol in Buckley Hall was easier than at similar establishments. There was some evidence to suggest the prison was beginning to tackle supply routes, and programmes to address demand were well integrated and responsive.

Buckley Hall remained a reasonably respectful prison although some aspects had deteriorated. Most of the wings were grubby and toilet screening in shared cells was often very poor. Access to amenities, kit and clothing was also problematic. Most prisoners were positive about the quality of staff-prisoner relationships, although we observed some indifferent staff interaction. We saw a commitment on the part of the establishment to the improvement and promotion of equality but progress was slow and action was lacking. It was not surprising that minority groups reported more negatively across a range of indicators, although we did not see any particular differential outcomes. Greater leadership was needed however, in delivering commitments and plans across the diversity strands. The provision of health care and particularly mental health care was good.

The quality of the regime was a strength of the establishment. Time out of cell was reasonably good, although we found a disappointing tenth of the population locked up during the working day despite there being sufficient activity places. There were good plans about to be implemented to increase the duration of evening association, which at the time of the inspection was too short. The range of vocational training and education on offer was good with literacy and numeracy very well supported in workplace settings. The achievement of accredited qualifications was generally very high. Most work placements were meaningful and evidenced a good work ethic.

The prison's approach to resettlement was in a state of transition and there were weaknesses in the quality of some sentence plans as well as some negative perceptions amongst prisoners. Interesting plans were however in place to reorganise and refocus the approach to offender management, quite properly placing much greater emphasis on risk management and harm reduction. This combined with quite good resettlement and reintegration planning suggested the potential for real progress, although these plans remained too new to fully assess.

Overall, this is a satisfactory report that highlights a number of key strengths and some useful work being carried out with prisoners. The establishment had coped well with the uncertainties of the market test process and was actively implementing plans that would bring improvement. However, some initiatives were quite new and needed time to establish themselves. A new focus on some aspects of the respect agenda, notably the promotion of equality and environmental standards, was required, and the availability of drugs in the prison was something that needed to be addressed with renewed determination.

Nick Hardwick
HM Chief Inspector of Prisons

June 2012

Fact page

Task of the establishment

Sentenced adult male category C prisoners

Prison status

Public sector

Region

North West

Number held

440

Certified normal accommodation

410

Operational capacity

445

Date of last full inspection

April 2007

Brief history

Buckley Hall was the fourth contracted-out prison in the UK, and the first privately managed category C establishment holding medium-security prisoners, and was operated by Group 4 Prison Services. After a tendering process in June 2000, the establishment reverted to Prison Service control. In April 2002 it re-rolled to a closed female training prison. As a result of population pressures in the male estate, it was re-rolled back to a male category C prison in September 2005.

Short description of residential units

Four residential units house 410 prisoners, up to a maximum of 445.

Name of governor

Susan Kennedy

Escort contractor

GeoAmey

Health service commissioner and provider

Commissioner: Heywood, Middleton and Rochdale Primary Care Trust

Provider: Pennine Care NHS Foundation Trust

Learning and skills provider

The Manchester College

Independent Monitoring Board chair

John Clements

Healthy prison summary

Introduction

HP1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

Safety prisoners, particularly the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

Purposeful activity prisoners are able, and expected, to engage in activity that is likely to benefit them

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

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

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

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

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

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

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

There is evidence that outcomes for prisoners are being adversely affected in many

areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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

Safety

HP5 The reception process was efficient but induction was basic. Although first night procedures were reasonable, new arrivals could wait several days for their induction to start spending lengthy periods locked in their cells. The number of violent incidents was low and victims felt supported, bullies were challenged and investigations were robust. Self-harm monitoring documents were of reasonable quality and mental health support was good. There was an effective Listener scheme. Security was well managed and use of force was commendably low, although we noted some under-reporting. The segregation unit regime was reasonable although the environment was grim. Mandatory drug testing figures had dropped significantly, although drug availability remained a concern and still needed to be addressed. Outcomes for prisoners were reasonably good against this healthy prison test.

HP6 Journey times to the prison were under two hours for most prisoners, but we found a prisoner who had travelled for five hours with no toilet break or refreshments. Reception was not open over lunch and escort vans with prisoners arriving at that time were left outside the gate for up to one hour. Most prisoners said that they felt safe during transit.

HP7 Reception was clean, welcoming and appropriate. Disembarkation from escort vehicles was swift, as was the reception process. Reception and health care staff saw new arrivals in private. Prisoner Insiders met new arrivals in reception, which they appreciated. First night cells were clean and adequately furnished. New arrivals were given a free telephone call but we were not assured that they had a shower on their first night. The first night risk interviews were good and issues were followed up. For some prisoners, induction did not start for several days after their arrival. The content and delivery of the induction programme was very basic. After they completed induction, prisoners spent too long on the first night landing locked in their cells.

HP8 Safer custody was managed by a newly formed team and data collection had improved, although monitoring of trends was underdeveloped and there had been no recent survey. The number of violent incidents was low and most prisoners said that they felt safe. Investigation of alleged incidents was thorough and victim support was well developed. Perpetrators were challenged and some interventions were available, such as a self-esteem course and the use of peer mentors. An external organisation, Calderstones, provided support across safer custody work.

HP9 The incidence of self-harm was not excessive and case management arrangements through the safer custody team, residential staff and community psychiatric nurses (CPNs) were very good. The number of assessment, care in custody and teamwork (ACCT) self-harm monitoring documents was low and proportionate, and initial

screening arrangements were good. The quality of individual care plans was reasonable, and management plans for the few who required intensive support were comprehensive and imaginative. Calderstones NHS Trust carried out quality assurance on all ACCT documents and action was taken to rectify any issues. The location of the gated cell in the care and separation unit (CSU) was inappropriate, and the cell was grubby. Too many prisoners were held in the CSU on open ACCT documents with seemingly little thought to alternative locations.

- HP10 A weekly safeguarding meeting considered all prisoners who were vulnerable due to their mental health, and Calderstones had assisted in expanding the remit to include disability, age and illness.
- HP11 Security was well managed and did not unnecessarily restrict access to the regime. Intelligence was generally well managed but action on suspicion drug testing required improvement. Mandatory drug testing (MDT) figures had reached a peak of over 30%, but action had been taken to reduce this rate significantly. However, drug availability remained a major concern. Closed visits were applied appropriately and sparingly, but many prisoners stayed on them for too long in the absence of information to support continuation.
- HP12 Information on the incentives and earned privileges (IEP) scheme was limited, the policy for a prisoner to gain enhanced status was confusing, and some staff were unclear of its application. The process for promotion and demotion was fair and based on patterns of behaviour, and there were adequate differentials between the levels. Targets set for prisoners on the basic level were perfunctory.
- HP13 The number of adjudications was much higher than at the last inspection but most appeared justified, and records of hearings were good. The recorded use of force was commendably low, but we were concerned by some under-reporting. Documentation was generally of a good standard but did not always reflect efforts to de-escalate situations. Governance of special accommodation required improvement. The recorded use of special accommodation was low but we were not assured that all was justified. Prisoners spent too long there after they appeared calm, and there was some unauthorised and unrecorded use. Planned interventions were generally filmed but were not routinely reviewed. We were concerned by the content of some, which failed to evidence any attempt at de-escalation.
- HP14 Throughput of the CSU was high, and above what we normally see for prisoners requesting protection, and transfers out were also higher. Although the unit was reasonably clean, some cells were grubby and some had offensive graffiti. Despite a risk assessment process, strip searching appeared almost routine for all new arrivals. Care and reintegration planning was underdeveloped, and targets set at reviews were too often quite limited. Some prisoners on the unit were not allowed access to televisions, but otherwise the regime was reasonably good and would improve with recent developments.
- HP15 The integrated drug treatment system (IDTS) provided a very caring and responsive service from a well-integrated partnership between the clinical and CARAT (counselling, assessment, referral, advice and throughcare) teams. The drug strategy was innovative and there were plans to increase partnership with community agencies. Two programmes addressing substance misuse were being piloted.

Respect

HP16 Cells were clean but communal areas were generally grubby. Prisoners had restricted access to sufficient clothes and showers. Staff-prisoner relationships were limited but most prisoners felt they could turn to officers for support, although minority groups had more negative perceptions. Work on equality and diversity was underdeveloped, and communication and consultation were limited. The chaplaincy was well integrated into the establishment and delivered a good service. Prisoners were generally satisfied with their access to health services, and mental health services were good. Prisoners were positive about the food, although supervision of meal times needed improvement. Outcomes for prisoners were reasonably good against this healthy prison test.

HP17 With the exception of D wing, the communal areas were grubby. There was some graffiti, especially etched into cell doors. Some cells designed for one prisoner held two, inappropriately, and toilet screening on A, B and C wings was very poor. Access to cell cleaning materials was good and cells were clean. Many prisoners complained that some showers were cold, and we were not assured that every prisoner could shower daily. Prisoners welcomed the en-suite facilities on D wing. Although all prisoners could wear their own clothes, getting sufficient clothing was a problem for some. There was a backlog of four weeks for prisoners to access their stored property in reception.

HP18 We observed limited interactions between staff and prisoners, with many staff congregating in or outside wing offices. Despite this, most prisoners felt that staff treated them with respect and that there was a member of staff they could turn to. The perceptions of black and minority ethnic prisoners in our survey¹ were however, less positive. Case history notes were of a good quality and preferred names were used. Consultation arrangements were effective.

HP19 The prison was committed to the development and promotion of equality, but work and stronger leadership were required to implement plans and effect necessary change. Confidence in the discrimination incident reporting form system was limited, and investigations required development. The role of prisoner equality representatives was being developed but they were not trained or fully aware of their role. Wider consultation with prisoners from minority groups was limited.

¹**Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towel et al (eds), *Dictionary of Forensic Psychology*.)

- HP20 In our survey, responses from black and minority ethnic and Muslim prisoners and those with disabilities were worse than their comparators across a range of indicators. Despite these negative responses, black and minority ethnic prisoners did not speak to us about poor treatment. Other than a poorly attended support group, there was little support for the Gypsy, Romany and Traveller population. Foreign national prisoners were not routinely held at Buckley Hall but we were not assured that provision was sufficient to meet the needs of those who did arrive. Initial identification of disabilities was good and there were personal emergency and evacuation plans in place, although not all staff were aware of them. Further support for older prisoners and those with disabilities was needed. There was some work to develop provision around sexual orientation but again, more was required.
- HP21 The chaplaincy was active and well integrated, and delivered good provision for all faiths. In our survey, black and minority ethnic and Muslim prisoners felt that their religious beliefs were respected and had good access to a faith leader.
- HP22 Some prisoners had limited confidence in the complaints process, with many citing the issue of the orderly officer emptying the complaints box. Consultation through complaints surgeries was a good initiative. Quality assurance was thorough, and responses were timely and appropriate. A reasonable range of legal services was offered by a trained member of staff, and prisoners had adequate access to legal visits, telephone calls and support with legal matters.
- HP23 In our survey, prisoners were generally satisfied with their access to health services and the quality of care provided. They were less satisfied with the waiting times to see the GP and the dentist. All new arrivals received a comprehensive initial screening in reception by mental health and general nurses. Primary care services were satisfactory, with GP clinics every weekday, but patients could wait up to three weeks for a routine appointment. Prisoners did not have access to a pharmacist. Nurses administered three times daily, with many patients having medicines in possession. Mental health care was very good.
- HP24 In our survey, most prisoners were positive about the food. We found it was of reasonable quality with a varied menu, and two hot meals a day for most prisoners. However, the system for supervising portion control was inadequate. There was consultation about the food through a variety of means, with responses to comments and changes where possible. The kitchen and servery areas were clean and well maintained. There was good consultation about the prison shop, and the range of goods was adequate.

Purposeful activity

- HP25 Prisoners were offered reasonable time out of their cells, although unemployed prisoners could be limited to three hours a day. There was a sound learning and skills strategy and a good curriculum delivered by well-qualified teaching staff. There were sufficient activity places and the work was meaningful, with a good work ethic at the core of vocational training. The library was well stocked and prisoners had good access. Physical education was well managed, facilities were good and accredited courses had increased. Outcomes for prisoners were good against this healthy prison test.

- HP26 Time out of cell for most prisoners was reasonable at just over eight hours a day during the working week. However, unemployed prisoners, of whom there were few, could experience less than three hours. At roll checks during the core day, we found 11% of the population locked in their cells, which was too high for a training prison. The prison had recognised that evening association was too limited and was due to extend the core day, including additional time in the open air.
- HP27 The learning and skills strategy described the prison's approach to course development, work to improve skills, qualifications and prisoner employability. Quality improvement and self-assessment processes had ensured a reasonable improvement in provision.
- HP28 There were approximately 443 activity places that met the needs of approximately 97% of the population. The range of education and vocational training was good and most jobs provided prisoners with meaningful work. Allocation to activities was normally efficient but sometimes delayed by a protracted induction period.
- HP29 In education, teaching and learning sessions were satisfactory and learning resources were adequate. However some accommodation was too small and resources on the virtual campus were underdeveloped. Vocational training was good, learning took place in high quality industrial environments, and prisoners benefited from good industrial experience, enhancing their work ethic. Literacy and numeracy outreach provision was highly effective and applied to the context of learners' vocational areas.
- HP30 Educational and training achievements were high, except in catering. Attendance and retention on vocational courses were high and the standard of learners' work was good and sometimes outstanding. The majority of those on vocational training benefited from projects around the establishment, enhancing their skills, self-esteem and self-confidence. However, prison work areas did not recognise or record useful employability skills that prisoners developed.
- HP31 Library services and their promotion had improved since the last inspection, and prisoner access was good. Borrowing and the return of books were not sufficiently monitored to manage stock loss.
- HP32 Indoor PE facilities were good and well managed, and the range of courses had increased and provided progression for learners. Attendance rates were high on courses and recreational PE. There was no provision for outdoor activities, but healthy living was promoted.

Resettlement

- HP33 The establishment had implemented a new model for resettlement work with a renewed focus on risk, although it was still too early to assess its effectiveness. All prisoners now had an offender supervisor, which was commendable, but sentence planning contributions from across the prison were inconsistent and attendance at formal boards was unreliable. Sentence planning targets were restricted to what was available rather than based on prisoner need, and contact with offender supervisors was limited. Public protection arrangements were generally good. Pathway provision was generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP34 The new resettlement and offender management strategic model looked an extremely positive approach to focusing on risk management, with security and offender management managed and linked together. The recent reorganisation of the offender management unit, the creation of offender management teams, the recruitment of probation service officers and case allocation on the basis of risk were a positive approach. The strategy looked to have considerable merits but it was too early to assess its long-term effectiveness. Communication and links between resettlement, interventions work and offender management were reasonable but needed bolstering to ensure consistency.
- HP35 All prisoners were now allocated to an offender supervisor with around 95% subject to offender assessment system (OASys) assessment, with the vast majority up to date. There was no overarching assessment of pathway need. Sentence planning was variable and the quality of some plans was only adequate. Contributions from departments across the prison were inconsistent, and attendance at formal boards unreliable. The role of personal officers also varied considerably and there was little evidence of engagement with prisoners to focus on sentence planning targets. Targets were too often based on the provision available rather than prisoner need. There was relatively little structured one-to-one work. Offender supervisor contact with prisoners and its focus fluctuated, and there was no casework supervision to support all offender supervisors and maintain consistency of provision. Despite some of these limitations, we recognised that the service was in transition, and there had been some recent indications of developments and improvements.
- HP36 The development of opportunities for release on temporary licence (ROTL) to enable prisoners to work outside the prison was encouraging, and while numbers remained low, further workplaces were planned.
- HP37 Public protection arrangements were generally well managed and broadly appropriate. The 82 indeterminate-sentenced prisoners were appropriately allocated to offender supervisors. Four lifer family days were provided and there were plans to introduce indeterminate-sentenced prisoner forums. However, 19 of the 46 category D prisoners were on indeterminate sentences for public protection (IPPs), and their transfers to category D places took up to six months.
- HP38 The prison had recently introduced the 'getting out, staying out' pre-release forum providing an opportunity to review individual prisoner needs up to two months before their release. Shelter² delivered integrated accommodation and finance and debt services supported by credible prisoner mentors. Workshops on debt, money management and tenancy were due to start. The careers information and advice service gave prisoners good support during their sentence but with little ongoing support beyond release. Whilst education was satisfactory it was not especially focussed in preparing prisoners for employment. Vocational training was effective, meaningful and encouraged a good work ethic.
- HP39 Health care discharge planning was good. The prison had very good links with drug intervention programmes (DIPs) and other resettlement agencies in Greater Manchester, and links with DIPs in the wider North West area also helped prisoners' resettlement opportunities.

² Shelter is a national housing and homelessness charity, which also provides a debt management and advice service.

- HP40 Work on the children and families pathway was developing well, and visits arrangements were generally good. The visitors' centre was a well-managed resource and offered good support.
- HP41 The range of accredited and approved programmes for prisoners to address offending behaviour was broadly appropriate and in line with needs analyses. There was some flexibility in participation numbers for each programme to meet actual need.

Main concerns and recommendations

- HP42 **Concern:** Although the prison was determined to reduce the availability of drugs, the approach was not holistic or innovative. The weak points for drugs entering the prison were known, giving opportunities for more action to be taken.

Recommendation: The prison should work strategically, proactively and across all departments to reduce the availability of drugs.

- HP43 **Concern:** There was no use of force committee and quality assurance measures lacked rigour. Governance of all aspects of use of force, including special accommodation and planned interventions, was weak. We found evidence of unrecorded use of force. Special accommodation was used far more frequently than recorded and not properly authorised. Some prisoners remained in special accommodation for longer than necessary. Films of planned interventions were not reviewed, and those we watched included poor briefings and some unprofessional behaviour by staff, and we were not assured that the use of force was always necessary.

Recommendation: Governance concerning the use of force, including special accommodation and planned interventions, should be improved.

- HP44 **Concern:** Although prisoners on all levels could theoretically wear their own clothes, only those on enhanced had access to clothing being sent in, and this only occurred at six monthly intervals. We observed numerous prisoners wearing inadequate clothing.

Recommendation: All prisoners should have an adequate supply of their own clothes in possession, with clear and equitable opportunities to replace or exchange items.

- HP45 **Concern:** Responses to our survey from black and minority ethnic and Muslim prisoners and those with disabilities were more negative across a range of indicators. Prisoner equality representatives did not fully understand their role, and there were no support forums for minority groups. Confidence in the discrimination incident reporting system was limited, and some prisoners said some staff lacked cultural and religious awareness. Prisoners with disabilities described feeling uncared for.

