

Report on an unannounced full
inspection of

HMP Forest Bank

10–14 September 2007

by HM Chief Inspector of Prisons

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Introduction

Forest Bank is a contracted-out local prison in Salford, run by Kalyx. Its first inspection, in 2002, was relatively positive, though it lacked sufficient activity. A follow-up inspection in 2005, however, recorded significant concerns about safety, including the availability of illicit drugs.

This inspection found that safety had improved, and that overall Forest Bank was not an unsafe prison. However, some weaknesses remained, such as the arrangements for prisoners' first night in the prison and the management of bullying, which young adults in particular reported to be a problem. Though commendably robust efforts were being made to reduce the supply of drugs, this remained a serious concern, masked by the unreliability of the prison's mandatory drug testing procedures. It was likely that in reality around 20% of tests were positive, and half the prisoners surveyed said that it was easy to obtain drugs. The weakness of the drug detoxification arrangements was not likely to reduce demand.

Vulnerable prisoners were located next to identified bullies and those on the basic regime, where they were exposed to abuse, and had no access to education. We were also concerned to find some disproportionate and unjustifiable elements of the prison's disciplinary procedures: such as the imposition of closed visits on some segregated prisoners, and a basic regime which could be as punitive as segregation, without its safeguards. Use of force, however, was low: though it had been used to strip and relocate self-harming prisoners.

Relationships between staff and prisoners were in general good and appropriate, and staff engaged well with prisoners - though prisoners found them to be inexperienced and inconsistent. All aspects of the environment, the food, and basic hygiene and cleanliness, were good. Race relations were well-managed and, unusually, black and minority ethnic prisoners surveyed did not in general report worse experiences than white prisoners: though the responses from Muslim prisoners were much more negative. Other aspects of diversity, and the management of foreign nationals, were much less well-developed.

Healthcare was unacceptably poor, with staff shortages and some unsafe reception screening and pharmaceutical practices. Primary care, including primary mental healthcare, was weak, and inpatients had a very limited regime. Secondary mental healthcare was, however, reasonably good.

For a local prison, Forest Bank provided good periods of time out of cell and purposeful activity – though considerably less of both than it was reporting. Efforts had been made to link work and training to realistic employment possibilities, in partnership with outside agencies, and to provide vocational qualifications. There was a good range of education courses, including a number of short accredited courses suitable for the prison's largely short-stay population. Nevertheless, 40% of prisoners were unemployed; and on one day we found 650 prisoners, nearly 60% of the population, locked in their cells. Our assessment on this occasion reflected the quality and effective management of activities; but when we return we will expect to see significant improvements in the quantity provided.

Resettlement was an area of considerable strength, with a focus throughout the prison on reducing reoffending. Excluded from the north-west area strategy, Forest Bank had developed some innovative local partnerships: including one with the local authority, which offered both jobs and housing to prisoners who had achieved construction qualifications; and a scheme with the Co-operative bank for prisoners to open bank accounts while in prison. Links had been developed with local employers and colleges, and only 4% of prisoners had left without accommodation. A well-resourced offender management unit had recently begun work and

sentence planning was up to date. Work with indeterminate-sentenced prisoners was, however, underdeveloped and lifers could spend two years at the prison without undertaking any relevant work towards parole.

Forest Bank has made commendable and imaginative progress in resettlement, largely on its own initiative, and has developed a relevant range of education, work and training. These are considerable strengths in a local prison, focusing on reducing reoffending. However, there were also some weaknesses. There were not enough activities for its expanded population. The availability of drugs remained of concern, and it will be important to gain an accurate picture of the scale of the problem in order to continue to tackle both supply and demand effectively. Violence reduction strategies and the support for vulnerable prisoners also needed improvement. The other major weakness was healthcare, and urgent action is needed to raise the service to an acceptable standard. Kalyx and the prison's managers will need to ensure that these fundamental issues are addressed as firmly and positively as the resettlement agenda has been.

Anne Owers
HM Chief Inspector of Prisons

December 2007

Fact page

Task of the establishment

Category B male local prison.

Area organisation

Contracted out. It is managed by Kalyx.

Number held

5 September 2007: 1,108

Certified normal accommodation

800

Operational capacity

1,124

Last inspection

Unannounced: 22- 24 August 2005

Brief history

The prison opened on 20 January 2000. It is designed, constructed, managed and financed by Kalyx, formerly known as UKDS.

Description of residential units

Six house blocks made up of two identical two-storey wings radiating from a central hub area.

Unit	Certified normal accommodation	Operational capacity
A1 - unconvicted under-21s	64	93
A2 - convicted and unconvicted adults	65	93
B1 - under 12-month regime	65	94
B2 - under 24-month regime	65	93
C1 - basic regime	65	94
C2 - voluntary drug testing unit	65	94
D1 - convicted and unconvicted adults	65	94
D2 - enhanced status	65	93
E1 - induction	65	94
E2 - detoxification unit	65	94
F1 - convicted and unconvicted adults	65	94
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Healthy prison summary

Introduction

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

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

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

- performing well against this healthy prison test.

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

- performing reasonably well against this healthy prison test.

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

- not performing sufficiently well against this healthy prison test.

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

- performing poorly against this healthy prison test.

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

Safety

HP3 A substantial number of prisoners moved in and out of the prison each day, many of whom had spent time in police cells before arrival. The reception environment was poor, and new arrivals spent far too long being processed. Induction arrangements were satisfactory, but first night procedures were weak. The management of safer

custody and anti-bullying was generally good, but prisoners reported bullying and victimisation by other prisoners. There was substantial evidence that drugs were readily available in the establishment, and the mandatory drug testing lacked accuracy. Many vulnerable prisoners experienced a poor regime and complained that they were subject to abuse. The prison was not performing sufficiently well against this healthy prison test.

- HP4 Many prisoners said they had spent long periods in police cells before their transfer to Forest Bank, due to lack of space in the prison system, but data on this was not available. Relationships between reception and the escort contractor's staff appeared good, with appropriate sharing of information on the safety of individual prisoners.
- HP5 Reception was very busy, with over 2,000 discharges or admissions per month. The area was of adequate size, but the environment was dirty and unwelcoming. The holding rooms were particularly poor, and prisoners spent long periods in uncomfortable conditions with little information. There were inadequate facilities for private interviews, and procedures were inevitably rushed because of the volume of throughput. Prisoners were given useful written information, but only at the end of the process.
- HP6 All new arrivals, including vulnerable prisoners, were first located on the induction unit, E1, and there were adequate systems to highlight their locations. Prison staff said that all new arrivals were interviewed and their immediate needs and risks assessed, but we found no evidence to confirm this. New arrivals were generally locked in their cells and not allowed to associate on their first night. However, young adults and prisoners identified as at risk were monitored every hour.
- HP7 There was an adequate three-day induction programme. Prisoners had personal interviews and their needs were assessed by relevant agencies in the prison. Although the prisoners we surveyed responded more positively to their induction than in comparator local prisons, the programme was too long and prisoners spent too long in their cells between sessions.
- HP8 Policies and structures to manage anti-bullying were well established and monitoring data was good. Although the number of respondents to our survey who said that they felt unsafe in Forest Bank was similar to the comparator¹, significantly more, particularly young adults, reported bullying and intimidation by other prisoners. Good links with the security and healthcare departments had helped raise 323 bullying incident reports in the first seven months of 2007. The high figure was partly explained by the multiple reporting of some incidents. The quality of investigation into many of these reports was, however, unsatisfactory. Arrangements to challenge bullies were essentially sanction-led and lacked interventions. By contrast, there was good support for victims of bullying.
- HP9 Governance of self-harm and suicide prevention was good, with an informative policy and a well-attended monthly suicide prevention committee. Listeners were supported and prisoners had good access to them. The quality of self-harm monitoring documents was variable, especially on the vulnerable prisoner landing. Many of the case reviews and care maps were weak, and monitoring entries generally showed little positive engagement with prisoners at risk. We were also concerned that

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

prisoners at risk placed on constant observations were routinely put in strip conditions.

- HP10 There had been efforts to increase the flow of security intelligence, with a large number of reports that mostly had useful information. Despite the volume, intelligence was processed within 24 hours, and the prison had effective cooperation from local police. Many of the security reports indicated the challenges of illicit drug use in the prison. There was a high number of prisoners on closed visits and banned visitors. All prisoners were strip searched at the end of their visits, with no risk or intelligence-based justification, yet this had not been effective in dealing with the drug supply problem.
- HP11 There was a new strategic direction for the segregation unit, but it did not yet fulfil its new role as a care and separation unit, particularly in developing individual reintegration plans and reviews. There was a lack of furniture in cells, and prisoners' property and rubbish were strewn around the floors. The regime in the unit was basic, but daily showers and exercise were provided. There was a three-tier management system. All those on tiers one and two were routinely placed on closed visits, which was disproportionate. Staff on the unit had good knowledge about the prisoners there and interacted well with them. This was not reflected, however, in the written records.
- HP12 The number of adjudications was high, although less than in previous years. A significant number related to drugs or unauthorised items, such as mobile telephones, that might support the supply of drugs. Some charges were relatively minor and could have been dealt with by alternative means. Adjudications were fair, although charges were insufficiently investigated in a few cases. There was also evidence of informal punishment, such as prisoners denied access to the gym.
- HP13 Use of force was commendably low, and had fallen from the previous year's low figure. Record keeping was satisfactory. Force was only used as a last resort, but had been used to place a prisoner in strip clothing and in an observation cell because of fears of self-harm. This was inappropriate. Use of the special cells was also rare, but these two cells were not fit for purpose, as they lacked natural light. On a recent occasion, staff had failed to follow the special cell governance protocol.
- HP14 The lack of detoxification nurses limited clinical services for substance users. There were substantial gaps in the service. Although symptomatic relief was available for new arrivals, in practice it was rarely given. Most new arrivals who needed clinical support were seen the day following their reception. Opiate detoxifications and maintenance and alcohol detoxifications were delivered, but there was little post-detoxification support. The random mandatory drug testing (MDT) figure for the prison was 10.15%. However, as the prison removed from the random list prisoners who tested positive following a suspicion test, this figure was inaccurate. Evidence suggested it was more likely to be twice the declared figure. Half the respondents to our survey, against a comparator of a third, said it was easy to get drugs in Forest Bank.
- HP15 Vulnerable prisoners were referred to as 'do not unlocks' (DNUs). All were located on C1 or E1, the induction unit. Prisoners on C1 (the most vulnerable) were located alongside bullies and prisoners on basic regime. This arrangement was justified on the basis that it prevented stigma for vulnerable prisoners and assisted their reintegration. We saw little evidence, however, to support this proposition. The consequences of running separate regimes on one unit were that vulnerable

prisoners had less time out of cell. Vulnerable prisoners on both units, in particular E1, were the subject of regular abuse, notably at night, from other prisoners. Although work for vulnerable prisoners was available in two workshops, most spent the day locked in cell. No education was available, and reintegration was underdeveloped

Respect

- HP16 The cleanliness and general environment in the prison were good. Relationships between staff and prisoners were respectful, but prisoners perceived staff as inconsistent, and the personal officer scheme was underdeveloped. Structures and procedures for the management of race equality, diversity and foreign prisoners needed improvement. Although the views of black and minority ethnic prisoners were generally positive, Muslim prisoners expressed more negative perceptions of their treatment. The management of complaints was satisfactory, and the catering, shop and chaplaincy services were generally good. Health services were poor. The establishment was not performing sufficiently well against this healthy prison test.
- HP17 Standards of cleanliness across the prison were good, but cells lacked ventilation and there was no privacy screening for toilets in cells holding two prisoners. Access to showers was good, although they also lacked privacy screens, and there were insufficient telephones. There was also a shortage of hot water flasks and cell courtesy keys, and double occupancy cells had no lockable cabinets. Prisoners could wear their own clothes, and arrangements for clothes exchange through visits, as well as the wing-based laundries, were good. Prison-issue kit was also satisfactory, although there were some reported shortages.
- HP18 The incentives and earned privileges (IEP) scheme was published and clearly understood by staff and prisoners. Movement within the scheme was decided by a review board triggered by warnings and recommendations within set time scales. Decisions to move prisoners to basic level had been justified, but elements of the tiered regime for basic level prisoners were overly punitive and amounted to a segregation regime without the built-in safeguards.
- HP19 Prisoners generally, and young adults in particular, felt that staff treated them with respect. There was no evidence from our survey that prisoners believed staff were intimidating. However, the prevailing view of prisoners was that staff were inconsistent and unreliable. There was a particular concern about how staff managed confidential material, which many prisoners believed could compromise their personal safety. Our own observations were that staff were busy and engaged, and had a reasonable level of knowledge of their prisoners. However, this knowledge was not translated on to wing files or used in the sentence management or wider rehabilitative process.
- HP20 There was a notional personal officer scheme and about half the prisoners we spoke to could identify their personal officer. The scheme was, however, underdeveloped, record keeping was poor and management checks rare. There were no links between personal officers and offender management arrangements.
- HP21 Almost a third of prisoners surveyed said that the food at Forest Bank was good or very good, which was significantly better than the comparator of about a quarter. The quality of food met our expectations, and arrangements for halal food were good. The

catering manager attended consultative meetings and responded to prisoner suggestions. We were impressed that prisoners generally dined in association at meal times.

- HP22 There was an effective shop service with an efficient bagging system. Prisoners could use the shop the day after their arrival, and most issues and complaints were dealt with quickly. Prices were equitable, but the goods available were limited and prisoners could not buy fresh food or tinned items.
- HP23 Some of the needs of prisoners with disabilities were met, but there was little evidence of an overarching policy or programme to address diversity, and no designated diversity manager. The Kalyx corporate equality and diversity policy referred to workforce, environment and service delivery and did not recognise prisoner needs. There was inadequate training to help staff assess and facilitate diverse needs.
- HP24 Race equality was addressed at a well-attended bimonthly meeting, which included prisoner representatives. However, structures to promote race equality were underdeveloped. The race equality officer had only eight hours facility time a week and was not well known among prisoners. Few prisoners knew of any assistant race equality officers or prisoner wing representatives. Racist incident report forms were not logged promptly or investigated or reviewed uniformly. Impact assessments and race monitoring were underdeveloped. Communication between prisoners and managers was weak. Although black and minority ethnic prisoners' survey responses were relatively positive, Muslim respondents had largely negative perceptions.
- HP25 About 10% of prisoners were foreign nationals, including some who were immigration detainees following the expiry of their sentence. There was no policy or systematic support for foreign prisoners, although they received a free international telephone call each month. Custody staff did their best to engage with the Border and Immigration Agency, but foreign prisoners needed a comprehensive support package based on a fuller assessment of need.
- HP26 The prison had reasonable systems for the management of complaints. Although good management data was produced, there were no regular management checks to monitor quality. Procedures to manage applications were reasonable, but again quality assurance was underdeveloped.
- HP27 In our survey, prisoners reported positively on access to chaplaincy services and respect for their faith. There was a range of chaplains, but no full-time Muslim chaplain. The team was well integrated into the life of the prison and provided a range of services. Facilities, including the large multi-faith room, were welcoming and well used.
- HP28 Staff shortages and vacancies had had a detrimental effect on health services, and there was little therapeutic intervention for inpatients. Specialist clinics were not provided, and prisoners had long delays to see a GP. Initial health screening of new arrivals was undertaken by healthcare assistants without supervision from trained staff, and there was no secondary screening. Pharmacy provision and the clinical records system were also inadequate. Secondary mental health in-reach services were, by contrast, reasonably good, although, taken together, healthcare provision at Forest Bank was well short of acceptable.

Purposeful activity

HP29 There was insufficient activity to meet the needs of the prisoners, with almost half unemployed and large numbers locked in their cells during the core day. However, the activities that were available were appropriate, with a clear focus on employability skills. Education was well run and the quality of teaching and learning was good. Physical education was also good, well promoted and highly regarded. Time out of cell was less than the prison's published figure, but still reasonable for a local prison, and evening association on five evenings a week for all was rarely cancelled. Although the lack of activity needed to be addressed, on balance Forest Bank was performing reasonably well against this healthy prison test.

HP30 The education provision was well run, and about 20% of the population engaged in some form of education. Courses were available in information and communications technology, catering and hospitality, literacy and numeracy, and a variety of short accredited courses aimed at increasing employability skills. There was also a good range of courses to develop personal and social skills. Teaching and learning were generally good, and achievement of qualifications at least satisfactory. Data on learners' progress was not used effectively for planning. Young adults and prisoners on remand had equal access to education, but there was no outreach work on the wings. This affected vulnerable prisoners, who had no access to education. The learning environment was reasonable, although some classrooms were small. Classes were rarely cancelled.

HP31 The library was spacious and welcoming. Prisoners had access to computers and there were some areas for private study. There was an adequate selection of books in foreign languages as well as easy readers. Prisoners had reasonable access to the library, although some complained that they had insufficient time there.

HP32 Four hundred and sixty-one prisoners, just under half the population, were unemployed, and the lack of available activity was a significant concern. Some of those employed were cleaners or orderlies. Eight workshops employed about 140 prisoners. They included assembly and packaging and window fabrication, and offered some short, low level accredited qualifications. A painting and decorating workshop had recently opened in partnership with the local authority and college and offered national vocational qualifications (NVQs). Prisoners working in the kitchen could also obtain NVQs in catering and food preparation. Workshops generally operated to a satisfactory commercial standard. Literacy and numeracy input into the vocational workshops needed development.

HP33 Physical education was well managed and facilities, including a spacious weights room, were good. The outside football pitch was well used and popular. A variety of accredited courses were provided, also with a strong focus on employability. Access to the gym was good, and health promotion was central to the work of the department. PE was well promoted and highly regarded across the prison.

HP34 The time prisoners were unlocked was reasonable for a local prison. All prisoners, including those unemployed, were out of their cells regularly, and most had good and predictable access to time in the fresh air. Our observations suggested that a typical prisoner was unlocked for between eight and nine hours per day. While less than the prison's published figure, and our expectation of 10 hours per day, this was better than most local prisons. The lack of activity in the prison did, however, have an

impact. On one typical afternoon, we found 650 prisoners, almost 60% of the population, locked in their cells. However, most prisoners had access to regular domestic periods, dined out at each meal, and could associate on five evenings a week, a facility that was never cancelled.

Resettlement

HP35 Although the resettlement strategy was out of date, the prison had effective strategic links with a wide range of partners, with tangible benefits for prisoners. The offender management unit was in its infancy, but was well resourced, and early indications were that sentence planning arrangements were becoming embedded. Arrangements for lifers and prisoners on indeterminate sentences for public protection were, however, poor, and there was no formal custody planning for short-term prisoners. Work on the resettlement pathways was strong, and in some cases excellent. Forest Bank was performing reasonably well against this healthy prison test.

HP36 The prison had placed great emphasis on reducing reoffending, although the current strategy was out of date and did not reflect the breadth of initiatives. The deputy director was responsible for resettlement pathway work, and was able to represent the prison to potential partners and lead innovation, as well as implementing agreed initiatives. The range of partnerships and strategic networks with the public and private sector was impressive.

HP37 The prison had been late to implement the offender management model, and much of this work was new. The offender management unit (OMU) was, nevertheless, well resourced. Some 230 prisoners were in scope of offender supervision, and supervisors had developed good links with prolific and priority offender schemes in the community. Offender managers from the community routinely attended sentence planning boards, but were not yet chairing these. Personal officers did not play any role in offender management. The offender assessment system (OASys) had been rolled out relatively recently, but reviews were largely up to date, despite computer hitches. Prisoners serving 12 months or more but not in scope of offender management had sentence plans that were reviewed annually. There were no similar arrangements for short-term or remand prisoners.

HP38 The prison held just under 50 prisoners on life sentences and indeterminate sentences for public protection. Although four offender supervisors had been trained in lifer work, the quality of provision for lifers was poor, and their needs were not addressed in the prison's current contract. Lifers spent up to two years at Forest Bank before allocation to a lifer centre, with little opportunity to address their offending behaviour or risks, or indeed obtain appropriate support.

HP39 There was a comprehensive housing service, and only 4% of prisoners had been discharged without accommodation in recent months. All prisoners discharged within eight weeks of arrival were given a useful housing information pack, and longer term prisoners were tracked and offered appropriate support. Links outside the locality supported prisoners transferred in from out of area.

HP40 The prison had a good understanding of local employment needs, and had good links with local employers and colleges. There was a particularly innovative scheme that linked construction skills to jobs and housing. All prisoners were interviewed before

release and offered appropriate advice and guidance. Training focused on developing employability skills, and there was a well-developed and useful job club.

- HP41 The healthcare department ran regular discharge clinics, but there was limited support to connect prisoners with a GP. The mental health in-reach team reviewed prisoners subject to the care programme approach before their discharge, and there was some liaison with community teams. However, prisoners undergoing treatment were not discharged with medication.
- HP42 The prison had a comprehensive drug strategy, but there had been no drug strategy meeting in the previous six months. The counselling, assessment, referral, advice and throughcare (CARAT) service managed a caseload of 280, about 70 prisoners per worker. Much of the CARAT work concerned care management, and intervention work was limited. There had been no needs analysis to inform interventions and prioritise CARAT cases. The prison ran the short duration programme (SDP) successfully and met its substantial target for completions. Alcohol treatment was limited, but there were plans to introduce an alcohol programme. Three hundred prisoners were subject to voluntary drug testing compacts.
- HP43 Jobcentre Plus staff assisted prisoners with benefits issues on induction and before release, including advice on grants and loans. Good links with the Co-operative Bank had enabled 125 prisoners to open a bank account. There were plans for a money management course in addition to the existing budgeting course.
- HP44 There were excellent visiting facilities and access. The visits hall was spacious and welcoming, and staff supervision was appropriate but welcoming. Prisoners who did not receive regular visits were offered extra telephone calls. There was also an excellent visitors' centre with friendly and efficient staff, full-time childcare supervision in the visits crèche, and a recently appointed family link worker.
- HP45 The only accredited offending behaviour programme was the drugs short duration programme (SDP). There were plans to introduce an anger management course with external partners. Beyond this, offending behaviour work was underdeveloped.

Main recommendations

- HP46 The quality of the environment in reception and information provided to prisoners should be improved.
- HP47 Effective and consistently applied first night procedures should be introduced.
- HP48 Vulnerable prisoners should not be held alongside bullies or prisoners on basic and should have access to a full regime, including education.
- HP49 The establishment should investigate the reasons for high perceptions of prisoner-on-prisoner victimisation, particularly among young adults, to inform the anti-bullying strategy.
- HP50 Mandatory drug testing should be carried out randomly across the prison population, and its results used to inform the prison's substance use policy and practice.

- HP51 The prison should have a diversity policy outlining how the needs of minority groups will be met, overseen by a designated manager and implemented by designated liaison officers. The policy should be informed by regular consultation and monitoring of prisoners with specific needs.
- HP52 The prison should put in place a strategy to revise and improve its healthcare provision.
- HP53 There should be sufficient purposeful activity for all prisoners, and all activity places should be fully utilised.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners reported that they had spent long periods in police cells, although the prison was unable to account for the number of times this had occurred or the numbers affected. Relationships between escorting and reception staff were good, but prisoners complained that escorting vehicles were dirty and that escorting staff sometimes did not treat them well.
- 1.2 Global Solutions Ltd held the escorts and transfers contract. Relationships between escort and reception staff were appropriate. Information about prisoners was shared systematically, and reception staff made use of this for basic risk assessments. Prisoner escort records were completed properly and were legible.
- 1.3 Prisoners reported that they had spent long periods in police cells before their transfer to Forest Bank. Although the prison was able to confirm that this was the case, it was unable to account for the number of times this had occurred or how many prisoners were affected. Reception staff estimated that about 20 prisoners a week were diverted from courts in the area to police cells due to prison overcrowding. Prisoners we spoke to said that they spent up to four days in police cells. Staff and prisoners said that this affected their mood and attitude by the time they arrived at Forest Bank.
- 1.4 The cellular vehicles we inspected were clean and had appropriate space to hold prisoners property. Despite this, in our survey only 42% of respondents said that the cleanliness of escorting vans was good, and only 57% said that escorting staff treated them well, which were significantly worse than the comparators of 50% and 69% respectively.
- 1.5 There was a video-link court and two video interview booths. This area was well used and daily court sessions were run effectively.

Recommendations

- 1.6 Records should be kept of the number of prisoners held in police cells and the amount of time spent there.
- 1.7 The reasons for poor prisoner perception of their treatment during escorts should be investigated.

