

Report on an unannounced full follow-up  
inspection of

# **HMP Manchester**

1 – 9 September 2011

by HM Chief Inspector of Prisons

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# Introduction

HMP Manchester is one of three 'core local' prisons that are managed within the high security estate and can hold category A prisoners as well as lower risk prisoners. The prison serves the courts of Greater Manchester and so it held both remand and short-term prisoners with the range of social, mental health and substance abuse problems typical of any local prison population, and men convicted of the most serious offences who posed a current threat. The prison managed the whole range of the population very well indeed.

The prison had strong, visible leadership. The governor modelled the relationship he expected staff and officers to have with prisoners and took action when this was not achieved, which worked. In our survey, more prisoners told us they were treated with respect than we usually find in local prisons – and the results were dramatically better than when we last inspected in 2009. The survey results were consistent with what prisoners and staff told us directly and what we observed.

The security department's emphasis was on managing risk rather than avoiding it and the prison had managed well the difficult task of holding a small very high-risk population without impinging too much on the majority population. They saw their role as helping colleagues do things safely rather than stopping them, and as a consequence, the prison made good use of the facilities and opportunities it offered. In practice, the good relationships and plenty of activity that resulted from this approach contributed to a generally safe environment and good dynamic security. It was backed up by a sound violence reduction strategy and the prison managed gang issues well.

Gang members were expected to modify their behaviour so that they met the expectations of the prison rather than, as we sometimes see, the prison becoming tied down by its efforts to keep gang members apart. Extensive closed circuit television helped prisoners feel safe. The prison had taken effective action to reduce the supply of drugs. Few prisoners tested positive in random drug tests and most prisoners told us drugs were difficult to obtain. Safety would have been improved further by a less complicated violence reduction strategy and better liaison between security, residential units and the safer custody team. Interventions to address perpetrators and support victims needed to be more effective. Nevertheless, most prisoners' perceptions of their safety had much improved since our last inspection and this was particularly true of prisoners who were vulnerable because of their offence.

Our most serious concern about the prison was the high level of self-inflicted deaths. This had been the case for many years and was higher than most other prisons. There had been seven self-inflicted deaths since the beginning of 2009, five of them since our last inspection in July 2009. There was a degree of fatalism in the prison's response to this – that was the way things were in Manchester I was told. Arrangements for caring for prisoners at risk of self-harm or suicide were not poor but there was room for improvement. The prison was not active enough in ensuring lessons were learnt from previous cases (both at Manchester and elsewhere) and ensuring they were consistently applied. As a matter of urgency, the prison needed to apply the same vigour and determination to this issue as it had to others. Its own health department's approach to serious incidents, near misses and deaths in custody generally was good practice and an obvious starting point for tackling the specific issue of self-inflicted deaths.

The segregation unit was well kept and staff had good relationships with prisoners in their care. However, for the small number who were held for long periods the regime was poor with little opportunity for education or other activities. To some extent, this reflected the limited regime for category A prisoners. They were restricted to their own section of one wing and

although this had the advantage that their security arrangements did not impact on the regime for the population as a whole, it did limit the regime for these men.

Prisoners from black and minority ethnic groups reported similar experiences to white prisoners and there was good support for foreign national prisoners. However, wider diversity work was underdeveloped and under promoted. Although there was good practice in education identifying men with learning disabilities, general support for men with other disabilities was poor. The prison appeared to have failed to identify many men with a disability and even where needs had been identified, support was inconsistent or not followed through. The prison told us that no prisoner had identified themselves as gay, bisexual or transgender –which said more about the prison than it did about the prisoners. The prison needed to ensure that it identified and met the needs of prisoners from all minority groups.

Health care was generally very good and we identified a number of points of good practice. In particular, the emphasis on improvement and good staff-prisoner relationships created the conditions for good quality care. One issue, sometimes beyond the prison's control, was the unacceptably long waits some prisoners endured before being transferred to secure mental health facilities in the community. One prisoner had waited five months after acceptance and very few were transferred within target times.

The provision of purposeful activity was excellent. Most prisoners could spend 10 hours a day out of their cells – much more than we usually find in a local prison. We found only one in five prisoners locked in their cells during the working part of the day and wing staff could give a good explanation for each of them. There was a good range of work available. The print workshop provided a realistic working environment and even wing cleaners were given training before starting work. A good range of vocational training was also available. Good literacy and numeracy support was provided at work places with very effective use of peer mentors – from which both the mentor and the prisoner being supported gained. Education generally was good and worked imaginatively to engage those with very negative experience of formal education. There were effective arrangements to identify prisoners with learning difficulties although the education department struggled to keep pace with the very high level of demand. The library was well used and physical education was good.

Resettlement was another strength. At a strategic level, the governor led work with the prison's partners in the community to provide the support and supervision necessary to reduce the risk that prisoners reoffended after release. Work was underway to ensure the prison's understanding of its prisoners' resettlement needs was up to date. Offender management was sound and there were good arrangements to ensure that prisoners serving longer sentences moved on quickly to another prison that was appropriate for their needs. Even those serving short sentences were subject to offender management and sentence planning. There was excellent work to help them maintain their tenancies and keep jobs open. Faith groups provided very productive 'through-the-gate' support for prisoners living locally. In our survey, a much higher proportion of prisoners than in other local prisons or than at our last inspection told us they had received effective help to address their offending behaviour. There was some excellent and innovative work with prisoners and their families that tackled the problems of the family as a whole.

Just over 20 years ago, 'Strangeways' as HMP Manchester was generally known, had a notorious reputation and was almost completely destroyed by one of the worst riots in modern prison history. It is now completely transformed and in many ways provides a model to which other local prisons should aspire. The amount and quality of its purposeful activity and its effective resettlement work in particular are exceptional. However, the prison still has important areas to address. The level of self-inflicted deaths has been too high for too long and should

be no more accepted as an inevitable feature of the prison today than any of the other grim aspects of its past. The leadership of the prison should now bear down on this issue with the same determination and skill with which they have successfully addressed so many other issues.

Nick Hardwick CBE  
HM Chief Inspector of Prisons

December 2011



# Fact page

## Task of the establishment

HMP Manchester is a category A core local prison accommodating male adult prisoners sent to custody by the courts in the Greater Manchester area (remanded, convicted or sentenced), classifying and allocating to training prisons if/when places are available. On 7 April 2003, the prison moved into the high security estate, taking on increased category A work following the realignment of core local prisons.

## Prison status

Public

## Region/Department

North West - Directorate of High Security Prisons

## Number held

31 August 2011: 1166

## Certified normal accommodation

Baseline: 965

In use: 917 (48 spaces out of use for cell upgrades)

## Operational capacity

1238

## Date of last full inspection

Announced full inspection: 27-31 July 2009

## Brief history

Manchester Prison opened in June 1868. A major disturbance in 1990 required the prison to be rebuilt. The prison moved into the Directorate of High Security Estate in April 2003.