Recommendation: The prison should investigate and address the negative perceptions of black and minority ethnic and Muslim prisoners as well as those with disabilities.

HP46 **Concern:** There was inconsistency in the quality of sentence planning, with an insufficient focus on risk and risk reduction.

Recommendation: All staff and departments in contact with prisoners, especially those who are high risk, should be actively involved in their sentence planning, which should focus on risk and its reduction, with targets based on the individual's need rather than what is available.

Section 1: Safety

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Most prisoners had short journeys to the prison, but those travelling longer distances were not always given toilet breaks. Some escort vans were left outside the prison gate for long periods over lunch. Prisoners felt safe during their journey.
- 1.2 In our survey, only 24% of respondents, against the comparator of 44%, said they had spent more than two hours in the escort vehicle coming to the prison. Journeys for most prisoners were relatively short, but we observed one prisoner who had travelled for five hours with no toilet break or refreshments. As reception was not staffed over the lunch period, escort vehicles arriving then were sometimes left outside the prison gate for up to one hour.
- 1.3 We were not able to observe any vans, but prisoners told us that they were dirty and in our survey, only 66% of respondents, against the comparator of 71%, said that the escort vans were clean. In our survey, 90% of respondents, against the comparator of 83%, said that they felt safe during their journey to the establishment. Prisoner records, sentence plans and property arrived at the same time as prisoners.

Recommendations

- 1.4 Prison escort vans should be clean, and prisoners travelling long distances should be offered a toilet break and refreshments.
- 1.5 Reception should be open over the lunch period to accept and process prisoners expeditiously.

Early days in custody

Expected outcomes:

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

- 1.6 The reception was welcoming and the process was swift. First night procedures were sound and the risk interviews meaningful. Induction was succinct but limited, and new arrivals spent too much time locked in their cells.
- 1.7 Reception was clean and welcoming, and the two holding rooms were appropriate and contained relevant information and materials to occupy prisoners.

- 1.8 Most prisoners arrived during the early afternoon and late arrivals were rare. Arrivals were disembarked into reception promptly, and those arriving from other establishments were not given a full search, which was proportionate.
- 1.9 The reception process was swift. In our survey, 55% of respondents, against the comparator of 42%, said that they were in reception for less than two hours. Reception staff were courteous and friendly to prisoners. A Listener³ and an induction Insider⁴ prison orderly were in reception to welcome new arrivals.
- 1.10 Reception and health care interviews took place in private. In our survey, 80% of respondents, against the comparator of 74%, said they were seen by someone from health services.
- 1.11 New arrivals were given a free two-minute telephone call and offered a shop pack. However, many prisoners told us that they did not get a shower when they arrived, and in our survey, only 19% of respondents, against the comparator of 37%, said that they were offered one on the day they arrived.
- 1.12 B4 landing was the designated first night accommodation, and cells were clean, well equipped and suitable for new occupants. We were assured that prisoners received a comprehensive first night risk assessment on the day they arrived, which was carried out in private, and that issues raised by prisoners were followed through. We observed one new arrival who was interviewed but the documentation was not completed until the following morning.
- 1.13 In our survey, 91% of respondents, against the comparator of 83%, said that they felt safe on their first night, and we observed a relaxed atmosphere on the wing.
- 1.14 Induction lasted one afternoon and consisted of presentations from staff from relevant departments. It took place only twice a week, and most new arrivals had to wait several days to go on it. However, all new arrivals were given a comprehensive information booklet and two induction orderlies resided on the first night/induction wing to assist them.
- 1.15 The induction room was large, bright and contained relevant information booklets. The induction we observed had several interruptions and distractions during its delivery. A prisoner induction orderly delivered a module on the prison regime and, although a member of staff was present, he was allowed to convey his own interpretation of the regime. All induction presentations were verbal with no multimedia used, and the delivery was mundane overall. In our survey, 60% of respondents, against the comparator of 66%, said that the induction course covered everything they needed to know.
- 1.16 New arrivals were located on the first night/induction landing for up to two weeks and, apart from the afternoon induction session, were locked in their cell during the core day.

Recommendations

- 1.17 Prisoners should be offered a shower on the day they arrive.
- 1.18 The induction programme should provide prisoners with all the relevant information they need, using a range of media to convey it, and prisoners should be moved off the induction landing as soon as possible to minimise the time spent locked in their cell.

³ Prisoner selected and trained to support those at risk of self-harm.

⁴ Prisoners who provide general support to peers upon their arrival into custody.

Housekeeping point

- 1.19 First night documentation should be completed at the same time as new arrivals are interviewed.

Bullying and violence reduction

Expected outcomes:

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

- 1.20 A new team managed safer custody and data collection had improved, but there had been no recent safety survey. Meetings were properly focused on relevant issues, although wider attendance had been poor recently. The number of violent incidents was low and most prisoners said that they felt safe. Violence reduction measures were thorough and guidance to staff was comprehensive. Trained peer mentors were available. There were good links with an external organisation that provided support across safer custody matters.
- 1.21 A newly appointed team managed safer custody, which was based on local guidance and an action plan to complement the most recent Prison Service Instruction. The guidance was comprehensive and easy to follow but was not informed by a survey of prisoners' views on safety. Monthly 'Safer Buckley Hall' meetings, which included prisoners, focused appropriately on relevant violence and antisocial behaviour issues, but attendance from the wider prison had been poor in recent months. There had been steps to address this with some improvements in the multidisciplinary attendance, and links with the security department had improved significantly.
- 1.22 Data collection had improved since the beginning of 2012. Observation books were checked daily for any incidents of violence or antisocial behaviour, and we were assured that incidents were accurately recorded and monitored and this information was reviewed at the monthly meetings. Reports of injuries to prisoners were copied to the safer custody team, and any unexplained injuries were investigated.
- 1.23 The number of violent incidents was low at 16 in the previous six months. In our survey, most prisoners said they felt safe, although this was less so for black and minority ethnic respondents, of whom 40% said they had felt unsafe at some time at Buckley Hall, compared with only 24% of white prisoners. In our groups, some black and minority ethnic prisoners said they had felt some anxiety on arrival but felt safe now.
- 1.24 All new arrivals attended a presentation from the safer custody team during induction, and prisoners were given adequate information to explain the strategy. A free helpline for prisoners had been set up, although no calls had yet been received. Cell sharing risk assessments were completed on reception, with input from a community psychiatric nurse (CPN). They were reviewed as required, and prisoners identified as high risk were monitored through the weekly safeguarding meeting.

- 1.25 Electronic case notes assured us that incidents were well investigated. Victims of bullying or violence were well supported, and steps were taken to ensure they were kept safe. Perpetrators were challenged and the consequences of their behaviour explained to them. A self-esteem course was available, the CPNs offered significant support, and prisoner peer mentors were involved in helping prisoners identified as bullies.
- 1.26 Prisoners vulnerable because of their offending history were identified on reception and any issues were raised at the weekly safeguarding meeting. This meeting, attended by relevant staff from a number of departments, had been set up as a filter for the inter-departmental risk management meeting (see paragraph 4.21) and to discuss prisoners at risk or vulnerable for a variety of reasons. The meeting we observed considered prisoners who posed a risk to themselves and to others due to their offending history. They were given an initial screening and those who needed ongoing monitoring were referred to the inter-departmental risk management meeting.
- 1.27 There were good links with the Calderstones Partnership NHS Foundation Trust, which offered advice and help across safer custody matters.

Recommendations

- 1.28 The prison should survey prisoners on safety, including addressing the poor perceptions of black and minority ethnic prisoners, and use the results to inform the guidance on safer custody.
- 1.29 The strategy to protect vulnerable prisoners should be incorporated into the guidance to staff on safer custody.

Self-harm and suicide prevention

Expected outcomes:

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

1.30 The incidence of self-harm and number of monitoring documents were low, and case management arrangements were good. Comprehensive management plans were developed for the few who required intensive support. The Listener scheme operated well. Calderstones quality assured all monitoring documents, and there was action to rectify any issues raised. The location of the gated cell in the segregation unit was inappropriate, and too many prisoners were held in segregation while on self-harm monitoring.

1.31 Arrangements for the management of suicide and self-harm were detailed in the guidance on safer custody. There was good communication between residence, the safer custody team and psychiatric services, with effective intervention and support services in place. The number of incidents of self-harm was low, with 21 in the previous six months. There had been 19 assessment, care in custody and teamwork (ACCT) self-harm monitoring documents opened in 2012 to date, and 62 in 2011, which was also low. Case management arrangements were good and electronic case entries showed that good care was offered to those at risk. ACCT documents were completed to a reasonable standard with appropriate care plans and timely

reviews. Calderstones quality checked all ACCT documents and issues raised were addressed.

- 1.32 The monthly 'Safer Buckley Hall' meeting considered information on self-harm, and had detailed discussions on the most complex prisoners in a part of a meeting where prisoner representatives were not present. Statistics were monitored and analysed for trends. A weekly safeguarding meeting considered prisoners who required intense support and for whom additional management plans had been developed, including careful consideration of work placements, counselling, peer mentor support and, for one prisoner, support on release as he would have been unable to travel alone to his accommodation.
- 1.33 Only 25% of staff had been trained in ACCT procedures. A new ACCT document was due to be introduced in May 2012 and the new training package had not yet been received. A few staff did not possess ligature knives. Night staff were clear about what to do in an emergency and were confident about managing prisoners at risk of self-harm.
- 1.34 The Listener scheme operated well and Listeners we spoke to felt well supported and valued. A well-equipped Listener suite had been opened on B wing. The local Samaritans attended fortnightly and were readily available when needed. There were Samaritans telephones on all wings, which were checked regularly, and Samaritans telephone numbers were advertised on prisoner ID cards.
- 1.35 The gated cell in the care and separation unit (CSU) was an inappropriate location for prisoners in crisis, and there was no separate record of how often it had been used. A second gated cell on D wing was used as ordinary accommodation. Too many prisoners, 18 in 2011, had been located in the CSU on open ACCT documents with seemingly little consideration as to whether it was the best location for them.

Recommendations

- 1.36 All staff should be trained in assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures.
- 1.37 The gated cell on the care and separation unit (CSU) should be taken out of use and the gated cell on D wing should be used in times of crisis.
- 1.38 The prison should explore the reasons for the number of prisoners held in the CSU on open ACCT documents, and assess whether this is the best place to hold prisoners at risk.

Housekeeping points

- 1.39 All staff in prisoner contact roles should be issued with and carry anti-ligature knives.
- 1.40 There should be records of the use of gated cells for prisoners in crisis.

Safeguarding (protection of adults at risk)

Expected outcomes:

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

1.41 There was no formal policy on the safeguarding of adults at risk. The weekly safeguarding meeting considered prisoners at risk and how to keep them safe, and received valuable input from a multidisciplinary team.

1.42 There was no formal policy on the safeguarding of adults at risk. The weekly safeguarding meeting (see paragraph 1.26) also considered prisoners at risk due to mental health issues, who were well supported with comprehensive care plans. Minutes showed that prisoners who were at risk due to learning difficulties and other reasons were discussed, and appropriate measures were put in place to ensure their safety. Calderstones had begun to offer advice on prisoners with learning difficulties and mental health needs, and gave input to the meeting when needed.

Recommendation

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

Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships.

Prisoners are safe from exposure to substance misuse while in prison.

1.44 Security arrangements were generally appropriate but some measures were unnecessary for a category C prison. Dynamic security was well managed. Average mandatory drug testing rates were above the target, and diverted medication was also a problem. Suspicion testing arrangements required improvement.

1.45 Security was well managed and did not restrict prisoner access to the regime unnecessarily. Dynamic security was responsive. Over 1,500 security information reports (SIRs) had been submitted in the previous six months and were processed efficiently, and targeted searches were mostly completed on time. Recent changes to the security committee had led to the setting of appropriate security objectives.

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

- 1.46 Random positive mandatory drug testing (MDT) figures had been variable over the previous six months with an average result of 14.5% against a target of 12%, but had peaked at over 30% in the previous six months. It was clear from these test results – as well as staff and prisoners’ testimony, drug find results and our own survey – that there was a significant problem of drugs availability at Buckley Hall. In our survey, 39% of respondents, against the comparator of 31%, said it was easy to get drugs in the prison, and 21%, against 13%, said it was easy to get alcohol. Although there were some effective initiatives to address this problem, more work was needed to reduce the supply of drugs (see main recommendation HP42). The most commonly found and detected drug was cannabis, while other finds included steroids and diverted medication.
- 1.47 The suspicion drug test positive rate was low at 31%, which could be attributed to a high level of diverted medication not detectable under current MDT test panels. Staff told us that there was some slippage of suspicion testing due to officer redeployment, although this was not specifically monitored. The MDT suite was clean, tidy and appropriately equipped.
- 1.48 Some measures on prisoner movement had been relaxed but security arrangements required ongoing review to ensure they were fully commensurate with a category C prison. It was unnecessary that 10% of prisoners were strip searched at the end of visits, and most on entry to the CSU, in the absence of supporting intelligence. Closed visits were applied appropriately and sparingly, but too many prisoners were affected for long periods when reviews suggested there was no intelligence to support this.

Recommendations

- 1.49 Target drug testing should be undertaken within the required timeframe.
- 1.50 Security arrangements should be commensurate with the security category of the prison.
- 1.51 Strip searching of prisoners should only be intelligence-led or based on specific suspicion.
- 1.52 Closed visits should only continue to be applied when there is specific intelligence on visits to support this.

Incentives and earned privileges

Expected outcomes:

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

- 1.53 The incentives and earned privileges scheme was generally applied fairly, although some staff were unclear of the criteria for enhanced status. Movement within the scheme was determined by patterns of behaviour. The few prisoners on the basic level were managed reasonably well, although targets to improve behaviour were not individualised or specific.
- 1.54 At the time of the inspection, 65% of prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme and 1.5% were on the basic level. There was limited

information on the scheme through the induction programme or on wing notices boards. Staff we spoke to had different understandings of the criteria for a prisoner to gain enhanced status, with, for example, a variation of between three and six months in initial qualifying criteria. The IEP policy document was unclear.

- 1.55 Prisoners who arrived from another establishment on enhanced were allowed to retain that level, and there were sufficient differentials between the levels to encourage positive behaviour. Demotion in the scheme was generally applied fairly. Although prisoners who received a punishment on adjudication could be reviewed and their IEP level lowered, this was only applied following an event such as assault, which was appropriate. Demotion usually only followed a pattern of negative behaviour and the required number of warnings.
- 1.56 Prisoners on basic had a decent regime, which included attendance at work and a daily 30-minute domestic period. Reviews for those on basic took place weekly, and prisoners were often promoted back to standard at the first review depending on their patterns of behaviour. Targets set for prisoners on the basic level were perfunctory.

Housekeeping points

- 1.57 The incentives and earned privileges (IEP) policy should clarify the criteria for a prisoner to gain enhanced status, and staff should be fully informed so that they can give accurate information to prisoners.
- 1.58 Targets set for prisoners on the basic level of the IEP scheme should be specific, measurable and achievable.

Discipline

Expected outcomes:

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

- 1.59 Formal disciplinary procedures were well managed. Recorded use of force and the special accommodation were low, but there was evidence of some under-reporting. Governance of some areas of use of force was weak. Throughput of the care and separation unit was high and included too many prisoners who sought refuge there. The regime was reasonable and improving, and staff engagement with prisoners was professional, but care and reintegration planning was underdeveloped.

Disciplinary procedures

- 1.60 Between October 2011 and March 2012, there had been 353 adjudications, which was high and much higher than at the last inspection, but records assured us they were justified. In an attempt to address some of the concerns around drug use in the prison, a high proportion had been referred to the independent adjudicator. Prisoners were given sufficient time and information to prepare for their hearings and received legal assistance when requested. The records we sampled were of a good standard, and recently introduced quality assurance measures were effective.

The use of force

- 1.61 The recorded use of force was low at 33 incidents in the previous six months, but we found some evidence of under-reporting. Only around 50% of incidents involved the use of control and restraint techniques, and handcuffs were not routinely applied.
- 1.62 Documentation on the use of force was mostly of a reasonable standard but some lacked sufficient detail, and efforts to de-escalate were not well recorded. Planned interventions were mostly filmed but were not routinely reviewed. In some that we viewed, briefings were often poor and contained some unprofessional behaviour, and we were not assured that the use of force was required in all instances. Batons had been drawn and used on one occasion in the previous six months, and the incident had been subject to appropriate closer scrutiny. There was no use of force committee, and quality assurance measures lacked rigour.
- 1.63 Governance of the use of special accommodation was weak. Recorded use of special accommodation was low, but we were concerned about additional unauthorised and unrecorded regular use of the cell as a holding room or a 'cool down' room. Completed documentation did not assure us that all uses were justified, and prisoners remained there for too long after they were calm (see main recommendation HP43).

Segregation

- 1.64 In the previous six months, around 170 prisoners had been located in the care and separation unit (CSU), which was high, particularly for those seeking refuge. During that period, prisoners spent an average of more than eight days in the CSU and the longest resident had been there for 66 days. At 30, the number transferred from the CSU to other prisons was higher than we normally see. Data on segregation were collated but not always used effectively to respond to emerging patterns or trends.
- 1.65 The adjudication holding room and special accommodation cell were dirty. Other communal areas were generally clean but paint was peeling in the showers. Some cells were grubby and there was some offensive graffiti and damage to flooring, and toilets were unscreened, scaled and dirty. The fitted metal chair and table unit was inadequate. Despite a bench, the exercise yard was austere and cage like.
- 1.66 Most new arrivals to the unit were strip searched, often in the absence of a sufficiently rigorous risk assessment to support this (see recommendation 1.51). Too many prisoners on ACCT documents were held without exceptional circumstances to justify this (see recommendation 1.38).
- 1.67 Prisoners on the CSU had daily access to showers, telephones and exercise, and an outreach worker from the education team attended regularly. Recently introduced improvements to the regime included access to in-cell work and the gymnasium. Prisoners were not permitted televisions, regardless of their privilege level.
- 1.68 There were multidisciplinary reviews of prisoners held in the CSU as required, but targets set were mostly perfunctory. Care and reintegration planning for longer-term residents was weak.
- 1.69 Rigid unlocking protocols that required two officers to unlock a cell were being relaxed but were not yet well embedded with staff. Staff relationships with prisoners were professional, but meaningful engagement was not reflected in daily history sheets or electronic case notes.