First days in custody

Expected outcomes:

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

1.8 The reception area was unwelcoming, and new arrivals spent too long in poor conditions in holding rooms. The reception process was rushed, and the environment did not encourage new arrivals to discuss any fears. First night arrangements were underdeveloped, and there was no specific monitoring of the welfare of most new adult arrivals. The three-day induction programme was adequate, although prisoners were not fully occupied and were locked in their cells for considerable periods.

Reception

1.9 The reception area was very busy with a daily average of 40 new prisoners and 45 outgoing transfers, including discharges. It was open from 6.30am until 8pm from Monday to Friday and on Saturday morning.

1.10 New arrivals had good access to the reception building through a wide door suitable for wheelchairs. The building was large with seven holding rooms, three offices (two used to interview prisoners), a small kitchen and a large property storage room. Although of an adequate size, the environment was generally poor. Walls in the communal corridor were scuffed, some flooring was engrained with dirt, and the overall atmosphere was unwelcoming.

1.11 Conditions in the holding rooms were particularly poor. They were all dirty, poorly furnished, inadequately ventilated and had insufficient information. The few notices displayed in the first holding room had no information about how prisoners could get help with specific problems, what they could expect during reception or how they could make a complaint. Televisions in two of the holding rooms, used to play the prison's induction film, were broken and not in use.

1.12 Reception staff carried out identity and warrant checks on new arrivals and asked them if they understood what had happened to them at court. This brief interview took place with staff behind a high desk and the prisoner made to stand a metre away. After varying periods of time, prisoners were seen in a small office with no privacy to complete the reception process. Prisoners spent long periods in a stark holding room with nothing to occupy them. We saw some prisoners who had remained there for up to four hours before they were located on a residential unit. One prisoner told us that he had been in reception for six hours.

1.13 We saw no evidence of a vulnerability strategy to direct managers on prisoners' initial needs and safety. Although the prisoner's personal details were recorded, initial cell sharing risk assessments quickly completed and his initial prison file compiled, the conditions in the cramped office were over-formal. As at the last inspection, the door to the room was frequently left open and afforded no privacy. The layout was not conducive to encouraging prisoners to relax and discuss their fears with staff. An officer sat behind a high counter to record relevant information while the prisoner sat in a low plastic chair in the corner of the room. The process was rushed due to the volume of prisoners waiting to be seen, and new arrivals were not informed what would happen to them next. Although they were given an information book (*The*

rough guide to Forest Bank) with information about the help available and an explanation of the prison's rules, routines and services, this was issued at the end of the reception process.

- 1.14 Routine strip searching of prisoners took place in private behind a screened area, but this was often carried out by a single member of staff.
- 1.15 Prisoners' property was handled with respect and stored in a designated room.
- 1.16 New arrivals were not offered a shower routinely. In our survey, only 17% of respondents said that they could have a shower on the day of their arrival, which was significantly worse than the comparator at 34%.
- 1.17 At the end of the reception process, prisoners were given a pack with telephone credit and basic items, and were told how long the pack was expected to last. All new arrivals could use a telephone before they went on to a residential unit.

First night

- 1.18 Generally, all newly arrived prisoners were located in cells on the ground floor of the induction and first night centre on E1. We were told they were met by senior custody officers, interviewed to assess any immediate needs, and given a tour of the unit that included an explanation of the rules and what they could expect from the induction programme. However, we found that these systems were not operating. On arrival on the unit, prisoners were seen briefly by officers, allocated a cell and locked up. They were unable to access showers, association or telephones.
- 1.19 Prisoners were not interviewed in private by trained staff to assess any immediate needs or fears, and there were no systems to address any first night anxieties. However, in our survey, 82% said that they had felt safe on their first night, which was significantly better than the comparator of 72%.
- 1.20 There were systems to identify the cells allocated for young adults and adults assessed as high risk of self-harm. Although there were no specific first night measures for them, night staff were notified of their location and observed them at hourly intervals through the night.
- 1.21 Living conditions on the first night unit were adequate. Communal areas were clean and cells had been prepared.

Induction

- 1.22 A three-day rolling induction programme for most prisoners was delivered consistently. It began on the morning after their arrival.
- 1.23 All prisoners attended a two-hour group session facilitated by a prison custody officer. This was based on a prison information film that covered relevant issues about the establishment's policies, procedures and rules. The sessions were informative and delivered with enthusiasm. Prisoners were encouraged to ask questions and discuss matters they felt were important. Records were kept to ensure that all prisoners had attended. In our survey, 79% of respondents said that they had attended an induction course within their first week, and 62% said that it covered everything they needed to know about the prison, which were significantly above the comparators of 58% and 40% respectively.

- 1.24 Prisoners also had the opportunity of a personal interview with dedicated induction staff on the day after their arrival. New arrivals understood the aims of the programme.
- 1.25 Resettlement needs were assessed and new arrivals were given practical help with any immediate problems. Referrals were made systematically to appropriate service providers, such as counselling, assessment, referral, advice and throughcare service (CARATs), housing, employment and benefits advisers. Relevant staff saw them within their first three days.
- 1.26 Apart from the induction programme, there was little purposeful activity to occupy prisoners on E1. Between periods of induction, prisoners were locked in their cells with little meaningful to do.
- 1.27 E1 staff saw vulnerable prisoners, those in the segregation unit and healthcare patients individually. Records were kept to ensure that all were seen. However, vulnerable prisoners on the second floor of E1 and C1 were not seen or assessed by education staff (see paragraph 3.142).

Recommendations

- 1.28 Holding rooms should be clean and equipped with facilities to occupy prisoners, including working televisions.
- 1.29 Strip searching of prisoners should be carried out by two officers. Management checks should ensure that this takes place.
- 1.30 Prisoners should not be held in the reception area for long periods.
- 1.31 Reception interviews with new arrivals should take place in private, and enable them to raise any concerns and to have them dealt with promptly.
- 1.32 The basic procedures and facilities of the first night and induction unit should be explained to new arrivals before they are locked up for their first night, and they should be made aware of what will happen to them during their first few days in custody.
- 1.33 All new arrivals on E1 unit should have a first night interview that allows them to raise any concerns in private. Staff should use this interview to find out if any additional support is required to help prisoners settle in.
- 1.34 Prisoners should be allowed association and showers on their first night.
- 1.35 The locations of all first night prisoners should be identified.
- 1.36 Purposeful activity should be offered to prisoners on E1 between periods of induction.
- 1.37 The educational needs of newly arrived vulnerable prisoners should be assessed.

Section 2: Environment and relationships

Residential units

Expected outcomes:

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

2.1 The standard of accommodation was generally good, although cells designed for one prisoner were used inappropriately for double occupancy and ventilation in cells was extremely poor. Wings were generally clean, although a few cells had graffiti. There were insufficient telephones, and they lacked privacy hoods. Noise was a problem at night, particularly for vulnerable unit prisoners who were abused by other prisoners at night. Most prisoners could wear their own clothes. There were good arrangements for prisoners to receive items of property, but they were not always able to store their personal possessions safely. Prisoners had opportunities to keep themselves and their cells clean. Prison-issue kit was often in short supply, and showers were not effectively screened.

Accommodation and facilities

2.2 The establishment had been open for only seven years, and the accommodation was modern and well equipped. There were six house blocks (A to F) that were divided into two self-contained wings, which were identical. All wings could be accessed from the central hub. There were two landings on each block, with double occupancy cells on the lower floor and single cells on the top floor. The top floor was galleried, lines of sight were good and all blocks had CCTV. Each block had its own servery and a small laundry. Association took place on the ground floor, and each unit offered pool, table tennis and table football. The equipment was in reasonable condition.

2.3 The cells were designed and built for single occupancy, but due to population pressures some had been turned into doubles. All cells had been designed with 'reduced risk' fixtures and fittings, but the installation of a bunk bed to double up cells had introduced potential ligature points. There was no difference in the size of the cells used for double occupancy. They were cramped and had inadequate privacy screening, which made them unfit for purpose.

2.4 As part of the reduced risk design, cell windows could not be opened. Instead, cells were fitted with vents, but in many cases these were damaged and ineffective. Many prisoners complained about the lack of ventilation, which was particularly bad. Electric fans were, however, available for prisoners to buy.

2.5 The standards of cleanliness were generally good on all wings, although a few areas needed attention, such as marked walls and dirt on the edges of some communal areas. Most cells were kept reasonably clean and tidy, although there was graffiti in a few cells, particularly on A1 and C1.

2.6 Cells were not equipped with kettles and, although prisoners had flasks, there was a general shortage on E1 landing. Without flasks, newly arrived prisoners had no access to hot water after they were locked up after the evening meal, as they did not receive evening association.

- 2.7 The published policy on offensive material permitted above-the-waist nudity to be displayed in cells. This policy was strictly enforced by wing staff, and posters were restricted to designated areas within the cell. Rules preventing the covering of observation ports by staff were also fully enforced. Notice boards on all wings were standardised and displays were generally eye-catching and informative.
- 2.8 Each wing had three telephones, which was below our expectation of one telephone to 20 prisoners. Only one telephone in the establishment had been fitted with a privacy hood, which was being trialled.
- 2.9 In our survey, 47% of respondents, against the comparator of only 36%, said that their emergency cell bells were normally answered within five minutes. Our observations of staff responses to cell call bells were that these were appropriate and without undue delay.
- 2.10 Only 61% of respondents in our survey, against the comparator of 63%, said that it was normally quiet enough for them to relax or sleep in their cell at night. However, there was a particular problem on E1 and C1 landings, where vulnerable prisoners were held. Other prisoners often shouted abuse at them; this was confirmed by night staff and the vulnerable prisoners we spoke to. It was difficult for night staff to deal with this, as they were responsible for the whole house block and were often not on the wing where the shouting took place.

Clothing and possessions

- 2.11 Standard and enhanced level prisoners were able to wear their own clothes, and many did so. There was a small laundry on each unit, and prisoners could have their clothes washed as necessary. The standard of prison-issue clothing was generally good, but we received many complaints from staff and prisoners about kit shortages, including socks, boxer shorts, T-shirts and towels. This was confirmed in our survey, where only 30% of respondents, against a comparator of 52%, said they normally had enough clean, suitable clothes for the week.
- 2.12 A published facility list clearly set out items that could be held in possession and the permitted route for prisoners to receive them. Some items, including clothes, were accepted through visits or through the post, if the prisoner did not routinely receive visits. These arrangements were better than in many similar establishments.
- 2.13 In our survey, 32% of respondents against a comparator of 29% confirmed that they could normally get access to their stored property if they needed to. Checks on volumes of property were completed on reception and as part of the cell search process.
- 2.14 All cells had open shelves and none had lockers for prisoners to secure their personal items. This was a particular problem in double cells and for prisoners with in-possession medication. All cell doors had been fitted with courtesy keys so that prisoners could control access to their cells, but many had been lost by previous occupants and not replaced. Several prisoners complained that other prisoners had taken property out of their cells because staff had left their door open and they did not have a courtesy key. This appeared to be a particular problem for the young adult prisoners: a higher number of respondents to our survey than those aged over 21 said that items of their property or canteen had been taken by other prisoners.

Hygiene

- 2.15 New arrivals received a supply of basic toiletries, and each wing had replacement items to issue as necessary.

- 2.16 Each wing had two shower rooms with four showers in each, but these had no privacy screening. Prisoners could access showers during the morning domestic period and during association, which was available to most prisoners each day. Prisoners could also shower after PE. In our survey, 94% of respondents, against the comparator of just 74%, said that they were normally able to shower every day. However, prisoners who worked in the kitchen said they were unable to take a shower at the end of their work session.
- 2.17 Access to cell cleaning materials was good as these could be used during the morning domestic period. In our survey, 78% of respondents, against the comparator of 64%, confirmed that they could normally get cell cleaning materials every week.
- 2.18 Prisoners received clean sheets each week and were satisfied with the standard. Most mattresses were in a good condition, although some had covers missing or graffiti on the cover. All prisoners were issued with duvets, and enhanced level prisoners could also buy their own duvet and duvet cover.

Recommendations

- 2.19 Cells without a separate closet for the in-cell toilet should not be used for double occupancy.
- 2.20 The ventilation in cells should be improved.
- 2.21 Prisoners on all levels of the incentives and earned privileges scheme should be able to purchase electric fans for their cells.
- 2.22 Cells with graffiti and badly marked walls should be repainted.
- 2.23 Residential wings should have one telephone for every 20 prisoners, and all telephones should be fitted with privacy hoods.
- 2.24 There should be measures to ensure that noise is kept to a minimum at night.
- 2.25 Prisoners should be issued with sufficient items of clothing and kit.
- 2.26 Prisoners in double occupancy cells should have secure lockers for their personal possessions.
- 2.27 Shower cubicles with an acceptable level of privacy should be installed.
- 2.28 Prisoners should have access to showers following work activity.

Housekeeping points

- 2.29 Flasks should be provided to all prisoners.
- 2.30 Lost cell courtesy keys should be replaced.
- 2.31 Damaged or defaced mattresses should be replaced.

Staff-prisoner relationships

Expected outcomes:

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

- 2.32 Relationships between staff and prisoners were friendly and respectful, and the atmosphere on the wings was relaxed. However, prisoners perceived staff to be inconsistent in their dealings with them, and this had the potential to undermine trust.
- 2.33 In our survey, 69% of respondents as a whole said that staff treated them with respect, which was consistent with the comparator for local prisons. However, 81% of young adult respondents felt staff treated them with respect, which was significantly better than the 68% for adults. There was no evidence in our survey to suggest that prisoners felt intimidated by staff. However, significantly fewer respondents than the comparator said there was a member of staff they could turn to for help if they had a problem.
- 2.34 In discussions with prisoners, they were generally ambivalent about their relationships with staff, who they perceived as inconsistent. In an analysis of prisoner perceptions of what affected their feelings of personal safety, lack of trust in staff – in particular, staff confidentiality – was the most significant factor identified. In discussions, prisoners questioned the experience and training of Forest Bank staff, and described uncertainty and unpredictability in their interaction with them. Our findings were also similar to those in the most recent measuring the quality of prison life (MQPL) survey of March 2006, which described a prisoner group who liked the staff but did not think they could be relied upon.
- 2.35 Our own observations revealed that staff were busy, but had a reasonable level of engagement with prisoners. Staff were rarely seen confined to offices, and interaction seemed respectful. Importantly, while staff appeared to foster friendly relationships with prisoners, they had clear and acceptable boundaries in which they operated. The atmosphere on the residential units, as well as other parts of the prison, was relaxed and at ease, with no sense of intimidation or threat despite relatively lean staffing levels. An additional member of staff had recently been added to each unit, to further develop relationships.
- 2.36 Although staff had a reasonable knowledge of the prisoners on their wings, this was not translated into entries in the wing files, which were superficial and sparse.
- 2.37 A prisoner consultative committee met monthly. Meetings were normally chaired by the head of residence and attended by staff from key departments, as well as prisoner representatives from each wing. The minutes suggested that a range of prisoner concerns was discussed in a meaningful way, and that issues were followed up.

Recommendations

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

- 2.39 The quality and consistency of record keeping in wing history files should be improved.
- 2.40 Prisoner consultation arrangements should be extended, with wing-based staff-prisoner forums to improve communication and build trust.

Personal officers

Expected outcomes:

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

- 2.41 The personal officer scheme was poorly publicised and prisoners had little confidence in it. The quality of personal officer entries in wing history files was very poor, and management monitoring systems were ineffective. Links with offender supervisors were underdeveloped.
- 2.42 A written guide outlined the role of personal officers. Designated personal officers were allocated to each wing, and other staff covered absences. The names of personal officers were, however, poorly publicised. They were listed on the notice board on some wings, but not in a prominent position. On other wings, the list was in the staff office and not readily available to prisoners.
- 2.43 No more than half the prisoners we spoke to could name their personal officers, and in our survey only 10% of respondents, against the comparator of 15%, said that they had met their personal officer within their first week at Forest Bank.
- 2.44 The published guide required personal officers to make a fortnightly entry in prisoner wing history files. Although this was mainly achieved, the quality of the entries was extremely poor. Many were meaningless, with comments such as 'no issues' for several consecutive weeks, or simply recorded formal behaviour warnings. We saw few entries that demonstrated a real knowledge of the prisoner or any assurance that the personal officer had spent any time positively engaging with him.
- 2.45 Unit managers were required to complete a 10% monthly check of wing history files through a tick box system. Despite this, it was evident from the poor state of wing history files that there had been no meaningful analysis of the quality of entries.
- 2.46 Links between personal officers and offender supervisors were underdeveloped. Personal officers had little input into sentence planning. We also found few examples where personal officers had attended or contributed to an assessment, care in custody and teamwork (ACCT) self-harm monitoring review.

Recommendations

- 2.47 The names of personal officers should be prominently publicised on all residential wings.
- 2.48 Personal officer entries in wing history files should provide evidence of knowledge of the prisoner and positive interaction.

- 2.49 Management checks of wing history files should include an analysis of the quality of entries.
- 2.50 Links between personal officers and offender supervisors should be improved.
- 2.51 Personal officers should attend or contribute to assessment, care in custody and teamwork (ACCT) reviews.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

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

3.1 In surveys, prisoners, especially young adults, reported higher levels of intimidation and bullying from other prisoners than in similar establishments. There were effective anti-bullying links with the security and healthcare departments. Monitoring of wing observation books for bullying-related information was underdeveloped, and the quality of investigations into alleged incidents was poor. There were no interventions to help persistent bullies modify their behaviour, although arrangements to support victims were very good. Valuable property was not routinely security marked.

3.2 There were published policies on violence reduction and anti-bullying. The violence reduction committee met monthly and was chaired by the senior manager in charge of residence. These meetings were well attended with regular representation from key departments. The post of full-time safer custody officer (see paragraph 3.21) was being temporarily covered by a unit manager. A full-time safer custody clerk also provided further support. Good quality monitoring data was circulated to the violence reduction committee and enabled it to identify emerging trends.

3.3 In our survey, 23% of respondents said that they currently felt unsafe at Forest Bank, which was slightly worse than the comparator of 21% for local prisons. However, a significantly higher number, 27% against 22%, said that they had been victimised (insulted or assaulted) by another prisoner, and 15%, against only 7%, said that they had been hit, kicked or assaulted by other prisoners.

3.4 We were particularly concerned at the findings for respondents under 21, which were much worse than the adults in many key areas. For example, 18% of respondents under 21 compared to only 3% of adults said that they had had items of their canteen or property taken by other prisoners, and 35% compared with 26% said that they had been victimised by another prisoner.

3.5 The establishment had carried out its own survey in 2005 and was planning to conduct another. Previous surveys had not separated responses from adults and young adult prisoners. Exit surveys took place routinely, but, surprisingly, no prisoners released in the previous three months reported that they had been the victim of bullying.

3.6 Staff who witnessed or became aware of a potential bullying incident were required to submit a bullying information report (BIR) to the safer custody clerk. There were effective links with the security department to collate related information from security information reports, and also with healthcare to identify any unexplained injuries. Relevant information from adjudications was also collated. There had been 323 BIRs submitted in the first seven months of 2007, which appeared high. These figures were, however, partly explained by multiple reporting of

some single incidents. We also found evidence of some under-reporting – several bullying incidents recently recorded in wing observation books had not been reported on BIRs as required.

- 3.7 On receipt of a BIR, the safer custody clerk forwarded the information to the unit manager who was responsible for investigating the incident. The quality of these investigations was poor. Information about the victim was also emailed to the victim support coordinator. There was a victim support team made up of nine staff from various departments, including chaplaincy, education and the offender management unit. Staff from the team interviewed victims, wrote a summary of the main points, and considered referrals as necessary to specific departments or the Listeners. Support continued as long as the victim found it useful. The mental health in-reach team was due to start a self-help group to support prisoners such as victims of bullying (see paragraph 3.29).
- 3.8 Information about the anti-bullying strategy and violence reduction was explained in the induction programme and the *Rough guide* given to all new arrivals. Relevant information was also well publicised in all residential units, including an excellent locally produced poster and poem about the effects of bullying. New staff were trained in local violence reduction and anti-bullying arrangements as part of their initial training course.
- 3.9 The establishment had adopted a zero tolerance approach to bullying. The anti-bullying strategy was based on three levels. Under stage one, the unit manager interviewed the bully and opened a monitoring card, which remained open for one month. Stage two also involved monitoring for one month, but sanctions could also be applied. These could include an increase in cell searches and checks on the prisoner's purchases from the prison shop.
- 3.10 Prisoners on stage three were placed on 'bully basic' and moved to C1 (see paragraph 6.46). Bully basics were required to stay for a minimum of four weeks on C1, compared with the three weeks expected of normal basic level prisoners. Arrangements for persistent bullies were entirely sanction-led, and there were no interventions to help them modify their behaviour. The quality of monitoring documents for identified bullies on C1 was extremely poor, and showed no evidence of support or engagement by staff.
- 3.11 Prisoners' valuable items, such as CD players, were not routinely security marked in reception to identify items in prisoners' cells as their own possessions.
- 3.12 All indicators suggested that bullying remained an issue at Forest Bank, particularly among the young adult population. However, the establishment had been successful in reducing other aspects of violence. The serious assault rate was 1.1% of the population in the year to date, a significant reduction on 4.6% for the same period in 2006. Self-harm incidents and less serious assaults had also reduced since 2006.

Recommendations

- 3.13 Regular bullying surveys should monitor responses and should separate findings for adult and young adult prisoners.
- 3.14 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books should be regularly checked for indications of bullying.
- 3.15 There should be interventions to help persistent bullies modify their behaviour.

- 3.16 The quality of entries in anti-bullying monitoring documents should be significantly improved.
- 3.17 Prisoners' valuable items, such as radios and CD players, should be security marked in reception.

Good practice

- 3.18 *A member of the victim support team routinely interviewed victims of bullying and made referrals as necessary. Support for victims continued as long as the prisoner required it.*

Self-harm and suicide

Expected outcomes:

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

- 3.19 Many self-harm and suicide procedures were well managed. Meetings were well attended, good monitoring data was provided, and the Listener scheme functioned reasonably well, although there was no longer cover for new arrivals. The quality of self-harm monitoring documents was variable and monitoring entries were very poor. Prisoners on constant observations were routinely placed in strip conditions solely to prevent acts of self-harm, and we had no confidence that night staff would intervene in an emergency.
- 3.20 The self-harm and suicide policy was comprehensive and informative. The suicide prevention committee met monthly, and was well attended and multidisciplinary. The director in charge of residence chaired these meetings, and attendees also included Listeners and representatives from the local Samaritans. Some of the monitoring data supplied to this meeting was very good, and allowed the committee to identify emerging trends relating to assessment, care in custody and teamwork (ACCT) self-harm monitoring and self-harm incidents.
- 3.21 The establishment had deployed a full-time safer custody manager, responsible for all procedures relating to self-harm and suicide as well as violence reduction. This post had recently become vacant and was being covered temporarily by a unit manager. There was also a safer custody clerk who collated most of the information, as well as coordinating ACCT reviews. Cover arrangements for safer custody staff were adequate.
- 3.22 ACCT procedures had been introduced in March 2007, replacing the F2052SH self-harm monitoring system. All staff had been trained in the procedures and new staff received ACCT training as part of their initial training programme. Information about the role of Listeners and Samaritans was fully explained in the *Rough guide to Forest Bank* issued to all new arrivals. Further information was publicised around the residential units, although information about the Listeners was patchy.
- 3.23 Since the start of 2007, 264 F2052SH or ACCT documents had been opened. At the time of inspection, there were 19 open ACCT documents across the establishment. The names and

location of prisoners on open documents were listed on the daily briefing sheet, along with the dates of their next review. There had been 226 reported incidents of self-harm since the start of 2007. Although this figure appeared high, it was a reduction on 2006 year-to-date figures.