## Short description of residential units

A wing	Inner section: vulnerable prisoners, generally non-sex offenders and those who find it hard to cope Outer section: general population of sentenced prisoners and kitchen workers
B wing	Voluntary drug testing wing
C wing	Lifer and long-termers wing
D wing	General population of sentenced prisoners
E wing	Inner section: self-contained unit for category A and E list prisoners Outer section: vulnerable prisoner unit (also holds vulnerable prisoners categorised as category A or E list) and the segregation unit
G wing	Induction wing
H wing	Detoxification/maintenance wing for prisoners receiving treatment
H1 wing	Premium enhanced landing

I wing Detoxification/maintenance wing for newly received prisoners

K wing Unsentenced prisoners

M wing Health care centre

**Escort contractor**

GeoAmey PECS Limited

**Health service commissioner and providers**

Commissioner NHS Manchester

Provider Manchester Mental Health & Social Care Trust

**Principal learning and skills provider**

The Manchester College

# Healthy prison summary

## Introduction

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- HP1 All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:
- |                            |   |
|----------------------------|---|
| <b>Safety</b>              | prisoners, even the most vulnerable, are held safely  |
| <b>Respect</b>             | prisoners are treated with respect for their human dignity  |
| <b>Purposeful activity</b> | prisoners are able, and expected, to engage in activity that is likely to benefit them                          |
| <b>Resettlement</b>        | prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending. |
- HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for prisoners are good against this healthy prison test.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
  - **outcomes for prisoners are reasonably good against this healthy prison test.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
  - **outcomes for prisoners are not sufficiently good against this healthy prison test.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
  - **outcomes for prisoners are poor against this healthy prison test.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.
- HP3 The Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. In full follow-up inspections sufficient inspector time is allocated to enable an assessment of progress and also to allow in-depth analysis of areas of serious concern identified in the previous inspection, particularly on safety and respect, or matters of concern subsequently drawn to the attention of the Chief Inspector. Inspectors use the findings of prisoner surveys (where available), prisoner

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

- HP4 At the last inspection in 2009, we found that Manchester was performing reasonably well against the healthy prison test of safety. We made 52 recommendations, of which 25 had been achieved, 10 had been partially achieved and 17 were not achieved. We have made nine further recommendations.
- HP5 In 2009, we found that Manchester was not performing sufficiently well against the healthy prison test of respect. We made 111 recommendations, of which 46 had been achieved, 20 had been partially achieved, 43 were not achieved and two were no longer relevant. We have made 22 further recommendations.
- HP6 In 2009, we found that Manchester was performing reasonably well against the healthy prison test of purposeful activity. We made 14 recommendations, of which 10 had been achieved, two had been partially achieved and two were not achieved. We have made 10 further recommendations.
- HP7 In 2009, we found that Manchester was not performing sufficiently well against the healthy prison test of resettlement. We made 39 recommendations, of which 22 had been achieved, eight had been partially achieved, seven were not achieved and two were no longer relevant. We have made nine further recommendations.

## Safety

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- HP8 Reception arrangements had improved. Satisfactory first night procedures were backed up by an appropriate induction. Prisoners reported feeling much safer and the number of violent incidents had reduced but anti-bullying procedures did not work effectively. Levels of self-harm had decreased but there were still a high number of self-inflicted deaths and a need to concentrate more on learning lessons and to provide more consistent support for men at risk. Security and discipline arrangements were proportionate. Use of force was reasonable and well monitored. Drug-dependent prisoners received effective clinical support. Sources of drug supply were tackled and the mandatory drug testing rate was relatively low. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP9 A new escort contract had just begun with all new vans. Few prisoners travelled far from courts but many had to wait in court cells for long periods with sometimes further delays on the van after arrival at the prison. Prisoners arriving without their property remained a problem.
- HP10 The reception environment was generally satisfactory but some holding rooms were bleak and airless. Interviews were usually carried out in private but sometimes in the main open area. Officers dealt well with new arrivals, backed up by peer supporters. Prisoners were generally positive about their treatment in reception but black and minority ethnic and Muslim prisoners were less so, especially in relation to searching.
- HP11 Prisoners usually moved to the first night wing without much delay and a thorough first night interview identified any areas of immediate concern. Most said they got enough information on arrival and many more than at the previous inspection

reported feeling safe on their first night. Few prisoners said they had a shower on the day they arrived, although records showed all were offered one.

- HP12 Induction covered an appropriate range of basic information and was flexible to allow more time for those who needed more support, including those who did not speak and understand English. Some translated material was available and telephone interpreters were used but some foreign national prisoners said they did not always get enough detailed information. Delivery of the main induction course was entirely verbal and a lot of reliance was placed on a thorough but dense 83-page information book, which prisoners said they were often referred to irrespective of their reading ability.
- HP13 Survey responses about safety were mostly positive. Fewer prisoners than at the last inspection said they had ever felt unsafe in the prison and the number who said they actually felt unsafe had dropped substantially. The level of recorded violence had decreased. The violence reduction strategy appeared reasonably sound and there was good monitoring of gang affiliations and drug supply. More extensive closed-circuit television coverage had helped improve safety. However, too many investigations into allegations of bullying did little to establish the underlying reasons. Too many similar and unspecific targets were set for those monitored as suspected bullies and monitoring was inconsistent. Liaison between security, residential units and the safer custody team was not sufficiently effective to ensure that all violent incidents were identified and acted on. Vulnerable prisoners also reported feeling much safer than at the last inspection in 2009.
- HP14 There continued to be a high number of self-inflicted deaths and there was a need to ensure that recommendations from previous investigations were reviewed regularly and lessons learned as a number of the same issues arose more than once. Levels of self-harm were lower than in 2009. There were usually about 20 assessment, care in custody and teamwork (ACCT) documents open at one time. Both these issues had been identified in recent investigations into deaths. Most initial ACCT assessments were good but many care plans were not well focused on meeting the individual needs identified and case management was inconsistent. Reviews often involved just wing officers. ACCT procedures were better for men held in health care. Listeners felt well supported and prisoners had generally good access to them, but recent population pressures arising from the disturbances in August 2011 had resulted in too many being transferred.
- HP15 A large number of security information reports were processed promptly. The security committee was well attended and good relationships with the police ensured that useful information was received to help manage gang activity. Information was used well to inform intelligence-based risk management systems and, despite the prison's high secure status, security procedures were generally proportionate and did not unnecessarily prevent most prisoners taking part in an active regime.
- HP16 The segregation unit was generally well kept. Staff were respectful and supportive and knew and understood prisoners' circumstances. Care plans to help prisoners reintegrate were underdeveloped. Strip searching on entry was routine and access to basic facilities and rights such as showers, telephones and exercise still depended on prisoners making applications early in the morning. The regime was satisfactory for most prisoners held there for short periods but very restricted for the small number of longer stay prisoners.