Recommendations

- 1.70 Information collated on segregation should be analysed and used more effectively to inform strategy.
- 1.71 All areas in the care and separation unit (CSU) should be clean and well maintained, and cells should be properly equipped.
- 1.72 Prisoners in the CSU should have access to televisions, subject to an appropriate risk assessment and the reasons for their location.
- 1.73 Targets for prisoners in the CSU should be more meaningful, and care and reintegration plans for longer-term residents should be improved.

Housekeeping points

- 1.74 Segregation unit staff entries in daily history sheets and case notes should indicate constructive engagement with prisoners.
- 1.75 Unlocking arrangements in the CSU should be properly risk assessed.

Substance misuse

Expected outcomes:

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

- 1.76 The integrated drug treatment system provided a caring and responsive service that was a well-integrated partnership between the clinical and counselling, assessment, referral, advice and throughcare (CARAT) teams, although more work was needed to encourage prisoners into full recovery. Strategic planning was hampered by poor attendance at meetings and a lack of strategy in action planning.
- 1.77 There were 48 prisoners receiving opiate substitution treatment; 17 were reducing and 31 were on maintenance. In the previous six months, 16 prisoners had been successfully detoxified, and 10 were receiving ongoing clinical care.
- 1.78 The quality of the integrated drug treatment system (IDTS) nursing care and CARAT support was excellent, with prisoners expressing very high satisfaction. While the number of prisoners on opiate substitution was low, the proportion on maintenance doses was relatively high for a category C establishment. More work was needed to develop a strategic approach to enable the full IDTS team, including GPs, nurses and CARAT workers, to encourage more prisoners into full recovery.
- 1.79 Facilities for the administration of opiate substitution medication (methadone) were purpose built and separate from the rest of health care. We noted that the opening in the glass through which prisoners and nurses communicated did not allow them to hear what the other was saying.

- 1.80 There was an up-to-date drug strategy, with some innovative plans to improve partnership with community agencies. However, the action plan contained some basic prison activities that should already have been in place as part of everyday operational activity. There was also sporadic attendance at and reporting to the drug strategy committee meeting.
- 1.81 Two new drug recovery programmes were running as pilots. Twenty-four prisoners had completed the 'intuitive recovery' course and a further 12 were on the rolling 'recovery and motivation programme' (RAMP), with the first five completions due in May 2012. Prisoners told us that the facilitator of the RAMP programme was a positive and credible role model.
- 1.82 Alcoholics Anonymous was also in place although, as with several other establishments, there had been problems with security clearance for Narcotics Anonymous facilitators under new national security screening requirements.

Recommendations

- 1.83 The prison should work with the contracted provider of clinical drug services, Pennine Care, to formulate a robust strategic approach to encouraging prisoners into reduction, detoxification and recovery that is balanced with clinical needs and in line with the Department of Health's 'Updated guidance for prison based opioid maintenance prescribing' (2010).
- 1.84 Senior representatives of relevant departments and service providers should regularly attend the drug strategy committee to improve communication and the coordination of services and supply reduction.

Housekeeping point

- 1.85 A speaker grille should be installed in the methadone administration hatch window to facilitate communication between prisoners and nurses.

Section 2: Respect

Residential units

Expected outcomes:

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

- 2.1 With the exception of D wing, the communal areas were generally grubby and, although cells were clean, toilets on the older wings were not screened sufficiently. Single cells were used to hold two prisoners. Showers required refurbishment. Prisoners could wear their own clothes but not all prisoners had access to suitable clothes.
- 2.2 Communal areas were bright with good sightlines. Floors on A, B and C wing were generally grubby but the cleanliness of the wings was generally satisfactory. D wing was a new build and was maintained to a good standard. Each wing had a fitness room, which prisoners appreciated.
- 2.3 Most cells were in a good state of repair and were adequately furnished. Toilet screening was insufficient in all cells apart from D wing, which had en-suite toilets and showers. Some cell doors were etched with offensive graffiti. Cells designed to hold one prisoner were used inappropriately to hold two.
- 2.4 The wings were relaxed and most prisoners said that they felt safe there, and the prison was quiet at night. Prisoners had privacy keys and lockable cupboards, although some had no keys.
- 2.5 In our survey, 85% of respondents, against the comparator of 91%, said they could shower daily. The older wings each had two separate shower areas with four booths. Many prisoners told us that some showers were continually cold, and the shower cubicles on C1 were in a poor state of repair.
- 2.6 In our survey, 78% of respondents, against the comparator of 73%, said that they normally got cell cleaning materials weekly, and the cells we saw were clean and well maintained.
- 2.7 In our survey, 71% of respondents, against the comparator of 82%, said that they received clean sheets weekly. There was a weekly bedding exchange, but we saw some bedding that was stained and prisoners told us that this was a regular occurrence. Many prisoners complained that the mattresses were in a poor state and we saw some that were not adequate. The prison had an ongoing programme of replacing damaged mattresses and had replaced one-third in the previous financial year.
- 2.8 Rules and routines were displayed in residential wings and staff enforced the rules fairly, although there was limited information on them during induction. The application system worked sufficiently well, although some prisoners told us that responses could take longer than seven days.

- 2.9 There were sufficient telephones on each residential wing, but prisoners complained that there was a lack of domestic time in the evening to make a telephone call and complete other tasks. In our survey, 33% of respondents, against the comparator of 26%, said that they had problems accessing the telephone. The prison was aware of the problem and was due to increase the time for association (see paragraph 3.2).
- 2.10 All prisoners could wear their own clothes. While those on enhanced status could have a parcel sent in every six months, there were no formal procedures for standard-level prisoners to acquire suitable clothes. Although the prison stocked some clothing, there was a backlog of applications to access this.
- 2.11 Prisoners could access their stored property through the applications system but there was currently a four-week backlog for this.

Recommendations

- 2.12 Cells designed to hold one prisoner should not be used to hold two.
- 2.13 Toilets in all cells should be adequately screened.
- 2.14 Prisoners should be allowed to shower daily in showers that are fit for purpose.
- 2.15 All prisoners should be allowed to have suitable clothing sent in or be able to buy clothes through the prison shop.

Housekeeping points

- 2.16 Cell doors should be kept free from graffiti.
- 2.17 Clean sheets should be given to prisoners weekly.
- 2.18 Applications to access prisoners' stored property should be processed quickly.

Staff-prisoner relationships

Expected outcomes:

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

- 2.19 Although most prisoners felt that relationships with staff were good, black and minority ethnic prisoners were less positive. Staff interactions with prisoners were limited. Personal officer and consultation arrangements were satisfactory.
- 2.20 Most prisoners told us that relationships with staff were generally positive. In our survey 75% of respondents said that most staff treated them with respect and that there was a member of staff they could turn to if they had a problem. However, in our survey, black and minority ethnic respondents were less positive than white prisoners: only 63%, against 79% of white respondents, said that most staff treated them with respect, and 52%, against 79% of white respondents, said that there was a member of staff they could turn to. It was concerning that

none of the black and minority ethnic respondents, compared with 22% of white respondents, said that staff spoke to them during association (see main recommendation HP45).

- 2.21 We observed many staff congregating in or just outside offices, with limited interaction with prisoners. However, case history notes were of a good quality and indicated that staff had interacted with prisoners and had a good understanding of their individual circumstances.
- 2.22 Some prisoners were unaware of who their personal officer was, but of those who did, many said that they were helpful. Most personal officers we spoke to had a good understanding of their prisoners.
- 2.23 There were monthly consultation arrangements. Meetings were positive and issues raised were taken forward.

Recommendation

- 2.24 The prison should encourage staff to interact more with prisoners on the residential wings.

Equality and diversity

Expected outcomes:

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

- 2.25 There was clear commitment to the development of equality and diversity provision but progress was too slow. The work of the equality committee required improvement. The investigation of discrimination complaints was weak. Prisoner equality representatives were enthusiastic but insufficiently trained. Provision for all minority groups required improvement. Despite the underdeveloped processes, negative perceptions in our survey, and the lack of targeted provision, there was little evidence of unequal treatment for prisoners from minority groups.

Strategic management

- 2.26 The prison was committed to improving the provision for equality and diversity but progress was too slow. A generic overarching strategy for prisoners and staff included all protected characteristics but did not always specify what was available to prisoners at Buckley Hall.
- 2.27 The equality committee lacked strong leadership and met sporadically. Attendance was often poor but did include prisoner representatives. Not all protected characteristics were discussed. The recent equality action plan was strategic but lacked specific detail about provision for prisoners under each protected characteristic. The committee considered systematic monitoring and analysis of race equality treatment (SMART) monitoring data around race only,

but we were assured that, although infrequent, any areas that suggested unequal treatment were appropriately investigated and monitored.

- 2.28 Eight discrimination incident reporting forms (DIRFs) had been submitted in the previous six months, which was low. Prisoners told us they lacked confidence in the system, and most investigations were poor. However, there was some evidence that discriminatory behaviour was challenged robustly. There was no external scrutiny of DIRFs and internal quality assurance measures were insufficient. Equality impact assessments were poorly completed, lacked wider consultation and were not appropriately focused.
- 2.29 The introduction of prisoner equality and diversity representatives was positive but they had not received sufficient training and were unclear about their role. Although they felt listened to and included, they felt progress was slow. With the exception of Gypsy, Romany and Traveller prisoners, there were no support groups for prisoners from minority groups.

Recommendations

- 2.30 There should be an overarching equality and diversity strategy and equality action plan covering each protected characteristic, including comprehensive information on how key responsibilities and support for prisoners will be delivered.
- 2.31 There should be monitoring to ensure equality of treatment for prisoners under all protected characteristics.
- 2.32 The quality of all aspects of discrimination incident reporting form (DIRF) process should be improved to increase prisoner confidence in it.
- 2.33 There should be support groups or forums for all minority groups that are open to all prisoners from that group.

Housekeeping point

- 2.34 The completion of and quality of equality impact assessments should be improved.

Protected characteristics

- 2.35 A questionnaire had been introduced in the induction passport to improve identification of prisoners from minority groups, but little was done with the data collected.
- 2.36 Black and minority ethnic prisoners accounted for around a fifth of the population. In our survey they were negative across a range of indicators. Although those we spoke with were more positive about their treatment, some spoke of a lack of cultural awareness from some staff.
- 2.37 Our survey showed that 3% of the population were from a Gypsy, Romany or Traveller background. A support group was facilitated by the chaplaincy but was not well attended. A Traveller prisoner representative had been appointed to represent the needs of this group, but there was little other support.
- 2.38 Foreign national prisoners were not routinely accepted at Buckley Hall but there were three during the inspection. Although there was a policy and a designated foreign national officer, we were not assured that the provision for foreign nationals who did arrive was sufficient to meet

their needs. Staff were not focused on their individual needs as they perceived that they would not remain with them for long. However, we were told that when a foreign national prisoner who spoke no English had recently been in the prison for two weeks, interpreting services were not used and there had been nothing specific to engage or support him. The UK Border Agency did not attend the prison, and there was no accredited immigration advice service.

- 2.39 Almost 13% of prisoners were Muslim and, in our survey, they were negative about their treatment across a range of indicators. Muslim prisoners we spoke with were broadly satisfied with their treatment but cited the lack of halal menu choices, cross-contamination of food at the point of service, and some lack of religious awareness by staff and other prisoners among their concerns. Many of these concerns had not been shared with the Muslim chaplain, who was active at addressing issues (see main recommendation HP45).
- 2.40 In our survey, prisoners with disabilities were more negative than those without across a range of indicators. Prisoners could disclose disabilities during the reception process and initial identification was good. Personal emergency and evacuation plans (PEEPs) were comprehensive and drawn up in consultation with the individual, but staff were not always aware of them. However, staff were generally aware of prisoners who needed assistance in an emergency. There was no paid carer or buddy scheme, and some prisoners with disabilities described feeling uncared for.
- 2.41 Older prisoners were identified but there were no follow-up assessments or individualised care plans for those who may have needed them. There was, however, an identified older prisoners' nurse. There were plans to develop the provision for older prisoners but not yet anything specifically in place to support this group.
- 2.42 In our survey, 4% of respondents identified themselves as gay or bisexual but few had identified themselves as such to the prison. There was a commitment to developing provision for this group but little currently in place.

Recommendation

- 2.43 The prison should ensure adequate provision for the care and support of foreign national prisoners until their transfer to a more appropriate prison.

Faith and religious activity

Expected outcomes:

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

- 2.44 A fully integrated and active chaplaincy delivered good faith provision and an impressive range of other activities.
- 2.45 The chaplaincy team was adequately resourced, active and highly regarded among prisoners. It was well integrated and delivered good provision for all faiths, including corporate worship and pastoral care.

- 2.46 Multi-faith facilities in a purpose-built centre were good. A wide range of religious study groups and other activities were available, including an impressive counselling provision, community chaplaincy and Storybook Dads.
- 2.47 Although black and minority ethnic and Muslim prisoners were negative in many aspects of our survey, they felt that their religious beliefs were respected and had good access to faith leaders. There was a sense of religious tolerance across the prison, and prisoners of all faiths or none were extremely complimentary about the support offered by the Muslim chaplain.

Complaints

Expected outcomes:

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

- 2.48 Complaints were generally well managed and most prisoners were content with the process, although some felt uneasy that a uniformed member of staff emptied the complaints boxes.
- 2.49 There were on average 180 complaints a month. Most prisoners we spoke to were generally content with the process, although some felt uneasy that the night orderly officer emptied the complaints box, as some complaints may have referred to their colleagues. The integrity and impartiality of arrangements would have benefited from non-unified members of staff emptying the complaints box. Complaint forms were readily available on residential wings, and locked boxes were accessible.
- 2.50 Most replies to complaints we reviewed were completed in a timely manner and had addressed the complaint raised. Preferred names were often used, and most replies were fair. Depending on the complaint, an appropriate officer usually investigated the issue raised.
- 2.51 Prisoners had been consulted through a series of complaints surgeries, which had been well attended. Complaints were quality assured by a dedicated complaints scrutiny panel, which produced a report for the senior management team to monitor. Monthly data were collated in line with protected characteristics.

Recommendation

- 2.52 A non-unified member of staff should empty the complaints boxes daily.

Legal rights

Expected outcomes:

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

- 2.53 A trained member of staff offered legal advice and support, and some information was available in the prison library. Prisoners could access legal visits and telephone solicitors during the day by application.
- 2.54 The trained legal services officer was a member of the offender supervisor team. The main request for assistance was from appellants, and the legal services officer had well-organised files for each prisoner. Other services were offered according to need, including assistance with fines and civil matters.
- 2.55 Legal visits were available every weekday with two private rooms available. When more than two visits had been booked, the additional ones took place in the main visits hall, which affected privacy. On the day we inspected visits, nine legal visits were taking place, and prisoners complained that solicitors would have to wait over a week if they requested a private room. Prisoners could make an application to telephone their solicitor during the day.
- 2.56 Basic legal information and books were available in the library, and Prison Service Orders and Instructions could be ordered and printed from the intranet by the librarian.

Recommendation

- 2.57 There should be sufficient legal visits rooms to meet demand.

Health services

Expected outcomes:

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

- 2.58 Health care provision was generally good and this was acknowledged by prisoners, apart from the long waiting times to see a doctor or dentist. There was a good range of primary care services, including health promotion clinics, but insufficient health care information for prisoners. Pharmacy services were satisfactory but needed more active participation by a pharmacist. Mental health care was very good.

Governance arrangements

- 2.59 Health services were commissioned by Heywood, Middleton and Rochdale Primary Care Trust (PCT) and provided by Pennine Care NHS Foundation Trust. Relationships with the commissioners were good, and the governor and head of health care regularly attended the partnership board. There was health care membership on the prison's senior management.
- 2.60 Our survey indicated that prisoners were generally satisfied with access to most of the health services and the quality of care provided. They were less satisfied with the waiting times to see the GP or the dentist.

- 2.61 The health care centre had easy access and a satisfactory range of rooms and facilities. The waiting area was being refurbished at the time of our inspection and included the construction of a reception desk. The area was stark and unwelcoming with no information available to patients.
- 2.62 The health needs assessment had been revised in August 2010 and had been used to inform the future delivery of services through the health care action plan. The partnership board met bimonthly and was chaired by the PCT. A subgroup of the borough clinical governance meeting took place bimonthly and was chaired by the head of health care.
- 2.63 The head of health care was acting up in the post and provided effective leadership of the department. The small health care team was almost fully staffed with only one vacancy (filled by a regular bank nurse). A newly appointed clinical lead nurse manager oversaw the delivery of primary care services. All health care staff were in date for their mandatory training and there were opportunities for professional development, funded by the PCT. Clinical supervision was available on a one-to-one basis.
- 2.64 A general practitioner clinic was provided every weekday with one GP contracted by the PCT. Prisoners had access to the same out-of-hours service as that provided to the local community. Pharmacy services were provided by a community pharmacy and Pennine Care Foundation Trust employed a part-time pharmacy technician. Dental services were provided by Pennine Care Foundation Trust, which was contracted to deliver four sessions a week, including one dental therapy session. Pennine Care Foundation Trust also provided holiday cover when required.
- 2.65 There was emergency resuscitation equipment in the health care centre and on each wing, with automated external defibrillators also available in the dental suite and on A wing. Oxygen was also available on each wing. All the kit was well maintained with records of checks daily. The electronic management of clinical records had been installed since our last inspection and all patient records, apart from mental health, were managed effectively using SystemOne. All paper records were stored appropriately. National Institute for Health and Clinical Excellence (NICE) guidelines and national service frameworks were shared across the clinical staff as required.
- 2.66 Each wing had two health care representatives who attended a health care forum, the 'patient experience group'. Meetings were bimonthly and a regular newsletter was produced and delivered to each cell. The information provided a good outline of health care and health promotion issues. There were very few complaints about health care – an average of 10 a month – and a selection that we saw had been dealt with sensitively and swiftly.
- 2.67 We did not observe any coordination of health promotion activity. There was no health promotion lead staff member and no evidence of a health promotion strategy, despite the delivery of many clinics supporting the health promotion needs of prisoners. Health promotion information for prisoners was very limited, with no dedicated noticeboards on the wings or in any of the waiting areas, and leaflets only available at some specific clinics. The control of communicable diseases was recognised with policies to facilitate action as and when required, and there was an active screening and vaccination programme.