- 3.24 The ACCT clerk checked completed ACCT documents and reported any non-compliance to the suicide prevention team. The quality of the ACCT documents we reviewed was variable. Those on C1 were poor. We were also concerned about the quality of some case reviews and care maps, which appeared superficial and lacking in detail. The quality of monitoring entries in ACCT documents was consistently poor and provided little evidence of positive engagement or support by wing staff. Post-closure interviews were completed routinely, and there were sound arrangements for notifying supervising officers of any prisoner subject to an open ACCT document before his release from custody. Any emerging information from the post-closure check was entered on to a local database, which provided a quick reference point for individual prisoners.
- 3.25 Prisoners on constant observation were managed in the healthcare inpatient department. We were concerned that these prisoners were routinely placed in strip clothing. Although these arrangements were not frequent and were subject to ongoing review, the routine use of strip clothing solely to prevent acts of self-harm was inappropriate. There were also examples where force had been used on prisoners to put them into strip conditions (see paragraph 6.17).
- 3.26 The local Samaritans had just completed a Listener training course, and there were 18 trained Listeners at the time of inspection. Holds of six months were placed on Listeners to maintain an acceptable level of cover. Listeners provided a service to all prisoners at Forest Bank, including young adults and vulnerable prisoners. These arrangements appeared to work well. Listeners wore badges and had publicity stickers on their cell doors for identification. Until the week before the inspection, a Listener had been employed in reception to see all new arrivals. He had not been replaced, and no alternative arrangements had yet been made. Listeners presented one of the induction sessions to explain their role and that of the Samaritans. A Listener also went to the healthcare department each day to offer support to inpatients. In our survey, an impressive 78% of respondents, against the comparator of just 63%, confirmed that they were able to speak to a Listener at any time.
- 3.27 There were no crisis suites for Listeners. For overnight support, they were normally placed in the cell of the prisoner at risk, which was not always a suitable arrangement.
- 3.28 Prisoners could, if they preferred, speak directly to the Samaritans, either via the PIN (personal identification number) telephone system or pre-programmed mobile telephones available from the gate and security department. These telephones were regularly checked and their use monitored.
- 3.29 The mental health in-reach team had advanced plans to start a self-help group to support prisoners on open ACCT documents or those with coping problems.
- 3.30 The establishment had a relatively low number of self-inflicted deaths in custody compared to many other local prisons. There had been two deaths since the last inspection in August 2005. One was due to natural causes and the other was still under investigation, but thought to have been self-inflicted. All the recommendations from the natural causes death had been directed at healthcare and an action plan had been devised, but progress in some areas had stalled.
- 3.31 Night staff were aware of the location of prisoners subject to open ACCT forms, and carried anti-ligature devices and cell keys in sealed packs, in accordance with published instructions. We were concerned, however, that none of the permanent night staff on duty said that they

would open a cell door in an emergency. All said they would summon help and wait for assistance. While staff have to consider the safety of themselves and the security of the establishment, they also have a responsibility for the safety of prisoners.

Recommendations

- 3.32 Listener publicity material should be prominently displayed on residential wings.
- 3.33 Case reviews and care maps should always be completed to a good standard.
- 3.34 Monitoring entries in assessment, care in custody and teamwork (ACCT) documents should demonstrate a high level of staff engagement with the prisoner.
- 3.35 A Listener should be available for all new arrivals in reception.
- 3.36 There should be a Listener crisis suite to provide overnight care for prisoners at risk.
- 3.37 Prisoners should only be placed in strip clothing to prevent acts of self-harm in exceptional circumstances and after other measures of support and engagement have been tried.
- 3.38 Written guidance on the emergency unlock of cells at night should be issued as a matter of urgency, and should explain the circumstances for which night staff are authorised to unlock a cell.

Good practice

- 3.39 *The dates of case reviews for prisoners on open assessment, care in custody and teamwork (ACCT) documents were included on the daily briefing. This alerted staff from various departments who might wish to attend and contribute to the process.*

Diversity

Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support.

3.40 The prison recorded disabilities of new arrivals and met some of their needs, but there was no policy or structure to systematically identify, assess and meet the diverse needs of minority groups.

- 3.41 The prison had no overarching policy to identify, assess and meet the specific needs of minority groups to ensure equality of access to regime. A short corporate Kalyx equality and diversity policy supported equality of access in the workforce, environment and service delivery, but did not say how this should be delivered. The extent of prisoner need was not monitored. All staff received some relevant initial training, but little thereafter. No staff were designated to take responsibility for this area.

- 3.42 We found some instances of positive engagement with specific needs, and managers were supportive of staff initiatives, but these were sporadic cases rather than part of a comprehensive care plan.
- 3.43 Disability was documented on new arrivals at reception and information was passed to the induction wing, to be taken into account when prisoners were allocated or referred. Prisoners with severe mobility needs were likely to end up in the healthcare department (see paragraph 4.41). There was a cell suitable for a wheelchair user, but access to it was limited since it was in the young adult wing.
- 3.44 Managers acknowledged that prisoners recognised as gay were likely to be allocated to cells set aside for vulnerable prisoners (see section on vulnerable prisoners).
- 3.45 The prison was recently built, had lifts and was relatively accessible. Gym staff provided some tailored activity programmes for prisoners with specific needs, sometimes in collaboration with physiotherapists from the local hospital. Education and library staff had drafted an inclusive policy statement, with a commitment to supporting prisoners with physical or mental difficulties. One prisoner spoke very positively of the support for people with dyslexia. The education department and prisoner mentors were helping 17 prisoners with reading difficulties in the toe-by-toe scheme. By linking it with teaching in English for speakers of other languages (ESOL), they had been able to include foreign nationals with reading difficulties.

Recommendation

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

Good practice

- 3.47 *Library and education staff promoted support for prisoners with special needs. Toe-by-toe mentoring was linked with teaching in English for speakers of other languages (ESOL) to include foreign national prisoners with reading difficulties.*

Race equality

Expected outcomes:

All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected.

- 3.48 Black and minority ethnic prisoners were relatively positive about their treatment at Forest Bank, but there were serious shortcomings due to the lack of detailed race equality policy and structure. The race equality officer had inadequate facility time, racist incident report forms were not systematically logged or reviewed, consultation and communication with prisoners were inadequate, and there was little contact with external organisations to develop and promote race equality.

Race equality

- 3.49 Approximately 14% of prisoners were from black or minority ethnic communities. In our survey, they were more positive than white respondents in a number of areas, such as their treatment in reception and on the wings and views that most staff were respectful. The 2006 Prison Service measuring the quality of prison life (MQPL) survey also reported a relatively positive finding on race equality. Despite these positive indicators, there was no comprehensive policy that addressed the needs of black and minority ethnic prisoners, and the structure for communication with them was limited.
- 3.50 When the survey responses of 14 Muslim prisoners were looked at separately, they indicated negative perceptions in many areas. Just over 9% of the population were Muslims. We held two meetings with groups of Muslims and talked to individuals. Poor communication was a recurrent theme, especially in relation to recognising and investigating their perceptions of unfair treatment.
- 3.51 Ramadan had started during the inspection and, although managers and catering staff had consulted the Muslim chaplain about special arrangements during the period of fast, followed by a family day and enlarged menu to celebrate Eid, there was some prisoner anxiety that their expectations would not be met. A breakdown in communication about the variable start of Ramadan had caused some confusion on one house block when some prisoners ended up with no hot meal at the end of the day. The lack of a full-time Muslim chaplain also affected communications (see recommendation 5.36).
- 3.52 Race equality meetings took place every other month, were chaired by the director or deputy director, and were well attended by managers, staff from a range of disciplines and prisoner representatives from the six house blocks. The only representative of an external organisation was usually a member of the Independent Monitoring Board (IMB). Minutes were fairly summary and did not indicate discussion of important issues, such as ethnic monitoring and impact assessments. Although these had been undertaken, they were underdeveloped and lacked investigation of the views of prisoners. Surveys and focus groups were not used to help explain analysis of ethnic monitoring or impact of policies and procedures. Prisoner representatives had only recently been included in the race equality meetings, attending the second half of the meeting and receiving minutes for that part. However, most prisoners we spoke to were unaware of their representatives and had never seen minutes.
- 3.53 Many prisoners did not know who the race equality officer (REO) was or if there was an assistant race equality officer on their house block. This was unsurprising given that the REO, a senior custody officer, had only eight hours a week for this work, which was the minimum specified in the prison contract. The job description could not have been met within an eight-hour week. Not all house blocks had an assistant REO, and these were under recruitment. Race equality training for managers and staff was lacking because of a difficulty in getting places on recognised Prison Service training. The prison had now secured some places for managers and custody officers on the revised Prison Service training programme.

Managing racist incidents

- 3.54 Racist incident report forms (RIRFs) were available on the wings, although not all complaint boxes stocked envelopes to ensure confidentiality. The subject was included in the induction programme and in the introductory *Rough guide to Forest Bank*, available in a range of languages. However, there was evidence that this reporting mechanism was underused. For

example, we noticed a number of security information reports with a racial element that were not referred to the REO.

- 3.55 We were shown only 27 completed RIRFs for the year to date. These were logged, but on two consecutive logs. The acknowledgement slip to be numbered and returned to the complainant was not completed and detached in all cases. On several, the managerial review and comment section was blank.
- 3.56 Investigations were of variable quality, but most were investigated promptly, with all relevant witnesses interviewed and a response that addressed the main, if not all, issues. In one case, a letter was sent to a prisoner after he had left the prison to remind him of expected standards of behaviour, and the complainant was informed of this follow-up.
- 3.57 A member of the IMB checked RIRFs and advised managers of any shortcomings, but there were no links with external specialist organisations to quality assure procedures or inform development and promotion in this area.

Race equality duty

- 3.58 Impact assessments were due to be reviewed during the month of the inspection.
- 3.59 There was little formal opportunity for black and minority ethnic prisoners to discuss issues as a group or with managers (see also paragraph 3.52).
- 3.60 There had been some useful promotional work with Partners of Prisoners and Families Support Group (POPS). The visitors' centre had attractive displays to explain and celebrate diverse events, such as Ramadan. A clearly written booklet outlining the origins, customs and culture of Islam had been produced. Further displays were planned to celebrate the annual black history month in October.

Recommendations

- 3.61 The race equality officer should be supported by assistant race equality officers on all house blocks, with sufficient time, training and support to manage race equality effectively.
- 3.62 Consultation with black and minority ethnic prisoners should be improved.
- 3.63 More time should be provided to the race equality officer.
- 3.64 Prisoner representatives should be publicised on house blocks, and minutes of the meetings they attend should be available to all prisoners.
- 3.65 Relationships with external community representatives should be developed to inform development and promotion of race equality.
- 3.66 Envelopes should be stocked alongside racist incident report forms to enable these to be submitted in confidence.
- 3.67 Racist incident report forms should be promptly logged, reviewed by managers, and validated by an external body with suitable expertise.

Foreign national prisoners

Expected outcomes:

Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.68 Prison staff had tried to improve links with the Border and Immigration Agency, but there was limited support for the distinct needs of foreign national prisoners. The prison had no policy, designated responsible staff, meetings or peer support for foreign nationals.
- 3.69 Between 7% and 8% of the population were foreign nationals, including a few detainees held under immigration warrants after their sentence had finished. There was some recognition of their main anxieties – confusion about immigration status and casework, lack of contact with family, and language problems – but their needs were not assessed or met within a formal policy or support structure.
- 3.70 Custody staff checked files of new arrivals promptly to identify foreign nationals, issue a preliminary pro forma to the Border and Immigration Agency (BIA) to check if they were liable to removal, gather BIA information in one plastic folder, and set up a spreadsheet tracking system. They received little guidance from the BIA about immigration processes, and consequently could pass on little information to inquiring prisoners. They often had to send reminders to discover if a prisoner was intended for deportation or removal, could be considered for early removal, or was likely to be detained when his sentence ended. Information about the BIA's intentions sometimes arrived very close to the end of sentence, leaving staff and prisoner with little time to prepare.
- 3.71 During the inspection, a young man who was very keen to go home and was cooperating fully had asked about the early return scheme, but without response. He had reached his release date, but still did not know for sure if or when he was going home and, consequently, could not tell his equally anxious mother. A BIA movement order to implement his removal arrived on his release day, but the prison's practice was not to inform prisoners until they were called to reception, irrespective of any identified risk attached to advance notice.
- 3.72 The implications of late notice for foreign nationals were considerable due to the greater preparation needed in returning to another country. If they received no discharge grant and did not have the means to get home from the airport, they had to rely on someone coming to meet them, often travelling a great distance to the airport. Usually detainees, if not removed, were transferred to a removal centre after a few days.
- 3.73 Many staff were aware of the particular anxieties facing foreign national prisoners, but did not know how to deal with them and were limited by the prison's lack of policy, designated coordinator or structure for foreign national prisoners. There was a useful link with the BIA local enforcement office in Manchester, which was sometimes able to answer queries, and the prison had just held the first of a regular BIA surgery. However, this was a partial solution, as foreign national prisoners and detainees needed an improved flow of information about immigration casework and options throughout their stay, with routine access to independent specialist advice.
- 3.74 In line with Prison Service practice, foreign nationals who did not receive a social visit in the past month received a free monthly five-minute international telephone call. There was some

translated material around the prison, including the induction *Rough guide*, which was translated into various languages. Most staff were aware of arrangements to use a telephone interpreting service, although this was used mainly by specialists, such as healthcare staff, and rarely by wing staff. We did see workers in the visitors' centre using this service to talk to a Vietnamese visitor.

Recommendations

- 3.75 The prison should have a foreign nationals' policy, a designated coordinator and a structure of meetings to identify and address the needs of this group and enable peer support.
- 3.76 Staff responsible for managing immigration paperwork and liaison should receive appropriate training and guidance.
- 3.77 Prisoners or detainees should be informed as soon as possible of removal arrangements to enable them to prepare and let their families know.
- 3.78 Foreign national prisoners and detainees should have ready access to independent specialist immigration advisers.

Contact with the outside world

Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.79 There were no delays in prisoners' mail, and they had good access to telephones during periods of association. The extensive opening times of the main visits area reflected the priority given to prisoner visits. The visits area was welcoming and well equipped, but wooden barriers on the tables were unnecessary and conditions in the prisoners' holding rooms were poor.

Mail

- 3.80 There were no restrictions on the number of letters prisoners could send or receive. They received two free letters per week, and stationery and stamps were available from the prison shop.
- 3.81 All incoming mail was received into a central post room where it was opened, checked for enclosures, sorted according to wing, and delivered on the day that it arrived. There was a system to identify mail legitimately targeted for censorship, and comprehensive instructions to ensure that confidential correspondence was dealt with appropriately. There was no evidence that staff opened legally privileged correspondence. Outgoing mail was processed on the wings, taken to the central post room, and sent out the following day.
- 3.82 In our survey, only 37% of respondents reported any problems sending or receiving mail, which was significantly better than the comparator of 45%.

Telephones

- 3.83 Access to telephones was generally good. Prisoners could use telephones on their wing during association every weekday evening and during the day at weekends.
- 3.84 All landings on each residential unit had telephones in an area sufficiently away from cells and offices to maximise privacy.
- 3.85 In our survey, only 17% of respondents said that they had any problems getting access to telephones, which was significantly better than the comparator of 35%.

Visits

- 3.86 The prison had prioritised prisoner access to visits. Social visits took place between 1pm and 7.30pm on weekdays and 9am to 5pm at weekends. Prisoners on the standard level of the incentives and earned privileges (IEP) scheme could have one three-hour visit per week to end by 4pm or one weekly visit after 4pm. Prisoners on enhanced level also had an additional one-hour visit per month that could be taken after 4.30pm on Monday to Friday. Prisoners on basic could have two visits every 28 days, and remand prisoners a 30-minute visit every day. Prisoners who did not receive visits were given a free extra telephone call.
- 3.87 Information about visits was contained in the induction programme and displayed on notices on all wings. A leaflet about prison life was sent to the families of all visitors. It contained information about prison rules and routines, as well as advice about the general conditions for prisoners.
- 3.88 A telephone booking system was in operation. Prisoners sent out visiting orders and then their visitors called the booking line to book the visit. In our focus groups, prisoners said that their visitors often had problems contacting the bookings clerk and that the number was often engaged or unanswered. They also complained that visitors were not allowed to book their visits in person. Despite this, in our survey 78% of respondents said that they could have the visits they were entitled to, which was significantly better than the comparator of 64%.
- 3.89 The charity Partners of Prisoners and Families Support Group (POPS) had established a well-equipped visitors' centre outside the prison gate. As well as welcoming visitors as they arrived, they worked closely with the prison to provide accurate information about the prison's resettlement services, give practical help with financial problems, and provide a contact to share concerns about prisoners (see paragraph 8.57). On arrival in the prison, visitors were met by polite staff and escorted to a comfortable waiting area where searching procedures were carried out respectfully.
- 3.90 Prisoners on visits went unescorted to the visits area to wait in holding rooms. Conditions in these rooms were stark, with a single wooden bench and poor ventilation.
- 3.91 The main visits room was large, bright and well decorated. Facilities for visiting families were good, with a supervised children's play area and refreshment bar. Although the fixed tables and comfortable chairs were appropriate, the table had an unnecessary 18-inch wooden barrier along its centre. We were told that this was to prevent the passing of unauthorised items from visitor to prisoner. However, closed circuit television cameras on the ceiling provided a detailed view of both prisoners and their visitors.

- 3.92 Staff supervision of the main area was appropriate. Officers were positioned at either end of the room and sightlines were clear. Relationships between staff, prisoners and their visitors were particularly good. Staff were respectful, helpful and aware of the concerns of prisoners' families.

Recommendations

- 3.93 Visitors should be able to book their next visit while they are at the prison.
- 3.94 Conditions in the prisoner holding rooms should be improved.
- 3.95 The wooden barriers along the centre of the visits tables should be removed.

Applications and complaints

Expected outcomes:

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

- 3.96 Applications were managed through each wing with a system of logging and monitoring. Most prisoners felt that the system was fair, but slow. There were no management quality checks. There was a reasonable complaints system, which prisoners felt was generally easy to access, but there was no process to ensure the quality of responses, and a significant number of prisoners felt their concerns were not dealt with fairly.
- 3.97 Application forms were readily available on all wings. A general applications box, medical applications box and unit manager's box were provided. Information on the application process was included in the prison induction handbook.
- 3.98 The system for applications was straightforward. Night staff collected all applications, logged them in wing applications books and put them in the appropriate pigeonholes. In our survey, a significantly high number of respondents said it was easy or very easy to get application forms, 93% against the comparator of 84%.
- 3.99 Some prisoners complained to us that 'everything had to be done by application'. However, we saw examples where staff pursued issues for prisoners outside the application process. It was not possible to assess the efficiency of the applications system. While incoming applications were consistently logged, there was no system to log responses to them. There were also no overall management checks of the effectiveness and/or quality of responses. In our survey, however, 45% of respondents, significantly higher than the comparator of 40%, said that applications were dealt with fairly.
- 3.100 We were told consistently that some applications took a long time to get a response. With no agreed target, both prisoners and staff said they found the system frustrating – prisoners because they did not know how long they should have to wait, and staff because they were often under pressure to chase up responses. Some prisoners said they would tend to put in a complaint rather than an application since there was an agreed timescale, and they had a response in writing. In our survey, only 36% of respondents, against a comparator of 40%, said that applications were dealt with promptly.

- 3.101 Complaint forms were available on all wings. The night officer opened complaint boxes and ensured all complaints were available for the complaints clerk the next day. The clerk logged and forwarded them to the appropriate department. In 2007 to date, 2,456 complaints had been received, similar to the same period in 2006.
- 3.102 Information on the complaints procedure was available to all prisoners and, while this was not available on the wings, it was very clearly outlined in their induction pack. Prisoners also told us that staff could advise them about the form they should use. In our survey, significantly more respondents than the comparator, 86% against 78%, said it was easy or very easy to get a complaint form.
- 3.103 There were weekly and monthly reports of the number of complaints received, their subject and the number outstanding against the timescale targets. This information was forwarded to the senior management team. This information was useful, but limited. Information was not monitored by wing, ethnicity or age, which reduced the value of monitoring in identifying patterns and/or trends.
- 3.104 There was no system to evaluate the responses and/or outcomes of complaints. No management checks were undertaken, and the responses to complaints we saw were variable. While some responses were considered and reasonable, others gave only half answers. Where there were interim responses or suggestions for other channels of complaint, there was no mechanism for monitoring this further. In our survey, only 22% of respondents felt that complaints were dealt with fairly, against a comparator of 28%.

Recommendations

- 3.105 There should be management checks of a sample of applications each month.
- 3.106 A timescale for applications should be agreed through the prisoner consultation committee.
- 3.107 Information about the wing, ethnicity and age of prisoners completing complaint forms should be collated and used to identify any emerging trends.
- 3.108 Monthly reports of complaints should include qualitative as well as quantitative information.
- 3.109 There should be management checks of at least 10% of complaint responses per month, and this analysis should be included in management reports.
- 3.110 Where interim responses are given to complaints, further responses should also be monitored.

Legal rights

Expected outcomes:

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

3.111 Legal services were limited, but generally met the needs of prisoners. Legal visits were widely used and well managed, as were the video court and other video-link provision.

3.112 One prison custody officer had the role of bail and legal support, primarily to facilitate prisoner access to solicitors and make bail applications on their behalf. Around 250 prisoners were seen each month in induction and all prisoners, whether remanded or sentenced, were offered contact. There were good community links with bail hostels, especially locally, and potential support was pursued for prisoners who came from further away.

3.113 Prisoners could make an application to obtain relevant information about domestic and family concerns, although this usually meant getting details of specialist solicitors. A local solicitors' firm offered family law surgeries at the prison, depending on demand. The library had a reasonable range of legal books and documents, and some reference texts could be booked out for extended periods. Photocopying provision was also available.

3.114 Although the legal officer role was an invaluable support to prisoners, the officer undertaking it had not received any training. The Prison Service's national legal officers' course had not been available for some time, and the prison's attempts to obtain alternative training had been unsuccessful. However, there were no indications that this unduly affected the service.

3.115 Legal visits were generally well managed, with 10 visits booths available both morning and afternoons. One room also had video equipment for viewing evidence when appropriate. These visit facilities were well used, and most available slots were full during our inspection.

3.116 The prison had one video court, which was also well used. In 2007 to date, it had been used 878 times by magistrates and crown courts. It was generally used at least once a day, and often several times. Two further smaller video-link rooms were available for other purposes, including probation interviews and legal consultation, as well as inter-prison familial contacts.

Substance use

Expected outcomes:

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

3.117 Clinical substance use services were limited, partly because of staff shortages, but there was also a lack of support during and post-intervention. The low positive mandatory drug testing rate excluded prisoners tested under suspicion and considerably underestimated drug use. Despite the security systems to manage drug misuse, half of prisoners thought it was easy or very easy to obtain drugs.

Clinical management

- 3.118 There were no substance misuse nurses in post at the time of our inspection. One of the two nurses was on long-term sick leave, and the other had left four weeks earlier. Although a primary care nurse and the head of healthcare currently covered the substance misuse clinics, the service was substantially diminished.
- 3.119 In principle, all new arrivals were screened at reception, including a review of their substance misuse, and could in theory receive symptomatic relief during their first night in custody. These screenings were carried out by a healthcare assistant with little knowledge of substance misuse. As a consequence, it was rare for new arrivals to receive first night symptomatic relief. Although all new arrivals were seen the next morning, the absence of specialist substance misuse nurses meant that the collation of information and confirmation of previous substance use histories was inconsistent, including confirmation of community prescribing. Staff shortage also meant that the planned 72-hour reviews did not always take place. Because of these shortfalls, the prescribing doctors erred on the side of caution and sometimes underprescribed. Many prisoners raised concerns about the level of prescribing they received and the range of available support.
- 3.120 Where possible, the prison operated to the Kalyx policies and procedures for substance misuse. While broadly appropriate, provision was limited to lofexidine or methadone, the latter only available where there was confirmation of such prescribing in the community before custody. Buprenorphine (subutex) was not available, even where it too had been prescribed in the community. Subutex provision had been curtailed across all Kalyx prisons in the UK. This fell short of the range and flexibility of provision recommended by national guidelines.
- 3.121 An average of 62 opiate detoxification programmes had been delivered each month in 2007. If a prisoner was previously subject to community methadone maintenance, the prison continued this if he was likely to be in custody for less than two months. This was a shorter period than that recommended through the current integrated drug treatment system (IDTS). On average, around 15 maintenance programmes were started each month.
- 3.122 Regardless of the current absence of substance misuse nurses, the clinical provision at Forest Bank offered virtually no ongoing support. There was no psychosocial programme to supplement clinical provision and no alternative therapies. Until the recent departure of the nurse, there had been generic care plans, but these lacked individual programmes or activity. There had been no joint care planning with the counselling, assessment, referral, advice and throughcare service (CARATs) team. The team often had no contact with men receiving clinical support since, by the time it assessed them, their programme had already finished.
- 3.123 Most prisoners subject to clinical support were accommodated on E2 landing. At the time of the inspection, all those receiving methadone were held there along with 20 of the 26 on a lofexidine programme. Although every attempt was made to keep as many substance misuse prisoners as possible together, the opportunity to offer them a more effective regime was missed. Prisoners had little benefit in being accommodated together, and some suggested that it compounded their problems. With virtually no ongoing support, some prisoners felt that the negative impact of living without drugs was amplified on the wing, which increased the risk of relapse. None of the staff on the unit had received any training on substance misuse, and no peer support was available.
- 3.124 Prisoners who were alcohol-dependent could also access clinical support at the prison. Approximately 29 such programmes were run a month. Most prisoners on an alcohol detoxification programme were also accommodated on E2, but where necessary they could be

held as inpatients. Despite the limited resources, alcohol-dependent prisoners were prioritised as they presented a higher risk than those subject to drug dependency. We saw no examples where reviews for such prisoners had been missed. An Alcoholics Anonymous programme had recently been resurrected after an absence of some months.