- HP17 The number of formal disciplinary charges was relatively low. Records indicated that proceedings were mostly conducted fairly, with appropriate and consistent punishments, but there were also some examples where adjudicators did not enquire sufficiently into the full circumstances. Quarterly adjudication standardisation meetings included discussion to identify trends and potential problems.
- HP18 Use of force was not high and was well monitored up to senior management team level. Many incidents did not involve full use of control and restraint techniques. Records were mostly well completed and indicated that force was used only as a last resort. Special accommodation had been used 10 times during the year to date and its use was properly justified and mostly for short periods.
- HP19 The integrated drug treatment system (IDTS) provided good clinical support with appropriate first night prescribing. There was no night-time IDTS nurse cover but this had been subject to a robust risk assessment. Random mandatory drug test positive rates were relatively low at less than 5%. There was an effective drug supply reduction strategy but arrangements for suspicion tests were ineffective.

## Respect

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- HP20 Relationships were much improved but formal personal officer work was not sufficiently well developed. The prison was generally clean and well kept. The incentives and earned privileges system was satisfactory. Food was of reasonable quality but some meals were served cold. There was insufficient promotion of diversity and equality. Outcomes for black and minority prisoners were reasonable and there were some good services for foreign national prisoners but support for prisoners with disabilities was poor. Chaplains were active in the life of the prison. Health services were good. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP21 Staff-prisoner relationships had improved, with a strong lead by the governor. Many more prisoners than previously said most staff treated them with respect and that they had a member of staff they could turn to for help. We saw friendly and relaxed interactions but these had not yet developed into fully effective personal officer work. Most prisoners who said they had a personal officer found them helpful but personal officer case notes were infrequent and lacked depth.
- HP22 All wings were very clean, although there was build up of litter in cell window meshes over-spilling into yards. Cells were mostly in reasonable condition but a number of broken windows took too long to be repaired. There was good access to showers, with good facilities in the upper part of the prison, but some showers in the lower prison were in poor condition. Cell bells were answered promptly. Many telephones did not have hoods or booths for privacy and there were too few telephones on some wings. Delays with delivery of mail appeared to be an ongoing difficulty.
- HP23 Staff and prisoners we spoke to mostly had a good understanding of the incentives and earned privileges scheme. While some said it was a good motivator to improve and maintain standards of behaviour, less than half in our survey said this was the case. A number of prisoners said they were unaware they had infringed rules until they received a written warning. Those on the basic level were subject to regular review.

- HP24 The kitchen was clean and well maintained and a four-week menu cycle gave appropriate choices. Meals had to be eaten in cells with poorly screened toilets. Satisfaction with the food was similar to other local prisons, although that meant nearly half in our survey said the food was bad. The quality of food we tasted in the kitchen was good but by the time meals were served some food was cold.
- HP25 There were diversity policies for most expected areas except for older prisoners. Regular and useful consultation with prisoner representatives had helped progress some issues but the role of representatives was not well promoted. Work in the area of sexuality was underdeveloped and there were no obvious positive images around the prison to promote equality and diversity and support alternative lifestyles. Regular cultural awareness events were largely aimed at the prisoner representatives rather than the general population. Despite some good work in health care and education, general support for men with disabilities was poor, with significant under-identification of need.
- HP26 About 25% of prisoners were from black and minority ethnic backgrounds. Some were concerned that there were few black staff. The prison's ethnic monitoring data had not identified any major disparities in outcomes between racial groups. Most reported racist incidents were adequately investigated but took too long to complete. Not enough was done to identify learning points at quality assurance meetings. Race equality work had too low a profile and wing-based race equality officers had not made much impact. Muslim prisoners were less likely than others in our survey to say they had been treated with respect and about half said they had been victimised by staff. Some consultation had been attempted but with little outcome and there were no regular meetings to help address the poorer perceptions of this group.
- HP27 There were some good structures to support about 120 foreign national prisoners, with effective joint working between the foreign national officer and a UK Border Agency representative. Some effective support groups had been run but many foreign national prisoners were unaware of them. Similarly, many of those who needed them did not know about the range of useful translated material available and systems did not ensure that non-English speakers received consistent support. There was no independent immigration advice service because the previous provider had ceased business but an alternative was being sought.
- HP28 All main faiths were represented by the chaplaincy, which was active and supportive in prison life. Prisoners still had to make applications to attend religious services but this did not appear to impede access. The space allocated for Muslim prayers remained unsatisfactory. Provision for Ramadan and other special events was good. There were good through-the-gate contacts with faith groups providing support for prisoners' families and for those released locally.
- HP29 Prisoners said responses to applications were usually fair but replies often took too long and some went missing. There was no monitoring of response times. Answers to complaints were generally polite and addressed the issues raised, with especially good replies from health care, but some had deficiencies that were not identified by quality assurance. There was a good bail service and decent facilities for legal visits but there was a backlog in legal services applications caused by the redeployment of the legal services officers.
- HP30 Health services had improved. Transition to a new provider was being managed well. Partnership working was very good, with effective clinical governance systems. An

up-to-date health needs assessment was being prepared. Improvements had been made to the health care environment and more were under way but a treatment room on E wing was not fit for purpose. Infection control was very effectively managed. Primary care and life-long condition provision was good and there was efficient use of telemedicine and new x-ray facilities. Pharmacy and dental services were good. Although some prisoners complained about waits to see GPs, the doctor could usually be seen within two days but high rates of non-attendance at health care appointments needed investigation. Prisoners waited too long in health care before and after being seen. Inpatient care had improved. Good palliative care was provided. Mental health services had improved but transfers to external care took too long.

## Purposeful activity

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- HP31 Time out of cell was excellent for a local prison. There were sufficient activities and most men were purposefully occupied, although there were still a lot of cleaning jobs. Training opportunities were reasonably good, education provision was very good and prisoners were very positive about their involvement. There was good access to the library and reasonable PE facilities. Outcomes for prisoners were good against this healthy prison test.
- HP32 During the week, prisoners spent an average of about 10 hours out of cell and we found relatively few prisoners locked up for a local prison: a maximum of 20% during an afternoon check, including prisoners on I wing who were locked up briefly while controlled drugs were administered. Association and exercise was offered every day and rarely cancelled but not all men in activities had the opportunity to spend an hour in the open air each day.
- HP33 Good strategic planning took into account prison, regional and national priorities to develop learning and skills provision. There were generally sufficient activity places, although wing cleaning jobs still accounted for many of them. Allocation to activity was fragmented, with insufficient overview to ensure that allocation was fair and equitable or that waiting lists were managed effectively. Induction satisfactorily introduced prisoners to available activities and the security risk assessment process efficiently ensured swift deployment to work, education or training.
- HP34 The introduction of an extended working day in print workshops and the laundry provided a more realistic working environment. Wider key skills accreditation in workshops effectively recorded the development of prisoners' employability skills. Useful waste management work led to accredited training at level 2. Vulnerable prisoners had increased opportunities in work and training through the development of the printing workshops. Prisoners were helped to develop their literacy and numeracy skills at work through good outreach provision to work and training places.
- HP35 Achievement of qualifications in vocational training was good. Prisoners were able to develop good skills and the more able were encouraged to achieve above the requirements of the qualification. There were insufficient progression opportunities between the construction craft courses. Well qualified and skilled tutors contributed to prisoners' high level of satisfaction with their training and learning and peer mentors supported new learners well.