Recommendation

- 2.68 **The health promotion strategy should be developed and coordinated by a qualified member of the health care team.**

Housekeeping point

- 2.69 Information about health services and health promotion should be available in the health care waiting room and on the wings.

Delivery of care (physical health)

- 2.70 All new arrivals received a health screen by a mental health nurse and a general nurse. Although there was a dedicated room in reception, it had no access to the SystemOne electronic record or any equipment used in the screening. One-third of those screened were taken to the health care centre to complete the process. New arrivals were given a leaflet outlining the health services available, but there was no other information in the waiting areas or the health care room.
- 2.71 Health services were provided from 8am to 8pm on weekdays with a more limited service at weekends. Access to the GP for routine care was poor with a waiting time generally up to three weeks. Patients who needed to be seen urgently were usually seen within 24 hours. There was a daily nurse triage clinic but none of the nurses had received additional training in triage, and there were no triage algorithms to ensure consistency of treatment. Attendance at clinics was generally good and there were an appropriate range of specialist clinics, with the only long waiting time for the physiotherapist.
- 2.72 There was a wide range of clinics, delivered by nurses with specialist qualifications and visiting specialists. The clinics covered health promotion and disease prevention in addition to the management of patients with lifelong conditions. A good smoking cessation service was well attended with a short waiting list and successful results.
- 2.73 Prisoners in the care and separation unit were seen daily by a nurse, by a mental health nurse when required, and three times a week by the GP. Outside hospital appointments were well organised and there were rarely cancellations due to lack of escorts.

Recommendations

- 2.74 The health care room in reception should be appropriately equipped and include access to SystemOne.
- 2.75 Patient access to a GP for a routine appointment should be within an acceptable waiting time of less than three weeks.
- 2.76 Nurses should receive appropriate training in the delivery of triage clinics.

Pharmacy

- 2.77 Pharmacist attendance at the prison was limited to three hours a week and did not include prisoner contact, as the pharmacist's time was spent on governance issues. The pharmacy area in the health care suite was clean, tidy and well organised and had appropriate control measures. The IDTS suite was of similar good quality and provision for medicine supply was good. Medicine administration at the health care pharmacy unit was less well supervised and organised, with lack of privacy for prisoners receiving medication and the potential for illicit exchange of medicines. The use of abusable medicines at the time of our inspection was low, with some restriction on possession.

- 2.78 There were three medicine rounds a day with the latest in the late afternoon/early evening, which was too early for the supply of sedative or hypnotic sleep aid medication. Medication at weekends and in the CSU was delivered direct to cells by nursing staff.
- 2.79 The majority of medicines were supplied in possession for self-administration, in accordance with risk assessments by the prescriber and mental health team. Risk assessments were recorded, primarily on SystemOne, and were under review. Medicines for supply not in possession were supplied from bulk stock. Omitted doses were not consistently recorded, except for methadone for the IDTS clients. Prisoners had access to lockable storage in their cells.
- 2.80 Medicines were stored appropriately and there was an effective system for receiving, acting upon and filing medicine alerts and recalls. Storage fridges were well maintained and temperatures recorded appropriately. All the prescription and administration charts that we examined met appropriate standards. There was no procedure for dealing with patient returned controlled drugs.
- 2.81 There was a limited range of patient group directions. There was no special sick policy, and a small range of over-the-counter medicines could be bought from the prison shop. A medicines management committee met regularly with regular health care attendance, apart from the GP. Medicine use trends were not provided.

Recommendations

- 2.82 Prisoners should have access to the pharmacist.
- 2.83 Supervision of medicine administration should be improved to restrict patient access to a single individual and reduce the potential for illicit exchange of medicines between prisoners.

Housekeeping points

- 2.84 Medicines should be administered at an appropriate time to ensure their most effective therapeutic purpose.
- 2.85 Omitted medicine doses should be recorded and followed up to ensure ongoing patient care.
- 2.86 Medicine use trends should be compiled for the medicines management committee to inform formulary decisions.

Dentistry

- 2.87 The dental suite comprised three rooms, which were clean and well equipped, with maintenance contracts that ensured services were efficient and in date. In our survey and in discussions with prisoners, there was dissatisfaction with the waiting time to see a dentist. There were 102 routine cases on the waiting list at the time of our inspection, with waiting times up to five months.
- 2.88 Patients were seen on a priority basis and there were a few failures to attend. The treatment we observed was carried out professionally and with good interaction. Oral health promotion was delivered while the patient was in the chair and during the dental therapy sessions. Dental

records were completed using SystmOne in addition to the paper records that were stored appropriately.

Recommendation

- 2.89 Patients should be able to see a dentist for routine treatment within a timescale equivalent to that in the NHS.

Delivery of care (mental health)

- 2.90 Mental health care was provided by a team of four mental health nurses, and the service was valued highly by prisoners and staff. The team had also developed skills in delivering qualified counselling services. Care was managed through one-to-one support sessions with an average caseload of 25 patients for each nurse, including primary and secondary care plus crisis work. The service was also involved with developing peer mentors who provided additional support on the wings to prisoners with mental health issues. There was an open referral system with just over half the patients having self-referred. Prisoners were also discussed at protection and safeguarding meetings. A psychiatrist visited weekly, provided by Greater Manchester West Mental Health NHS Foundation Trust. Transfers to secure mental health units were rare and carried out swiftly when required.
- 2.91 We looked at three assessment and care planning files, including one electronic copy. The information and recording on all the files was good, detailed and thorough. However, details of ongoing work and one-to-one meetings with patients was only recorded on paper files and not on SystmOne.
- 2.92 The mental health team leader provided mental health awareness training to officers on a rolling programme, with regular attendance by staff from the CSU, education and health care departments.

Housekeeping point

- 2.93 All mental health clinical records should be recorded on SystmOne to provide a continuous record of care and treatment.

Catering

Expected outcomes:

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

- 2.94 Prisoner perceptions of the food were positive. Kitchen and servery areas were clean, and prisoner consultation regular and effective.
- 2.95 The menu was varied and broadly met the needs of the population. A hot meal was offered twice daily to most prisoners, but breakfast packs, which were inadequate, were served the night before, although prisoners could make toast at weekends. Prisoners working in some workshops who did not return to the wing for lunch complained that they had insufficient food

at lunchtime. This had been recognised and toasters were to be provided. We observed poor supervision of some serveries, resulting in some prisoners not getting any bread. Special diets were accommodated through the four-week regular menu or by individual consultation with prisoners. Healthy options were clearly identified on the menu.

- 2.96 Wing serveries and food trolleys were clean. The kitchen was clean and of adequate size, equipment was well maintained, and food was stored and prepared appropriately. Prisoners and staff working in the kitchen were trained and prisoners could undertake national vocational qualifications (NVQ) up to level 2.
- 2.97 There were few formal complaints about the food, and in our survey, respondents were generally positive about the catering, although black and minority ethnic and Muslim prisoners were not. Prisoner surveys had been conducted, and catering staff attended the prisoner consultative meetings. Food comments books were available on the wings. Catering staff responded well to prisoners' concerns and comments, and had made some changes and additions to the menu to accommodate these.

Recommendation

- 2.98 Breakfast packs should be issued on the day they are to be eaten.

Purchases

Expected outcomes:

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

- 2.99 The shop arrangements worked efficiently and the range of goods sold was adequate. Consultation with prisoners was effective.
- 2.100 The prison shop arrangements were reasonably effective, and in our survey 53% of respondents said that the shop sold a wide enough range of goods, against the comparator of 46%. There was effective consultation through the monthly prisoner consultative committee about the range of goods sold, and changes were made in response to prisoners' requests where possible.
- 2.101 New arrivals were given a basic initial pack of goods and could request additional packs if there were delays in receiving credits to their accounts. Finance staff contacted private prisons for details of prisoners' account balances to reduce delays for them in making a full order.
- 2.102 There was a satisfactory range of catalogues but an administration charge had been introduced, which was inappropriate.

Recommendation

- 2.103 Prisoners should not have to pay an administration charge for catalogue orders.

Section 3: Purposeful activity

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.⁶

- 3.1 Time out of cell for most prisoners was reasonable. At roll checks during the core day, 11% of the population were locked in their cells. Evening association was short. There was some late unlock. Time in the open air was restricted to half an hour during the week.
- 3.2 Prisoners who were fully employed could experience just under than nine hours a day out of their cell on weekdays and over seven hours at weekends. Unemployed prisoners could experience less than three hours out of cell during the week. Evening association periods were short, and some prisoners got only an hour when we observed late unlock for meals. This affected prisoners' ability to do everything they needed, such as eat their meal, make telephone calls and get a shower. The prison had recognised this issue and was due to extend association the week following our inspection. Association areas were reasonable with adequate equipment.
- 3.3 In our roll checks carried out during the morning and afternoon core day periods, we found that 11% of the population were locked in their cell and not engaged in activity, which was too high for a training prison.
- 3.4 Exercise took place daily but was restricted to half an hour during the week.

Recommendation

- 3.5 All prisoners should have one hour's exercise a day.

Learning and skills and work activities

Expected outcomes:

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

- 3.6 The management of learning and skills was good. A high proportion of prisoners engaged in meaningful activities. The range of vocational training and work provided prisoners with good quality activities to develop skills and qualifications. Literacy and numeracy outreach provision was particularly good and supported prisoners' skills development very well. Quality

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

improvement processes were satisfactory overall but were not embedded in all work activities. Induction was good but deployment to activities was sometimes delayed. The observation of teaching and learning in education was not sufficiently rigorous and did not improve the quality of some classes. There were not enough resources to support learning, such as computers. Qualification outcomes were high. The library provided a satisfactory service.

- 3.7 Ofsted made the following assessments about the learning and skills and work provision:
- | | |
|--|------|
| Achievements of prisoners engaged in learning and skills and work: | Good |
| Quality of learning and skills and work provision: | Good |
| Leadership and management of learning and skills and work: | Good |

Management of learning and skills and work

- 3.8 Learning and skills were well managed. The strategy for learning and skills defined the prison's approach to developing courses and work for improving prisoners' skills and qualifications to enable their employment on release. A high proportion of prisoners were engaged in meaningful activities. The different functions of the prison worked well to meet prisoners' needs and develop their employability, education and vocational skills. Training and work places were used efficiently, except in the new call centre, which only used a third of its places.
- 3.9 Quality improvement and self-assessment processes improved provision satisfactorily but further work was required to embed them in work areas. In education, the observation of teaching and learning was insufficiently rigorous with too little focus on measuring learning and identifying good practice. The process did not have enough impact on improving teaching and learning in some classroom sessions. The self-assessment report was broadly accurate, and action planning for improvement was effective.
- 3.10 Equality and diversity were well promoted. Learners were respectful to each other and to tutors and staff. Health and safety had a high priority in vocational training and most work areas. However, in the new PVC work area, health and safety and housekeeping did not reflect the good practice seen elsewhere.

Recommendation

- 3.11 The observation of teaching and learning process should be more rigorously applied in education with a better focus on measuring learning and identifying good practice to use for improvement.

Housekeeping point

- 3.12 The health, safety and housekeeping in the PVC work area should reflect the good practice in the other prison work areas.

Provision of activities

- 3.13 There were approximately 433 activity places that met the needs of approximately 97% of the population. Most prisoners had a full-time work programme during the week. The range of education and vocational training was good. The Manchester College provided approximately 74 full-time-equivalent education places, and a further 70 prisoners received literacy and numeracy support at work or during vocational training. Work and vocational training provided

a further 359 places. Prisoners were occupied during the core day and either worked full time or combined part-time education with work or vocational training. The chaplaincy had operated the Storybook Dads programme successfully for eight years and, with the help of volunteers, produced about eight recordings a month.

- 3.14 In education, the range of provision was satisfactory and included literacy and numeracy, art, media, information technology, graphic design, business start-up, and personal and social development courses. Learners could study courses from entry level up to level 3 in some areas. Support was available for higher-level awards, such as Open University programmes.
- 3.15 The range of vocational training and work was good. Vocational training opportunities included carpentry, painting and decorating, fitted interiors, horticulture, groundworks, industrial cleaning and catering. There were plans to refit part of the staff restaurant as a coffee bar and offer learners a barista (coffee-making) qualification. Work included wing work and orderly roles, recycling, gardens, light assembly and packing, and two income-generating workshops run in partnership with employers in UPVC recycling and call centre operations.
- 3.16 Working Links, which provided the careers information and advice service, gave prisoners good information and guidance during the prison induction to select activities that could build on their previous skills and experience. Induction to education was good, and the programme gave learners a good introduction to educational and vocational courses and other prison activities. Learners could be assessed for dyslexia and other learning difficulties within education and, when needed, specialist advice was obtained
- 3.17 Allocation to activities was efficient. However, prisoner deployment to activities from induction was sometimes delayed for up to 10 days. Rates of pay were equitable and commensurate with the sessions worked and responsibility of the job.

Recommendation

- 3.18 Prisoners should be allocated to activities without delay.

Quality of provision

- 3.19 In education, teaching and learning were satisfactory overall. In the best sessions, learning activities were carefully matched to learners' abilities. Learners were quickly engaged in practical tasks that interested, challenged and stimulated them, and they made good progress. However, in too many sessions, planning for individual learning was insufficient. Learning activities lacked variety and there was too much unproductive time. Too few tutors set learners clear and comprehensive short-term targets to guide their learning and to assess their progress accurately. There were systematic records of the work learners completed in class. Literacy and numeracy outreach provision was particularly good, and effectively applied to the context of occupational areas. Learners received good support from Toe-by-Toe reading mentors on the residential wings.
- 3.20 Accommodation for education was satisfactory, although some classrooms were cramped. Computers were of variable quality. Prison restrictions on computing resources inhibited learning and frustrated learners and tutors. Learners did not receive sufficient guidance about the safe and healthy use of ICT equipment. Resources on the virtual campus were insufficiently developed. Smartboards were mostly used as data projection screens rather than dynamic learning and teaching aids. There were not enough basic resources, such as paper, rulers and calculators.

- 3.21 Vocational training was good and took place in good quality, well-resourced environments. Learning sessions were very well planned and delivered. Individual learning plans were used effectively, and learners understood the targets they needed to achieve at each session. Vocational staff were well qualified with good industrial experience and knowledge, and many held teaching qualifications. Learners developed good employability skills and work ethic alongside vocational skills.
- 3.22 The majority of work was meaningful and purposeful, and learners developed good employability skills. Some jobs helped to maintain the prison estate, reducing the need for external contractors and saving costs. Performance in the prison's waste management area had tripled since April 2011, contributing to environmental sustainability as well as making financial savings.

Recommendations

- 3.23 The prison should improve the planning and range of activities in teaching sessions to meet prisoners' individual needs, and learners should be set clear short-term targets so that they know what they have to achieve at each session.
- 3.24 There should be more resources to support learning, such as computers and the use of smartboards.

Education and vocational achievements

- 3.25 In 2010/11, success rates in Skills for Life and personal and social development courses were high. Success rates on vocational training were high, except on NVQ catering courses, which were very low at 13%. Attendance and punctuality were good.
- 3.26 Learners were improving their grammar and punctuation, developing information and communication technology skills, and gaining confidence from their newly acquired knowledge and skills. In graphic design, learners produced very high quality work, and the standard of work produced in the groundworks vocational training area was exceptionally good. The majority of prisoners on vocational training courses were involved in work projects around the prison, enabling them to apply their skills in real work situations. However, in the workshops, the important work and employability skills that prisoners developed were not recognised or recorded.
- 3.27 Some learners made a positive contribution to the prison through working as peer mentors, but they did not have opportunities to obtain a mentoring qualification.

Recommendation

- 3.28 The skills that prisoners develop at work and as mentors should be accredited.

Library

- 3.29 Library services were provided by Rochdale Metropolitan Borough Council. Staffing had recently increased and the full-time librarian was supported by a part-time qualified librarian and two orderlies. The orderlies did not receive accredited training for their role. Induction to the library was adequate and prisoners had good access to it, with the opportunity of attending two

one-hour sessions a week. Prisoners on education courses could use the library during this time, which increased their access.

- 3.30 The stock of approximately 8,780 books and the range of texts were adequate for the population. Book borrowing and returns were not sufficiently monitored to manage stock loss.
- 3.31 The promotion of library services had improved since the last inspection. Activities such as the 'six-book challenge' promoted literacy to prisoners. A trolley service to the residential wings was to be introduced to promote reading and literacy to non-users.

Housekeeping point

- 3.32 The library should monitor book borrowing and returns to help reduce stock loss.

Physical education and healthy living

Expected outcomes:

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

- 3.33 PE facilities and access to them were good. The range of accredited programmes was sufficient and the achievement of qualifications was good. Good teamwork between education and PE staff enabled prisoners to develop their literacy and numeracy alongside their vocational skills. Healthy living was promoted adequately. Routine risk assessments to support safe practice in the gym had stopped.
- 3.34 PE facilities were good and included a sports hall, two fitness suites and three new classrooms, as well as fitness suites on each residential wing, but there was no outdoor provision. Access to recreational PE was good. The gym operated seven days a week, including four weekday evenings, and PE was staffed by four instructors. However, staff had not undertaken a needs analysis to ensure the recreation offered was appropriate for the population and specific user groups. To facilitate more courses and reduce interruptions to core day activities, prisoners no longer attended recreational PE during their working day. The number of accredited PE courses offered on weekdays had increased, and the amount of recreational PE had been maintained and was available in the evening and at the weekend.
- 3.35 The range of qualifications was satisfactory. There were 14 prisoners on an accredited gym instructor course at level 1 and four on level 2. There were also courses in the community sport leader award level 2, British Amateur Weight Lifting Association level 1, first aid at work and healthy living. Achievement rates in 2011 were high, and very high in manual handling and Heartstart (life support) awards, which were delivered during the PE induction and involved over 700 prisoners. Attendance rates were high on accredited courses and for recreational activities. Health and safety was monitored and reinforced, and accidents and incidents appropriately recorded. However, the prison had ceased to carry out routine risk assessments in the gym in 2010.
- 3.36 Good teamwork between PE and education staff benefited prisoners. On accredited courses, prisoners' literacy and numeracy skills were developed well within the context of PE. Healthy living promotion was satisfactory. The PE, education and health care departments offered relevant courses. A health and well-being action plan had recently been devised.