Drug testing

- 3.125 The reported random mandatory drug testing (MDT) positive rate averaged only 10.15% per month in 2007. It was apparent, however, that this figure was distorted. The prison tested around 75 prisoners on suspicion every month, as a result of high number of drug-related security information reports (SIRs). Any prisoner tested under suspicion who also appeared on the random list was removed from the latter. Therefore, prisoners known, or suspected, to be drug users were removed from the random list and not included in the declared random results. It was not possible to calculate accurately the positive rate if all those identified on the random list had actually been tested, but we were informed that this figure had been calculated for April, May and June 2007, and that the average positive rate had been 20%. We noted that the average positive monthly rate in 2005 had been 24% but had dropped suddenly in January 2006, averaging only 8.11% for that year, though the prison denied that there had been any change in practice at that time.
- 3.126 The level of suspicion testing appeared to be indicative of the level of substance misuse at Forest Bank and the importance that the prison gave it. Although less than half (46.84%) of all suspicion tests were positive, there was an extremely high number of drug-related SIRs, with almost half of the over 4,000 received so far in 2007 relating to substance misuse.
- 3.127 Drug-related finds were also high, which again appeared to indicate both a high incidence of substance misuse activity and effective security measures. The security department kept effective records of all finds, of which there had already been 255 in 2007, along with running totals of the amounts seized. Cannabis and opiate finds were the most regular, although both were slightly down on the preceding year. At the time of the inspection, steroids appeared to be particularly popular and already more had been found than in the whole of 2006. The number of syringes and needles found was worrying, although considerably down on 2006 and appeared to be principally for injecting steroids rather than intravenous use. During the inspection, there was a find of a substantial package with a wide range of drugs, which had been thrown over the perimeter fence. The recent erection of netting around the more exposed exercise yards appeared to have reduced the amount of drugs coming into the prison and increased the drug-related finds.
- 3.128 Nevertheless, throughout our inspection both prisoners and staff consistently commented on the amount of drug misuse and the availability of substances in the prison, although many also said that it had improved over the last two years. In our survey, 50% of respondents said that it was easy or very easy to get illegal drugs in the prison, against the comparator of only 32%.

Recommendations

- 3.129 The substance misuse nurse vacancy should be filled as a matter of priority.
- 3.130 There should be an overarching review to establish the full range of prisoner substance misuse need, and staffing provision should be provided accordingly.
- 3.131 There should be clinical procedures and protocols to cover all aspects of clinical provision and support.

- 3.132 A suitably qualified practitioner should carry out initial assessments of the requirements for first night symptomatic relief.
- 3.133 Clinical provision should be extended to offer subutex as an alternative to methadone for all prisoners.
- 3.134 Psychosocial support, including peer support, alternative therapies and groupwork provision, should be developed for those subject to clinical management.
- 3.135 The clinical support team and counselling, assessment, referral, advice and throughcare service (CARATs) should develop joint care planning to facilitate effective integrated service provision.
- 3.136 Staff working on E2 landing should be given additional training to enable them to work more effectively with prisoners.

Protection of vulnerable prisoners

3.137 Conditions for vulnerable prisoners on E1 and C1 wings were poor, and the prisoner mix was worrying. Vulnerable prisoners, particularly on E1, complained that they did not always feel safe and were often subjected to abuse from other prisoners, particularly at night. Although some off-unit work was offered in two prison workshops, many vulnerable prisoners spent most of their day locked in their cells with nothing meaningful to do. None had access to education facilities, and education assessments were not carried out. Systems to reintegrate these prisoners into the mainstream had not been developed.

- 3.138 There was accommodation for 91 vulnerable prisoners on two wings – 55 on the second floor of E1 unit and 25 on the first floor of C1. These vulnerable prisoners were referred to as 'do not unlock' prisoners (DNU) by staff and managers in an attempt to de-stigmatise their situation. The vulnerable prisoner population on both wings was made up of a mixture of prisoners with sex-related offences, victims of bullying and those who generally felt at risk from other prisoners on mainstream wings. Prisoners on E1 were located in single cells due to specific risks identified on cell sharing risk assessment forms. All prisoners had requested to be segregated from mainstream prisoners for their own protection
- 3.139 Attempts to de-stigmatise vulnerable prisoners had not been successful. Prisoners we spoke to on all wings and in focus groups knew about the nature of the wings and the locations of vulnerable prisoners. Vulnerable prisoners, particularly on E1, complained that they did not always feel safe and said that they were often subjected to abuse from other prisoners, particularly at night.
- 3.140 Conditions for vulnerable prisoners on both units were generally poor, and the mix of prisoners on each was potentially dangerous. Prisoners on the basic regime of the incentives and earned privileges (IEP) scheme and those on stage three of the anti-bullying strategy were located on the second floor of C1 unit. The regime for the three groups was different and each was unlocked separately to ensure they were kept apart (see also paragraphs 3.10 and 6.46).
- 3.141 A distinct regime for vulnerable prisoners had been published and included daily exercise, association and some off-unit work. However, it was limited, as it was based around the unlocking times of prisoners on the second landing. This meant that the time that vulnerable

prisoners spent out of their cells was considerably less than mainstream prisoners, because they were locked in their cells when the other prisoners were out.

- 3.142 Conditions for prisoners on E1 landing were worse. These prisoners shared the wing with prisoners on induction who, although new to the prison, knew of the location of vulnerable prisoners. The regime for vulnerable prisoners was similar to that on C1. Daily exercise, association and limited off-unit work were offered each day. However, association was confined to 30 minutes every evening, prisoners were not permitted to attend education classes, and work spaces, shared with prisoners on C1, were limited to a total of 42.
- 3.143 Relationships between staff and prisoners on both wings were friendly and officers were appropriately focused on the safety of vulnerable prisoners. However, systems to reintegrate prisoners into the mainstream had not been developed. There were no individual care plans to set targets or to monitor changes in prisoner mood or behaviour. Entries in personal files did not show that staff were aware of the personal circumstances of vulnerable prisoners or the issues that motivated their behaviour.

Recommendation

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

Young adult prisoners

- 3.145 Young adult prisoners generally had the same access to the prison's regime and services as adult prisoners. Staff-young prisoner relationships were good, and officers were aware of the particular issues concerning the care of young adults. However, young adults' perceptions of key services, such as resettlement and healthcare, were poor, and the prison had not responded with any analysis of their needs
- 3.146 Young adults were generally accommodated on a discrete unit on the lower floor of A wing (A1). At the time of inspection, this unit held 73 young prisoners between the ages of 18 and 21 in a mixture of single and double cells.
- 3.147 Young people had access to the same facilities and regime activities as adults. They were employed in workshops, attended religious services and were given priority to attend education classes.
- 3.148 Relationships between staff and young adults were good. Although staff were not given specific training to work with young prisoners, they were aware of particular issues concerning their care. Staff entries in wing files showed that many dealt with difficult behaviour using patience and appropriate levels of care. In our survey, 81% of respondents under 21 said that staff treated them with respect, which was significantly better than the 68% for adult respondents.
- 3.149 However, the overall perceptions of healthcare and resettlement services from under-21s were poorer than the adult prisoners surveyed. Only 18% of under 21s, compared with 32% of adult respondents, thought that healthcare was good. None of the young prisoners surveyed, against 17% of adult respondents, had sentence plans, and none said that they had done

anything at Forest Bank that would make it less likely for them to offend in the future, which was also significantly worse than the 22% from adult respondents.

- 3.150 Although we found no evidence to justify these perceptions, the prison had not conducted a needs analysis to identify any gaps in provision for this distinct group of prisoners.

Recommendation

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

Section 4: Health services

Expected outcomes:

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

4.1 There was some work with the local primary care trust, which was represented on some of the prison's healthcare-related committees. Vacancies in the healthcare team had a detrimental effect on the service provided. It was a concern that the initial health screening was carried out by healthcare assistants and was not reviewed or directly supervised by registered nurses, especially as there was no secondary health screening. Pharmacy services were also an area of concern, with some unacceptable practices. Dental services focused on emergency treatments rather than a full range of provision. Inpatients had little activity, and the GP made only one ward round a week. Some prisoners were located in healthcare beds due to their limited mobility rather than clinical need. There was little primary mental health provision for prisoners who were not inpatients. Some clinical records were not kept securely.

General

- 4.2 Health services were provided by a team of nurses employed by Kalyx. Although a private prison, there was some joint work with the Salford Primary Care Trust (PCT). A prison healthcare delivery and redesign group was scheduled to meet four times a year, and included representatives from the prison, PCT and local NHS mental health trust. However, the most recent minutes available to us were from January 2007. This forum considered a wide range of relevant issues.
- 4.3 The healthcare centre included inpatient facilities and was accessible to wheelchair users and those with limited mobility. The waiting room was stark and unwelcoming, with wooden benches and some health promotion notices. The primary care treatment and consultation rooms were generally clean and tidy. The room used for in-reach consultations on D2 appeared to double as a store room. It was dirty and cluttered, and a glass panel in the door affected confidentiality for prisoners under assessment there. There were no dedicated healthcare rooms on the residential wings. Nurses used an office on the hub of the centre three times a day to administer medication, and custody officers sometimes entered this room during treatment times. There was a healthcare room in reception, which was cluttered and dirty.
- 4.4 The dental surgery was a good size, but an internal room with very poor ventilation. The dental unit did not work at full efficiency, which lengthened treatment times. Repairs to the operating light meant that it could not be kept properly clean. The dental chair had been repaired several times because of leaks of hydraulic fluid, and the headrest was ripped and beyond repair. There was insufficient space to use the computer during the working session without breaching cross-infection control guidelines. The tiled flooring had unsealed junction lines, and was a mercury vapour hazard to staff and patients. There were insufficient hand-pieces for the current daily workload. Disposable items were used appropriately. Emergency oxygen and other resuscitation equipment were held in an adjoining room, which was not easily accessible to the dental team. Emergency drugs were available in one of the treatment rooms, but not in a designated dental kit.

- 4.5 Medication for supervised administration was stored in a metal trolley in the healthcare hub office. When not in use, the trolley was locked with a single padlock in a wooden cupboard rather than secured to a wall. Stock medicines were stored in lockable cupboards in the healthcare centre, although only two were secure at the time of the inspection. Prisoners received their in-possession medication and methadone through a secure hatch into the waiting room. Medications for inpatients were stored in a further lockable metal trolley here. Although there was a fridge in the pharmacy to store heat-sensitive medicines, there was no such provision in the hub. All controlled drugs were stored in accordance with the safe custody regulations.

Clinical governance

- 4.6 Clinical governance arrangements included the management and accountability of staff. Although staff had job descriptions, these were not up to date and there were plans to review them as part of the staff appraisal process. The head of healthcare was a registered general nurse (RGN), who was supported by an inpatient team leader who was a registered mental health nurse (RMN), and an outpatients' manager who was a dual-qualified RGN/RMN. The rest of the nursing team was made up of eight primary care nurses who were all RGNs and two inpatient nurses who were RMNs. There were three RMN vacancies and one of the RGNs was on maternity leave. There were also four healthcare support workers. Two custody officers were allocated to healthcare duties daily, one to support the primary care function and the other to the inpatient unit. One nurse was on duty each night, either an RGN or RMN depending on the rota.
- 4.7 Individual staff did not take responsibility for the management of patients with lifelong conditions, and there were no designated clinics for such prisoners. Although there were 23 prisoners over the age of 50 (the oldest was 73), there was no nominated lead nurse for older people.
- 4.8 There was one administrator who coordinated external appointments, managed the patient clinical records and carried out general administrative duties.
- 4.9 GP services were provided on a rota by GPs from a local practice, who attended the prison on weekdays. These GPs had given notice that they wished to cease this arrangement. At other times, the local out-of-hours service was used, although the contract covered only telephone advice or the escort of prisoners to be seen by a hospital doctor. There was no provision for an out-of-hours doctor to visit the prison.
- 4.10 Pharmacy services were provided by a local hospital, but there was no formal written service level agreement. The service consisted of supply of medicines, and the provision of a pharmacist for 15 hours a week and a pharmacy technician for a few hours monthly. The provision of pharmacy services was out to tender at the time of the inspection.
- 4.11 The dentist attended for two days per week, and a qualified dental nurse employed by Kalyx was in the prison for four days per week. No alternative dentist or nurse was available for sessions when the usual staff were unable to attend. Other allied health professionals, such as an optician and a physiotherapist, undertook sessions at the prison.
- 4.12 Although there was evidence of access to some professional development and training, there were no clear records of training received. We were told that staff had received training in basic life support in the previous year. One member of staff had received clinical supervisor training, but there was no structure in place for this and nurses told us that they did not receive

clinical supervision. The head of healthcare checked staff professional registrations and maintained records of this.

- 4.13 Emergency equipment, including automated external defibrillators, was available in the healthcare centre and an office in the healthcare hub. We were told that pharmacy staff checked the emergency medication, although there were no records to confirm that this was done regularly.
- 4.14 We were told that the prison could obtain occupational therapy equipment from the local home equipment loans service if required, although there was no formal arrangement for this.
- 4.15 Paper clinical records were stored in a designated room, which could only be accessed with a healthcare suite key. However, some boxes of records due to be archived were held in a meeting room accessible to all staff. Information from previous prisons was not summarised and was held in the paper record with any letters and results (including those generated while the prisoner was in Forest Bank). The paper system was overfull and some current records were stored in storage boxes and difficult to find.
- 4.16 There was also an electronic patient information system, which recorded health screening, GP and nursing notes. GPs routinely referred only to the electronic record when they saw patients, and paper records were usually only available at clinics at the GP's specific request. One inpatient who had been on the unit for a week did not have an electronic record. Although inpatients had care plans, these were difficult to follow and outcomes of reviews were not clearly recorded. Mental health in-reach staff could not use the electronic system, as an appropriate template was not yet available.
- 4.17 Previous records for new arrivals were not routinely requested from GPs in the community, unless the prison GP specifically requested this.
- 4.18 Formal complaints about healthcare were dealt with under the prison complaints system.

Primary care

- 4.19 A healthcare assistant (HCA) saw new arrivals in reception for a first night health assessment. The assistants worked independently, although a registered nurse was available in the prison. The reception screening was not checked or countersigned by a registered nurse. If a new arrival health screened before 8pm had a previous history of mental health problems, or if the healthcare assistant was concerned about him, the in-reach team was contacted to carry out an initial assessment. Healthcare assistants did not provide full information to prisoners. For example, one assistant did not provide a basic definition of hepatitis B for a new arrival who had been asked if he wanted immunisation. HCAs varied in their approach to reception screening. Some asked the prisoner to sign a medication compact and consent to sharing information form, while one did not. We also saw one HCA ask new arrivals to sign these documents without giving them time to read them. Prisoners returning from court were not routinely seen by healthcare staff, even if there had been a change in their circumstances. Barrier protection was not available to prisoners
- 4.20 New arrivals who requested to see a doctor, and those identified by nurses as needing to be seen by a GP, were seen at the next available clinic. However, this relied on wing officers contacting healthcare staff and arranging for a prisoner to be seen by a nurse, as there was no provision for prisoners to report 'special sick'.

- 4.21 Secondary health screening had not taken place since 28 August 2007 because of staff shortages. As a result, new prisoners had not been added to the registers for lifelong conditions.
- 4.22 Prisoners who wanted to see a member of the healthcare team could post an application form in a dedicated healthcare box on their wing. The night nurse emptied the boxes each night, and HCAs allocated applications to waiting lists. Some prisoners had waited an unacceptably long time to see a GP. For example, prisoners who had made applications on 6 September 2007 were not offered appointments until 18 September. Although we were told that the night nurse prioritised applications, the applications we saw were just piled in date order to be entered on to the computerised appointment lists. Triage algorithms were not used, although there were plans to introduce them.
- 4.23 Prisoners were sent an appointment slip the night before an appointment, and wing staff were also given a list of who needed to attend healthcare and when. Appointments were allocated time slots, and prisoners did not spend long periods in the healthcare waiting room before or after appointments. There was no identified waiting area for vulnerable prisoners. We were told that they went to the healthcare centre when they were the only patients or used an inpatient association room, if available. However, we were also told that they tended to have to wait in the main healthcare corridor, and we observed this happening.
- 4.24 Clinics for prisoners with lifelong conditions were not available, due to the lack of staff. We found a number of referrals to clinics that were awaiting action, including one for a diabetic clinic that dated from December 2006.

Pharmacy

- 4.25 Prescriptions were written on standard prison prescription forms, and were stored alphabetically in the medication storage room in the healthcare centre. Nursing staff took them to the hub at administration times. There were separate files for inpatients in healthcare and on the care and separation unit. We found prescription charts that were unsigned, undated and did not specify a quantity. We saw no prescription for any schedule two controlled drug that was correctly written as, without exception, there was no form stated by the prescriber. These prescriptions did not comply with the Medicines Act 1968, and consequently there had been unlawful supply and administration. We also found examples where medicines had been administered past the date authorised by the prescription. This was also unlawful.
- 4.26 Pro forma prescriptions for ordering detoxification medication for alcohol and opiate drugs were in use. These appeared to be correctly written. There was also a pro forma prescription for warfarin therapy.
- 4.27 All in-possession medication was issued by the pharmacist from the healthcare centre treatment hatch. Nursing staff administered all supervised administration medicines, except methadone, from the hub. Methadone was administered by nursing staff from the pharmacy in healthcare. The pharmacist and pharmacy technician did not visit the hub.
- 4.28 Patients on long-term medications for chronic conditions had to make a written application to see the nurse, doctor or pharmacist to have their prescription renewed. Where treatment in possession had been authorised for an extended period, the patient could obtain further supplies from the pharmacist up to the maximum quantity prescribed.

- 4.29 There were three treatment times: 7am, noon and 5.15pm. Medicines for supervised administration at night were administered at 5.15pm. The target was for all medication under supervised administration to be prescribed twice a day, so that only two medication rounds would be required. At the weekend there were only two treatment times. We saw examples where medication prescribed to be taken four times a day had only been administered three times a day.
- 4.30 Two nurses went to the hub office at treatment times, and prison staff would, if possible, leave the office. The nurses put the prescription files on desks, and opened the drugs trolley. Prescriptions were administered through a gate to the office, which had a Perspex cover and a small opening at waist level. The nurses checked the patient's ID card and their medication against their prescription. They marked the medicine as administered and put it into a small plastic cup, which they emptied into the patient's hand. The nurses did not have sight of the prescription when they put the medicine into the cup. The same cup was used for each patient. Confidentiality was poor, as more than one patient could be seen at a time. There was a written administration protocol, although this was not followed on the occasion observed by the inspector.
- 4.31 We were told that an in-possession policy was available in draft form, but this was not seen. Most medicines were dispensed not in possession.
- 4.32 Nurses held a methadone administration clinic each afternoon in the healthcare centre. One patient was called to the hatch at a time and was handed his prescribed volume of methadone, which had been drawn up into a plastic syringe and mixed in water in a plastic cup. Plastic syringes are not approved for this purpose and may lead to inaccurate doses. Patients were told the volume of methadone they were taking if they asked. It was inappropriate to 'blind dose' in this manner. Both nurses signed the administration chart and made appropriate entries in the methadone register.
- 4.33 There was no formulary available for inspection, although we were told one was in development. We saw a minor ailments formulary adapted from a local primary care trust scheme. A stock list was in evidence in the pharmacy and reflected the diverse medical needs of the prison, although some stock was no longer in use.
- 4.34 Patients who had a transfer or court visit were given priority at the first treatment round at 7am, and because of this seldom needed to be supplied medications. We were told that patients were released or transferred without medication imperative for the treatment of their chronic health conditions, including epilepsy. This was unacceptable. (See recommendation 8.39.)
- 4.35 The pharmacist was not involved in any of the healthcare clinics, and had declined involvement with the nicotine replacement therapy clinic because of lack of time.
- 4.36 There were patient group directives, which appeared to be appropriate. However, the only member of staff we observed supplying medicines as special sick was the pharmacist, and no medicines requiring a directive were supplied. A patient who we observed making a request for painkillers at a treatment time was advised to make an application and see the nurse the following morning.

Dentistry

- 4.37 New arrivals were advised of the availability of dental services, but received no dental assessment. Although the full range of NHS dental care was meant to be available, most

treatments carried out were emergencies. This was due to the very high turnover of prisoners, insufficient time, and the new dental contract. The dentist said that the PCT had told him to concentrate on emergency treatments only.

- 4.38 The dentist worked with the door open, partly because of the lack of ventilation, and partly because the team felt unsafe when they had to explain that full courses of treatment were not available. The team reported significant threatening behaviour from patients. Prisoners submitted applications for treatment, and were triaged by the dental nurse. Emergencies were usually seen at the same or next session. There were 83 patients on the waiting list, which was about four weeks. The failure-to-attend rate was reported to be 30%. Reminder telephone calls were made whenever possible. The dentist carried out a full dental charting for each patient, but there had been no formal oral needs assessment from this information.
- 4.39 There was little oral hygiene instruction and preventive advice, due to the emergency nature of most appointments and the high throughput of patients. The dental staff had up-to-date continuing professional development, but were not involved in resuscitation training in the healthcare department.
- 4.40 Referrals for specialist treatment for trauma were made to Manchester Royal Infirmary. The doctor dealt with emergencies between surgery days, but the dentist's telephone number was also available to healthcare staff.

Inpatients

- 4.41 There were 21 inpatient beds, 14 of which were in use at the time of the inspection. However, the healthcare beds were not listed as certified normal accommodation, and admission to these beds was not always based on clinical need. Some prisoners were on the inpatient unit purely because their disability meant that they could not be located elsewhere in the prison, although they did not require daily nursing care. There was an observation cell in the unit.
- 4.42 Inpatients had access to association and exercise, but little other activity. The association room, which had a TV and a few board games, was not well used. Inpatients ate in their cells.
- 4.43 There appeared to be almost no therapeutic interaction with inpatients. At times, we found that the prison custody officer was the only staff member in the inpatient unit. The GP made only one ward round each week.
- 4.44 The layout of the main inpatient office, opposite the association room, meant that any passing prisoner or staff had a clear view of the computer screen. This could have compromised confidentiality of patient information.

Secondary care

- 4.45 The administrator arranged all external appointments. The prison was usually invited to contact local hospitals to book appointments at times most suitable for the prison to arrange escorts. If a prisoner was released, he was given his appointment information. All prisoners awaiting hospital appointments were placed on a medical hold until the completion of their treatment.

Mental health

- 4.46 There was little in the way of primary mental health services. There were only three primary care RMNs (including the team leader), whose main concern was staffing the inpatient unit. The mental health in-reach services were provided under a three-way service level agreement between Kalyx, Salford PCT and Bolton, Salford and Trafford Mental Health Trust. The team included a team leader, her deputy, three community psychiatric nurses (CPNs) and an administrator. There were vacancies for one CPN and one mental health HCA. A psychiatrist visited the prison for three sessions (1.5 days) a week, usually one with inpatients and two on in-reach work. At least one member of the in-reach team was available while prisoners were unlocked (7.30am to 8pm, Monday to Friday).
- 4.47 Prisoners could be referred for a mental health assessment by anyone, including themselves. New applications were discussed at a weekly referral meeting, and a member of the in-reach team attended the daily meeting in healthcare. There appeared to be some confusion about who was responsible for patients on the in-reach caseload who were admitted to inpatient beds.
- 4.48 The care programme approach (CPA) was continued for prisoners who had been subject to this before their reception, and was commenced for new patients if considered appropriate. There were no daycare services for prisoners. Counselling was available through the chaplaincy.
- 4.49 The CPNs expressed concern about the time it took for some medications to reach the patient once they had been prescribed, and the lack of take-home medication for those leaving the prison.