- HP36 The education provision was very well managed. Success rates in skills for life and personal and social development courses were high and showed a three-year trend of improvement. Teaching and learning were good and classroom discipline was well managed. Prisoners were well supported by tutors and enjoyed their education sessions, through which they gained increased confidence and skills. The educational needs of those with learning difficulties or disabilities were effectively identified and met.
- HP37 Prisoners had good and equitable access to the library and use had increased slightly. The range of stock was sufficient and included current legal texts and publications.
- HP38 PE facilities and equipment were good but there was a lack of screening in the toilet and shower area. Prisoners benefited from a suitable range of accredited courses and achieved well. Cardiovascular and weights equipment was provided on most wings. Vulnerable prisoners' access to PE was too restricted and fair allocation to PE from the wings remained an issue.

## Resettlement

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- HP39 There was good senior strategic overview of resettlement, which recognised the importance of involving community partners. A new needs analysis was under way. Offender management and sentence planning had been introduced for men serving short sentences. Public protection arrangements were sound. Reintegration services were reasonably good except for those with financial problems. Some innovative family work was delivered. A good range of programmes was run, including for those with alcohol problems, and some innovative 'through the gate' programmes. Outcomes for prisoners were good against this healthy prison test.
- HP40 Some high-level strategic work had taken place through the local criminal justice committee and other bodies to increase awareness of responsibilities in relation to helping prisoners from Manchester resettle successfully. The reducing reoffending policy included all pathways but needed to take account of a new needs analysis that was under way. Regular reducing reoffending and pathway meetings were held and each resettlement pathway had a named lead but not all had a specific action plan to take forward services.
- HP41 Offender management was well established and managed. OASys were up to date and sentence planning had recently been introduced for prisoners serving less than 12 months. There were 270 men in formal scope for offender management arrangements. Offender supervisors' caseloads were reasonable and they saw their prisoners regularly. Sentence planning boards were multidisciplinary and there were effective links with offender managers. Plans contained appropriate time bound targets. Lifers and other indeterminate-sentenced prisoners were managed by a specific group of offender supervisors. Prisoners were quickly categorised and allocated. Most were able to make progressive moves but there was some difficulty moving sex offenders to suitable prisons. Population pressures meant prisoners did not always go to appropriate prisons to make progress in their sentence. Public protection arrangements were sound.

- HP42 A good range of accredited programmes was run to meet needs and waiting lists were short. A victim awareness programme was also run through education. A Choose Change course was run for prisoners serving less than 12 months and provided support in the prison and for three months on release in the community.
- HP43 Prisoners' resettlement needs were assessed during induction and pre-discharge boards took place six weeks before release. Many men were helped to safeguard existing housing or helped to obtain supported housing. Prisoners were seen by a JobCentre Plus worker during induction and at the pre-release board to help with benefits but there was no specialist finance and debt advice service. Careers, information and advice support workers provided appropriate individual support in preparation for release and an effective pre-release programme was run. Partnership working with the Prince's Trust to promote increased employability skills through business courses was developing well and some ongoing work to develop sustained employer links had had some success in placing prisoners in employment.
- HP44 There was a very good range of services to support contact with families and some innovative practice. A large well-managed visitors' centre helped new visitors and proactively referred visitors to relevant community support services. Visitors said they were well treated and that visits were easy to book and started on time.
- HP45 The counselling, assessment, referral, advice and throughcare (CARAT) service was well integrated with clinical services. As well as good support for men with drug problems, a specialist alcohol nurse provided help for men with alcohol problems and two more were about to be appointed. Alcoholics Anonymous and control of violence for angry impulsive drinkers (COVAID) and the alcohol awareness component of the IDTS psycho-social programme were also available. The establishment of the drug recovery wing on B wing was a positive development and provided excellent levels of post-release support.

## Main concerns and recommendations

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- HP46 Concern: While some violence reduction initiatives appeared to have been effective, the anti-social behaviour strategy was too complex. Investigations were poor, monitoring inconsistent and there was little structured support for victims.
- Recommendation: An effective anti-social behaviour strategy should be introduced that identifies and deals with the root causes of poor behaviour, ensures that alleged bullies are challenged and monitored and victims supported.**
- HP47 Concern: There continued to be a high level of self-inflicted deaths in the prison. There was insufficient priority and focus given to ensuring lessons were learnt from previous cases and where possible, causal factors were eliminated and not repeated.
- Recommendation: A regularly reviewed consolidated action plan should include recommendations from investigations into all deaths in custody and serious incidents of self-harm, including coroners' rule 43 letters, to help ensure that lessons are learned, agreed actions are maintained and similar occurrences avoided.**

**HP48** Concern: Wider diversity work continued to be underdeveloped and the needs of some minority groups, particularly men with disabilities, were not identified or addressed.

**Recommendation: The specific needs of older, gay, transgender and bisexual prisoners and those with disabilities should be identified and addressed.**

**HP49** Concern: While there was sentence planning for men serving over 12 months and this had also recently been introduced for those serving less than 12 months, there was no custody planning or other case management approach for men remanded into custody, who represented a third of the population, to ensure their identified needs were met.

**Recommendation: Custody planning should be introduced for unconvicted men to ensure that resettlement and other needs are identified and met systematically.**

# Progress on main recommendations since the previous report

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

- MR1 **Prisoner consultation should be used to inform developments around violence reduction and improve perceptions of safety. (HP44)**  
**Partially achieved.** Prisoners had been surveyed about safety and some action had been taken but more regular consultation with prisoners still needed development (see section on bullying and violence reduction).
- MR2 **Managers should explore the reasons behind prisoners' distrust of some staff, and the poor perceptions of Muslim prisoners in particular, and take appropriate action. (HP45)**  
**Partially achieved.** Managers had taken some specific measures to target areas of the prison where relationships were a concern but perceptions of Muslim prisoners were still less good than others (see sections on staff-prisoner relationships and diversity).
- MR3 **Managers should encourage positive interaction by staff with prisoners, and model that behaviour themselves. (HP46)**  
**Achieved.** Staff and prisoners commented on the governor's positive lead in promoting good staff-prisoner relationships and this was also reflected in written briefings and notices to staff. Senior managers challenged staff about poor attitudes and lack of professionalism and some staff had been dismissed as a result.
- MR4 **The specific needs of older, gay, transgender and bisexual prisoners and those with disabilities should be identified and addressed. (HP47)**  
**Not achieved.** There was no specific provision for older prisoners outside health care and sporadic and inadequate attention to the needs of prisoners with disabilities. An 'equality policy for gay and bisexual prisoners' gave little indication of how its aims were to be achieved. (See main recommendation HP48.)
- MR5 **There should be custody planning for short-term and remand prisoners. (HP48)**  
**Partially achieved.** Sentence planning had been introduced for prisoners serving sentences of less than 12 months but there was no custody planning for unconvicted men (see section on offender management and main recommendation HP49.)
- MR6 **There should be structured accredited programmes for alcohol and drug use. (HP49)**  
**Achieved.** Prisons addressing substance-related offending (P-ASRO) and control of violence for angry impulsive drinkers (COVAID) were now run.
- MR7 **All prisoners should have access to some form of work, education or training. (HP50)**  
**Achieved.** There was enough purposeful activity to allow about 75% of prisoners the opportunity to engage in activities throughout the working day, sufficient for a local prison.
- MR8 **A resettlement needs analysis of the population should be completed, and the results reflected in the policy document and acted on. (HP51)**  
**Partially achieved.** A population needs analysis had been undertaken in 2009 but did not include the needs of those serving short sentences or on remand. The results had been included in the reducing reoffending strategy and had informed the introduction of some services. A new analysis was under way. (See also section on resettlement.)