Recommendations

- 3.37 Routine risk assessment should be reintroduced into the gym area.
- 3.38 There should be an analysis of gym use at least annually to ensure the recreation offered is appropriate for the population.

Section 4: Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 Reducing reoffending work, including resettlement, and offender management and public protection were managed separately, although communication between the strands was reasonable. The prison had recently reorganised the offender management function to ensure a central focus on risk management, but it was too early to judge the long-term benefit of what looked like a positive approach.
- 4.2 The reducing reoffending function, including work on each resettlement pathway, was the responsibility of one senior manager, while public protection and offender management was the responsibility of the deputy governor. Although unusual, this model appeared appropriate and, despite some need for better linking between the two, broadly worked well.
- 4.3 The model of offender management and resettlement had been determined by the public sector bid that the prison had won in 2011, and was itself informed by a needs analysis in 2009 that had drawn on both OASys (offender assessment) data and prisoner self-reporting questionnaires. A further needs analysis at the end of 2011 had indicated broadly similar needs.
- 4.4 Both functions had recently been reorganised and relaunched, and much of what we saw during the inspection was relatively new. The offender management unit (OMU) had been co-located with the security department to reinforce the strategic approach of risk management. The senior probation officer was now the senior risk manager, with the two probation officers, acting as risk managers. The prison had recruited new probation service officers to increase the complement of offender supervisors. All prisoners were allocated to an offender supervisor on the basis of their level of assessed risk. The department had two 'promoting offender development' (POD) teams, each with a risk manager, responsible for lifers and high risk cases; two officer offender supervisors also responsible for high risk cases and prisoners serving indeterminate sentences for public protection (IPPs), and two probation service officers responsible for low and medium risk cases.
- 4.5 The head of offender management, senior risk manager and deputy governor worked well together and had a shared vision for the department. The case administrators, also allocated to a specific POD, and offender supervisors we spoke to were enthusiastic about the new approach, although there was still some confusion. Most prisoners had recently been re-allocated an offender supervisor on the basis of their risk and just meeting them for the first time.
- 4.6 The new model aimed to move offender management to the centre of the establishment's work, although it was acknowledged that there was some way to go. An interim offender management policy and action plan had been developed to map the next stages. There were

monthly meetings with OMU unit staff to ensure that the strategic view was understood by all involved. The model was a positive approach and reflected recent national directions on offender management. There were some initial indications that the changes were having a positive impact on prisoner engagement, but the model was too new to evaluate fully.

- 4.7 The strategic development of pathway provision was less radical than that of offender management but was also significant. New staff had been brought in to support developments in several key areas, including a Shelter contract since January 2012 for the provision of accommodation and finance, benefit and debt support, and a new lead for the children and families pathway. A bimonthly reducing reoffending meeting ensured good communication and service development across all pathways, and each area had clearly identified development objectives that were reviewed at each meeting. Again, while relatively new, the initial indicators were that this model broadly met need.
- 4.8 Despite these developments, the prison needed to develop better strategic links between the two functions of offender management and pathway resettlement services. Since the reorganisation of the OMU there had been no representation at the reducing reoffending pathway meeting from offender management and vice versa, and better formal links were needed to ensure consistency.

Recommendation

- 4.9 Links between the offender management and reducing reoffending departments should be improved to ensure consistent and effective communication and integration.

Offender management and planning

Expected outcomes:

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

4.10 All prisoners were allocated an offender supervisor, although they had no initial assessment of pathway needs. Sentence planning was variable and contributions from departments outside offender management were rare. Targets for prisoners were too often based on what was available rather than what was required to reduce their risk, and ongoing contact by offender supervisors was inconsistent, as were quality assurance arrangements. Release on temporary licence to facilitate outside work was being developed. Public protection arrangements were reasonable, although some individual casework required further attention. Work with indeterminate-sentenced prisoners was broadly appropriate.

4.11 All prisoners were allocated an offender supervisor, with all but a few (9.2% at the time of the inspection) also subject also to offender assessment system (OASys) assessment. These arrangements were relatively new and prior to this, only in-scope prisoners were allocated an offender supervisor. In our survey, only 59% of respondents, against the 71% comparator, said that they had a named offender supervisor. Most OASys assessments were up to date, with only nine currently behind schedule. The 10 offender supervisors had an average caseload of around 45 although, because of the division by risk level, the numbers varied up to the mid 50s. Around 200 prisoners were formally in scope for offender management (assessed as high or very high risk of harm).

- 4.12 Initial contact with prisoners was made quickly, but there was no assessment during induction of prisoners' needs against resettlement pathways. Whilst pathway representatives were involved in the induction and access was available for help with housing, drug and alcohol support and debt management, prisoners' needs were not always identified on an individual basis.
- 4.13 Colleagues from HM Inspectorate of Probation joined us during the inspection and analysed 20 in-scope cases in some detail. Out-of-scope cases were also evaluated but in less detail. Given the changes in the department, many of the cases reviewed related to work under the prison's previous arrangements.
- 4.14 Sentence planning varied across the establishment. With 93% of prisoners coming from homes less than 50 miles away, a reasonable number of community offender managers attended sentence planning meetings. Telephone conferencing was available, although video conferencing was not available at the time of the inspection. There were formal meetings for in-scope prisoners but most out-of-scope reviews included just the offender supervisor and prisoner. Contributions from departments outside offender management were rare, and personal officers were often unaware of the risk factors identified for their prisoners or the targets set for them, even though information was available electronically. There were, however, some exceptions to this, and two of our sample of 20 in-scope cases had contributions from personal officers. In our survey, 80% of respondents, against the comparator of 71%, said that they had a sentence plan and 63%, against 56%, said that they were involved in its development. Sentence planning targets were too often based on programmes available at Buckley Hall rather than what was needed to reduce the prisoner's risk (see main recommendation HP46).
- 4.15 OMU staff did not consistently understand the role of offender supervisors. Contact with prisoners varied considerably, and while in-scope prisoners were usually seen every two months, as agreed in the department, the focus of such contact was not clear. Contact was often in response to a prisoner application. Some contact concerned information about forthcoming reviews, and many officer offender supervisors made ad hoc contact during their ordinary officer duties on the wings. Structured planned contact was relatively rare. There was little one-to-one work to reinforce learning gained through accredited programmes, and where prisoners had completed in-cell packs, such as in relation to tackling drug dealing, this was not followed up consistently.
- 4.16 While probation staff had regular casework and professional supervision, uniformed staff rarely did. Quality assurance arrangements for OASys were generally appropriate, but those for other aspects of work focused on process and structure rather than content and quality.
- 4.17 Applications for home detention curfew and release on temporary licence (ROTL) were well managed and had recently been reorganised. There were weekly boards to consider applications, with appropriate contributions from relevant departments. ROTL opportunities had developed in the previous 12 months, although the number of prisoners benefiting from the ability to work out of the prison remained low. Two placements were available in the prison grounds, one cleaning the car park and the other at the visitors' centre. Two placements had also been secured at a local workshop. Placements in three further settings were being negotiated.

Recommendations

- 4.18 All prisoners should be assessed against resettlement pathway need on arrival at Buckley Hall, and this information should be used to inform sentence planning.
- 4.19 There should be quality assurance to ensure consistency in offender supervisor work with prisoners, and that staff receive sufficient training, supervision and support to manage, assess and help reduce prisoners' risk of reoffending and harm.

Housekeeping point

- 4.20 There should be appropriate facilities, including video conferencing, for all sentence planning meetings.

Public protection

- 4.21 Weekly safeguarding meetings reviewed all child protection cases and new arrivals. The monthly inter-departmental risk management team (IDRMT) meeting reviewed all multi-agency public protection arrangements (MAPPA) cases. Cases were often filtered through the safeguarding group and reviewed subsequently by the IDRMT (see paragraph 1.26). Although the public protection arrangements were generally appropriate, cases required greater management overview. For example, in only 13 of the 16 in-scope cases where a full risk of serious harm analysis was required, had this been done well. Risk management plans had been completed in only 12 out of the 16 cases that required them.

Recommendation

- 4.22 Quality assurance arrangements should ensure that all assessments of risk of harm and risk management plans are completed appropriately.

Categorisation

- 4.23 Arrangements for recategorisation reviews were organised within the OMU and were triggered automatically at the prisoner's point of eligibility. While requests for documentation were undertaken in good time, prisoners were not routinely given the opportunity to make their own representations.

Housekeeping point

- 4.24 Prisoners should be able to make contributions and representations to recategorisation boards.

Indeterminate sentence prisoners

- 4.25 At the time of the inspection, there were 82 indeterminate-sentenced prisoners – 39 IPP prisoners and 43 life sentenced. All were allocated to a probation offender supervisor (lifers) or officer offender supervisor (IPPs). Although many indeterminate-sentenced prisoners

complained about lack of contact with offender supervisors and delays in reviews, we found that provision was broadly appropriate, and the delays identified during 2011 had much reduced. There were four lifer family days a year, and plans to introduce indeterminate-sentenced prisoner forums. However, 19 of the 46 category D prisoners were on indeterminate sentences and their transfers to appropriate establishments took up to six months.

Recommendation

- 4.26 **Category D indeterminate-sentenced prisoners should be moved to appropriate establishments as soon as possible.**

Reintegration planning

Expected outcomes:

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

4.27 The new arrangements to assess prisoners' pathway needs before release were appropriate, although many did not feel supported by staff or know about the provision available. Overall resettlement pathway provision was reasonably good. A new service provider delivered accommodation and financial support services, and initial indications were positive. Careers information advice was good but there needed to be better links with community providers to improve work opportunities on release. Health discharge planning was good, and there were good links with drug intervention programmes and other relevant resettlement agencies. Work on the children and families pathway was also progressing. The recent increase in programme provision and a flexible approach to delivery were positive.

- 4.28 The prison released an average of about 25 prisoners a month. 'Getting out, staying out', a resettlement forum to offer guidance and support to all prisoners before their release, had recently been introduced. It included representatives from all pathways and met once a month. Prisoners due to be released in the next two months were invited and had the opportunity to speak to providers and identify any shortfalls in their resettlement arrangements. The model was appropriate, but the forum had only met once so far and it was too early to assess its effectiveness. Although prisoners and staff involved in the meeting were positive about it, in our survey only 14% of respondents, against the comparator of 19%, said that a member of staff had helped them prepare for release, and significantly fewer respondents than the comparators said they knew who to speak to for help on release for five pathway areas.

Recommendation

- 4.29 **The prison should improve prisoners' knowledge of the resettlement provision available.**

Accommodation

- 4.30 Shelter had started a new contract at Buckley Hall in January 2012 and was responsible for both the accommodation and finance support pathways. Despite its relative newness, the

service had already started to have a significant impact on outcomes. There were also three prisoner peer advisers who worked closely with Shelter, and were the first point of contact for most prisoners requiring guidance and help.

- 4.31 All prisoners were seen during induction and those missed were followed up individually. Support in managing tenancy debt and related issues were the primary focus, along with guidance on housing applications. Since Shelter had taken over the housing contract, no prisoner had been released without fixed accommodation.

Education, training and employment

- 4.32 The careers information and advice service gave prisoners good support during their sentence and leading up to release into the community. Prisoners' employability opportunities were improved with vocational training being linked to employers in the local community. However, too little support was available on release to continue this work.
- 4.33 Education delivered a business venture course which equipped prisoners with the necessary skills and knowledge to set up their own businesses. The virtual campus was used satisfactorily to help prisoners write letters for job applications and curriculum vitae.
- 4.34 The prison had recognised via a resettlement reorganisation the need to develop better links with volunteers, community organisations and employers to provide prisoners with meaningful employment and support on release.

Recommendation

- 4.35 **The prison should strengthen its links with employers and community and voluntary organisations to provide prisoners with more support and work opportunities on release.**

Health care

- 4.36 Health discharge planning was good with links with the community when required. Prisoners attended a forum eight weeks before their release and received advice on access to NHS services and a letter to their GP outlining their care and treatment in prison. Two weeks before their release they attended a discharge clinic where arrangements were made for any future medication. The care programme approach for mental health patients was in place. Patient reviews were held regularly, and follow-up appointments in the community were always offered as part of discharge arrangements. Palliative care policies had been developed but were rarely required.

Drugs and alcohol

- 4.37 Links between the CARAT service and drug intervention programmes (DIPs) and other local resettlement agencies in Greater Manchester and the wider North West area were very good. This was helpful to prisoners' resettlement opportunities with ongoing substance misuse treatment and support or referrals to other community agencies.

Finance, benefit and debt

- 4.38 The prison's own needs analysis found that over 30% of prisoners needed help with money management, and 20% indicated that they had problems managing money. Shelter could offer a range of support, and during March 2012, 26 prisoners were offered support and guidance specifically about debt. A money management programme was available to prisoners as part of the social and life skills course in education, and Shelter was scheduled to deliver four regular workshops on dealing with debt, budgeting, being a good tenant and housing rights.

Children, families and contact with the outside world

- 4.39 Arrangements under this pathway were generally good. As with many other aspects of offender management and resettlement, work around children and families had recently been reorganised and a new pathway lead had come into post. The prison had good links with the local Sure Start project as well as with POPS (partners of prisoners), which managed the visitors' centre and provided a range of other support, including playworkers for the children's play area in the visits hall.
- 4.40 The range of support for prisoners was reasonable. There were bimonthly family days, some with specific themes or oriented to specific groups, such as under-fives. A parenting course provided through the local Sure Start project was due to commence in June 2012, and would also include partners towards the end. A further parenting course was available through education, and Storybook Dads was delivered by the chaplaincy.
- 4.41 There was a good range of information on visits and the arrangements for prisoners and their visitors. The majority of prisoners, 93%, lived within 50 miles of Buckley Hall, and in our survey 56% of respondents, against the comparator of only 26%, said it was easy for friends and family to visit.
- 4.42 Domestic visits were available Monday to Friday afternoons, Wednesday evenings and weekend mornings and afternoons. Visitors could usually book their preferred sessions. Although there could sometimes be delays in getting visitors through the search procedures, these were usually short. The visits hall was a relaxed and pleasant environment, although prisoners had to wear coloured bibs and visitors a temporary bracelet, which was disproportionate.

Recommendation

- 4.43 Prisoners should not have to wear coloured bibs during domestic visits.

Attitudes, thinking and behaviour

- 4.44 With the success of the prison's public sector bid, there were plans for a significant increase in accredited programme provision, from 54 in 2010/11 to 132 during 2012/13. As well as the thinking skills programme (TSP), the prison was also scheduled to deliver the alcohol related violence (ARV) and focus on resettlement (FOR) programmes. The level of provision broadly matched the identified needs assessed as part of the bid, although this was based on data from 2009. Nevertheless, the prison had been able to negotiate the number for each course to best match the current population and in line with the most recent needs analysis at the end of 2011.

- 4.45 As well as the three accredited programmes, the prison was also scheduled to deliver two anger management programmes that, while not formally accredited, had been approved at area level and also reflected the needs of the population.
- 4.46 The prison had put significant resources into developing work on restorative justice and had agreed to take such work forward in partnership with the Greater Manchester Probation Trust, although this had yet to be formally implemented.

Section 5: 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

-
- 5.1 The prison should work strategically, proactively and across all departments to reduce the availability of drugs. (HP42)
 - 5.2 Governance concerning the use of force, including special accommodation and planned interventions, should be improved. (HP43)
 - 5.3 All prisoners should have an adequate supply of their own clothes in possession, with clear and equitable opportunities to replace or exchange items. (HP44)
 - 5.4 The prison should investigate and address the negative perceptions of black and minority ethnic and Muslim prisoners as well as those with disabilities. (HP45)
 - 5.5 All staff and departments in contact with prisoners, especially those who are high risk, should be actively involved in their sentence planning, which should focus on risk and its reduction, with targets based on the individual's need rather than what is available. (HP46)

Recommendation

To Prison Escort and Custody Service

-
- 5.6 Prison escort vans should be clean, and prisoners travelling long distances should be offered a toilet break and refreshments. (1.4)

Recommendations

To the governor

Courts, escorts and transfers

-
- 5.7 Reception should be open over the lunch period to accept and process prisoners expeditiously. (1.5)

Early days in custody

-
- 5.8 Prisoners should be offered a shower on the day they arrive. (1.17)
 - 5.9 The induction programme should provide prisoners with all the relevant information they need, using a range of media to convey it, and prisoners should be moved off the induction landing as soon as possible to minimise the time spent locked in their cell. (1.18)

Bullying and violence reduction

- 5.10 The prison should survey prisoners on safety, including addressing the poor perceptions of black and minority ethnic prisoners, and use the results to inform the guidance on safer custody. (1.28)
- 5.11 The strategy to protect vulnerable prisoners should be incorporated into the guidance to staff on safer custody. (1.29)

Self-harm and suicide prevention

- 5.12 All staff should be trained in assessment, care in custody and teamwork (ACCT) self-harm monitoring procedures. (1.36)
- 5.13 The gated cell on the care and separation unit (CSU) should be taken out of use and the gated cell on D wing should be used in times of crisis. (1.37)
- 5.14 The prison should explore the reasons for the number of prisoners held in the CSU on open ACCT documents, and assess whether this is the best place to hold prisoners at risk. (1.38)

Safeguarding (protection of adults at risk)

- 5.15 The governor should initiate contact with the local director of adult social services (DASS) and the local safeguarding adults board (LSAB) to develop local safeguarding processes. (1.43)

Security

- 5.16 Target drug testing should be undertaken within the required timeframe. (1.49)
- 5.17 Security arrangements should be commensurate with the security category of the prison. (1.50)
- 5.18 Strip searching of prisoners should only be intelligence-led or based on specific suspicion. (1.51)
- 5.19 Closed visits should only continue to be applied when there is specific intelligence on visits to support this. (1.52)

Disciplinary procedures

- 5.20 Information collated on segregation should be analysed and used more effectively to inform strategy. (1.70)
- 5.21 All areas in the care and separation unit (CSU) should be clean and well maintained, and cells should be properly equipped. (1.71)
- 5.22 Prisoners in the CSU should have access to televisions, subject to an appropriate risk assessment and the reasons for their location. (1.72)

- 5.23 Targets for prisoners in the CSU should be more meaningful, and care and reintegration plans for longer-term residents should be improved. (1.73)

Substance misuse

- 5.24 The prison should work with the contracted provider of clinical drug services, Pennine Care, to formulate a robust strategic approach to encouraging prisoners into reduction, detoxification and recovery that is balanced with clinical needs and in line with the Department of Health's 'Updated guidance for prison based opioid maintenance prescribing' (2010). (1.83)
- 5.25 Senior representatives of relevant departments and service providers should regularly attend the drug strategy committee to improve communication and the coordination of services and supply reduction. (1.84)