Recommendations

- 4.50 The hub office is inappropriate for the administration of medicines and should be replaced, as a matter of urgency, by facilities that afford sufficient confidentiality and security for staff, patients and medicines stored.
- 4.51 The staffing levels and skill mix should be revised urgently to provide an appropriate level of health services.
- 4.52 The dental unit, chair and light should be replaced, and the floor re-covered with appropriate, sealed material.
- 4.53 Appropriate clinics should be available for patients with lifelong conditions.
- 4.54 Both electronic and paper records should be available for all consultations, until all clinical information has been summarised on to the electronic patient information system.
- 4.55 All healthcare staff should have access to clinical supervision.
- 4.56 All healthcare staff should have at least annual resuscitation and defibrillation training, and this should be recorded.

- 4.57 All new arrivals should be assessed in reception by an appropriately qualified member of healthcare staff.
- 4.58 Healthcare assistants should work under the direct supervision of qualified nurses, who should check and countersign any clinical work they undertake.
- 4.59 Prisoners with immediate health needs, such as headaches, should be able to access nurses without having to make an application to see a nurse the following day.
- 4.60 Triage algorithms should be developed to ensure consistency of advice and treatment for all prisoners.
- 4.61 Medication should be prescribed and administered according to appropriate clinical need, rather than meeting the aim of a 'twice a day' policy.
- 4.62 All prescriptions should be legally written and include the quantity prescribed, date and signature of the prescriber.
- 4.63 All prescriptions for schedule two controlled drugs should include the form and strength of the drug prescribed.
- 4.64 Methadone mixture should be measured using appropriate glass measures, and the practice of mixing the prescribed dose with water before administration should stop.
- 4.65 All healthcare staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times.
- 4.66 Applications to health services should be dealt with promptly and effectively, and prisoners should be able to see a doctor within 48 hours.
- 4.67 There should be greater use of in-possession medication, and a robust policy, including drug and patient risk assessment tools, should be developed as soon as practicable.
- 4.68 The pharmacist and/or pharmacy technician should routinely check the stocks of medicine stored in the healthcare department.
- 4.69 A prison formulary should be developed.
- 4.70 The full range of NHS dental treatments should be available, and the primary care trust should review the appropriateness of the current dental contract.
- 4.71 The beds in healthcare should not form part of the prison's certified normal accommodation (CNA), and admission should only be on assessment of clinical need.
- 4.72 Prisoners should have access to an appropriate primary mental health service.
- 4.73 Mental health assessments and consultations should take place in rooms that are clean and afford appropriate privacy and confidentiality.
- 4.74 There should be holiday and emergency cover arrangements for the dentist and dental nurse.

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

Housekeeping points

- 4.76 The healthcare room in reception should be kept clean and tidy.
- 4.77 The computer in the dental surgery should be re-sited so that it can be used during clinics.
- 4.78 Registers of all patients with lifelong conditions should be maintained.
- 4.79 All medicine refrigerators should be kept between 2^o and 8^o Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and adjusted when necessary.
- 4.80 Medicines no longer required should be returned promptly to the pharmacy and disposed of appropriately.
- 4.81 Oral health promotion should be carried out.
- 4.82 All drug trolleys should be secured to the fabric of the building when not in use.

Section 5: Activities

Learning and skills and work activities

Expected outcomes:

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

5.1 The education provision was well run, and there were 220 places a day. Classrooms provided a good learning environment, although some were too small for some groups. Punctuality and classroom attendance were satisfactory. Young adults on remand and remand prisoners had access to education, but vulnerable prisoners did not and there was no outreach work on the wings. There was a variety of workshops and accredited training, and short courses aimed at improving employability. Despite the focus on developing employability and personal skills for resettlement, there were not enough places, and 40% of prisoners were unemployed. The library was well managed, but prisoners complained of insufficient time for private study.

5.2 Prisoners received an appropriate initial assessment of their literacy, numeracy and language support needs during their induction. Allocation to activities was appropriate and equitable. A designated information advice and guidance worker provided information on the range of courses in education or vocational training and work, and which were appropriate to meet prisoners' needs and support resettlement.

5.3 The deputy director was the senior prison manager responsible for learning and skills, and the education manager led the operational running of this area. Prison staff provided education classes, learning and skills, information, advice and guidance, and initial assessment. Achievement of qualifications was at least satisfactory. The standard of prisoners' work was mostly good.

5.4 The education provision was well run and quality assurance systems were in place. Education courses ran from 8.15am to 11.15am and from 1.15pm to 4.30pm on weekdays. There were 220 part-time places per day, and a few prisoners were engaged in open learning. Approximately 20% of the prison population took part in education. Young adults on remand and remand prisoners had equal access to education. However, vulnerable prisoners had no access to education, and there was currently no outreach work. Courses were available in computer literacy and information technology (CLAIT), catering and hospitality, literacy and numeracy, and a variety of short accredited courses linked to increasing employability skills. Teaching and learning were generally good. Experienced and well-qualified teachers worked well to support prisoners and help them develop competence and self-confidence. Tracking and monitoring of learners' progress by tutors and instructors was satisfactory. Data was collected, but not used effectively to inform planning. Prisoners sometimes had to wait to get on to a specific course, although staff tried to offer alternative courses until a place was available.

5.5 Toe-by-toe mentoring was linked with English for speakers of other languages (ESOL) provision to include foreign national prisoners with reading difficulties. ESOL classes were

available, although only a few prisoners required this support. Additional support was well promoted by library and education staff.

- 5.6 Classrooms provided a welcoming learning environment and included good displays of work. Learning materials were generally satisfactory. However, some classrooms were too small for the group size. Punctuality was good and classes started on time. Classroom attendance averaged 86%. The prisoner pay structure was equitable.
- 5.7 There was a good range of courses to develop personal and social skills, including healthy living, citizenship, art, family relationships, and budgeting and money management. Courses had a strong focus on developing skills to support resettlement.
- 5.8 There were 140 places in eight workshops, including assembly and packaging, and window fabrication. A painting and decorating workshop offering national vocational qualifications (NVQs) had recently opened in partnership with the local authority and college. Prisoners working in the kitchen could achieve NVQs in catering and food preparation. There was structured training in most of the workshops, and accreditation of work skills was available in the assembly workshops. Workshops were of a satisfactory commercial standard and prisoners developed a good work ethic.
- 5.9 Although there was a focus on developing employability and personal skills for resettlement, there were insufficient places to ensure that prisoners were fully occupied. Information available indicated that the equivalent of 461 prisoners, approximately 40% of the population, were unemployed. In some cases, there were waiting lists for prisoners requesting work. There was not enough literacy and numeracy support in vocational workshops.

Library

- 5.10 The main library was situated in the education department, and recreational books were also available in other locations, including the healthcare unit, art room and on C1 and E1 wings. The librarian replenished the stocks of books in these satellite libraries.
- 5.11 The library was managed by a full-time librarian, who was supported by two orderlies. The orderlies enjoyed their work and they provided a good service to prisoners. The library was pleasant and well managed, and used frequently by prisoners.
- 5.12 The library was open from 8.30am to 4.30pm and from 6pm to 8pm five days a week. Evening opening was structured for identified wings and allowed attendance for two evenings per week. However, prisoners complained that they had insufficient time in the library for visits or for private study. Some prisoners on education courses had further visits to the library during lessons. Use of the library was routinely monitored by wings, but there was no analysis to identify trends in use and attendance. A user perception survey had not been carried out for some time.
- 5.13 Prisoners only had access to book stocks in the library – there was no music, learning CDs or talking books. There was an adequate collection of books in 21 languages, and easy reader and large format books. There was a good collection of recreational books, and a few books to support workshop activities. An adequate range of reference books included some that supported the personal and social development of prisoners. The prison library had no links to inter-library loans, but the librarian was responsive to prisoners' needs. A suggestion box was the only method to obtain specific requests, and these had to be purchased. The orderlies

monitored the return of issued books by those leaving the prison, which resulted in a minimum loss of books

- 5.14 The library contained the full range of mandatory legal textbooks, and prisoners could request extra time to use these. Prison Service orders were well displayed, and were also available via CD in the computing suite for prisoners in the library.

Recommendations

- 5.15 Opportunities to accredit skills gained in the workshops should be further developed.
- 5.16 Vulnerable prisoners should have access to education.
- 5.17 Education outreach work should be developed.
- 5.18 Literacy and numeracy support should be better integrated into workshops,
- 5.19 There should be greater access to books not held in the library.
- 5.20 There should be increased opportunities for private study in the library.

Physical education and health promotion

Expected outcomes:

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

- 5.21 Physical education was well managed, and prisoners had good opportunities to take part in accredited courses. Facilities were generally satisfactory, but the cardiovascular area was too small for some of the larger groups.
- 5.22 The physical education department was well managed. It provided a good setting for the range of physical exercise, cardiovascular activities and weights. The activities offered met the diverse needs of the prison population, and provided around 2,000 hours of activity each week.
- 5.23 Facilities were good, with a spacious weights room. Although adequate, the cardiovascular area was too small for the larger groups of prisoners. The well-utilised, outside pitch for football was popular with prisoners. Prisoners were used well as orderlies. Once qualified in the gym instructor's award, they were able to take circuit training sessions and support the PE instructors. They were also given the opportunity to gain experience through instructing on courses in the PE department
- 5.24 There was a classroom for teaching accredited courses, which aimed to provide a route into employment on release. Qualified assessors were in place, and the senior officer was working towards the internal verifier award. Prisoners with low levels of literacy were supported by the PE staff or referred to the education department.

- 5.25 Health promotion was well linked to all activities. There was an effective referral process between the healthcare and PE departments. Healthcare staff assessed new arrivals for their fitness to carry out physical activity, and PE staff referred to healthcare any prisoners with health problems that restricted activity.
- 5.26 PE was well promoted and highly regarded across the prison. Activities and courses were well advertised on wings. Induction to the gym took place in the education department and was carried out by a PE liaison officer. Access to the gym was good, with some prisoners using it for up to 14 sessions a week. Evening and weekend activity was available. The exemption process was transparent and fair, and extra PE was an incentive for prisoners in work or education.

Recommendation

- 5.27 A larger cardiovascular training area should be provided.

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.

- 5.28 The chaplaincy team was well known and well integrated into the work of the prison. The multi-faith area was well used for services, meetings and private counselling. Prisoners reported positively on their access to faith provision
- 5.29 Prisoners spoke highly of the chaplaincy team. The chaplaincy was located off the main corridor, in close proximity to other services, and was well known and well integrated into the work of the whole prison. Chaplains participated in induction and responded promptly to applications. They organised Christian and Muslim services between Friday and Sunday, and additional classes and group meetings on other days. Other chaplains attended to meet the needs of minority faiths. The services were clearly advertised.
- 5.30 In our survey, access to chaplains following arrival and private access during their stay both scored well above the comparator for local prisons, and 60% of prisoners felt their religious beliefs were respected, also above the comparator of 53%. This latter positive finding was replicated in the surveys of black and minority ethnic and Muslim prisoners, and was one of the few areas that scored positively among the latter.
- 5.31 Although the prison held more than 100 Muslims (just over 9% of the population), there was no full-time Muslim chaplain. The prison had two Muslim chaplains, but one was present for only a few hours a week and the other was contracted only for Thursdays and Fridays. There was some evidence that, with more time, lines of communication could have been better and some anxieties defused.
- 5.32 Some vulnerable prisoners felt the separate service they attended did not fully meet their needs.

- 5.33 The multi-faith accommodation was spacious, bright, clean and welcoming. A large area could be partitioned for different services and meetings. It looked out on to a small, peaceful garden, also for chaplaincy use. Smaller rooms were used for group or private sessions.
- 5.34 The acting chaplaincy coordinator was a member of the senior management team, an assessment, care in custody and teamwork (ACCT) assessor, Listeners/Samaritans coordinator and, with other team members, was involved in various strands of prison work. The team of counsellors, located within the chaplaincy, was particularly valued.

Recommendations

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

Time out of cell

Expected outcomes:

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

- 5.37 There was insufficient purposeful activity to occupy all prisoners, demonstrated by the fact that we found almost 60% of the population locked behind their doors during the core day. Prisoners were, however, able to leave their cells for reasonable periods every day, and had predictable access to association and exercise in the fresh air. Neither of the establishment's declared key performance target figures for purposeful activity or time unlocked were accurately reported.
- 5.38 The overall picture for the amount of time that prisoners spent unlocked and out of their cells was reasonable for a local prison. Prisoners, even those unemployed, were out of their cells regularly during the day, and they had good and predictable access to time in the fresh air and evening association, which all prisoners on normal location were offered daily. Prisoners did not complain to us that these regime activities were ever cancelled. This was confirmed by our survey, in which 87% of respondents, significantly higher than the comparator of 45%, said that they went on association five or more times per week.
- 5.39 We carried out a number of prisoner interviews to ascertain prisoners' experiences of time spent unlocked on a typical weekday. Based on what they told us, we calculated that, on average, prisoners were unlocked for between eight and nine hours on a typical midweek day. These figures broke down to just over 10 hours for prisoners in full-time work or education, and just under six hours for unemployed prisoners. These figures were better than we find in most local prisons.
- 5.40 However, there was not enough available activity to occupy prisoners during the day. There were 461 unemployed prisoners – over 40% of the population – and at mid-afternoon on the Tuesday of the inspection, over 650 prisoners (59%) were locked in their cells.

5.41 The establishment's published key performance target (KPT) figures for the average purposeful activity per prisoner per week and average time unlocked per weekday were 30 hours and 10.5 hours respectively. At first glance, both of these figures looked impressive for a local prison, and were more in line with those reported from training prisons. However, neither figure was an accurate reflection of the actual experience of prisoners at Forest Bank:

- We were told that the declared time out of cell KPT figure of 10.5 hours was based on a self-audit based on the core day and number of prisoners in activities. However, the establishment was unable to provide a copy of this, and conceded that our own calculations of between eight and nine hours were more realistic.
- Similarly, the purposeful activity KPT figure of around 30 hours was a considerable over-estimation. It included over 7,000 hours per week of scheduled evening activity that simply did not take place, including at weekends when the jail was in patrol state and all prisoners were locked up. A further 2,000 hours per week consisted of weekend pool and bingo, and a further 3,000 hours were attributed to cell cleaning. Regardless of whether it took place or not, we do not accept that the time that prisoners spent playing pool or emptying their bins was purposeful activity.

We were surprised that both these inaccurate performance figures had been allowed to go unchallenged for so long.

Recommendation

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

Section 6: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

6.1 Structures for the management of security were well established, and a small but efficient security team managed impressive quantities of useful intelligence. Drugs were a significant challenge to the establishment, with large numbers of drugs-related security information reports and finds. Security measures for visits lacked focus, with unjustified strip searching of all prisoners at the end of sessions. Apart from this, the level of security was generally appropriate, and did not needlessly impede the operation of the prison.

Security

- 6.2 The prison operated a small but efficient and flexible security department, led by the head of operations and security and a security manager. One example of this flexibility was the preparedness of managers and staff to patrol the external perimeter at exercise times each day to prevent drugs being thrown over the wall. A security committee met monthly, was normally well attended, and included representatives from the police and GSL, the escort contractor. The minutes of the committee showed that a range of relevant issues was discussed, but the extent or depth of analysis was recorded only superficially. Comprehensive security data were produced each month, along with a useful wing-by-wing security report, which helped to feed back and produce relevant security information for wing staff.
- 6.3 In 2007 to date, the prison had received more than 4,000 security information reports (SIRs). It was argued that this very high number resulted from a determined effort to involve staff in producing security information. A review of some SIRs confirmed that the quality of information was significant and relevant. All were initially processed by the intelligence senior prison custody officer and a collator, who had both received intelligence analysis training from the police. The prison was also well supported by two police liaison officers, one of whom focused on intelligence issues. SIRs were generally dealt with in 24 hours, a noteworthy achievement in view of their volume.
- 6.4 Many SIRs indicated illicit drug use in the establishment. In 2007 to date, there had been 255 drugs-related finds in the prison, as well as 166 mobile telephones and 97 SIM cards. This compared to 328 mobile telephone finds in 2006. There was some evidence that the annual number of drug finds was reducing. For example, in the first eight months of 2007, 3,295 grammes of cannabis had been recovered, compared to 10,719 for the whole of 2006. The reduction was even greater for cocaine and amphetamine. In contrast, imports of steroids and subutex appeared to be rising.

- 6.5 Fifty-three prisoners were on closed visits and approximately 71 visitors were banned, many indefinitely. These figures were very high compared to other prisons. Authorisation, review and appeal procedures were managed by the controller, and governance arrangements were in place. However, except for a computerised log in visits, there appeared to be no centralised, readily available record of the decisions about closed visits and bans or ongoing reviews. Staff also informed us that all prisoners were strip searched at the end of their visits, without any risk or intelligence-based justification. However, the prevalence of drugs in the prison called into question the effectiveness of this approach to the high risk and sensitive area of visits, which required a more focused, targeted and intelligence-led approach.
- 6.6 All new prisoner arrivals were given an identity card that was used, along with a permission slip, to allow prisoner movement around the prison. At times of main movement, supervised free-flow procedures appeared to work well, with low key but effective supervision. There was no evidence that security measures impacted needlessly on delivery of the prison's regime.

Categorisation

- 6.7 There were appropriate systems for categorising prisoners, and no unnecessary delays in the initial categorisation process. Prisoners could request the establishments to which they wished to be transferred. Their needs were taken into consideration wherever possible, although with population pressures this was not always possible. For most prisoners, the availability of space rather than appropriate interventions or closeness to home determined their allocated establishment. Given the short stay of most prisoners, there was virtually no demand for subsequent reviews of their categorisation levels.

Recommendations

- 6.8 The closed and banned visits log should be improved, and include a record of all decisions and reviews for each prisoner.
- 6.9 Strip searching of prisoners after visits should be intelligence-led or based on specific suspicion.

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.

- 6.10 The number of adjudications was high, although less than in previous years. Use of force had also reduced and was not unduly high for the size and type of establishment. Use of special accommodation was commendably low, although governance arrangements were weak and the cells were not suitable for occupancy. The segregation unit had recently been re-designated a care and separation unit and was progressing in the right direction, although some of the restrictions on newly segregated prisoners were inappropriate.

Disciplinary procedures

- 6.11 The number of adjudications was high. In 2007, there had been 1,776 to the end of August, similar to 2006, when there had been a total of 2,500. This was a reduction on recent years, when there had been over 4,000 adjudications. A significant percentage were related to drugs or related paraphernalia, such as mobile telephones. However, a small number of charges were for relatively minor offences that could have been dealt with by alternative means.
- 6.12 Punishment tariffs were in place and were subject to regular review, via standardisation meetings. Tariffs were not, however, published on the residential units.
- 6.13 The adjudication room was in the care and separation unit. The room was reasonably sized and suitable for purpose. Adjudications were carried out by the controller, assistant controllers, or the independent adjudicator for more serious charges. The adjudications we observed were carried out informally. We reviewed a number of completed records. Although most were satisfactory and indicated overall fairness, the paperwork for a few charges did not provide assurances that they had been fully investigated.
- 6.14 We found some evidence of unofficial punishments, where PE staff had banned some prisoners from using the gym because of poor behaviour, without the safeguards of a formal process.

The use of force

- 6.15 In 2007, there had been 165 use of force incidents up to the end of August. This figure was down by 20% on 2006, when there had been 295 incidents. Given the nature and size of the establishment, this level of force was not unduly high. A considerable percentage of incidents involved staff intervening to break up a fight between two prisoners, or did not involve deployment of control and restraint (C&R).
- 6.16 The completion of records following a use of force incident was generally satisfactory, although a few forms had not been signed off or certified properly. Statements by staff gave a reasonable picture of the incident that led to the use of force. We were satisfied that use of force against prisoners was generally legitimate and a last resort.
- 6.17 There were, however, a few occasions where staff had used C&R to restrain prisoners on open assessment, care in custody and teamwork (ACCT) self-harm monitoring documents to enforce their relocation into the observation cell in healthcare or to force them into strip clothing to prevent self-harm. The deployment of force in these circumstances was an entirely inappropriate means of caring for prisoners in crisis.
- 6.18 There were two special cells in the care and separation unit. They were double-doored for noise insulation, very austere and claustrophobic, and had no natural light. Although the cells were spotlessly clean, they were not fit for occupancy.
- 6.19 The controller was responsible for certifying all occasions when the special cell was used, which was very infrequently. The calls had been used on only five occasions in 2006, and only two occasions to date in 2007. This was a credit to the staff of the CSU, who had to manage some extremely difficult prisoners.

- 6.20 There was an appropriate protocol governing the use of the special cells, but we had some concerns about their overall governance on the few occasions when they were used. Our concerns included the following:
- All prisoners were automatically placed into strip conditions on location to the special cell, without any risk assessment or separate authorisation.
 - On one of the two occasions when the special cell had been used in 2007, the protocol had not been followed and the prisoner had been located there solely to prevent a possible act of self-harm, which was inappropriate. The controller had not certified the use of the cell. The prisoner had been left there overnight, although he was not violent, and medical certification had not been sought until after he had been returned to normal accommodation. Senior managers had themselves identified this incident as inappropriate.

Segregation unit

- 6.21 The segregation unit had been renamed the care and separation unit (CSU) in early 2007, to dispel the image previously associated with the segregation unit. All staff had been specially selected to work there. Occupancy levels were down on 2006. There were around 13 prisoners located there during the inspection. Most were segregated for reasons of good order or discipline, and four were serving a punishment of cellular confinement. The longest resident had been there for five weeks, although we were told that longer stays were not uncommon. Safety algorithms were completed for all segregated prisoners.
- 6.22 The unit was bright and well maintained, and communal areas were very clean. There were 25 normal cells, three holding rooms and two special cells. There were also two small exercise yards. The fabric of the cells was relatively good. They were all fitted with moulded sinks, toilets and beds, and were relatively free of graffiti. However, the cells were spartan and most had no other furniture, such as a table or chair. As a result, occupants left their clothes, other personal belongings and rubbish on the floor.
- 6.23 All prisoners were routinely strip searched on initial location to the CSU, with no prior risk assessment. The regime for prisoners in the CSU was basic, although mostly predictable, and prisoners confirmed that they were offered showers, telephone calls and exercise daily.
- 6.24 There was a progressive, three-tier, good order regime, which was simple and easily understood. All prisoners, other than those seeking protection, started on tier one, and subsequent progression depended on their behaviour and compliance with unit routines. Some of the restrictions placed on prisoners on tiers one and two were disproportionate. For example, they were subject to a blanket policy of closed visits, regardless of the reason for their segregation. During our inspection, this restriction was applied to a prisoner segregated simply because he refused to return to normal location, as well as another awaiting an adjudication for being rude to a member of staff. This was an inappropriate use of closed visits.
- 6.25 Prisoners initially entering the CSU on tier one were also not allowed any cell furniture, such as a desk or chair. They had to write any correspondence sitting on the floor. Although, in theory, they were allowed cardboard furniture if they progressed to tier two, most prisoners on tier two had no cell furniture when we inspected, although some cardboard furniture arrived later in the week. It was entirely unacceptable for prisoners, regardless of their tier level, to have no cell furniture. Prisoners on tier three could, in theory, access education and the gym, and all prisoners, unless denied through a cellular confinement punishment, could apply to go to communal worship, and this was reviewed individually.

- 6.26 Prisoners described generally positive relations with the staff in the CSU, and we were impressed with most staff interactions that we observed, although none had been assigned as key workers for segregated prisoners. CSU staff had undertaken no specialist training, although they had been identified for mental health training.
- 6.27 The unit was going in the right direction, although was not yet fully a care and separation unit rather than a segregation unit. For example, the quality of individual history sheets was mixed. Some provided good information about the prisoner, but others were blank for several days. Although staff clearly knew a great deal about their prisoners, they often did not record their interactions with them. There were also no care plans for segregated prisoners. Although there were regular good order reviews with multidisciplinary attendance, including a registered mental health nurse, the quality of these was weak, and targets/and objectives were simplistic and superficial. There was no evidence of strategic planning to return these prisoners to normal location. We were told that some wing staff occasionally visited segregated prisoners to check on them, but, again, this was not recorded anywhere.