# Progress on recommendations since the last report

## Section 1: Arrival in custody

### Courts, escorts and transfers

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#### Expected outcomes:

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

- 1.1 **Prisoners should be returned from court in a timely manner. (1.8)**  
**Not achieved.** Prisoners often waited four hours or more to be taken from court cells to the prison.  
**We repeat the recommendation.**
- 1.2 **Reception staff should be informed of when escort contractors are due to arrive to transfer prisoners to other establishments. (1.9)**  
**Partially achieved.** This had improved but reception staff were still not always told what time escort staff would arrive to collect prisoners being transferred.
- 1.3 **Prisoners who are being transferred to other prisons should arrive in reception after those who are going to court have been dealt with. (1.10)**  
**Achieved.** Prisoners being transferred now arrived in reception at 8.45am rather than 7.30am.
- 1.4 **Arrangements for moving prisoners from vans to reception should be improved so that they spend the minimum amount of time on cellular vehicles. (1.11)**  
**Not achieved.** Staff aimed to move prisoners from vans to reception as quickly as possible but there could be waits of an hour or more when several vans arrived within a short space of time.  
**We repeat the recommendation.**
- 1.5 **When prisoners arrive at the establishment without their property, they should be given advice and support on how they can retrieve it. (1.12)**  
**Partially achieved.** In our survey, 70% of prisoners, fewer than the comparator<sup>1</sup> of 82%, said

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

their property had arrived at Manchester with them. Reception staff were helpful but prisoners were not always convinced that they had been given any effective help to retrieve their property. Property issues were the most common subject of complaint. We were told that much of the problem was caused by HMP Forest Bank sending prisoners to court without their property.

#### Further recommendation

- 1.6 Managers should liaise with other prisons in the area to monitor and reduce the number of prisoners arriving at HMP Manchester without their property.

#### Additional information

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- 1.7 GeoAmev had just taken over the escort contract and had supplied a fleet of new vans. These provided satisfactory accommodation but a sliding screen to be used if male and female prisoners or children were carried at the same time was inadequate. Vans lacked refrigeration and space for prisoners' property was restricted. One van taking prisoners to HMP Hull carried no water or other refreshments despite the length of the journey.
- 1.8 The record of timely delivery to court was consistently good. Reception managers attended court user meetings and liaised well with partner agencies.

#### Housekeeping point

- 1.9 Water should be provided on escort vans.

## First days in custody

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### Expected outcomes:

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

### Reception

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- 1.10 **There should be a suitable reception area for category A prisoners. (1.33)**  
**Not achieved.** The category A reception area remained cramped and in poor decorative order. The main area remained a thoroughfare and therefore still inadequate.  
**We repeat the recommendation.**
- 1.11 **Prisoners should be addressed by their preferred name on arrival in reception. (1.34)**  
**Achieved.** Reception staff were polite and considerate in their dealings with prisoners and used preferred names in all cases we observed.
- 1.12 **All holding rooms should contain relevant information, and prisoners should have access to peer supporters in the reception area. (1.35)**  
**Partially achieved.** Peer supporters were available in reception and could use a well-

furnished suite when talking to new arrivals. Some holding rooms contained information but most were bare and staff said displays were consistently vandalised and destroyed. Holding rooms were generally inadequately cleaned and contained large uncovered waste bins.

#### Housekeeping point

1.13 Holding rooms should be kept clean.

1.14 **Cell-sharing risk assessments should be completed in a private room. (1.36)**  
**Partially achieved.** Most cell-sharing risk assessment interviews now took place in private but some were held at a desk in the open reception area screened on only one side.

#### Housekeeping point

1.15 Managers should ensure that private facilities are used for all cell-sharing risk assessment interviews.

1.16 **All prisoners should be able to make a telephone call on arrival at the establishment. (1.37)**  
**Achieved.** All prisoners were offered a telephone call in reception and first night staff also helped new arrivals make a call if they had not been able to get through to someone while in reception. New arrivals with no family in the UK had to wait until they were on the first night unit to make an international call but these were facilitated within their first 24 hours.

#### Additional information

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1.17 Prisoners were positive about the amount of information given to them on arrival. Most were generally content with how they had been treated in reception, although black and minority ethnic and Muslim prisoners were less positive, particularly about searching procedures.

1.18 The inspection took place shortly after the disturbances in August 2011, which had had a significant impact on the prison for three weeks, with double the normally low numbers received at weekends. This had been managed within normal procedures and reception staff had worked hard to process the extra arrivals efficiently.

#### Further recommendation

1.19 Reception staff should take account of cultural or religious sensitivities when undertaking reception procedures, particularly searching.

#### First night

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1.20 **Prisoners should be offered a shower in reception or on their first night. (1.38)**  
**Partially achieved.** The offer of a shower was always recorded in reception, although rarely taken up and many prisoners said it was not possible. Those arriving in good time before evening lock-up could shower on the first night wing but many arrived after this time. In our survey, fewer than the comparator said they had been offered a shower on the day of arrival.  
**We repeat the recommendation.**

- 1.21 **Prisoners should be moved to their first night accommodation as soon as they have completed the reception process. (1.39)**  
**Achieved.** Staffing profiles had been changed to provide 'runners' when required so new arrivals did not have to wait to be moved to their first night accommodation.
- 1.22 **Managers should explore prisoners' poor perceptions of safety on their first night at the establishment. (1.40)**  
**Achieved.** Prisoners' perceptions of safety had improved significantly and in our survey a similar proportion to the comparator said they had felt safe on their first night.
- 1.23 **Prisoners should be able to order canteen goods within 24 hours of arrival. (1.41)**  
**Not achieved.** Most prisoners had to wait for the regular weekly order day and the forthcoming change to a single delivery day for the whole prison was likely to reduce or remove any scope for making exceptions and increase the potential for debt and bullying.  
**We repeat the recommendation.**

### **Additional information**

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- 1.24 A thorough and recorded interview covering all areas of immediate concern took place on the first night. Older prisoners, prisoners with disabilities and Muslim prisoners were more negative than others in our survey about several aspects of their first 24 hours.