Residential units

- 5.26 Cells designed to hold one prisoner should not be used to hold two. (2.12)
- 5.27 Toilets in all cells should be adequately screened. (2.13)
- 5.28 Prisoners should be allowed to shower daily in showers that are fit for purpose. (2.14)
- 5.29 All prisoners should be allowed to have suitable clothing sent in or be able to buy clothes through the prison shop. (2.15)

Staff-prisoner relationships

- 5.30 The prison should encourage staff to interact more with prisoners on the residential wings. (2.24)

Equality and diversity

- 5.31 There should be an overarching equality and diversity strategy and equality action plan covering each protected characteristic, including comprehensive information on how key responsibilities and support for prisoners will be delivered. (2.30)
- 5.32 There should be monitoring to ensure equality of treatment for prisoners under all protected characteristics. (2.31)
- 5.33 The quality of all aspects of discrimination incident reporting form (DIRF) process should be improved to increase prisoner confidence in it. (2.32)
- 5.34 There should be support groups or forums for all minority groups that are open to all prisoners from that group. (2.33)
- 5.35 The prison should ensure adequate provision for the care and support of foreign national prisoners until their transfer to a more appropriate prison. (2.43)

Complaints

- 5.36 A non-uniformed member of staff should empty the complaints boxes daily. (2.52)

Legal rights

- 5.37 There should be sufficient legal visits rooms to meet demand. (2.57)

Health services

- 5.38 The health promotion strategy should be developed and coordinated by a qualified member of the health care team. (2.68)
- 5.39 The health care room in reception should be appropriately equipped and include access to SystemOne. (2.74)
- 5.40 Patient access to a GP for a routine appointment should be within an acceptable waiting time of less than three weeks. (2.75)
- 5.41 Nurses should receive appropriate training in the delivery of triage clinics. (2.76)
- 5.42 Prisoners should have access to the pharmacist. (2.82)
- 5.43 Supervision of medicine administration should be improved to restrict patient access to a single individual and reduce the potential for illicit exchange of medicines between prisoners. (2.83)
- 5.44 Patients should be able to see a dentist for routine treatment within a timescale equivalent to that in the NHS. (2.89)

Catering

- 5.45 Breakfast packs should be issued on the day they are to be eaten. (2.98)

Purchases

- 5.46 Prisoners should not have to pay an administration charge for catalogue orders. (2.103)

Time out of cell

- 5.47 All prisoners should have one hour's exercise a day. (3.5)

Learning and skills and work activities

- 5.48 The observation of teaching and learning process should be more rigorously applied in education with a better focus on measuring learning and identifying good practice to use for improvement. (3.11)

- 5.49 Prisoners should be allocated to activities without delay. (3.18)
- 5.50 The prison should improve the planning and range of activities in teaching sessions to meet prisoners' individual needs, and learners should be set clear short-term targets so that they know what they have to achieve at each session. (3.23)
- 5.51 There should be more resources to support learning, such as computers and the use of smartboards. (3.24)
- 5.52 The skills that prisoners develop at work and as mentors should be accredited. (3.28)

Physical education and healthy living

- 5.53 Routine risk assessment should be reintroduced into the gym area. (3.37)
- 5.54 There should be an analysis of gym use at least annually to ensure the recreation offered is appropriate for the population. (3.38)

Strategic management of resettlement

- 5.55 Links between the offender management and reducing reoffending departments should be improved to ensure consistent and effective communication and integration. (4.9)

Offender management and planning

- 5.56 All prisoners should be assessed against resettlement pathway need on arrival at Buckley Hall, and this information should be used to inform sentence planning. (4.18)
- 5.57 There should be quality assurance to ensure consistency in offender supervisor work with prisoners, and that staff receive sufficient training, supervision and support to manage, assess and help reduce prisoners' risk of reoffending and harm. (4.19)
- 5.58 Quality assurance arrangements should ensure that all assessments of risk of harm and risk management plans are completed appropriately. (4.22)
- 5.59 Category D indeterminate-sentenced prisoners should be moved to appropriate establishments as soon as possible. (4.26)

Reintegration planning

- 5.60 The prison should improve prisoners' knowledge of the resettlement provision available. (4.29)
- 5.61 The prison should strengthen its links with employers and community and voluntary organisations to provide prisoners with more support and work opportunities on release. (4.35)
- 5.62 Prisoners should not have to wear coloured bibs during domestic visits. (4.43)

Housekeeping points

Early days in custody

- 5.63 First night documentation should be completed at the same time as new arrivals are interviewed. (1.19)

Self-harm and suicide prevention

- 5.64 All staff in prisoner contact roles should be issued with and carry anti-ligature knives. (1.39)
- 5.65 There should be records of the use of gated cells for prisoners in crisis. (1.40)

Incentives and earned privileges

- 5.66 The incentives and earned privileges (IEP) policy should clarify the criteria for a prisoner to gain enhanced status, and staff should be fully informed so that they can give accurate information to prisoners. (1.57)
- 5.67 Targets set for prisoners on the basic level of the IEP scheme should be specific, measurable and achievable. (1.58)

Disciplinary procedures

- 5.68 Segregation unit staff entries in daily history sheets and case notes should indicate constructive engagement with prisoners. (1.74)
- 5.69 Unlocking arrangements in the CSU should be properly risk assessed. (1.75)

Substance misuse

- 5.70 A speaker grille should be installed in the methadone administration hatch window to facilitate communication between prisoners and nurses. (1.85)

Residential units

- 5.71 Cell doors should be kept free from graffiti. (2.16)
- 5.72 Clean sheets should be given to prisoners weekly. (2.17)
- 5.73 Applications to access prisoners' stored property should be processed quickly. (2.18)

Equality and diversity

- 5.74 The completion of and quality of equality impact assessments should be improved. (2.34)

Health services

- 5.75 Information about health services and health promotion should be available in the health care waiting room and on the wings. (2.69)
- 5.76 Medicines should be administered at an appropriate time to ensure their most effective therapeutic purpose. (2.84)
- 5.77 Omitted medicine doses should be recorded and followed up to ensure ongoing patient care. (2.85)
- 5.78 Medicine use trends should be compiled for the medicines management committee to inform formulary decisions. (2.86)
- 5.79 All mental health clinical records should be recorded on SystemOne to provide a continuous record of care and treatment. (2.93)

Learning and skills and work activities

- 5.80 The health, safety and housekeeping in the PVC work area should reflect the good practice in the other prison work areas. (3.12)
- 5.81 The library should monitor book borrowing and returns to help reduce stock loss. (3.32)

Offender management and planning

- 5.82 There should be appropriate facilities, including video conferencing, for all sentence planning meetings. (4.20)
- 5.83 Prisoners should be able to make contributions and representations to recategorisation boards. (4.24)

Appendix I: Inspection team

Martin Lomas	Deputy Chief Inspector
Kieron Taylor	Team leader
Karen Dillon	Inspector
Andy Lund	Inspector
Keith McInnis	Inspector
Kevin Parkinson	Inspector
Kellie Reeve	Inspector
Hayley Cripps	Researcher
Nalini Sharma	Researcher

Specialist inspectors

Paul Roberts	Substance use inspector
Mick Bowen	Health services inspector
Stan Brandwood	Pharmacist
Sheila Willis	Ofsted team leader
Julia Horsman	Ofsted inspector
Ken Fisher	Ofsted inspector
Martin Jolly	Offender management inspector
Iolo Madoc-Jones	Offender management inspector

Appendix II: Prison population profile

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

Status	21 and over	%
Sentenced	428	96.6
Recall	15	3.4
Total	443	100

Sentence	21 and over	%
Less than 6 months	1	0.2
6 months to less than 12 months	21	4.8
12 months to less than 2 years	52	11.7
2 years to less than 4 years	49	11
4 years to less than 10 years	203	45.8
10 years and over (not life)	37	8.4
ISPP	38	8.6
Life	42	9
Total	443	100

Age	Number of prisoners	%
21 years to 29 years	192	43.3
30 years to 39 years	126	28.4
40 years to 49 years	87	19.7
50 years to 59 years	32	7.2
60 years to 69 years	6	1.4
Total	443	100

Nationality	21 and over	%
British	440	99.3
Foreign nationals	3 (Irish)	0.7
Total	443	100

Security category	21 and over	%
Cat C	397	89.6
Cat D	46	10.3
Total	443	100

Ethnicity	21 and over	%
<i>White</i>		
British	352	79.4
Irish	3	0.7
Other white	2	0.4
<i>Mixed</i>		
White and black Caribbean	6	1.4
White and black African	5	1.1
White and Asian	1	0.2
Other mixed	4	0.9
<i>Asian or Asian British</i>		
Indian	3	0.7
Pakistani	29	6.6
Bangladeshi	1	0.2
Other Asian	16	3.6

<i>Black or black British</i>		
Caribbean	6	1.4
Other black	6	1.4
Not stated	9	2
Total	443	100

Religion	21 and over	%
Church of England	132	29.8
Roman Catholic	115	26
Other Christian denominations	6	1.4
Muslim	56	12.6
Sikh	1	0.2
Hindu	1	0.2
Buddhist	5	1.1
Jewish	1	0.2
Other	11	2.5
No religion	115	26
Total	443	100

Sentenced prisoners only

Length of stay	21 and over	
	Number	%
1 month to 3 months	3	0.7
3 months to 6 months	22	4.9
6 months to 1 year	95	21.4
1 year to 2 years	146	33
2 years to 4 years	96	21.7
4 years or more	81	18.3
Total	443	100

Main offence	21 and over	%
Violence against the person	105	23.7
Sexual offences	7	1.6
Burglary	50	11.3
Robbery	93	21
Theft and handling	15	3.4
Fraud and forgery	10	2.2
Drugs offences	125	28.2
Other offences	35	7.9
Civil offences	3	0.7
Total	443	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 19 March 2012 the prisoner population at HMP Buckley Hall was 443. The sample size was 178. Overall, this represented 40% of the prisoner population.

Selecting the sample

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

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

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

Methodology

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

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

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

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

Response rates

In total, 153 respondents completed and returned their questionnaires. This represented 35% of the prison population. The response rate was 86%. In addition to the 10 respondents who refused to complete a questionnaire, 10 questionnaires were not returned and five were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2012 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C trainer prisons since April 2007.
- The current survey responses in 2012 against the responses of prisoners surveyed at HMP Buckley Hall in 2007.
- A comparison within the 2012 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2012 survey between the responses of Muslim and non-Muslim prisoners.
- A comparison within the 2012 survey between the responses of prisoners who consider themselves to have a disability and those who do not.

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

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

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. 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.

Survey results

Section 1: About you

Q1.2	How old are you?		
	<i>Under 21</i>	0	(0%)
	<i>21 - 29</i>	70	(46%)
	<i>30 - 39</i>	38	(25%)
	<i>40 - 49</i>	29	(19%)
	<i>50 - 59</i>	13	(9%)
	<i>60 - 69</i>	2	(1%)
	<i>70 and over</i>	0	(0%)
Q1.3	Are you sentenced?		
	<i>Yes</i>	143	(93%)
	<i>Yes - on recall</i>	10	(7%)
	<i>No - awaiting trial</i>	0	(0%)
	<i>No - awaiting sentence</i>	0	(0%)
	<i>No - awaiting deportation</i>	0	(0%)
Q1.4	How long is your sentence?		
	Not sentenced	0	(0%)
	<i>Less than 6 months</i>	1	(1%)
	<i>6 months to less than 1 year</i>	4	(3%)
	<i>1 year to less than 2 years</i>	4	(3%)
	<i>2 years to less than 4 years</i>	33	(22%)
	<i>4 years to less than 10 years</i>	69	(47%)
	<i>10 years or more</i>	12	(8%)
	<i>IPP (indeterminate sentence for public protection)</i>	11	(7%)
	<i>Life</i>	13	(9%)
Q1.5	Are you a foreign national? (i.e. do not have UK citizenship)		
	<i>Yes</i>	8	(5%)
	<i>No</i>	141	(95%)
Q1.6	Do you understand spoken English?		
	<i>Yes</i>	151	(100%)
	<i>No</i>	0	(0%)
Q1.7	Do you understand written English?		
	<i>Yes</i>	151	(100%)
	<i>No</i>	0	(0%)
Q1.8	What is your ethnic origin?		
	<i>White - British (English/Welsh/ Scottish/Northern Irish)</i>	107	(72%)
	<i>White - Irish</i>	5	(3%)
	<i>White - other</i>	8	(5%)
	<i>Black or black British - Caribbean</i>	2	(1%)
	<i>Black or black British - African</i>	3	(2%)
	<i>Black or black British - other</i>	1	(1%)
	<i>Asian or Asian British - Chinese</i> ..	0	(0%)
	<i>Asian or Asian British - other</i>	2	(1%)
	<i>Mixed race - white and black Caribbean</i>	2	(1%)
	<i>Mixed race - white and black African</i>	0	(0%)
	<i>Mixed race - white and Asian</i>	1	(1%)
	<i>Mixed race - other</i>	1	(1%)

<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Arab</i>	0 (0%)
<i>Asian or Asian British - Pakistani</i>	14 (9%)	<i>Other ethnic group</i>	0 (0%)
<i>Asian or Asian British - Bangladeshi</i>	1 (1%)		

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

<i>Yes</i>	4 (3%)
<i>No</i>	141 (97%)

Q1.10 What is your religion?

<i>None</i>	34 (23%)	<i>Hindu</i>	1 (1%)
<i>Church of England</i>	43 (29%)	<i>Jewish</i>	0 (0%)
<i>Catholic</i>	39 (26%)	<i>Muslim</i>	23 (16%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	0 (0%)
<i>Other Christian denomination</i>	3 (2%)	<i>Other</i>	3 (2%)
<i>Buddhist</i>	0 (0%)		

Q1.11 How would you describe your sexual orientation?

<i>Heterosexual/straight</i>	142 (97%)
<i>Homosexual/gay</i>	3 (2%)
<i>Bisexual</i>	2 (1%)

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

<i>Yes</i>	23 (15%)
<i>No</i>	127 (85%)

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

<i>Yes</i>	9 (6%)
<i>No</i>	138 (94%)

Q1.14 Is this your first time in prison?

<i>Yes</i>	48 (32%)
<i>No</i>	101 (68%)

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

<i>Yes</i>	89 (60%)
<i>No</i>	60 (40%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

<i>Less than 2 hours</i>	108 (72%)
<i>2 hours or longer</i>	37 (25%)
<i>Don't remember</i>	6 (4%)

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

<i>My journey was less than two hours</i>	108 (72%)
<i>Yes</i>	22 (15%)
<i>No</i>	17 (11%)
<i>Don't remember</i>	3 (2%)

Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	108 (72%)
	<i>Yes</i>	5 (3%)
	<i>No</i>	38 (25%)
	<i>Don't remember</i>	0 (0%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	100 (66%)
	<i>No</i>	43 (28%)
	<i>Don't remember</i>	8 (5%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	136 (90%)
	<i>No</i>	14 (9%)
	<i>Don't remember</i>	1 (1%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	43 (28%)
	<i>Well</i>	60 (40%)
	<i>Neither</i>	33 (22%)
	<i>Badly</i>	8 (5%)
	<i>Very badly</i>	4 (3%)
	<i>Don't remember</i>	3 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	125 (83%)
	<i>Yes, I received written information</i>	8 (5%)
	<i>No, I was not told anything</i>	20 (13%)
	<i>Don't remember</i>	1 (1%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	141(93%)
	<i>No</i>	9 (6%)
	<i>Don't remember</i>	1 (1%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	84 (55%)
	<i>2 hours or longer</i>	63 (41%)
	<i>Don't remember</i>	6 (4%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	124 (81%)
	<i>No</i>	24 (16%)
	<i>Don't remember</i>	5 (3%)
Q3.3	Overall, how were you treated in reception?	
	<i>Very well</i>	44 (29%)
	<i>Well</i>	68 (44%)
	<i>Neither</i>	27 (18%)
	<i>Badly</i>	11 (7%)
	<i>Very badly</i>	3 (2%)

Don't remember 0 (0%)

Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Loss of property	25 (17%)	Physical health	10 (7%)
Housing problems.....	15 (10%)	Mental health.....	16 (11%)
Contacting employers	2 (1%)	Needing protection from other prisoners	2 (1%)
Contacting family	13 (9%)	Getting phone numbers	17 (11%)
Childcare	2 (1%)	Other.....	6 (4%)
Money worries.....	19 (13%)	Did not have any problems	70 (47%)
Feeling depressed or suicidal.....	7 (5%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes.....	31 (21%)
No.....	48 (32%)
Did not have any problems	70 (47%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)

Tobacco	108 (72%)
A shower	29 (19%)
A free telephone call	102 (68%)
Something to eat.....	61 (41%)
PIN phone credit.....	84 (56%)
Toiletries/basic items.....	36 (24%)
Did not receive anything	6 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)

Chaplain	98 (65%)
Someone from health services.....	120 (80%)
A Listener/Samaritans.....	45 (30%)
Prison shop/canteen	21 (14%)
Did not have access to any of these	19 (13%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)

What was going to happen to you.....	79 (54%)
What support was available for people feeling depressed or suicidal.....	67 (46%)
How to make routine requests (applications).....	59 (41%)
Your entitlement to visits	65 (45%)
Health services	85 (59%)
Chaplaincy.....	83 (57%)
Not offered any information	26 (18%)

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

Yes.....	139 (91%)
No.....	11 (7%)
Don't remember	2 (1%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course	14 (9%)
Within the first week	99 (66%)

More than a week..... 31 (21%)
 Don't remember 7 (5%)

Q3.11 Did the induction course cover everything you needed to know about the prison?
Have not been on an induction course..... 14 (9%)
 Yes..... 81 (54%)
 No..... 47 (32%)
 Don't remember 7 (5%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?
Did not receive an assessment..... 32 (21%)
 Within the first week..... 53 (35%)
 More than a week..... 48 (32%)
 Don't remember 19 (13%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	30 (21%)	46 (32%)	24 (17%)	22 (15%)	8 (6%)	15 (10%)
Attend legal visits?	31 (24%)	52 (40%)	11 (9%)	11 (9%)	3 (2%)	21 (16%)
Get bail information?	10 (9%)	7 (6%)	18 (16%)	7 (6%)	6 (5%)	67 (58%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?
Not had any letters..... 25 (16%)
 Yes..... 69 (45%)
 No..... 58 (38%)