Recommendations

- 6.28 All adjudication charges should be fully investigated.
- 6.29 Prisoners should not be subject to unofficial punishments, and formal disciplinary procedures should be used.
- 6.30 Staff should not place prisoners on report for minor offences that could be better dealt with by alternative means.
- 6.31 Force should not be used against prisoners on open self-harm monitoring documents purely to put them into strip clothing or locate them into the observation cell in healthcare.
- 6.32 All use of force documentation should be properly signed off and certified by a member of staff not involved in the incident.
- 6.33 The establishment's protocol for the use of special accommodation should always be followed when these cells are used.
- 6.34 The special cells should be modified to allow in natural light, or otherwise be taken out of use.
- 6.35 Prisoners should not be automatically placed into strip clothing on location to the special cell.
- 6.36 Prisoners should not be routinely strip searched on first location to the segregation unit, unless deemed necessary by prior risk assessment.
- 6.37 All prisoners in segregation under rule 45 (good order or discipline) should be allocated a member of care and separation unit (CSU) staff as a key worker within 24 hours of arrival. The key worker should make daily records of the prisoner's behaviour on individual history sheets. There should also be regular liaison with the prisoner's wing staff to facilitate his return to normal location.

- 6.38 Individual support and behaviour plans should be drawn up for all segregated prisoners within 72 hours of initial segregation, to assist their return to normal location. If segregation continues beyond 30 days, a care plan should be put in place to prevent psychological deterioration.
- 6.39 Segregated prisoners should be provided with fixed furniture, unless deemed inappropriate following an individual risk assessment, in which case cardboard furniture should be issued.
- 6.40 Prisoners should not be subject to a blanket policy of closed visits on location to the CSU. All decisions to impose closed visits should be based on an individual intelligence assessment.
- 6.41 CSU staff should be trained in de-escalation, mental health, personality disorder and motivational interviewing in addition to other routine training, such as race equality and suicide prevention.

Incentives and earned privileges

Expected outcomes:

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

- 6.42 The differential in incentives between standard and enhanced levels of the incentives and earned privileges (IEP) scheme was reasonable for a local prison. Decisions about IEP were reached fairly. Basic level prisoners were subject to conditions close to segregation without any of the necessary safeguards. There was no work to help basic level prisoners conform or modify their behaviour. Appeals were heard and dealt with fairly.
- 6.43 The establishment's incentives and earned privileges (IEP) scheme applied to both adult and young adult prisoners. The three levels were basic, standard and enhanced. The scheme was explained in a policy document and in the *Rough guide* given to new arrivals. Staff and prisoners had a good understanding of how the scheme worked. A published facilities list outlined the range of items permitted in possession by prisoners on each level, and how they could receive them. At the time of inspection, 17% of prisoners were on the enhanced level, 81% standard and 2% basic.
- 6.44 Prisoners normally joined the scheme on standard, but those transferred in from another prison and already on enhanced status could retain that level. Movement within the scheme was decided by a review board chaired by the unit manager. Review boards were triggered by a given number of warnings or recommendations within set timescales, which were recorded in wing history files. Reasons for a formal warning were explained to the prisoner verbally and in writing. Two formal warnings in any four-week period normally resulted in a final warning from the unit manager. Three formal warnings in a four-week period normally resulted in a basic review. Any single serious incident could also result in referral for basic. Four weekly recommendations or positive entries over an eight-week period resulted in consideration for enhanced status. Eight weeks was the minimum qualifying period for prisoners to achieve enhanced status. Prisoners were encouraged to sign a compact.

- 6.45 To achieve enhanced status, prisoners were required to demonstrate their willingness to conform, challenge offending behaviour, work hard and diligently, and maintain a substance-free lifestyle. Enhanced level prisoners qualified for one additional visit per month, an increased private cash allowance, two extra sessions of PE, and one extra letter. They could also be considered for a visit in an enhanced seating area, and could buy more items from the facilities list. This included bedding, electronic TV games, and additional CDs and tapes. These additional incentives were reasonable and motivated prisoners. In our survey, 48% of adult respondents and 50% of young adults said that they had been treated fairly in their experience of the IEP scheme.
- 6.46 Prisoners on the basic level were located on the top landing of C1. They shared the unit with vulnerable prisoners, but had separate regimes. Basic level prisoners who we spoke to, including many persistent bullies, told us that relationships between them and the vulnerable prisoners were poor. There was a lot of shouting from basic level prisoners towards vulnerable prisoners, because some of them were in debt or thought to be sex offenders. Basic level prisoners were concerned that vulnerable prisoners served them their meals in their cell and believed that they spat in their food. Staff told us that this was not possible, as they supervised the serving of meals. When we observed, we were not assured that staff supervision was adequate to prevent tampering with food. While we saw no evidence that food was tampered with, the arrangement for vulnerable prisoners to serve meals to prisoners against whom they might have had a grudge was a poor one.
- 6.47 The basic level was split into three tiers. Prisoners remained on basic for a minimum of three weeks (four weeks for those on bully basic, see paragraph 3.10), but were subject to weekly reviews. On most days, those on tier one received just one hour's exercise and 15 minutes to shower and clean their cell. These arrangements were unnecessarily punitive and amounted to segregation without any of the safeguards. Apart from the weekly review by the unit manager, basic level prisoners were not routinely seen by a director, healthcare professional, chaplain or member of the Independent Monitoring Board (IMB), as would have been the case had they been in the segregation unit. We could not understand why basic level prisoners could not be managed on their parent wing.
- 6.48 Basic level prisoners on tiers two and three were not much better off. They could attend education, but only if they were on a designated course. At the time of our inspection, none of the six prisoners on these higher tiers were attending education. None of the tiers qualified basic level prisoners for any wing association. The only extra for those on tier three was that they got 30 minutes for showers and cell cleaning. Prisoners on basic also had their radio removed and were deprived of in-cell power. This was petty. While they were issued with a 'basic' level radio and an initial set of batteries, they had to purchase replacements. The basic level prisoners we spoke to complained that the radios were poor quality and the batteries were old and had little power left in them.
- 6.49 The wing history files we reviewed were clear why the prisoner had been placed on basic. We were also assured that appeals were dealt with properly, and noted several that had been upheld. However, we did not find any evidence that staff from C1 landing or any other department actively engaged with these prisoners to help them modify their behaviour and conform more readily to the regime.

Recommendations

- 6.50 Basic level prisoners should be managed on their parent wing.

- 6.51 Vulnerable prisoners should not be used to serve meals for basic level prisoners.
- 6.52 The regime for basic level prisoners should be improved. They should be able to attend activities during the day, receive some association, and be able to keep their own radio/CD player.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The catering provision was generally reasonable, and prisoners were able to dine out of their cells for all three daily meals, which was unusual. Although some prisoners complained about meal portions, the amount provided was sufficient, and our survey results showed better than average responses from prisoners.
- 7.2 The kitchen was small, given the number of meals it turned out every day, and appeared to be working at maximum capacity. However, it was orderly and extremely clean, and had been given an environmental health award. Arrangements for preparing and serving halal food appeared good. Muslim prisoners prepared and cooked these meals, and the halal option was served in individual foil containers.
- 7.3 The catering team consisted of a catering manager, a senior prison custody officer, six prison custody officers and a team of up to 50 prisoners – of whom 30-35 attended any one session. Prisoners were able to work towards recognised qualifications in the kitchen, and a new national vocational qualification kitchen was due to be opened.
- 7.4 There was a four-week menu cycle, which prisoners pre-selected one week in advance. The menu choice was reasonably varied, with healthy options and a good range of food for black and minority ethnic prisoners. Kalyx staff ate the same food as that prepared for prisoners.
- 7.5 Breakfast was served at 7.15am, lunch at noon and the evening meal at 5pm (4.30pm at weekends). Meals were prepared in advance, and loaded on to heated trolleys and taken to the wings, where they were served from central serveries. All prisoners on normal location, except those on basic regime, had the option to dine out for all three meals a day, including breakfast. We rarely see this provision, especially in a local prison. A cooked breakfast was served at weekends, which was popular (and also unusual).
- 7.6 Basic food handling training was delivered to all prisoners on induction. Kitchen workers involved in food preparation received additional training.
- 7.7 Most prisoners grudgingly accepted that the food was reasonable. This was confirmed in our survey, where 31% of respondents said that the food was good or very good, significantly higher than the comparator of 24% for local prisons. Unusually, black and minority ethnic prisoners were much more favourable about the food than white prisoners, with 48% of respondents, against 26% of white respondents, stating that the food was good or very good. The main complaint from prisoners was that the portion sizes were too small – a complaint that the establishment was very familiar with. However, we observed the meals during our inspection and considered that portion sizes were adequate. Prisoners also confirmed that the quantity and quality of meals served during our inspection were typical.

- 7.8 We were impressed with the catering team's positive commitment to consultation with prisoners and willingness to act on feedback. The catering manager, or his assistant, attended all prisoner consultative committee meetings, so had a good idea of how prisoners perceived the catering provision and relevant issues. Regular prisoner surveys were also carried out. The catering manager was also a member of the race equality action team and had taken on board suggestions about multicultural menus.

Prison shop

Expected outcomes:

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

- 7.9 The in-house shop operation was well managed. There was a fair selection of reasonably priced items, which reflected the diverse needs of the prisoner population. However, the range of items was restricted because of a lack of tinned goods and fresh food.
- 7.10 The prison shop was run as an in-house operation and managed by a full-time supervisor supported by a full-time worker. The list of goods available for prisoners to buy was published and displayed on all residential units. Although the range of goods was generally adequate and reflected the diverse needs of the prisoner population, tinned and fresh food items were not permitted. Prices were mainly in line with the high street.
- 7.11 Prisoners could order items every week, and new arrivals were normally able to receive a full shop service the day after their arrival. New arrivals without private money were offered a £2 advance and a pack with basic items, such as tobacco, snacks and basic toiletries.
- 7.12 The pre-ordered, bagged and delivered service was efficient and sufficiently flexible to meet the needs of those about to leave or just arriving. Orders were delivered to prisoners on their wings, and staff supervision of this process was good. Prisoners could have their orders delivered to them twice a week.
- 7.13 Prisoners could access accurate, up-to-date records of their finances, and any problems with their orders were dealt with quickly. Complaints about orders were recorded and dealt with on the day that they were received by the shop supervisor.

Recommendation

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

Section 8: Resettlement

Strategic management of resettlement

Expected outcomes:

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

- 8.1 The prison lacked an up-to-date resettlement strategy, but engaged effectively with criminal justice and other partners and agencies. There was a strong emphasis on the resettlement pathways, and local managers were responsible for driving forward new initiatives, working directly to the deputy director.
- 8.2 Forest Bank placed great emphasis on prisoner resettlement and it featured in the current business plan. However, the resettlement strategy 2005-08 was out of date, as the resettlement management structure had changed in December 2006 and much of the information was no longer relevant. Since December 2006, the deputy director had taken lead responsibility for all aspects of resettlement work, including representing the prison at external groups and agencies. He had appointed middle managers as resettlement pathway leads. They reported directly to him to update and review progress on activity. All staff were updated on one of the pathways at bi-monthly staff meetings. This model worked well.
- 8.3 The prison engaged positively with local crime and disorder partnerships and other relevant alliances. The director represented the prison on the North West reducing reoffending delivery plan board, but Forest Bank was not a standing member of the North West prison area office resettlement group.

Recommendations

- 8.4 The resettlement strategy should be updated to reflect the new delivery arrangements at Forest Bank.
- 8.5 Forest Bank should be invited to contribute to North West area Prison Service resettlement forums in order that best practice can be shared.

Offender management and planning

Expected outcomes:

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

- 8.6 Offender management was still in its infancy, but early signs were positive. Offender supervisors engaged with the 230 prisoners in scope of the arrangements, and provided sentence planning to other prisoners serving over 12 months. Effective links were developing

with offender managers in the community. Lifer provision was poor, and there was a hiatus in planning processes for life-sentenced prisoners.

- 8.7 Offender management had commenced in April 2007, following a delay in the relevant funding. The offender management unit was very well resourced, and staff were responsible for the 230 prisoners currently in scope of phase two of the offender management model. This work was still in its early stages and had yet to become fully embedded.
- 8.8 Six uniformed staff had been appointed as offender supervisors and were responsible for prisoners in scope of offender management and prisoners serving 12 months or more who were subject to sentence planning. These staff had developed good links with prolific and priority prisoner schemes in the community. There were no sentence planning processes for prisoners serving short sentences. Six probation officer staff had also taken on offender supervisor responsibility for prisoners who were in scope and also classified as multi-agency public protection arrangements (MAPPA) cases.
- 8.9 The offender management unit accommodated all uniformed offender supervisors and their manager, but probation officer staff were in offices on the wings. There was a 'buddy' system between the probation officers and the uniformed offender supervisors to enhance mutual understanding of each other's roles and skills.
- 8.10 Offender managers from the community routinely attended sentence planning meetings, although they did not chair them. The prison had encouraged staff from the community, especially trainee probation officers, to visit and become familiar with the environment and its facilities.
- 8.11 The offender assessment system (OASys) had also been introduced in April 2007. Reviews were largely up to date, and the prison could show the reasons for outstanding reviews. The majority of these were due to problems with external computer links.
- 8.12 Interdepartmental public protection meetings took place each month and were well attended by relevant departments, including police liaison staff and the security department. Staff were well attuned to public protection issues.

Indeterminate sentenced prisoners

- 8.13 There were approximately 50 lifers and prisoners serving indeterminate sentences for public protection, who were located across all wings. Although the prison's contract stated that it was to receive all sentenced prisoners, it was not resourced to deliver services to life-sentenced prisoners. As a consequence, there was very limited activity with this group of prisoners, some of whom had been waiting for up to two years to move to stage one lifer establishments. There were no lifer forums, and a lack of appropriate risk assessments. These arrangements were not satisfactory.

Recommendations

- 8.14 Offender supervisors and other relevant staff should be co-located to facilitate the delivery of the offender management model.
- 8.15 There should be better computer links to assist the completion and receipt of offender assessment system (OASys) documents.

- 8.16 Resources should be provided to enable Forest Bank to deliver appropriate services to life-sentenced prisoners.
- 8.17 Lifer planning processes should commence at the earliest opportunity.
- 8.18 Lifer forums should be established.

Resettlement pathways

Expected outcomes:

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

- 8.19 There was an impressive amount of activity under a number of the resettlement pathways, including accommodation, finance, benefit and debt, employment and children and families. Work under the remaining pathways was underdeveloped and required attention.

Accommodation

- 8.20 Three housing officers, a housing advocacy officer and an administrator provided an effective accommodation service. The housing needs of new arrivals were assessed during their induction. Prisoners were supported in making claims for housing benefit or closing down tenancies, where relevant. In our survey, 32% of respondents said they had received help with housing problems within their first 24 hours, against the comparator of 27%.
- 8.21 Prisoners serving sentences of less than eight weeks were not able to access a full accommodation service, but were offered an emergency accommodation pack for their area of release. This contained information about emergency accommodation, night shelters and landlords registered with the local authority. The housing needs of prisoners serving longer sentences were tracked, and staff were active in making applications for accommodation and working with housing benefit staff to maintain tenancies. Staff had comprehensive knowledge of available accommodation schemes in Greater Manchester and the rest of the North West, and had developed links with accommodation services in the West Midlands.
- 8.22 The Salford Construction project (see below) was an excellent example of work where several different pathways converged to provide comprehensive resettlement services for prisoners.
- 8.23 Staff were also developing links with local authorities to promote choice-based lettings for council stock through the internet. The prison planned to install a terminal in the visitors' centre so that family members could also benefit from the scheme.
- 8.24 In the previous eight months, only 4% of released prisoners were designated as of no fixed abode. This was a significant achievement, given the size and high turnover of the population. The director could sanction payments of up to £50 in exceptional circumstances to assist prisoners secure lodgings on release, and 17 such payments had been made in the previous eight months. In our survey, only 44% of respondents thought they would have a problem with finding accommodation following release, against a comparator of 50%.

Education, training and employment

- 8.25 The prison had a good understanding of employment needs in the areas where prisoners were to be released. An employment manager interviewed all prisoners before their release and gave valuable advice and guidance on employment and further opportunities for education or vocational training. There were good links with local employers and colleges.
- 8.26 A full-time Jobcentre Plus worker also provided a service on-site, offering support and guidance to prisoners looking for work on release. An information and guidance service for prisoners was also available in the education department. Prisoners had access to a variety of external agencies that helped them find employment on release. One of these delivered short courses in the prison to enhance employability on release.
- 8.27 There had been some good initiatives with a local authority and college to offer employment in the construction industry. The Salford Construction project involved Salford Council, employers and Salford College, and provided prisoners who completed their training period successfully with accommodation on release in addition to a guaranteed job in the construction industry. More employers from the construction industry were being invited to the prison to increase the potential for prisoners to secure employment before release. This was an excellent initiative.
- 8.28 The establishment ran a job club for prisoners approaching the end of their sentence. They were given individual help in applying for jobs and preparing application forms. A preparation for employment course was also available. This had a strong focus on developing prisoners' confidence to gain employment.

Good practice

- 8.29 *The prison's partnership project with Salford Council, employers and Salford College provided guaranteed employment and accommodation to some prisoners returning to the Salford area who had completed a construction course.*

Finance, benefit and debt

- 8.30 Two Jobcentre Plus staff were based at the prison and saw prisoners on induction. They closed down benefit claims where necessary, and also contacted employers when prisoners requested them to do so. Freshstart appointments were made for prisoners due for release. Staff also helped prisoners to make claims for social fund loans and community care grants, and contacted their partners, on request, to offer advice and support in making claims for benefit.
- 8.31 The prison had developed excellent links with the Co-operative Bank, which had enabled 125 prisoners to open bank accounts between April and August 2007. Accounts were frozen until their date of release, when prisoners were issued with PIN numbers and cash cards. Liverpool John Moores University was undertaking research on behalf of the prison and the Co-operative Bank to review the effectiveness of the scheme.
- 8.32 There were plans to provide money management courses for prisoners, which would also be offered to visitors and staff. Prisoners could also take a short course in budgeting as part of the 'getting out, staying out' course. In our survey, only 32% of respondents thought they would have a problem claiming benefits on release, against the comparator of 39%.

Mental and physical health

- 8.33 The care programme approach (CPA) was continued for new arrivals already on it, and started for new patients if appropriate. The mental health in-reach team reviewed prisoners subject to CPA before their discharge, and there was some liaison with community teams.
- 8.34 A nurse ran a discharge clinic and prisoners due to leave the establishment were invited to attend. A letter was prepared for the prisoner's GP at these meetings, and this was posted on or given to the prisoner to be handed to a GP when they registered with one. Prisoners not registered with a GP were not given assistance to do this. The information in the discharge letter included the prisoner's medical needs when they came into custody, and any treatment received. Records were not consulted in most cases, and we were told that this was due to time constraints. No medication was provided to prisoners on their release, even if they were on long-term or psychiatric medication. This was unacceptable.
- 8.35 A comprehensive dental practice information leaflet, including how to access dental care on release, was available to prisoners who received dental treatment.
- 8.36 There was a palliative care policy, although this needed updating.

Recommendations

- 8.37 Prisoners not registered with a GP should be given assistance to do this before their release.
- 8.38 Information included in discharge letters should be checked against the prisoner's electronic and paper clinical records.
- 8.39 All prisoners taking medication before their release should be given a sufficient supply of medication until they can obtain a prescription from their community GP.
- 8.40 The palliative care policy should be updated.

Drugs and alcohol

- 8.41 There was a comprehensive drug strategy document that outlined the key elements of provision. However, this was dated 2005-08 and was now out of date. No annual development targets had been identified or overarching objectives set. In principle, the document was designed to underpin the work of the drug strategy group. This was due to meet monthly, but had not met in 2007 to date. As a consequence, the various aspects of the drug strategy operated in isolation. There had been no needs analysis to inform the strategy, although a questionnaire was distributed to prisoners during the week of our inspection.
- 8.42 The counselling, assessment, referral, advice and throughcare (CARAT) service was made up of a team leader and seven main grade staff, all employed directly by the prison. All except the team leader and one main grade worker had been employed previously as prison custody officers. The team was currently recruiting for two vacancies.
- 8.43 Demand for the CARAT service was high. A monthly initial assessment key performance target of 104 was invariably met, although full comprehensive substance misuse assessments were not undertaken until after a prisoner had completed a detoxification programme, if this was

necessary. The team had an overall caseload of 280 prisoners, with approximately 70 per worker. Not all these cases were active, and there was a system to suspend cases and resurrect them a few weeks before release. Although this system worked reasonably well, cases were suspended on the basis of time to serve rather than need. Heroin was identified as their main drug of choice by 75% of CARAT clients, and services were orientated primarily to this group. However, around 15% identified cocaine and crack cocaine, but there were no specific services for this group. Although steroids were not tested for, security information indicated an increase in their use (see paragraph 3.127). There were no programmes or ready information to address their needs through the CARAT team.

- 8.44 A review of CARAT files showed that cases were generally well managed and kept up to date. Most of the work was orientated to case management, and there was little evidence of interventional work. There was also no groupwork, although this was planned once the current vacancies had been filled.
- 8.45 There were reasonable links with community-based drug intervention programme (DIP) teams. Approximately 80% of CARAT clients came from 13 DIP areas in the North West, with Bolton DIP the most common. Contact had been established with other areas across the country, but visits from them were rare.
- 8.46 The short duration programme (SDP), a 20-session drug rehabilitation programme for prisoners serving short sentences and with medium dependence histories, had been offered for about three years. The programme had a target of 240 starters a year (20 programmes), which it looked likely to achieve. The completion rate was currently about 70%. There were good facilities for delivery, but with programmes running concurrently there was considerable pressure on facilitators. Post-group work and support was undertaken by CARATs, but this tended to focus on facilitating external contact and general support rather than on continued treatment. There was little or no treatment available post-detoxification for prisoners with a more intensive need or whose drug dependency was greatest.
- 8.47 Although the number of prisoners accessing alcohol detoxification was known (see paragraph 3.124), it was not known how many prisoners had a problem with alcohol: either dependence or behaviourally. CARATs did not work with alcohol misusers, unless there was also a history of drug misuse. There was no alcohol strategy, and the current substance misuse document did not cover this area. There were plans to introduce the control of violence for angry impulsive drinkers (COVAID) programme orientated to individuals with a history of alcohol-related violence. This was a positive step, but given that the Correctional Services Accreditation Panel did not yet accredit the programme it needed to be carefully monitored to ensure programme integrity and that the necessary resources were available.
- 8.48 At the time of our inspection, 316 prisoners were on a voluntary drug testing (VDT) compact, against a target of 300. There was a waiting list of approximately 30. The programme was well advertised across the establishment and facilities were appropriate, if cramped. Prisoners on compact could also reside, at their request, on the voluntary testing unit (VTU), C2. No incentive or specific support was available on the VTU, and staff based there had not received any specific training, even though many prisoners had histories of substance misuse. Prisoners who tested positive once for a class A drug or twice for any other drug had a review of their position on the VTU, or the actual programme, with the possibility of removal. Prisoners on the SDP were subject to compliance testing as a condition of attendance, and there was a separate compact for this.

- 8.49 Prisoners in key jobs across the establishment, including orderlies, kitchen and gardens workers, were also expected to sign up for drug testing. This was effectively compliance testing, but no separate compact had been drawn up.

Recommendations

- 8.50 The drug strategy document should be updated and include annual developmental targets and objectives.
- 8.51 The drug strategy group should be re-established immediately, and used to manage and review progress against agreed developmental objectives.
- 8.52 There should be an annual substance use needs analysis, including alcohol, which should inform the drug strategy document and service/treatment provision.
- 8.53 An alcohol strategy should be developed as part of the overall drug strategy document, and appropriate treatment should be available to prisoners.
- 8.54 Counselling, assessment, referral, advice and throughcare (CARAT) cases should be prioritised to take account of both treatment need and available sentence time.
- 8.55 There should be a planned range of interventions to meet the treatment needs of the CARAT population, especially those with substantial needs and/or completing detoxification programmes.
- 8.56 There should be a clear distinction between voluntary and compliance drug testing compacts.

Children and families of offenders

- 8.57 The prison had a clear strategic focus on encouraging prisoners to remain in contact with their families. The work of Partners of Prisoners and Families Support Group (POPS), which ran the visitors' centre (see paragraph 3.89), was well integrated into the life of the prison. It had strong links to visits and residential staff through regular meetings with prison managers.
- 8.58 A drop-in centre had been set up in the visitors' centre by the Salford Women's Project to help with problems such as domestic violence and drug abuse. A helpline telephone number was printed on the back of all visiting orders.
- 8.59 A family liaison worker, funded partly by POPS and partly by the prison, had recently been appointed. She worked closely with prison managers and staff to provide an effective link between prisoners and their families. Her role had been published and was known to both staff and prisoners. There were plans to set up general relationship counselling sessions for prisoners and their immediate families. There were no parenting courses for prisoners.
- 8.60 The prison had held prisoner family days at Christmas and Easter and one was planned for Eid.