### **Induction**

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- 1.25 **Foreign national prisoners who do not speak English should be given the same information as that provided to other prisoners on the induction programme. (1.42)**  
**Partially achieved.** A range of translated information was available on the shared drive and induction staff used telephone interpreters. However, prisoners who could not speak or understand English well said they had not been able to understand the regime or the opportunities available to them and had not been provided with sufficient details.  
**We repeat the recommendation.**
- 1.26 **Prisoners not located on G wing for their first night should receive an induction programme that informs them of the rules, regime and activities relevant to their location. (1.43)**  
**Achieved.** Induction packages were available and delivered, appropriate to those on the vulnerable prisoner, category A and substance misuse stabilisation units.
- 1.27 **Prisoners should be fully occupied for the duration of the induction programme. (1.44)**  
**Partially achieved.** The induction programme was delivered at a suitable pace but many prisoners complained about irregular and inadequate association and exercise and the corresponding amount of lock up.  
**We repeat the recommendation.**
- 1.28 **The triple A system should be reviewed to ensure that it delivers the intended outcomes for prisoners. (1.45)**  
**Achieved.** The triple A (assisted access and advice) system was flexible and unsystematic but paid proportionate attention to the individual needs of prisoners. However, the induction experience of some minority groups (see below) indicated a need for further attention to the outcomes.

1.29 **G wing should not be used to hold prisoners who cannot be located elsewhere in the prison. (1.46)**

**Achieved.** Prisoners were no longer located on G Wing due to lack of a suitable location elsewhere.

1.30 **Prisoners who are not able to be moved from G wing because they require extra support should have access to education and work. (1.47)**

**Achieved.** Such prisoners had access to education and to resettlement services in workshop 4. Prisoners were no longer kept on G Wing for long periods without employment.

### **Additional information**

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1.31 In our survey, more than the comparator said they had been on induction and more also said induction had covered all they needed to know. Induction itself was delivered as a lecture and the accompanying electronic slide presentations were not used due to lack of equipment. Staff and prisoners were therefore more reliant on a thorough but indigestible 83-page information book given to everyone. Some prisoners said they had been referred to this whatever their level of reading ability. Following this initial session, induction was reasonably flexible, covering a range of information in outline and devoting additional resources on succeeding days to one-to-one work with those who had not been to the prison before or for other reasons needed a more step-by-step approach.



# Section 2: Environment and relationships

## Residential units

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### Expected outcomes:

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

### Accommodation and facilities

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- 2.1 **Broken windows should be mended immediately. (2.18)**  
**Not achieved.** A number of cell and shower windows were missing or broken and some had been waiting for repair for several months.  
**We repeat the recommendation.**
- 2.2 **Two prisoners should not share accommodation designed for one. (2.19)**  
**Not achieved.** Cells designed for one man were still occupied by two prisoners.  
**We repeat the recommendation.**
- 2.3 **Prisoners should have access to showers in private. (2.20)**  
**Partially achieved.** Showers were being refurbished and those on the upper wings could be used in private while those on lower wings remained communal and some were broken.

#### Further recommendation

- 2.4 All showers should be refurbished and allow prisoners to use them with appropriate privacy.

- 2.5 **Prisoners should be able to shower or bath daily, before court appearances and before visits. (2.21)**  
**Partially achieved.** Prisoners could shower daily, although those attending trials often found it difficult to shower before going to court or on their return.

#### Further recommendation

- 2.6 Prisoners attending trials should be able to shower in reception if they are not able to do so on their wings.

- 2.7 **Officers should be able to monitor call bells when they are carrying out other checks. (2.22)**  
**Achieved.** Cell bells were answered promptly and more than the comparator in our survey said their cell bell was responded to within five minutes. A programme to install new call bells with an intercom facility was under way and would facilitate an automated auditable system.
- 2.8 **Prisoners' consultative meetings should include representation from a variety of departments. Actions should be recorded and published. (2.23)**  
**Not achieved.** Apart from occasional attendance by health care and the offender management unit, prisoner consultative meetings were poorly attended and rarely by anyone outside the

wing. Actions from the meetings were minuted and published.  
**We repeat the recommendation.**

- 2.9 **The dog kennels should be removed to a place not directly outside prisoners' accommodation. (2.24)**  
**Not achieved.** The situation had not changed and many prisoners were disturbed by barking dogs.  
**We repeat the recommendation.**
- 2.10 **Delays in adding PIN telephone numbers to prisoner accounts should be reduced. (2.25)**  
**Achieved.** Personal identification telephone numbers were usually added to prisoners' accounts within a couple of days.
- 2.11 **All telephones should be fitted with privacy hoods. (2.26)**  
**Not achieved.** There were still many telephones on wings without privacy hoods and not in booths.

#### Further recommendation

- 2.12 Prisoners should be able to make telephone calls in private protected from background noise.

- 2.13 **The process for receiving property should be simplified. (2.27)**  
**Not achieved.** While the process for receiving property had not changed, notices giving a clearer explanation of the process had been issued to prisoners.

#### Additional information

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- 2.14 With the exception of outside areas, all communal areas and most cells were clean but many cell window meshes were very littered. Food from this litter had dropped into the exercise yards, which had attracted pigeons and therefore resulted in a build up of bird excrement. Some staff reported sporadic sightings of other vermin but said this was less frequent than it had been. The estates department dealt with vermin and other reported infestations but little was done about pigeons.
- 2.15 The offensive displays policy was enforced and there was little graffiti. Notices displayed in all wing communal areas were all in English, although some were available in several languages on request. Communal areas were appropriately supervised and were generally calm and quiet. All prisoners were encouraged to maintain good personal hygiene and basic personal hygiene items were readily available. Prisoners could launder clothing at least once a week and there was enough prison clothing. Bedding was regularly exchanged.
- 2.16 There were no restrictions on the amount of mail prisoners could send or receive. Outgoing mail was collected daily from residential wings and usually posted within 24 hours. While improved from previously, in our survey, 44% of prisoners said they had problems sending or receiving mail and minutes of consultation meetings often recorded complaints about delays to incoming post. Prisoners were told this was due either to late delivery by the post office or to low staffing levels in the post room.
- 2.17 There were five telephones on each wing, which was not always enough to cater for the number of prisoners. In our survey, more than the comparator said they had problems accessing a telephone.

- 2.18 The prison was piloting a system of electronic kiosks that at the time of the inspection could be used to book visits but was planned to be extended to other tasks.

#### Further recommendations

- 2.19 Window meshes should be regularly cleaned and outside areas kept free of rubbish and bird excrement.
- 2.20 There should be at least one telephone for every 20 prisoners.

#### Housekeeping point

- 2.21 Prisoners should receive mail within 24 hours of its arrival at the prison.