Q4.3 Can you get legal books in the library?
 Yes..... 57 (38%)
 No..... 11 (7%)
 Don't know 82 (55%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	120 (79%)	29 (19%)	3 (2%)
Are you normally able to have a shower every day?	129 (85%)	21 (14%)	1 (1%)
Do you normally receive clean sheets every week?	107 (71%)	36 (24%)	8 (5%)
Do you normally get cell cleaning materials every week?	117 (78%)	32 (21%)	1 (1%)
Is your cell call bell normally answered within five minutes?	55 (36%)	69 (46%)	27 (18%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	83 (55%)	64 (43%)	3 (2%)

If you need to, can you normally get your stored property? 32 (21%) 57 (38%) 63 (41%)

Q4.5	What is the food like here?		
	Very good.....	27	(18%)
	Good.....	74	(48%)
	Neither.....	29	(19%)
	Bad.....	15	(10%)
	Very bad.....	8	(5%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/don't know	6	(4%)
	Yes.....	80	(53%)
	No.....	65	(43%)
Q4.7	Can you speak to a Listener at any time if you want to?		
	Yes.....	76	(50%)
	No.....	7	(5%)
	Don't know.....	70	(46%)
Q4.8	Are your religious beliefs respected?		
	Yes.....	77	(51%)
	No.....	14	(9%)
	Don't know/N/A.....	59	(39%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?		
	Yes.....	92	(61%)
	No.....	7	(5%)
	Don't know/N/A.....	51	(34%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend	29	(20%)
	Very easy.....	49	(33%)
	Easy.....	35	(24%)
	Neither.....	4	(3%)
	Difficult.....	4	(3%)
	Very difficult.....	3	(2%)
	Don't know.....	24	(16%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	128	(86%)	
	No.....	21	(14%)	
	Don't know.....	0	(0%)	
Q5.2	Please answer the following questions about applications:			
	<i>(If you have not made an application please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are applications dealt with fairly?	9 (6%)	80 (58%)	50 (36%)
	Are applications dealt with quickly (within seven days)?	9 (7%)	54 (45%)	58 (48%)

Q5.3	Is it easy to make a complaint?			
	Yes.....	89	(62%)	
	No	15	(10%)	
	Don't know.....	39	(27%)	
Q5.4	Please answer the following questions about complaints:			
	<i>(If you have not made a complaint please tick the 'not made one' option.)</i>			
		Not made one	Yes	No
	Are complaints dealt with fairly?	59 (42%)	31 (22%)	51 (36%)
	Are complaints dealt with quickly (within seven days)?	59 (42%)	28 (20%)	52 (37%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes.....	15	(11%)	
	No.....	119	(89%)	
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	Don't know who they are	47	(32%)	
	Very easy.....	16	(11%)	
	Easy.....	31	(21%)	
	Neither.....	31	(21%)	
	Difficult.....	16	(11%)	
	Very difficult.....	5	(3%)	

Section 6: Incentives and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentives and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)			
	Don't know what the IEP scheme is	7	(5%)	
	Yes	83	(56%)	
	No	44	(30%)	
	Don't know.....	14	(9%)	
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)			
	Don't know what the IEP scheme is	7	(5%)	
	Yes.....	74	(51%)	
	No.....	54	(37%)	
	Don't know.....	11	(8%)	
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?			
	Yes.....	12	(8%)	
	No.....	132	(92%)	
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?			
	I have not been to segregation in the last 6 months	111	(80%)	
	Very well.....	4	(3%)	
	Well.....	5	(4%)	
	Neither.....	6	(4%)	
	Badly.....	6	(4%)	
	Very badly.....	7	(5%)	

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes.....	108 (76%)
	No.....	35 (24%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	105 (74%)
	No.....	36 (26%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	38 (26%)
	No.....	110 (74%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	5 (3%)
	Never.....	31 (21%)
	Rarely.....	46 (31%)
	Some of the time.....	41 (27%)
	Most of the time.....	18 (12%)
	All of the time.....	9 (6%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	63 (42%)
	In the first week.....	36 (24%)
	More than a week.....	36 (24%)
	Don't remember.....	15 (10%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/her	63 (43%)
	Very helpful.....	33 (22%)
	Helpful.....	30 (20%)
	Neither.....	11 (7%)
	Not very helpful.....	6 (4%)
	Not at all helpful.....	4 (3%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes.....	41 (27%)
	No.....	110 (73%)
Q8.2	Do you feel unsafe now?	
	Yes.....	14 (10%)
	No.....	133 (90%)
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)	
	Never felt unsafe	110 (79%)
	Everywhere.....	4 (3%)
	Segregation unit.....	4 (3%)
	Association areas.....	9 (6%)
	Reception area.....	2 (1%)
	At the gym.....	5 (4%)
	At mealtimes.....	9 (6%)
	At health services.....	6 (4%)
	Visits area.....	3 (2%)
	In wing showers.....	10 (7%)
	In gym showers.....	4 (3%)
	In corridors/stairwells.....	4 (3%)

<i>In an exercise yard</i>	8 (6%)	<i>On your landing/wing</i>	12 (9%)
<i>At work</i>	7 (5%)	<i>In your cell</i>	3 (2%)
<i>During movement</i>	13 (9%)	<i>At religious services</i>	0 (0%)
<i>At education</i>	4 (3%)		

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

Yes	26 (18%)
No.....	120 (82%)

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

<i>Insulting remarks (about you or your family or friends)</i>	13 (9%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	4 (3%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	14 (10%)
<i>Having your canteen/property taken</i>	5 (3%)
<i>Medication</i>	5 (3%)
<i>Debt</i>	4 (3%)
<i>Drugs</i>	2 (1%)
<i>Your race or ethnic origin</i>	3 (2%)
<i>Your religion/religious beliefs</i>	6 (4%)
<i>Your nationality</i>	3 (2%)
<i>You are from a different part of the country than others</i>	5 (3%)
<i>You are from a traveller community</i>	4 (3%)
<i>Your sexual orientation</i>	2 (1%)
<i>Your age</i>	3 (2%)
<i>You have a disability</i>	3 (2%)
<i>You were new here</i>	6 (4%)
<i>Your offence/crime</i>	3 (2%)
<i>Gang related issues</i>	5 (3%)

Q8.6 Have you been victimised by staff here?

Yes	44 (30%)
No.....	102 (70%)

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

<i>Insulting remarks (about you or your family or friends)</i>	16 (11%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	2 (1%)
<i>Sexual abuse</i>	2 (1%)
<i>Feeling threatened or intimidated</i>	17 (12%)
<i>Medication</i>	7 (5%)
<i>Debt</i>	3 (2%)
<i>Drugs</i>	4 (3%)
<i>Your race or ethnic origin</i>	8 (5%)
<i>Your religion/religious beliefs</i>	6 (4%)
<i>Your nationality</i>	4 (3%)
<i>You are from a different part of the country than others</i>	7 (5%)
<i>You are from a Traveller community</i>	3 (2%)
<i>Your sexual orientation</i>	1 (1%)
<i>Your age</i>	2 (1%)
<i>You have a disability</i>	2 (1%)
<i>You were new here</i>	9 (6%)
<i>Your offence/crime</i>	5 (3%)
<i>Gang related issues</i>	5 (3%)

Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	94 (68%)
	Yes.....	13 (9%)
	No.....	31 (22%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	20 (14%)	15 (10%)	29 (20%)	19 (13%)	43 (29%)	22 (15%)
	The nurse	16 (11%)	27 (19%)	64 (44%)	11 (8%)	18 (13%)	8 (6%)
	The dentist	28 (19%)	4 (3%)	12 (8%)	8 (6%)	34 (23%)	59 (41%)

Q9.2	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	32 (22%)	24 (16%)	41 (28%)	16 (11%)	22 (15%)	12 (8%)
	The nurse	17 (12%)	32 (22%)	58 (40%)	18 (12%)	9 (6%)	11 (8%)
	The dentist	50 (35%)	15 (11%)	30 (21%)	9 (6%)	17 (12%)	21 (15%)

Q9.3	What do you think of the overall quality of the health services here?	
	<i>Not been</i>	16 (11%)
	<i>Very good</i>	22 (15%)
	<i>Good</i>	53 (36%)
	<i>Neither</i>	18 (12%)
	<i>Bad</i>	20 (13%)
	<i>Very bad</i>	20 (13%)

Q9.4	Are you currently taking medication?	
	Yes.....	71 (48%)
	No.....	78 (52%)

Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?	
	<i>Not taking medication</i>	78 (52%)
	<i>Yes, all my meds</i>	41 (28%)
	<i>Yes, some of my meds</i>	18 (12%)
	<i>No</i>	12 (8%)

Q9.6	Do you have any emotional or mental health problems?	
	Yes.....	34 (23%)
	No.....	116 (77%)

Q9.7	Are you being helped/supported by anyone in this prison? (E.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<i>Do not have any emotional or mental health problems</i>	116 (77%)
	Yes.....	25 (17%)
	No.....	9 (6%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	35 (24%)
	No.....	113 (76%)

Q10.2	Did you have a problem with alcohol when you came into this prison?					
	Yes.....					18 (12%)
	No.....					133 (88%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?					
	Very easy.....					44 (30%)
	Easy.....					14 (10%)
	Neither.....					12 (8%)
	Difficult.....					3 (2%)
	Very difficult.....					7 (5%)
	Don't know.....					67 (46%)
Q10.4	Is it easy or difficult to get alcohol in this prison?					
	Very easy.....					20 (13%)
	Easy.....					11 (7%)
	Neither.....					15 (10%)
	Difficult.....					4 (3%)
	Very difficult.....					12 (8%)
	Don't know.....					87 (58%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?					
	Yes.....					13 (9%)
	No.....					136 (91%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?					
	Yes.....					10 (7%)
	No.....					139 (93%)
Q10.7	Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?					
	Did not/do not have a drug problem					103 (72%)
	Yes.....					25 (17%)
	No.....					16 (11%)
Q10.8	Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?					
	Did not/do not have an alcohol problem					133 (88%)
	Yes.....					14 (9%)
	No.....					4 (3%)
Q10.9	Was the support or help you received while in this prison helpful?					
	Did not have a problem/did not receive help					116 (79%)
	Yes.....					25 (17%)
	No.....					6 (4%)

Section 11: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?					
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>
						<i>Very difficult</i>
	Prison job	12 (8%)	21 (14%)	50 (34%)	18 (12%)	36 (24%)
						10 (7%)

Vocational or skills training	24 (17%)	16 (11%)	45 (31%)	24 (17%)	22 (15%)	13 (9%)
Education (including basic skills)	21 (14%)	22 (15%)	60 (41%)	20 (14%)	16 (11%)	8 (5%)
Offending behaviour programmes	41 (28%)	5 (3%)	19 (13%)	15 (10%)	31 (21%)	34 (23%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

Not involved in any of these	19 (13%)
Prison job.....	94 (64%)
Vocational or skills training.....	25 (17%)
Education (including basic skills)	33 (22%)
Offending behaviour programmes	14 (9%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	23 (18%)	47 (38%)	42 (34%)	13 (10%)
Vocational or skills training	22 (22%)	48 (48%)	17 (17%)	12 (12%)
Education (including basic skills)	21 (20%)	56 (52%)	19 (18%)	11 (10%)
Offending behaviour programmes	34 (34%)	32 (32%)	22 (22%)	11 (11%)

Q11.4 How often do you usually go to the library?

Don't want to go	31 (21%)
Never.....	39 (26%)
Less than once a week.....	32 (21%)
About once a week.....	37 (25%)
More than once a week.....	10 (7%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	58 (39%)
Yes.....	59 (40%)
No.....	32 (21%)

Q11.6 How many times do you usually go to the gym each week?

Don't want to go	24 (16%)
0.....	16 (11%)
1 to 2.....	50 (34%)
3 to 5.....	51 (35%)
More than 5.....	6 (4%)

Q11.7 How many times do you usually go outside for exercise each week?

Don't want to go	8 (5%)
0.....	7 (5%)
1 to 2.....	59 (40%)
3 to 5.....	32 (22%)
More than 5.....	41 (28%)

Q11.8 How many times do you usually have association each week?

Don't want to go	4 (3%)
0.....	2 (1%)
1 to 2.....	10 (7%)
3 to 5.....	28 (19%)
More than 5.....	102 (70%)

Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	18 (12%)
	<i>2 to less than 4 hours</i>	11 (8%)
	<i>4 to less than 6 hours</i>	11 (8%)
	<i>6 to less than 8 hours</i>	46 (32%)
	<i>8 to less than 10 hours</i>	31 (21%)
	<i>10 hours or more</i>	14 (10%)
	<i>Don't know</i>	14 (10%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	44 (30%)
	<i>No</i>	101 (70%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	55 (38%)
	<i>No</i>	90 (62%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	49 (33%)
	<i>No</i>	99 (67%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	13 (9%)
	<i>Very easy</i>	34 (23%)
	<i>Easy</i>	49 (33%)
	<i>Neither</i>	14 (10%)
	<i>Difficult</i>	20 (14%)
	<i>Very difficult</i>	13 (9%)
	<i>Don't know</i>	4 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	0 (0%)
	<i>Yes</i>	116 (81%)
	<i>No</i>	27 (19%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	Not sentenced/NA	27 (18%)
	<i>No contact</i>	40 (27%)
	<i>Letter</i>	41 (28%)
	<i>Phone</i>	31 (21%)
	<i>Visit</i>	46 (32%)
Q13.3	Do you have a named offender supervisor in this prison?	
	<i>Yes</i>	85 (59%)
	<i>No</i>	59 (41%)

Q13.4	Do you have a sentence plan?		
	<i>Not sentenced</i>	0 (0%)	
	Yes.....	118 (80%)	
	No.....	30 (20%)	
Q13.5	How involved were you in the development of your sentence plan?		
	<i>Do not have a sentence plan/not sentenced</i>	30 (21%)	
	<i>Very involved</i>	33 (23%)	
	<i>Involved</i>	39 (27%)	
	<i>Neither</i>	10 (7%)	
	<i>Not very involved</i>	20 (14%)	
	<i>Not at all involved</i>	12 (8%)	
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)		
	<i>Do not have a sentence plan/not sentenced</i>	30 (22%)	
	<i>Nobody</i>	42 (31%)	
	<i>Offender supervisor</i>	37 (27%)	
	<i>Offender manager</i>	26 (19%)	
	<i>Named/ personal officer</i>	16 (12%)	
	<i>Staff from other departments</i>	22 (16%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?		
	<i>Do not have a sentence plan/ not sentenced</i>	30 (22%)	
	Yes.....	73 (53%)	
	No.....	19 (14%)	
	<i>Don't know</i>	16 (12%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?		
	<i>Do not have a sentence plan/not sentenced</i>	30 (22%)	
	Yes.....	22 (16%)	
	No.....	63 (45%)	
	<i>Don't know</i>	24 (17%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?		
	<i>Do not have a sentence plan/not sentenced</i>	30 (21%)	
	Yes.....	24 (17%)	
	No.....	55 (39%)	
	<i>Don't know</i>	31 (22%)	
Q13.10	Do you have a needs based custody plan?		
	Yes	13 (9%)	
	No.....	69 (49%)	
	<i>Don't know</i>	59 (42%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?		
	Yes.....	20 (14%)	
	No.....	121 (86%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release?: (Please tick all that apply to you.)		
		<i>Do not need help</i>	Yes
		No	
	Employment	27 (20%)	38 (28%)
	Accommodation	28 (21%)	71 (52%)
			65 (48%)

Benefits	26 (19%)	46 (33%)	66 (48%)
Finances	30 (23%)	28 (22%)	70 (55%)
Education	30 (23%)	36 (28%)	64 (49%)
Drugs and alcohol	37 (28%)	42 (32%)	52 (40%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

Not sentenced	0 (0%)
Yes.....	75 (52%)
No.....	70 (48%)

Main comparator and comparator to last time



Prisoner survey responses HMP Buckley Hall 2012

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

Key to tables

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Number of completed questionnaires returned		153	5447	153	98
SECTION 1: General information					
1.2	Are you under 21 years of age?	0%	3%	0%	0%
1.3	Are you sentenced?	100%	100%	100%	100%
1.3	Are you on recall?	7%	10%	7%	11%
1.4	Is your sentence less than 12 months?	4%	6%	4%	4%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	8%	10%	8%	0%
1.5	Are you a foreign national?	5%	11%	5%	11%
1.6	Do you understand spoken English?	100%	99%	100%	
1.7	Do you understand written English?	100%	99%	100%	
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	19%	25%	19%	36%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	4%	3%	
1.1	Are you Muslim?	16%	10%	16%	17%
1.11	Are you homosexual/gay or bisexual?	4%	3%	4%	3%
1.12	Do you consider yourself to have a disability?	15%	16%	15%	6%
1.13	Are you a veteran (ex-armed services)?	6%	8%	6%	
1.14	Is this your first time in prison?	32%	35%	32%	36%
1.15	Do you have any children under the age of 18?	60%	52%	60%	67%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	24%	44%	24%	33%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	53%	61%	53%	
2.3	Were you offered a toilet break?	12%	8%	12%	
2.4	Was the van clean?	66%	71%	66%	
2.5	Did you feel safe?	90%	83%	90%	
2.6	Were you treated well/very well by the escort staff?	68%	66%	68%	62%
2.7	Before you arrived here were you told that you were coming here?	83%	64%	83%	
2.7	Before you arrived here did you receive any written information about coming here?	5%	7%	5%	
2.8	When you first arrived here did your property arrive at the same time as you?	93%	88%	93%	81%