Recommendations

- 8.61 There should be relationship counselling for prisoners and their partners.

8.62 Parenting courses for prisoners should be introduced.

Good practice

8.63 *Visiting orders were used to provide advice to prisoners' families.*

8.64 *A family liaison worker provided an effective link between prisoners and their families.*

Attitudes, thinking and behaviour

8.65 The short duration programme (SDP) was the only accredited programme currently offered (see paragraph 8.46). The prison had plans with Greater Manchester Probation Area to co-deliver a controlling anger and learning to manage it (CALM) course in January 2008, with between 10 and 12 places.

8.66 There had been no prisoner needs analysis, and there was a lack of interventions for the size and offending profile of the prisoner population. Despite this, in our survey 22% of respondents said a member of staff had helped them to address their offending behaviour while at Forest Bank, against a comparator of 15%.

Recommendation

8.67 A prisoner needs analysis for offending behaviour programmes should be commissioned.

Section 9: Recommendations, housekeeping points and good practice

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

Main recommendations

to the director

-
- 9.1 The quality of the environment in reception and information provided to prisoners should be improved. (HP46)
 - 9.2 Effective and consistently applied first night procedures should be introduced. (HP47)
 - 9.3 Vulnerable prisoners should not be held alongside bullies or prisoners on basic and should have access to a full regime, including education. (HP48)
 - 9.4 The establishment should investigate the reasons for high perceptions of prisoner-on-prisoner victimisation, particularly among young adults, to inform the anti-bullying strategy. (HP49)
 - 9.5 Mandatory drug testing should be carried out randomly across the prison population, and its results used to inform the prison's substance use policy and practice. (HP50)
 - 9.6 The prison should have a diversity policy outlining how the needs of minority groups will be met, overseen by a designated manager and implemented by designated liaison officers. The policy should be informed by regular consultation and monitoring of prisoners with specific needs. (HP51)
 - 9.7 The prison should put in place a strategy to revise and improve its healthcare provision. (HP52)
 - 9.8 There should be sufficient purposeful activity for all prisoners, and all activity places should be fully utilised. (HP53)

Recommendations

to the Chief Executive of NOMS

-
- 9.9 Records should be kept of the number of prisoners held in police cells and the amount of time spent there. (1.6)
 - 9.10 Cells without a separate closet for the in-cell toilet should not be used for double occupancy. (2.19)

Recommendation

to Prison Escort and Custody Services

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

Recommendation **to the regional offender manager**

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

Recommendation **to the area manager**

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

Recommendations **to the director**

First days in custody

- 9.14 Holding rooms should be clean and equipped with facilities to occupy prisoners, including working televisions. (1.28)
- 9.15 Strip searching of prisoners should be carried out by two officers. Management checks should ensure that this takes place. (1.29)
- 9.16 Prisoners should not be held in the reception area for long periods. (1.30)
- 9.17 Reception interviews with new arrivals should take place in private, and enable them to raise any concerns and to have them dealt with promptly. (1.31)
- 9.18 The basic procedures and facilities of the first night and induction unit should be explained to new arrivals before they are locked up for their first night, and they should be made aware of what will happen to them during their first few days in custody. (1.32)
- 9.19 All new arrivals on E1 unit should have a first night interview that allows them to raise any concerns in private. Staff should use this interview to find out if any additional support is required to help prisoners settle in. (1.33)
- 9.20 Prisoners should be allowed association and showers on their first night. (1.34)
- 9.21 The locations of all first night prisoners should be identified. (1.35)
- 9.22 Purposeful activity should be offered to prisoners on E1 between periods of induction. (1.36)
- 9.23 The educational needs of newly arrived vulnerable prisoners should be assessed. (1.37)

Residential units

- 9.24 The ventilation in cells should be improved. (2.20)
- 9.25 Prisoners on all levels of the incentives and earned privileges scheme should be able to purchase electric fans for their cells. (2.21)
- 9.26 Cells with graffiti and badly marked walls should be repainted. (2.22)

- 9.27 Residential wings should have one telephone for every 20 prisoners, and all telephones should be fitted with privacy hoods. (2.23)
- 9.28 There should be measures to ensure that noise is kept to a minimum at night. (2.24)
- 9.29 Prisoners should be issued with sufficient items of clothing and kit. (2.25)
- 9.30 Prisoners in double occupancy cells should have secure lockers for their personal possessions. (2.26)
- 9.31 Shower cubicles with an acceptable level of privacy should be installed. (2.27)
- 9.32 Prisoners should have access to showers following work activity. (2.28)

Staff-prisoner relationships

- 9.33 Refresher training or mentoring for staff should be developed to improve staff confidence in dealing with basic level prisoner issues. (2.38)
- 9.34 The quality and consistency of record keeping in wing history files should be improved. (2.39)
- 9.35 Prisoner consultation arrangements should be extended, with wing-based staff-prisoner forums to improve communication and build trust. (2.40)

Personal officers

- 9.36 The names of personal officers should be prominently publicised on all residential wings. (2.47)
- 9.37 Personal officer entries in wing history files should provide evidence of knowledge of the prisoner and positive interaction. (2.48)
- 9.38 Management checks of wing history files should include an analysis of the quality of entries. (2.49)
- 9.39 Links between personal officers and offender supervisors should be improved. (2.50)
- 9.40 Personal officers should attend or contribute to assessment, care in custody and teamwork (ACCT) reviews. (2.51)

Bullying and violence reduction

- 9.41 Regular bullying surveys should monitor responses and should separate findings for adult and young adult prisoners. (3.13)
- 9.42 All alleged incidents of bullying should be reported and investigated, and entries in wing observation books should be regularly checked for indications of bullying. (3.14)
- 9.43 There should be interventions to help persistent bullies modify their behaviour. (3.15)
- 9.44 The quality of entries in anti-bullying monitoring documents should be significantly improved. (3.16)

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

Self-harm and suicide

- 9.46 Listener publicity material should be prominently displayed on residential wings. (3.32)
- 9.47 Case reviews and care maps should always be completed to a good standard. (3.33)
- 9.48 Monitoring entries in assessment, care in custody and teamwork (ACCT) documents should demonstrate a high level of staff engagement with the prisoner. (3.34)
- 9.49 A Listener should be available for all new arrivals in reception. (3.35)
- 9.50 There should be a Listener crisis suite to provide overnight care for prisoners at risk. (3.36)
- 9.51 Prisoners should only be placed in strip clothing to prevent acts of self-harm in exceptional circumstances and after other measures of support and engagement have been tried. (3.37)
- 9.52 Written guidance on the emergency unlock of cells at night should be issued as a matter of urgency, and should also explain the circumstances for which night staff are authorised to unlock a cell. (3.38)

Diversity

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

Race equality

- 9.54 The race equality officer should be supported by assistant race equality officers on all house blocks, with sufficient time, training and support to manage race equality effectively. (3.61)
- 9.55 Consultation with black and minority ethnic prisoners should be improved. (3.62)
- 9.56 More time should be provided to the race equality officer. (3.63)
- 9.57 Prisoner representatives should be publicised on house blocks, and minutes of the meetings they attend should be available to all prisoners. (3.64)
- 9.58 Relationships with external community representatives should be developed to inform development and promotion of race equality. (3.65)
- 9.59 Envelopes should be stocked alongside racist incident report forms to enable these to be submitted in confidence. (3.66)
- 9.60 Racist incident report forms should be promptly logged, reviewed by managers, and validated by an external body with suitable expertise. (3.67)

Foreign national prisoners

- 9.61 The prison should have a foreign nationals' policy, a designated coordinator and a structure of meetings to identify and address the needs of this group and enable peer support. (3.75)
- 9.62 Staff responsible for managing immigration paperwork and liaison should receive appropriate training and guidance. (3.76)
- 9.63 Prisoners or detainees should be informed as soon as possible of removal arrangements to enable them to prepare and let their families know. (3.77)
- 9.64 Foreign national prisoners and detainees should have ready access to independent specialist immigration advisers. (3.78)

Contact with the outside world

- 9.65 Visitors should be able to book their next visit while they are at the prison. (3.93)
- 9.66 Conditions in the prisoner holding rooms should be improved. (3.94)
- 9.67 The wooden barriers along the centre of the visits tables should be removed. (3.95)

Applications and complaints

- 9.68 There should be management checks of a sample of applications each month. (3.105)
- 9.69 A timescale for applications should be agreed through the prisoner consultation committee. (3.106)
- 9.70 Information about the wing, ethnicity and age of prisoners completing complaint forms should be collated and used to identify any emerging trends. (3.107)
- 9.71 Monthly reports of complaints should include qualitative as well as quantitative information. (3.108)
- 9.72 There should be management checks of at least 10% of complaint responses per month, and this analysis should be included in management reports. (3.109)
- 9.73 Where interim responses are given to complaints, further responses should also be monitored. (3.110)

Substance use

- 9.74 The substance misuse nurse vacancy should be filled as a matter of priority. (3.129)
- 9.75 There should be an overarching review to establish the full range of prisoner substance misuse need, and staffing provision should be provided accordingly. (3.130)
- 9.76 There should be clinical procedures and protocols to cover all aspects of clinical provision and support. (3.131)

- 9.77 A suitably qualified practitioner should carry out initial assessments of the requirements for first night symptomatic relief. (3.132)
- 9.78 Clinical provision should be extended to offer subutex as an alternative to methadone for all prisoners. (3.133)
- 9.79 Psychosocial support, including peer support, alternative therapies and groupwork provision, should be developed for those subject to clinical management. (3.134)
- 9.80 The clinical support team and counselling, assessment, referral, advice and throughcare service (CARATs) should develop joint care planning to facilitate effective integrated service provision. (3.135)
- 9.81 Staff working on E2 landing should be given additional training to enable them to work more effectively with prisoners. (3.136)

Vulnerable prisoners

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

Young adult prisoners

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

Health services

- 9.84 The hub office is inappropriate for the administration of medicines and should be replaced, as a matter of urgency, by facilities that afford sufficient confidentiality and security for staff, patients and medicines stored. (4.50)
- 9.85 The staffing levels and skill mix should be revised urgently to provide an appropriate level of health services. (4.51)
- 9.86 The dental unit, chair and light should be replaced, and the floor re-covered with appropriate, sealed material. (4.52)
- 9.87 Appropriate clinics should be available for patients with lifelong conditions. (4.53)
- 9.88 Both electronic and paper records should be available for all consultations, until all clinical information has been summarised on to the electronic patient information system. (4.54)
- 9.89 All healthcare staff should have access to clinical supervision. (4.55)
- 9.90 All healthcare staff should have at least annual resuscitation and defibrillation training, and this should be recorded. (4.56)
- 9.91 All new arrivals should be assessed in reception by an appropriately qualified member of healthcare staff. (4.57)

- 9.92 Healthcare assistants should work under the direct supervision of qualified nurses, who should check and countersign any clinical work they undertake. (4.58)
- 9.93 Prisoners with immediate health needs, such as headaches, should be able to access nurses without having to make an application to see a nurse the following day. (4.59)
- 9.94 Triage algorithms should be developed to ensure consistency of advice and treatment for all prisoners. (4.60)
- 9.95 Medication should be prescribed and administered according to appropriate clinical need, rather than meeting the aim of a 'twice a day' policy. (4.61)
- 9.96 All prescriptions should be legally written and include the quantity prescribed, date and signature of the prescriber. (4.62)
- 9.97 All prescriptions for schedule two controlled drugs should include the form and strength of the drug prescribed. (4.63)
- 9.98 Methadone mixture should be measured using appropriate glass measures, and the practice of mixing the prescribed dose with water before administration should stop. (4.64)
- 9.99 All healthcare staff who administer medications should adhere to Nursing and Midwifery Council guidelines for the safe administration of medications at all times. (4.65)
- 9.100 Applications to health services should be dealt with promptly and effectively, and prisoners should be able to see a doctor within 48 hours. (4.66)
- 9.101 There should be greater use of in-possession medication, and a robust policy, including drug and patient risk assessment tools, should be developed as soon as practicable. (4.67)
- 9.102 The pharmacist and/or pharmacy technician should routinely check the stocks of medicine stored in the healthcare department. (4.68)
- 9.103 A prison formulary should be developed. (4.69)
- 9.104 The full range of NHS dental treatments should be available, and the primary care trust should review the appropriateness of the current dental contract. (4.70)
- 9.105 The beds in healthcare should not form part of the prison's certified normal accommodation (CNA), and admission should only be on assessment of clinical need. (4.71)
- 9.106 Prisoners should have access to an appropriate primary mental health service. (4.72)
- 9.107 Mental health assessments and consultations should take place in rooms that are clean and afford appropriate privacy and confidentiality. (4.73)
- 9.108 There should be holiday and emergency cover arrangements for the dentist and dental nurse. (4.74)
- 9.109 Clinical records should be kept securely in accordance with data protection and the Caldicott principles covering confidentiality of personal health information. (4.75)

Learning and skills and work activities

- 9.110 Opportunities to accredit skills gained in the workshops should be further developed. (5.15)
- 9.111 Vulnerable prisoners should have access to education. (5.16)
- 9.112 Education outreach work should be developed. (5.17)
- 9.113 Literacy and numeracy support should be better integrated into workshops. (5.18)
- 9.114 There should be greater access to books not held in the library. (5.19)
- 9.115 There should be increased opportunities for private study in the library. (5.20)

Physical education and health promotion

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

Faith and religious activity

- 9.117 There should be an assessment of the faith needs of the population, informed by prisoner consultation, to ensure that the needs of Muslim prisoners and vulnerable prisoners are met. (5.35)
- 9.118 The prison should recruit a full-time Muslim chaplain. (5.36)

Time out of cell

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

Security and rules

- 9.120 The closed and banned visits log should be improved, and include a record of all decisions and reviews for each prisoner. (6.8)
- 9.121 Strip searching of prisoners after visits should be intelligence-led or based on specific suspicion. (6.9)

Discipline

- 9.122 All adjudication charges should be fully investigated. (6.28)
- 9.123 Prisoners should not be subject to unofficial punishments, and formal disciplinary procedures should be used. (6.29)
- 9.124 Staff should not place prisoners on report for minor offences that could be better dealt with by alternative means. (6.30)

- 9.125 Force should not be used against prisoners on open self-harm monitoring documents purely to put them into strip clothing or locate them into the observation cell in healthcare. (6.31)
- 9.126 All use of force documentation should be properly signed off and certified by a member of staff not involved in the incident. (6.32)
- 9.127 The establishment's protocol for the use of special accommodation should always be followed when these cells are used. (6.33)
- 9.128 The special cells should be modified to allow in natural light, or otherwise be taken out of use. (6.34)
- 9.129 Prisoners should not be automatically placed into strip clothing on location to the special cell. (6.35)
- 9.130 Prisoners should not be routinely strip searched on first location to the segregation unit, unless deemed necessary by prior risk assessment. (6.36)
- 9.131 All prisoners in segregation under rule 45 (good order or discipline) should be allocated a member of care and separation unit (CSU) staff as a key worker within 24 hours of arrival. The key worker should make daily records of the prisoner's behaviour on individual history sheets. There should also be regular liaison with the prisoner's wing staff to facilitate his return to normal location. (6.37)
- 9.132 Individual support and behaviour plans should be drawn up for all segregated prisoners within 72 hours of initial segregation, to assist their return to normal location. If segregation continues beyond 30 days, a care plan should be put in place to prevent psychological deterioration. (6.38)
- 9.133 Segregated prisoners should be provided with fixed furniture, unless deemed inappropriate following an individual risk assessment, in which case cardboard furniture should be issued. (6.39)
- 9.134 Prisoners should not be subject to a blanket policy of closed visits on location to the CSU. All decisions to impose closed visits should be based on an individual intelligence assessment. (6.40)
- 9.135 CSU staff should be trained in de-escalation, mental health, personality disorder and motivational interviewing in addition to other routine training, such as race equality and suicide prevention. (6.41)

Incentives and earned privileges

- 9.136 Basic level prisoners should be managed on their parent wing. (6.50)
- 9.137 Vulnerable prisoners should not be used to serve meals for basic level prisoners. (6.51)
- 9.138 The regime for basic level prisoners should be improved. They should be able to attend activities during the day, receive some association, and be able to keep their own radio/CD player. (6.52)

Prison shop

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

Strategic management of resettlement

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

Offender management and planning

- 9.141 Offender supervisors and other relevant staff should be co-located to facilitate the delivery of the offender management model. (8.14)
- 9.142 There should be better computer links to assist the completion and receipt of offender assessment system (OASys) documents. (8.15)
- 9.143 Lifer planning processes should commence at the earliest opportunity. (8.17)
- 9.144 Lifer forums should be established. (8.18)

Resettlement pathways

- 9.145 Prisoners not registered with a GP should be given assistance to do this before their release. (8.37)
- 9.146 Information included in discharge letters should be checked against the prisoner's electronic and paper clinical records. (8.38)
- 9.147 All prisoners taking medication before their release should be given a sufficient supply of medication until they can obtain a prescription from their community GP. (8.39)
- 9.148 The palliative care policy should be updated. (8.40)
- 9.149 The drug strategy document should be updated and include annual developmental targets and objectives. (8.50)
- 9.150 The drug strategy group should be re-established immediately, and used to manage and review progress against agreed developmental objectives. (8.51)
- 9.151 There should be an annual substance use needs analysis, including alcohol, which should inform the drug strategy document and service/treatment provision. (8.52)
- 9.152 An alcohol strategy should be developed as part of the overall drug strategy document, and appropriate treatment should be available to prisoners. (8.53)
- 9.153 Counselling, assessment, referral, advice and throughcare (CARAT) cases should be prioritised to take account of both treatment need and available sentence time. (8.54)

- 9.154 There should be a planned range of interventions to meet the treatment needs of the CARAT population, especially those with substantial needs and/or completing detoxification programmes. (8.55)
- 9.155 There should be a clear distinction between voluntary and compliance drug testing compacts. (8.56)
- 9.156 There should be relationship counselling for prisoners and their partners. (8.61)
- 9.157 Parenting courses for prisoners should be introduced. (8.62)
- 9.158 A prisoner needs analysis for offending behaviour programmes should be commissioned. (8.67)

Housekeeping points

Residential units

- 9.159 Flasks should be provided to all prisoners. (2.29)
- 9.160 Lost cell courtesy keys should be replaced. (2.30)
- 9.161 Damaged or defaced mattresses should be replaced. (2.31)

Health services

- 9.162 The healthcare room in reception should be kept clean and tidy. (4.76)
- 9.163 The computer in the dental surgery should be re-sited so that it can be used during clinics. (4.77)
- 9.164 Registers of all patients with lifelong conditions should be maintained. (4.78)
- 9.165 All medicine refrigerators should be kept between 2^o and 8^o Celsius, the minimum and maximum refrigerator temperatures should be monitored and recorded daily, and adjusted when necessary. (4.79)
- 9.166 Medicines no longer required should be returned promptly to the pharmacy and disposed of appropriately. (4.80)
- 9.167 Oral health promotion should be carried out. (4.81)
- 9.168 All drug trolleys should be secured to the fabric of the building when not in use. (4.82)

Examples of good practice

- 9.169 A member of the victim support team routinely interviewed victims of bullying and made referrals as necessary. Support for victims continued as long as the prisoner required it. (3.18)
- 9.170 The dates of case reviews for prisoners on open assessment, care in custody and teamwork (ACCT) documents were included on the daily briefing. This alerted staff from various departments who may wish to attend and contribute to the process. (3.39)
- 9.171 Library and education staff promoted support for prisoners with special needs. Toe-by-toe mentoring was linked with teaching in English for speakers of other languages (ESOL) to include foreign national prisoners with reading difficulties. (3.47)
- 9.172 The prison's partnership project with Salford Council, employers and Salford College provided guaranteed employment and accommodation to some prisoners returning to the Salford area who had completed a construction course. (8.29)
- 9.173 Visiting orders were used to provide advice to prisoners' families. (8.63)
- 9.174 A family liaison worker provided an effective link between prisoners and their families. (8.64)

Appendix I: Inspection team

Anne Owers	-	Chief inspector
Martin Lomas	-	Team leader
Eileen Bye	-	Inspector
Jonathan French	-	Inspector
Keith McInnis	-	Inspector
Steve Moffatt	-	Inspector
Marie Orrell	-	Inspector
Gordon Riach	-	Inspector
Louise Falshaw	-	Head of research and development
Laura Nettleingham	-	Researcher
Helen Meckiffe	-	Research trainee

Specialist inspectors

Mandy Whittingham	-	Healthcare
Margot Nelson-Owen	-	Healthcare
William Riall	-	Pharmacy
Stephanie Twidale	-	Dentist
Stephen Miller	-	Ofsted
Julie Podmore	-	Ofsted
Jane Robinson	-	Ofsted

Appendix IIa: Prison population profile - adults

(i) Status	Number of prisoners	%
Sentenced	678	68.9
Convicted but unsentenced	118	12
Remand	181	18.4
Civil prisoners	2	0.2
Detainees (single power status)	5	0.5
Detainees (dual power status) Double counted	(28)	(2.8)
Total	984	100

(ii) Sentence	Number of sentenced prisoners	%
Less than 6 months	137	20.21
6 months-less than 12 months	81	11.95
12 months-less than 2 years	123	18.14
2 years-less than 4 years	167	24.63
4 years-less than 10 years	112	16.52
10 years and over (not life)	10	1.47
Life	48	7.08
Total	678	100

(iii) Length of stay - *information not supplied*

(iv) Main offence	Number of prisoners	%
Violence against the person	208	21.15
Sexual offences	53	5.38
Burglary	144	14.63
Robbery	119	12.09
Theft and handling	121	12.29
Fraud and forgery	6	0.6
Drugs offences	69	7.02
Other offences	227	23.08
Civil offences	2	0.2
Offence not recorded/holding warrant	35	3.55
Total	984	100

(v) Age	Number of prisoners	%
21 years to 29 years	531	53.96
30 years to 39 years	295	29.99
40 years to 49 years	135	13.72
50 years to 59 years	18	1.83
60 years to 69 years	4	.4
70 plus years: <i>maximum age - 73</i>	1	.1
Total	984	100

(vi) Home address - *information not supplied*

(vii) Nationality	Number of prisoners	%
British	920	93.5
Foreign nationals	64	6.5
Total	984	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	811	82.42
Irish	4	0.41
Other White	12	1.21
<i>Mixed:</i>		
White and Black Caribbean	5	0.51
White and Black African	1	0.11
White and Asian	2	0.21
Other Mixed	12	1.21
<i>Asian or Asian British:</i>		
Indian	12	1.21
Pakistani	19	1.91
Bangladeshi	2	0.21
Other Asian	44	4.5
<i>Black or Black British:</i>		
Caribbean	15	1.51
African	12	1.21
Other Black	27	2.75
<i>Chinese or other ethnic group:</i>		
Chinese	5	0.51
Other ethnic group	1	0.11
Total	984	100

(ix) Religion	Number of prisoners	%
Church of England	356	36.18
Roman Catholic	243	24.7
Other Christian denominations	13	1.32
Muslim	88	8.94
Sikh	2	0.21
Buddhist	10	1.01
No religion	272	27.64
Total	984	100

Appendix IIb: Prison population profile - young adults

(i) Status	Number of prisoners	%
Convicted but unsentenced	60	43.48
Remand	76	55.08
Detainees (dual power status)	2	1.44
Total	138	100

(iii) Length of stay - information not supplied

(iv) Main offence	Number of prisoners	%
Violence against the person	46	33.33
Sexual offences	8	5.8
Burglary	17	12.32
Robbery	32	23.18
Theft and handling	6	4.34
Fraud and forgery	2	1.45
Drugs offences	9	6.52
Other offences	16	11.6
Offence not recorded/holding warrant	2	1.45
Total	138	100

(v) Age	Number of prisoners	%
18 years	45	32.6
19 years	43	31.16
20 years	50	36.24
Total	138	100

(vi) Home address - information not supplied

(vii) Nationality	Number of prisoners	%
British	124	89.85
Foreign nationals	14	10.15
Total	138	100

(viii) Ethnicity	Number of prisoners	%
<i>White:</i>		
British	102	73.91
Irish	1	0.73
Other White	1	0.73
<i>Mixed:</i>		
White and Black Caribbean	2	1.44
White and Asian	3	2.17
Other Mixed	4	2.9
<i>Asian or Asian British:</i>		
Pakistani	3	2.17
Other Asian	9	6.5
<i>Black or Black British:</i>		
Caribbean	2	1.44
African	1	0.73
Other Black	7	5.07
<i>Chinese or other ethnic group:</i>		
Chinese	1	0.73
Other ethnic group	2	1.44
Total	138	100

(ix) Religion	Number of prisoners	%
Church of England	25	<i>18.12</i>
Roman Catholic	38	<i>27.54</i>
Muslim	18	<i>13.04</i>
Buddhist	1	<i>0.73</i>
Other	1	<i>0.73</i>
No religion	55	<i>39.84</i>
Total	138	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 5-6 September 2007 the prisoner population at HMP/YOI Forest Bank was 1,060. The baseline sample size was 154. Overall, this represented 14% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. No 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, 134 respondents completed and returned their questionnaires. This represented 13% of the prison population. The response rate was 87%. In addition to the four respondents who refused to complete a questionnaire, 10 questionnaires were not returned and seven were returned blank.