## Staff-prisoner relationships

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### Expected outcomes:

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

- 2.22 **Prisoners should be addressed by their preferred name. (2.39)**  
**Partially achieved.** Many prisoners, particularly those who had been at the prison for some time and were familiar with staff, thought that most addressed them respectfully. New arrivals were usually addressed by their surnames and found this disrespectful.
- 2.23 **Staff should challenge prisoners appropriately when their behaviour is poor. These warnings should be informal in most cases and allow prisoners the opportunity to amend their behaviour before warnings under the incentives and earned privileges (IEP) scheme are issued. (2.40)**  
**Achieved.** We observed some officers issuing informal warnings, which was consistent with the improving relationships, but a number of prisoners complained that the first time they were aware they had infringed rules was when they received a written warning.

### Additional information

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- 2.24 Some specific training had been delivered in areas where managers had identified particular problems in relationships between staff and prisoners. There were regular wing-based meetings with prisoners and consultation with prisoner representatives on the race equality group. The governor had used an independent adviser who had focused particularly on staff-prisoner relationships. Appropriate action had been taken against some staff who did not act professionally with prisoners, and officers understood the governor's expectations of them. These actions appeared to have had some effect and relationships between staff and prisoners showed considerable improvement. In our survey, more prisoners than the comparator now said they had a member of staff they could turn to for help if they had a problem and more also said most staff treated them with respect. Both responses had improved substantially. In 2009, only 56% of prisoners said most staff treated them with

respect and this was now 73%. Many fewer than previously said they had been victimised by a member of staff.

## Personal officers

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Expected outcomes:

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

**2.25 All group officers should introduce themselves to the prisoners in their care within 24 hours of being allocated. (2.48)**

**Not achieved.** Most prisoners who had been at the prison for some weeks knew the name of their personal or group officer but more recent arrivals did not. Many prisoners had been in the prison for over a month before there was any entry in their files by wing staff and in our survey, more than half of prisoners said they did not have a personal officer. See additional information.

**We repeat the recommendation.**

**2.26 Group officer contact with prisoners and entries in files should be weekly, and the guidance amended accordingly. (2.49)**

**Not achieved.** The local guidance on the group officer scheme required officers to make at least one entry a month but regarded two a month as good practice. Some officers said they did not have enough time to make entries. In our analysis of case notes, entries were infrequent and did not even meet the minimum monthly requirement.

**We repeat the recommendation.**

**2.27 Group officers should engage more with prisoners' progress through their sentence and reintegration back into the community, as envisaged in the scheme guide. (2.50)**

**Not achieved.** Only six (6%) files contained any reference to a prisoner's sentence plan. One of these contained an identifiable contribution by an offender supervisor and contributions by the prisoner's personal officer. The other five files contained only brief references to courses undertaken or completed in line with sentence plan requirements and little about resettlement needs.

**We repeat the recommendation.**

### **Additional information**

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**2.28** In our analysis of C-Nomis case notes, personal officers could not be identified in 32 (34%) prisoner records. In several cases, prisoners had been in the prison for around two months with no evidence that they had been introduced to their personal officer. In one case, the prisoner had been in Manchester for five months and no personal officer entries had been recorded. Of those who said in our survey that they had a personal officer, 68% found them helpful or very helpful. Although we observed some friendly and relaxed interactions, these had not yet developed into fully effective personal officer work. Personal officer case notes were often cursory, lacked detail and said very little about individual circumstances.

# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

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

- 3.1 **All areas of the prison should be represented at violence reduction meetings. (3.16)**  
**Not achieved.** Violence reduction meetings were now incorporated into a single monthly safer custody meeting. Representatives from key areas such as security, segregation and the offender management unit were regularly absent.  
**We repeat the recommendation.**
- 3.2 **Minutes of violence reduction meetings should record analysis and discussion about underlying reasons for violence and bullying and action should be taken. (3.17)**  
**Not achieved.** Minutes of the safer custody meetings and a monthly report by the violence reduction coordinator provided some good statistical data and descriptions of incidents but there was little analysis or discussion of the underlying reasons or overall strategic approaches. See additional information.  
**We repeat the recommendation.**
- 3.3 **Information from the numerous prisoner safety surveys should be evaluated, brought together in one document and include an action plan to address identified issues. (3.18)**  
**Partially achieved.** The prison had conducted a single survey of prisoners' perceptions of safety in August 2010. A violence reduction action plan and a separate safety and decency continuous improvement plan had also been developed. Both included action points to reduce levels of violence but did not include findings from the survey of prisoners.
- 3.4 **A full confidential survey of prisoners' experiences and perceptions of anti-social behaviour and violence should be carried out annually to inform policy. (3.19)**  
**Achieved.** This had been completed in August 2010 and there were plans to repeat it.
- 3.5 **Appropriate interventions should be introduced to deal with the perpetrators of anti-social behaviour and support victims. (3.20)**  
**Partially achieved.** A victim awareness course run through the education department developed critical thinking skills and explored the impact of actions on victims. There was a waiting list of 75 and 85% of referrals for the course came from the offender management unit. It was not known how many referrals were made for prisoners subject to the anti-social behaviour strategy. There was no effective support for victims and only two victim support plans had been opened in 2011 to date.
- 3.6 **Managers should monitor the quality of, and response to, targets for prisoners monitored on the anti-social behaviour strategy. (3.21)**  
**Not achieved.** Management monitoring of the anti-social behaviour strategy was poor. See additional information.

## **Additional information**

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- 3.7 Our survey indicators of safety were positive. Fewer prisoners said they had felt unsafe at some time and the number who said they actually felt unsafe at the time of the survey had dropped substantially since our last inspection. Progress was also reflected in the prison's own survey of August 2010, which compared findings with the previous year. More prisoners said they felt safe and more said they could talk to staff if they were in fear of other prisoners. Prisoners in groups said they largely felt safe around the prison. Some bullying was thought to be associated with tobacco debt accrued by prisoners new to the prison and a review of reception packs had been included in a violence reduction action plan.
- 3.8 Prisoners were told of the prison's strategy to confront bullying and violence during induction and posters around the wings promoted the violence reduction message. There had been safety surveys but there was little regular consultation with prisoners about safety. Monthly consultation meetings between the violence reduction coordinator and prisoners had stopped in December 2010. Safety and violence reduction were not usually discussed at wing consultation meetings. Listener representatives had been present at four of the last six safer custody committee meetings but were not routinely asked about their perceptions of safety.
- 3.9 The safer custody team was led by a safer prisons coordinator, a developing Prison Service manager (DPSM), who reported to the senior management team through the head of reducing reoffending. The team included a deputy safer prisons coordinator and a violence reduction coordinator, both of whom were officers, supported by an administrative officer. Officers felt supported in their work but said they sometimes found it difficult to influence change among more senior colleagues.
- 3.10 Two separate policy documents outlined the violence reduction and anti-social behaviour strategies. The recent development of a single safer custody committee for both violence reduction and suicide prevention was not covered.
- 3.11 The violence reduction coordinator provided a monthly report that recorded data on indicators of violence, including a breakdown of assaults required as part of performance monitoring. Over the previous year, there had been less than one serious assault each month and an average of five prisoners assaulted each month. Statistics of recorded incidents over recent years indicated decreasing levels of violence.
- 3.12 The violence reduction strategy was reasonably sound and there was good monitoring of gang affiliations involving joint work with Greater Manchester Police and effective strategies to reduce drug supply. However, there was insufficient effective liaison between security, residential units and the safer custody team to ensure that all violent incidents were identified and acted on. A representative from the security department rarely attended the safer prisons meeting so some key strategic approaches were not discussed. Not all security information reports that involved violence were referred to the safer custody team. We found some references to violent incidents in C-Nomis case notes that had not been referred to the safer custody team. We observed good staff supervision of prisoners and more extensive closed-circuit television coverage. Effective identification and management of those considered high risk for cell sharing had also helped improve safety. A multidisciplinary review of high risk cases took place weekly and included a good contribution by the mental health in-reach team.
- 3.13 About 16 prisoners were being monitored under the anti-social behaviour strategy but it was not always easy to identify the reasons why or to track the progress of each case.