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SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	55%	42%	55%	
3.2	When you were searched in reception, was this carried out in a respectful way?	81%	81%	81%	58%
3.3	Were you treated well/very well in reception?	73%	71%	73%	56%
	When you first arrived:				
3.4	Did you have any problems?	53%	62%	53%	47%
3.4	Did you have any problems with loss of property?	17%	16%	17%	14%
3.4	Did you have any housing problems?	10%	16%	10%	10%
3.4	Did you have any problems contacting employers?	1%	4%	1%	4%
3.4	Did you have any problems contacting family?	9%	23%	9%	17%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	4%	1%	1%
3.4	Did you have any money worries?	13%	15%	13%	10%
3.4	Did you have any problems with feeling depressed or suicidal?	5%	14%	5%	6%
3.4	Did you have any physical health problems?	7%	12%	7%	
3.4	Did you have any mental health problems?	11%	11%	11%	
3.4	Did you have any problems with needing protection from other prisoners?	1%	5%	1%	3%
3.4	Did you have problems accessing phone numbers?	11%	21%	11%	
	For those with problems:				
3.5	Did you receive any help/support from staff in dealing with these problems?	39%	41%	39%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	72%	84%	72%	73%
3.6	A shower?	19%	37%	19%	40%
3.6	A free telephone call?	68%	46%	68%	80%
3.6	Something to eat?	41%	74%	41%	67%
3.6	PIN phone credit?	56%	49%	56%	
3.6	Toiletries/basic items?	24%	33%	24%	

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SECTION 3: Reception, first night and induction continued					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	65%	47%	65%	
3.7	Someone from health services?	80%	74%	80%	
3.7	A Listener/Samaritans?	30%	35%	30%	
3.7	Prison shop/canteen?	14%	17%	14%	19%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	55%	53%	55%	46%
3.8	Support was available for people feeling depressed or suicidal?	46%	46%	46%	43%
3.8	How to make routine requests?	41%	43%	41%	33%
3.8	Your entitlement to visits?	45%	46%	45%	38%
3.8	Health services?	59%	58%	59%	
3.8	The chaplaincy?	57%	51%	57%	
3.9	Did you feel safe on your first night here?	91%	83%	91%	88%
3.10	Have you been on an induction course?	91%	93%	91%	93%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	60%	66%	60%	55%
3.12	Did you receive an education (skills for life) assessment?	79%	88%	79%	
SECTION 4: Legal rights and respectful custody					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	52%	48%	52%	56%
4.1	Attend legal visits?	64%	54%	64%	74%
4.1	Get bail information?	15%	16%	15%	20%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	41%	45%	46%
4.3	Can you get legal books in the library?	38%	43%	38%	
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	79%	62%	79%	60%
4.4	Are you normally able to have a shower every day?	85%	91%	85%	97%
4.4	Do you normally receive clean sheets every week?	71%	82%	71%	89%
4.4	Do you normally get cell cleaning materials every week?	78%	73%	78%	81%
4.4	Is your cell call bell normally answered within five minutes?	37%	42%	37%	39%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	55%	71%	55%	61%
4.4	Can you normally get your stored property if you need to?	21%	31%	21%	15%
4.5	Is the food in this prison good/very good?	66%	28%	66%	44%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	46%	53%	33%
4.7	Are you able to speak to a Listener at any time if you want to?	50%	60%	50%	65%
4.8	Are your religious beliefs are respected?	51%	55%	51%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	59%	61%	58%
4.10	Is it easy/very easy to attend religious services?	57%	54%	57%	

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	86%	87%	86%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	62%	62%	62%	57%
5.2	Do you feel applications are dealt with quickly (within seven days)?	48%	52%	48%	45%
5.3	Is it easy to make a complaint?	62%	67%	62%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	38%	34%	38%	35%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	35%	40%	35%	33%
5.5	Have you ever been prevented from making a complaint when you wanted to?	11%	15%	11%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	32%	33%	32%	36%
SECTION 6: Incentive and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	56%	56%	56%	43%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	51%	48%	51%	
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	5%	8%	6%
6.4	In the last six months, if you have spent a night in the segregation/care and separation unit, were you treated very well/well by staff?	32%	47%	32%	
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	75%	75%	75%	74%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	75%	75%	67%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	26%	34%	26%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	20%	18%	22%
7.5	Do you have a personal officer?	58%	76%	58%	71%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	75%	63%	75%	64%

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SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	27%	31%	27%	22%
8.2	Do you feel unsafe now?	10%	13%	10%	15%
8.4	Have you been victimised by other prisoners here?	18%	19%	18%	14%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	9%	9%	9%	7%
8.5	Hit, kicked or assaulted you?	3%	5%	3%	5%
8.5	Sexually abused you?	1%	1%	1%	0%
8.5	Threatened or intimidated you?	10%	12%	10%	
8.5	Taken your canteen/property?	4%	4%	4%	4%
8.5	Victimised you because of medication?	4%	3%	4%	
8.5	Victimised you because of debt?	3%	2%	3%	
8.5	Victimised you because of drugs?	1%	2%	1%	5%
8.5	Victimised you because of your race or ethnic origin?	2%	3%	2%	2%
8.5	Victimised you because of your religion/religious beliefs?	4%	2%	4%	2%
8.5	Victimised you because of your nationality?	2%	3%	2%	
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	1%
8.5	Victimised you because you are from a Traveller community?	3%	0%	3%	
8.5	Victimised you because of your sexual orientation?	1%	1%	1%	0%
8.5	Victimised you because of your age?	2%	2%	2%	
8.5	Victimised you because you have a disability?	2%	2%	2%	1%
8.5	Victimised you because you were new here?	4%	4%	4%	1%
8.5	Victimised you because of your offence/crime?	2%	4%	2%	
8.5	Victimised you because of gang related issues?	4%	3%	4%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 8: Safety continued					
8.6	Have you been victimised by staff here?	30%	22%	30%	17%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	11%	9%	11%	9%
8.7	Hit, kicked or assaulted you?	1%	2%	1%	2%
8.7	Sexually abused you?	1%	1%	1%	1%
8.7	Threatened or intimidated you?	12%	10%	12%	
8.7	Victimised you because of medication?	5%	3%	5%	
8.7	Victimised you because of debt?	2%	1%	2%	
8.7	Victimised you because of drugs?	3%	3%	3%	6%
8.7	Victimised you because of your race or ethnic origin?	5%	5%	5%	4%
8.7	Victimised you because of your religion/religious beliefs?	4%	3%	4%	2%
8.7	Victimised you because of your nationality?	3%	3%	3%	
8.7	Victimised you because you were from a different part of the country?	5%	4%	5%	6%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.7	Victimised you because of your sexual orientation?	1%	1%	1%	1%
8.7	Victimised you because of your age?	1%	2%	1%	
8.7	Victimised you because you have a disability?	1%	2%	1%	2%
8.7	Victimised you because you were new here?	6%	4%	6%	6%
8.7	Victimised you because of your offence/crime?	4%	4%	4%	
8.7	Victimised you because of gang related issues?	4%	2%	4%	
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	30%	40%	30%	28%

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SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	30%	38%	30%	
9.1	Is it easy/very easy to see the nurse?	63%	60%	63%	
9.1	Is it easy/very easy to see the dentist?	11%	15%	11%	
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	57%	51%	57%	59%
9.2	The nurse?	70%	65%	70%	63%
9.2	The dentist?	49%	45%	49%	65%
9.3	The overall quality of health services?	57%	46%	57%	49%
9.4	Are you currently taking medication?	48%	45%	48%	38%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	83%	90%	83%	
9.6	Do you have any emotional well being or mental health problems?	23%	26%	23%	
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	74%	50%	74%	
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	24%	22%	24%	10%
10.2	Did you have a problem with alcohol when you came into this prison?	12%	16%	12%	4%
10.3	Is it easy/very easy to get illegal drugs in this prison?	39%	31%	39%	41%
10.4	Is it easy/very easy to get alcohol in this prison?	21%	13%	21%	
10.5	Have you developed a problem with drugs since you have been in this prison?	9%	8%	9%	
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	5%	7%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	61%	67%	61%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	77%	75%	77%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	81%	80%	81%	

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SECTION 11: Activities				
Is it very easy/easy to get into the following activities:				
11.1 A prison job?	48%	49%	48%	
11.1 Vocational or skills training?	42%	39%	42%	
11.1 Education (including basic skills)?	56%	48%	56%	
11.1 Offending behaviour programmes?	17%	19%	17%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	64%	63%	64%	
11.2 Vocational or skills training?	17%	19%	17%	
11.2 Education (including basic skills)?	22%	29%	22%	
11.2 Offending behaviour programmes?	10%	16%	10%	
11.3 Have you had a job while in this prison?	82%	86%	82%	
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	46%	47%	46%	
11.3 Have you been involved in vocational or skills training while in this prison?	78%	77%	78%	
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	62%	66%	62%	
11.3 Have you been involved in education while in this prison?	80%	82%	80%	
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	65%	68%	65%	
11.3 Have you been involved in offending behaviour programmes while in this prison?	66%	76%	66%	
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	49%	60%	49%	
11.4 Do you go to the library at least once a week?	32%	49%	32%	48%
11.5 Does the library have a wide enough range of materials to meet your needs?	40%	53%	40%	
11.6 Do you go to the gym three or more times a week?	39%	36%	39%	56%
11.7 Do you go outside for exercise three or more times a week?	50%	50%	50%	25%
11.8 Do you go on association more than five times each week?	70%	78%	70%	86%
11.9 Do you spend ten or more hours out of your cell on a weekday?	10%	14%	10%	25%
SECTION 12: Friends and family				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	30%	37%	30%	
12.2 Have you had any problems with sending or receiving mail?	38%	43%	38%	36%
12.3 Have you had any problems getting access to the telephones?	33%	26%	33%	12%
12.4 Is it easy/very easy for your friends and family to get here?	56%	26%	56%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 13: Preparation for release					
	For those who are sentenced:				
13.1	Do you have a named offender manager (home probation officer) in the probation service?	81%	86%	81%	
	For those who are sentenced what type of contact have you had with your offender manager:				
13.2	No contact?	34%	29%	34%	
13.2	Contact by letter?	35%	42%	35%	
13.2	Contact by phone?	26%	26%	26%	
13.2	Contact by visit?	39%	39%	39%	
13.3	Do you have a named offender supervisor in this prison?	59%	71%	59%	
	For those who are sentenced:				
13.4	Do you have a sentence plan?	80%	71%	80%	63%
	For those with a sentence plan:				
13.5	Were you involved/very involved in the development of your plan?	63%	56%	63%	68%
	Who is working with you to achieve your sentence plan targets:				
13.6	Nobody?	40%	40%	40%	
13.6	Offender supervisor?	35%	39%	35%	
13.6	Offender manager?	25%	34%	25%	
13.6	Named/personal officer?	15%	16%	15%	
13.6	Staff from other departments?	20%	22%	20%	
	For those with a sentence plan:				
13.7	Can you achieve any of your sentence plan targets in this prison?	68%	71%	68%	53%
13.8	Are there plans for you to achieve any of your targets in another prison?	20%	22%	20%	
13.9	Are there plans for you to achieve any of your targets in the community?	22%	32%	22%	
13.10	Do you have a needs based custody plan?	9%	7%	9%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	14%	19%	14%	
	For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12	Employment?	35%	43%	35%	
13.12	Accommodation?	40%	46%	40%	
13.12	Benefits?	41%	44%	41%	
13.12	Finances?	29%	38%	29%	
13.12	Education?	36%	47%	36%	
13.12	Drugs and alcohol?	45%	56%	45%	
	For those who are sentenced:				
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	56%	52%	48%

Diversity analysis



Key question responses (ethnicity and religion) HMP Buckley Hall 2012

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		29	120	23	125
1.3	Are you sentenced?	100%	100%	100%	100%
1.5	Are you a foreign national?	14%	4%	18%	4%
1.6	Do you understand spoken English?	100%	100%	100%	100%
1.7	Do you understand written English?	100%	100%	100%	100%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			91%	6%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	4%	5%	3%
1.1	Are you Muslim?	75%	2%		
1.12	Do you consider yourself to have a disability?	11%	16%	18%	15%
1.13	Are you a veteran (ex-armed services)?	4%	7%	0%	7%
1.14	Is this your first time in prison?	58%	26%	57%	28%
2.6	Were you treated well/very well by the escort staff?	48%	73%	43%	73%
2.7	Before you arrived here were you told that you were coming here?	76%	84%	74%	84%
3.2	When you were searched in reception, was this carried out in a respectful way?	58%	86%	57%	86%
3.3	Were you treated well/very well in reception?	48%	78%	39%	79%
3.4	Did you have any problems when you first arrived?	62%	51%	66%	51%
3.7	Did you have access to someone from health care when you first arrived here?	61%	85%	59%	85%
3.9	Did you feel safe on your first night here?	80%	95%	82%	94%
3.10	Have you been on an induction course?	86%	92%	91%	90%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	46%	54%	43%	54%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	69%	81%	74%	80%
4.4	Are you normally able to have a shower every day?	79%	87%	78%	87%
4.4	Is your cell call bell normally answered within five minutes?	15%	41%	19%	39%
4.5	Is the food in this prison good/very good?	48%	71%	39%	70%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	45%	56%	43%	55%
4.7	Are you able to speak to a Listener at any time if you want to?	35%	54%	39%	52%
4.8	Do you feel your religious beliefs are respected?	62%	49%	78%	47%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	59%	82%	57%
5.1	Is it easy to make an application?	69%	91%	66%	91%
5.3	Is it easy to make a complaint?	61%	63%	72%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	60%	41%	60%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	53%	59%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	10%	0%	10%
7.1	Do most staff, in this prison, treat you with respect?	63%	79%	67%	78%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	52%	79%	57%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	0%	22%	9%	19%
7.4	Do you have a personal officer?	57%	58%	69%	56%
8.1	Have you ever felt unsafe here?	40%	24%	43%	23%
8.2	Do you feel unsafe now?	11%	9%	13%	8%
8.3	Have you been victimised by other prisoners?	20%	18%	22%	18%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	12%	9%	18%	8%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	1%	9%	1%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	12%	3%	18%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	2%	5%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	0%	3%	0%	3%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	44%	27%	55%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	11%	23%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	22%	2%	23%	2%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	11%	3%	19%	2%
8.7	Have you been victimised because of your nationality? (By staff)	4%	3%	5%	3%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	18%	31%	22%	30%
9.1	Is it easy/ very easy to see the nurse?	61%	63%	64%	62%
9.4	Are you currently taking medication?	40%	49%	30%	51%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	14%	25%	18%	24%
10.3	Is it easy/very easy to get illegal drugs in this prison?	37%	41%	31%	42%
11.2	Are you currently working in the prison?	48%	67%	61%	64%
11.2	Are you currently undertaking vocational or skills training?	11%	19%	13%	18%
11.2	Are you currently in education (including basic skills)?	27%	21%	18%	23%
11.2	Are you currently taking part in an offending behaviour programme?	4%	11%	5%	11%
11.4	Do you go to the library at least once a week?	35%	32%	22%	35%
11.6	do you go to the gym three or more times a week?	41%	39%	41%	38%
11.7	Do you go outside for exercise three or more times a week?	36%	55%	41%	53%
11.8	On average, do you go on association more than five times each week?	64%	71%	59%	72%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	11%	10%	9%	9%
12.2	Have you had any problems sending or receiving mail?	52%	35%	48%	36%
12.3	Have you had any problems getting access to the telephones?	40%	32%	41%	31%

Diversity analysis



Key question responses (disability) HMP Buckley Hall 2012

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

Key to tables

Any percentage highlighted in green is significantly better		Consider themselves to have a disability	Do not consider themselves to have a disability
Any percentage highlighted in blue is significantly worse			
Any percentage highlighted in orange shows a significant difference in prisoners' background details			
Percentages which are not highlighted show there is no significant difference			
Number of completed questionnaires returned		23	127
1.3	Are you sentenced?	100%	100%
1.5	Are you a foreign national?	9%	5%
1.6	Do you understand spoken English?	100%	100%
1.7	Do you understand written English?	100%	100%
1.8	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	14%	20%
1.9	Do you consider yourself to be Gypsy/Romany/Traveller?	11%	2%
1.1	Are you Muslim?	18%	15%
1.12	Do you consider yourself to have a disability?		
1.13	Are you a veteran (ex-armed services)?	21%	4%
1.14	Is this your first time in prison?	22%	34%
2.6	Were you treated well/very well by the escort staff?	74%	67%
2.7	Before you arrived here were you told that you were coming here?	74%	84%
3.2	When you were searched in reception, was this carried out in a respectful way?	66%	83%
3.3	Were you treated well/very well in reception?	74%	72%
3.4	Did you have any problems when you first arrived?	81%	48%
3.7	Did you have access to someone from health care when you first arrived here?	74%	81%
3.9	Did you feel safe on your first night here?	96%	91%
3.10	Have you been on an induction course?	77%	93%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	43%	54%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	79%
4.4	Are you normally able to have a shower every day?	86%	86%
4.4	Is your cell call bell normally answered within five minutes?	20%	39%
4.5	Is the food in this prison good/very good?	70%	65%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	69%	51%
4.7	Are you able to speak to a Listener at any time if you want to?	43%	51%
4.8	Do you feel your religious beliefs are respected?	53%	51%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	48%	64%
5.1	Is it easy to make an application?	80%	87%
5.3	Is it easy to make a complaint?	57%	64%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	67%	55%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	15%	8%
7.1	Do most staff, in this prison, treat you with respect?	77%	75%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	73%
7.3	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	14%	19%
7.4	Do you have a personal officer?	64%	57%
8.1	Have you ever felt unsafe here?	41%	25%
8.2	Do you feel unsafe now?	23%	7%
8.3	Have you been victimised by other prisoners?	40%	15%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	21%	8%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	3%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	0%	3%
8.5	Have you been victimised because of your age? (By prisoners)	0%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	2%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	44%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	39%	8%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	6%	6%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	4%
8.7	Have you been victimised because of your nationality? (By staff)	0%	3%
8.7	Have you been victimised because of your age? (By staff)	0%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	29%	28%
9.1	Is it easy/ very easy to see the nurse?	72%	61%
9.4	Are you currently taking medication?	71%	44%
9.6	Do you feel you have any emotional wellbeing/mental health issues?	67%	15%
10.3	Is it easy/very easy to get illegal drugs in this prison?	35%	40%
11.2	Are you currently working in the prison?	73%	62%
11.2	Are you currently undertaking vocational or skills training?	6%	19%
11.2	Are you currently in education (including basic skills)?	36%	20%
11.2	Are you currently taking part in an offending behaviour programme?	16%	9%
11.4	Do you go to the library at least once a week?	21%	34%
11.6	Do you go to the gym three or more times a week?	15%	43%
11.7	Do you go outside for exercise three or more times a week?	40%	53%
11.8	On average, do you go on association more than five times each week?	43%	75%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	0%	12%
12.2	Have you had any problems sending or receiving mail?	35%	38%
12.3	Have you had any problems getting access to the telephones?	48%	31%