Comparisons

The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted, in order to mimic a consistent percentage sampled in each establishment.

Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 34 local prisons since April 2003.

In addition, further comparative documents are attached. Statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group are shown, alongside statistically significant differences between Muslim prisoners and non-Muslim prisoners, and prisoners aged 21 and under and those over 21.

In all the above documents, statistical significance merely indicates 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.

Prisoner Survey Responses HMP Forest Bank 2007

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

Key to tables

	Any percent highlighted in green is significantly better than the local prisons comparator	HMP Forest Bank	Local prisons comparator
	Any percent highlighted in blue is significantly worse than the local prisons comparator		
	Percentages which are not highlighted show there is no significant difference between the 2007 survey and the local prisons comparator		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	134	3540
2	Are you under 21 years of age?	14	4
3	Are you transgender or transsexual?	0	0
4	Are you sentenced?	64	65
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5	7
6	If you are sentenced, are you on recall?	18	14
7	Is your sentence less than 12 months?	25	19
8	Do you have less than six months to serve?	40	31
9	Have you been in this prison less than a month?	27	22
10	Are you a foreign national?	5	13
11	Is English your first language?	93	91
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	19	25
13	Are you Muslim?	11	9
14	Are you gay or bisexual?	2	4
15	Do you consider yourself to have a disability?	9	17
16	Are you a Registered Disabled Person?	3	6
17	Is this your first time in prison?	24	26
18	Do you have any children?	50	58
SECTION 2: Transfers and Escorts			
19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	42	50
19b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	61	59
19c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	14	11
19d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	27	28
19e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	12	11
20	Did you spend more than four hours in the van?	3	5
21	Were you treated well/very well by the escort staff?	57	69
22a	Did you know where you were going when you left court or when transferred from another establishment?	78	75
22b	Before you arrived here did you receive any written information about what would happen to you?	12	14
22c	When you first arrived here did your property arrive at the same time as you?	77	83

SECTION 3: Reception, first night and induction			
24a	Did you have any problems when you first arrived?	81	76
24b	Did you have any problems with loss of transferred property when you first arrived?	10	10
24c	Did you have any housing problems when you first arrived?	21	21
24d	Did you have any problems contacting employers when you first arrived?	4	5
24e	Did you have any problems contacting family when you first arrived?	27	30
24f	Did you have any problems ensuring dependents were being looked after when you first arrived?	3	8
24g	Did you have any money worries when you first arrived?	29	24
24h	Did you have any problems with feeling depressed or suicidal when you first arrived?	21	24
24i	Did you have any drug problems when you first arrived?	27	18
24j	Did you have any alcohol problems when you first arrived?	15	22
24k	Did you have any health problems when you first arrived?	18	25
24l	Did you have any problems with needing protection from other prisoners when you first arrived?	6	9
25a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	15	14
25b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	32	27
25c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	17	17
25d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	72	55
25e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	26	21
25f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	18	18
25g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	43	43
25h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	48	51
25i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	41	42
25j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	53	50
25k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	24	26
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	91	85
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	69	67
27	Were you treated well/very well in reception?	58	58
28a	Did you receive a reception pack on your day of arrival?	82	73
28b	Did you receive information about what was going to happen here on your day of arrival?	47	41
28c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	40	41
28d	Did you have the opportunity to have a shower on your day of arrival?	17	34

SECTION 3: Reception, first night and induction continued			
28e	Did you get the opportunity to have a free telephone call on your day of arrival?	90	53
28f	Did you get information about routine requests on your day of arrival?	31	30
28g	Did you get something to eat on your day of arrival?	88	82
28h	Did you get information about visits on your day of arrival?	43	41
29a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	61	47
29b	Did you have access to someone from healthcare within the first 24 hours?	70	67
29c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	31	31
29d	Did you have access to the prison shop/canteen within the first 24 hours?	23	20
30	Did you feel safe on your first night here?	82	72
31	Did you go on an induction course within the first week?	79	58
32	Did the induction course cover everything you needed to know about the prison?	62	40
33	Did you receive a 'basic skills' assessment within the first week?	43	41
SECTION 4: Legal Rights and Respectful Custody			
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	53	41
35b	Is it very easy/easy for you to attend legal visits?	79	60
35c	Is it very easy/easy for you to obtain bail information?	28	25
36	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	42	43
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	30	52
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	94	74
37c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	88	83
37d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	78	64
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	47	36
37f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61	63
37g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	32	29
38	Is the food in this prison good/very good?	31	24
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44	43
40a	Is it easy/very easy to get a complaints form?	86	78
40b	Is it easy/very easy to get an application form?	93	84
41a	Do you feel applications are sorted out fairly?	45	40
41b	Do you feel your applications are sorted out promptly?	36	40
41c	Do you feel complaints are sorted out fairly?	22	28
41d	Do you feel complaints are sorted out promptly?	26	28
41e	Are you given information about how to make an appeal?	32	34
42	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	12	13
43	Do you know how to apply to the Prisons and Probation Ombudsman?	40	39

SECTION 4: Legal Rights and Respectful Custody continued			
44	Is it easy/very easy to contact the Independent Monitoring Board?	28	31
45	Are you on the enhanced (top) level of the IEP scheme?	15	24
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	48	46
47a	In the last six months have any members of staff physically restrained you (C & R)?	6	7
47b	In the last six months have you spent a night in the segregation/care and separation unit?	12	12
48a	Do you feel your religious beliefs are respected?	60	53
48b	Are you able to speak to a religious leader of your faith in private if you want to?	70	58
49	Are you able to speak to a Listener at any time, if you want to?	78	63
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	59	63
50b	Do most staff, in this prison, treat you with respect?	69	68
SECTION 5: Safety			
52	Have you ever felt unsafe in this prison?	40	38
53	Do you feel unsafe in this establishment at the moment?	23	21
55	Have you been victimised (insulted or assaulted) by another prisoner?	27	22
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	14	11
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	15	7
56c	Have you been sexually abused since you have been here? (By prisoners)	2	1
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3	4
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	6	3
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	5	4
56g	Have you ever been victimised because you were new here? (By prisoners)	9	5
56h	Have you ever been victimised because of your sexuality? (By prisoners)	1	1
56i	Have you ever been victimised because you have a disability? (By prisoners)	1	2
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	2	2
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	5	4
57	Have you been victimised (insulted or assaulted) by a member of staff?	21	25
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	15	14
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	1	5
58c	Have you been sexually abused since you have been here? (By staff)	1	1
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2	5
58e	Have you been victimised because of drugs since you have been here? (By staff)	2	4
58f	Have you ever been victimised because you were new here? (By staff)	3	6
58g	Have you ever been victimised because of your sexuality? (By staff)	2	1
58h	Have you ever been victimised because you have a disability? (By staff)	2	3
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	2	3

SECTION 5: Safety continued			
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	2	4
59	Did you report any victimisation that you have experienced?	10	11
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	29	24
61	Have you ever felt threatened or intimidated by a member of staff in here?	15	25
62	Is it very easy/easy to get illegal drugs in this prison?	50	32
SECTION 6: Healthcare			
64	Do you think the overall quality of the healthcare is good/very good?	30	34
65a	Is it very easy/easy to see the doctor?	14	26
65b	Is it very easy/easy to see the nurse?	25	48
65c	Is it very easy/easy to see the dentist?	9	7
65d	Is it very easy/easy to see the optician?	8	8
65e	Is it very easy/easy to see the pharmacist?	23	23
66a	Do you think the quality of healthcare from the doctor is good/very good?	33	35
66b	Do you think the quality of healthcare from the nurse is good/very good?	35	49
66c	Do you think the quality of healthcare from the dentist is good/very good?	17	19
66d	Do you think the quality of healthcare from the optician is good/very good?	16	15
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	26	33
67	Are you currently taking medication?	29	43
68	Are you allowed to keep possession of your medication in your own cell?	10	29
SECTION 7: Purposeful Activity			
70a	Do you feel your job will help you on release?	25	23
70b	Do you feel your vocational or skills training will help you on release?	17	24
70c	Do you feel your education (including basic skills) will help you on release?	32	36
70d	Do you feel your offending behaviour programmes will help you on release?	18	21
70e	Do you feel your drug or alcohol programmes will help you on release?	16	25
71	Do you go to the library at least once a week?	32	37
72	Can you get access to a newspaper every day?	34	38
73	On average, do you go to the gym at least twice a week?	47	37
74	On average, do you go outside for exercise three or more times a week?	55	41
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10	10
76	On average, do you go on association more than five times each week?	87	45
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	24	16

SECTION 8: Resettlement			
79	Did you first meet your personal officer in the first week?	10	15
80	Do you think your personal officer is helpful/very helpful?	20	22
81	Do you have a sentence plan?	15	24
82	Were you involved/very involved in the development of your sentence plan?	10	14
83	Can you achieve all or some of your sentence plan targets in this prison?	7	12
84	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	7	10
85	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	22	15
86	Do you feel that any member of staff has helped you to prepare for release?	16	14
87	Have you had any problems with sending or receiving mail?	37	45
88	Have you had any problems getting access to the telephones?	17	35
89	Did you have a visit in the first week that you were here?	49	36
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	78	64
91	Did you receive five or more visits in the last week?	3	0
92a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	27	27
92b	Do you think you will have a problem with finding a job following your release from this prison?	53	56
92c	Do you think you will have a problem with finding accommodation following your release from this prison?	44	50
92d	Do you think you will have a problem with money and finances following your release from this prison?	52	61
92e	Do you think you will have a problem with claiming benefits following your release from this prison?	32	39
92f	Do you think you will have a problem with arranging a place a place at college or continuing education following your release from this prison?	35	40
92g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	19	21
92h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	23	25
92i	Do you think you will have a problem with opening a bank account following your release from this prison?	44	45

SECTION 8: Resettlement continued			
93a	Do you think you will have a problem with drugs when you leave this prison?	21	18
93b	Do you think you will have a problem with alcohol when you leave this prison?	17	13
94a	Do you know who to contact, within this prison, to get help with finding a job on release?	41	40
94b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	45	43
94c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	27	30
94d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	50	45
94e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	30	31
94f	Do you know who to contact within this prison to get help with external drugs courses etc	48	45
94g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	37	35
94h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	31	32
95	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	19	31

Prisoner Survey Responses HMP Forest Bank 2007

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

Key to tables

		Under 21's	Over 21's
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
SECTION 1: General Information (not tested for significance)			
1	Number of completed questionnaires returned	17	117
2	Are you under 21 years of age?		
3	Are you transgender or transsexual?	0	0
4	Are you sentenced?	0	74
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0	5
6	If you are sentenced, are you on recall?	0	21
7	Is your sentence less than 12 months?	0	29
8	Do you have less than six months to serve?	0	47
9	Have you been in this prison less than a month?	41	25
10	Are you a foreign national?	6	5
11	Is English your first language?	82	95
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	30	18
13	Are you Muslim?	12	11
14	Are you gay or bisexual?	13	0
15	Do you consider yourself to have a disability?	8	10
16	Are you a Registered Disabled Person?	0	3
17	Is this your first time in prison?	69	18
18	Do you have any children?	16	54
SECTION 2: Transfers and Escorts			
19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	47	42
19b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	70	60
19c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	6	15
19d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	41	24
19e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	13	12
20	Did you spend more than four hours in the van?	0	4
21	Were you treated well/very well by the escort staff?	65	56
22a	Did you know where you were going when you left court or when transferred from another establishment?	70	78
22b	Before you arrived here did you receive any written information about what would happen to you?	12	12
22c	When you first arrived here did your property arrive at the same time as you?	82	76

SECTION 3: Reception, first night and induction			
24a	Did you have any problems when you first arrived?	73	82
24b	Did you have any problems with loss of transferred property when you first arrived?	20	9
24c	Did you have any housing problems when you first arrived?	0	24
24d	Did you have any problems contacting employers when you first arrived?	7	4
24e	Did you have any problems contacting family when you first arrived?	27	27
24f	Did you have any problems ensuring dependents were being looked after when you first arrived?	0	4
24g	Did you have any money worries when you first arrived?	40	27
24h	Did you have any problems with feeling depressed or suicidal when you first arrived?	34	19
24i	Did you have any drug problems when you first arrived?	20	28
24j	Did you have any alcohol problems when you first arrived?	13	15
24k	Did you have any health problems when you first arrived?	0	20
24l	Did you have any problems with needing protection from other prisoners when you first arrived?	13	5
25a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	8	16
25b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	34	32
25c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	10	17
25d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	66	73
25e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	20	27
25f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	16	19
25g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	42	43
25h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	39	50
25i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	42	41
25j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	46	54
25k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	28	24
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	94	90
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	70	69
27	Were you treated well/very well in reception?	70	56
28a	Did you receive a reception pack on your day of arrival?	82	82
28b	Did you receive information about what was going to happen here on your day of arrival?	65	45
28c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	65	37
28d	Did you have the opportunity to have a shower on your day of arrival?	24	16

SECTION 3: Reception, first night and induction continued			
28e	Did you get the opportunity to have a free telephone call on your day of arrival?	88	90
28f	Did you get information about routine requests on your day of arrival?	41	30
28g	Did you get something to eat on your day of arrival?	94	87
28h	Did you get information about visits on your day of arrival?	65	40
29a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	47	63
29b	Did you have access to someone from healthcare within the first 24 hours?	59	71
29c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	30	32
29d	Did you have access to the prison shop/canteen within the first 24 hours?	18	24
30	Did you feel safe on your first night here?	82	82
31	Did you go on an induction course within the first week?	94	77
32	Did the induction course cover everything you needed to know about the prison?	70	61
33	Did you receive a 'basic skills' assessment within the first week?	41	43
SECTION 4: Legal Rights and Respectful Custody			
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	47	54
35b	Is it very easy/easy for you to attend legal visits?	59	82
35c	Is it very easy/easy for you to obtain bail information?	12	31
36	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	35	44
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	18	31
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	94	94
37c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	82	89
37d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	82	77
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	70	44
37f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70	59
37g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	30	33
38	Is the food in this prison good/very good?	41	29
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53	42
40a	Is it easy/very easy to get a complaints form?	88	85
40b	Is it easy/very easy to get an application form?	100	92
41a	Do you feel applications are sorted out fairly?	44	46
41b	Do you feel your applications are sorted out promptly?	37	36
41c	Do you feel complaints are sorted out fairly?	13	23
41d	Do you feel complaints are sorted out promptly?	19	27
41e	Are you given information about how to make an appeal?	32	32
42	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	7	13
43	Do you know how to apply to the Prisons and Probation Ombudsman?	12	44

SECTION 4: Legal Rights and Respectful Custody continued			
44	Is it easy/very easy to contact the Independent Monitoring Board?	12	30
45	Are you on the enhanced (top) level of the IEP scheme?	6	16
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	50	48
47a	In the last six months have any members of staff physically restrained you (C & R)?	0	7
47b	In the last six months have you spent a night in the segregation/care and separation unit?	7	13
48a	Do you feel your religious beliefs are respected?	60	60
48b	Are you able to speak to a religious leader of your faith in private if you want to?	66	71
49	Are you able to speak to a Listener at any time, if you want to?	87	76
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	44	61
50b	Do most staff, in this prison, treat you with respect?	81	68
SECTION 5: Safety			
52	Have you ever felt unsafe in this prison?	41	40
53	Do you feel unsafe in this establishment at the moment?	30	22
55	Have you been victimised (insulted or assaulted) by another prisoner?	35	26
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	24	13
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	35	12
56c	Have you been sexually abused since you have been here? (By prisoners)	0	2
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0	4
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	0	7
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	18	3
56g	Have you ever been victimised because you were new here? (By prisoners)	24	7
56h	Have you ever been victimised because of your sexuality? (By prisoners)	0	1
56i	Have you ever been victimised because you have a disability? (By prisoners)	0	1
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	0	2
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	12	5
57	Have you been victimised (insulted or assaulted) by a member of staff?	19	21
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	13	15
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	0	1
58c	Have you been sexually abused since you have been here? (By staff)	0	1
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0	2
58e	Have you been victimised because of drugs since you have been here? (By staff)	0	3
58f	Have you ever been victimised because you were new here? (By staff)	0	4
58g	Have you ever been victimised because of your sexuality? (By staff)	0	2
58h	Have you ever been victimised because you have a disability? (By staff)	0	2
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	0	2

SECTION 5: Safety continued			
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	0	2
59	Did you report any victimisation that you have experienced?	13	9
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	35	28
61	Have you ever felt threatened or intimidated by a member of staff in here?	18	15
62	Is it very easy/easy to get illegal drugs in this prison?	24	54
SECTION 6: Healthcare			
64	Do you think the overall quality of the healthcare is good/very good?	18	32
65a	Is it very easy/easy to see the doctor?	0	16
65b	Is it very easy/easy to see the nurse?	6	28
65c	Is it very easy/easy to see the dentist?	6	9
65d	Is it very easy/easy to see the optician?	0	9
65e	Is it very easy/easy to see the pharmacist?	0	26
66a	Do you think the quality of healthcare from the doctor is good/very good?	13	36
66b	Do you think the quality of healthcare from the nurse is good/very good?	7	39
66c	Do you think the quality of healthcare from the dentist is good/very good?	7	18
66d	Do you think the quality of healthcare from the optician is good/very good?	7	18
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	7	30
67	Are you currently taking medication?	12	31
68	Are you allowed to keep possession of your medication in your own cell?	0	11
SECTION 7: Purposeful Activity			
70a	Do you feel your job will help you on release?	18	26
70b	Do you feel your vocational or skills training will help you on release?	13	17
70c	Do you feel your education (including basic skills) will help you on release?	35	31
70d	Do you feel your offending behaviour programmes will help you on release?	6	20
70e	Do you feel your drug or alcohol programmes will help you on release?	6	18
71	Do you go to the library at least once a week?	18	35
72	Can you get access to a newspaper every day?	35	34
73	On average, do you go to the gym at least twice a week?	41	47
74	On average, do you go outside for exercise three or more times a week?	59	54
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	6	10
76	On average, do you go on association more than five times each week?	88	87
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	18	25

SECTION 8: Resettlement			
79	Did you first meet your personal officer in the first week?	6	11
80	Do you think your personal officer is helpful/very helpful?	24	20
81	Do you have a sentence plan?	0	17
82	Were you involved/very involved in the development of your sentence plan?	0	12
83	Can you achieve all or some of your sentence plan targets in this prison?	0	8
84	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	0	8
85	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	18	22
86	Do you feel that any member of staff has helped you to prepare for release?	13	16
87	Have you had any problems with sending or receiving mail?	24	39
88	Have you had any problems getting access to the telephones?	12	18
89	Did you have a visit in the first week that you were here?	35	51
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	76	79
91	Did you receive five or more visits in the last week?	0	4
92a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	27	27
92b	Do you think you will have a problem with finding a job following your release from this prison?	53	53
92c	Do you think you will have a problem with finding accommodation following your release from this prison?	37	45
92d	Do you think you will have a problem with money and finances following your release from this prison?	59	51
92e	Do you think you will have a problem with claiming benefits following your release from this prison?	19	34
92f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	37	34
92g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	13	20
92h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	20	24
92i	Do you think you will have a problem with opening a bank account following your release from this prison?	20	48

SECTION 8: Resettlement continued			
93a	Do you think you will have a problem with drugs when you leave this prison?	12	22
93b	Do you think you will have a problem with alcohol when you leave this prison?	12	18
94a	Do you know who to contact, within this prison, to get help with finding a job on release?	30	43
94b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	24	48
94c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	12	29
94d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	41	51
94e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	24	32
94f	Do you know who to contact within this prison to get help with external drugs courses etc	19	53
94g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	24	39
94h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	34	31
95	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	0	22

Key Question Responses (Ethnicity and Religion) HMP Forest Bank 2007

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

Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim Prisoners	Non-Muslim Prisoners
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		26	108	14	117
4	Are you sentenced? (Not tested for significance)	58	66	66	66
10	Are you a foreign national? (Not tested for significance)	19	2	25	9
11	Is English your first language? (Not tested for significance)	76	97	63	94
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. (Not tested for significance)			93	16
13	Are you Muslim? (Not tested for significance)	54	0		
17	Is this your first time in prison? (Not tested for significance)	40	21	27	28
21	Were you treated well/very well by the escort staff?	73	53	62	66
22a	Did you know where you were going when you left court or when transferred from another establishment?	77	78	64	70
24	Did you have any problems when you first arrived?	56	87	81	78
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	92	91	83	87
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	83	66	60	71
27	Were you treated well/very well in reception?	72	55	51	59
30	Did you feel safe on your first night here?	88	80	67	76
31	Did you go on an induction course within the first week?	81	79	54	57
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	68	49	49	42
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	46	26	51	50

37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	96	93	75	79
37e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	62	44	36	35
38	Is the food in this prison good/very good?	48	26	23	25
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	28	48	37	46
40a	Is it easy/very easy to get a complaints form?	84	86	88	82
40b	Is it easy/very easy to get an application form?	100	91	88	86
41a	Do you feel applications are sorted out fairly?	54	43	37	43
41c	Do you feel complaints are sorted out fairly?	25	21	13	16
45	Are you on the enhanced (top) level of the IEP scheme?	24	12	15	23
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	44	50	28	48
47a	In the last six months have any members of staff physically restrained you (C & R)?	13	5	15	7
47b	In the last six months have you spent a night in the segregation/care and separation unit?	16	12	19	11
48a	Do you feel your religious beliefs are respected?	79	55	57	54
48b	Are you able to speak to a religious leader of your faith in private if you want to?	79	68	67	56
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	54	60	48	62
50b	Do most staff, in this prison, treat you with respect?	82	66	56	71
52	Have you ever felt unsafe in this prison?	38	40	47	38
53	Do you feel unsafe in this establishment at the moment?	16	25	30	20
55	Have you been victimised (insulted or assaulted) by another prisoner?	12	31	24	23
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4	3	15	2
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4	1	12	1
57	Have you been victimised (insulted or assaulted) by a member of staff?	24	20	41	21
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4	1	18	3
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	0	2	18	1
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	16	33	27	25

61	Have you ever felt threatened or intimidated by a member of staff in here?	13	16	32	22
62	Is it very easy/easy to get illegal drugs in this prison?	44	51	43	37
64	Do you think the overall quality of the healthcare is good/very good?	22	32	30	33
65a	Is it very easy/easy to see the doctor?	8	15	22	25
65b	Is it very easy/easy to see the nurse?	19	26	40	45
70a	Do you feel your job will help you on release?	26	25	21	24
70b	Do you feel your vocational or skills training will help you on release?	28	14	25	23
70c	Do you feel your education (including basic skills) will help you on release?	42	29	47	33
70d	Do you feel your offending behaviour programmes will help you on release?	19	17	23	22
70e	Do you feel your drug or alcohol programmes will help you on release?	18	16	23	26
71	Do you go to the library at least once a week?	31	33	31	32
73	On average, do you go to the gym at least twice a week?	58	44	47	42
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	16	8	6	10
76	On average, do you go on association more than five times each week?	84	88	47	52
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	27	23	10	17
79	Did you first meet your personal officer in the first week?	16	9	11	16
81	Do you have a sentence plan?	16	15	24	20
91	Have you had any problems with sending or receiving mail?	24	40	32	43
92	Have you had any problems getting access to the telephones?	12	18	34	31
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	72	80	53	69
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	24	17	18	31