- 3.14 The anti-social behaviour strategy involved three stages and appeared complicated. Initial reports of suspected bullying were sent to senior officers, who were required to complete investigations within 48 hours. Many investigations lacked depth and most cases indicated little challenge of prisoners to establish the underlying reasons for their behaviour. Two cases had been opened and closed without any investigation. The first stage of the strategy was instigated where there was a strong suspicion of anti-social behaviour, usually involving bullying. The strategy described a number of elements at this stage, including the use of warnings, care plans and a multidisciplinary case review, but these were rarely used.
- 3.15 At the second stage, an investigation was required by a DPSM but some cases had not been proceeded with due to delays. The second stage involved a 28-day period of monitoring but not all cases contained daily entries. Multidisciplinary reviews should have been held and intervention and support plans developed but in practice reviews involved only wing staff. Targets set were too vague, such as requiring the prisoner to be 'pro social'. The prisoner's incentives and earned privileges level was reviewed and in some cases reduced. Some were referred to the victim awareness course.
- 3.16 The third stage involved an investigation by a senior manager and the prisoner could be considered for removal to the segregation unit and closed visits. Few prisoners reached this stage. Between March and August 2011, 35% of the 80 prisoners placed on the strategy had been placed on stage two and none had moved to stage three.
- 3.17 Oversight of the daily operation of the strategy was poor, with no checks that any specific actions had been completed or that links had been made with offender supervisors in appropriate cases. Management checks usually comprised simply signatures with no comment on the quality of what was being done. The violence reduction coordinator found it difficult to challenge more senior colleagues when weaknesses were identified.
- 3.18 Only 30 staff, mainly senior officers, had received training in the anti-social behaviour strategy in 2010. More recent training in violence reduction had focused on changes to cell-sharing risk assessment procedures.

#### Further recommendation

- 3.19 Liaison between the security department, residential areas and the safer custody team should be improved to ensure that all violent incidents are identified and appropriate action taken.

### Vulnerable prisoners

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- 3.20 **There should be an investigation into the poor perceptions of safety on the vulnerable prisoner wings, and action taken as necessary. (3.181)**  
**Achieved.** An investigation had taken place and new procedures implemented. See additional information.
- 3.21 **A thorough risk assessment should be undertaken for any young person accommodated with older adult men on all wings, and should address specific possible risks associated with accommodation on a vulnerable prisoner unit. This should be recorded. (3.182)**  
**Not achieved.** Few young adults had been held at Manchester in recent years. One young adult was held with older adults on E wing as a category A prisoner and, although we were given one previous example where care planning and risk assessments had been completed,

none had been completed in this case.  
**We repeat the recommendation.**

### **Additional information**

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- 3.22 Prisoners who had asked for protection from other prisoners often due to issues of debt or gang affiliations were located on A wing (inner). At our last inspection, more of these prisoners had felt unsafe than on other wings. Managers had investigated this and a new policy on the management of vulnerable prisoners (July 2010) had been developed. This clearly outlined the procedures for applying for protection along with the assessment and review of their place on the wing. Levels of safety on the wing appeared to have improved. In the prison's survey in 2009, the wing had achieved the lowest safety rating but by 2010 it achieved one of the most positive. A vulnerable prisoner compact stated they would lose their vulnerable status if they misbehaved on the wing. This would have been unsafe and inappropriate to enforce unless there was clear evidence that the prisoner was no longer at risk from others.
- 3.23 Other prisoners charged with or convicted of sex offences were located on E wing. In our survey, 19% of these prisoners reported feeling unsafe compared to 12% in the rest of the prison. This appeared to be a huge improvement from 2009. Most vulnerable prisoners were involved in activities.

#### **Further recommendation**

- 3.24 As long as prisoners are regarded as at risk from others, they should not be removed from vulnerable prisoner accommodation.

## **Self-harm and suicide**

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**Expected outcomes:**

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

- 3.25 **All areas of the prison should be represented at safer prisons meetings. (3.42)**  
**Not achieved.** The suicide prevention and self-harm management policy outlined the membership of the safer prisons committee, which now met as the safer custody committee. Representatives of some key departments, including the chaplaincy, health care and drug workers, did not attend regularly and no written reports had been provided in their absence. Listeners had attended four of the last six meetings but on two occasions only one Listener had attended.  
**We repeat the recommendation.**
- 3.26 **All staff should receive assessment, care in custody and teamwork (ACCT) refresher training. (3.43)**  
**Not achieved.** A total of 338 staff had completed refresher training and a further 362 required it. Eighteen case managers had received refresher training and a further 94 were out of date.  
**We repeat the recommendation.**

- 3.27 **All night staff should carry an anti-ligature knife. (3.44)**  
**Achieved.** All night staff coming on duty had been issued with an anti-ligature knife.
- 3.28 **Care suites should be provided on all wings. (3.45)**  
**Not achieved.** Care suites had been provided only on A, C and G wings.  
**We repeat the recommendation.**
- 3.29 **All prisoners should have access to a Listener at any time of day or night. (3.46)**  
**Achieved.** Listeners said they were used in all areas of the prison and most had provided a Listener service during the night.
- 3.30 **Prisoners requesting access to a Listener during the night should only be offered a Samaritans telephone as an alternative if a Listener is not available. (3.47)**  
**Achieved.** Portable telephones with direct access to the Samaritans were available on residential units and were used occasionally when a prisoner requesting a Listener was assessed as a risk to others.
- 3.31 **There should be investigations into apparent self-inflicted deaths within a week of release from custody, to establish learning. (3.48)**  
**Not achieved.** The prison had no procedures to investigate deaths shortly after release. Such deaths are discretionary for the Prisons and Probation Ombudsman to investigate and resource constraints had precluded this for some time.  
**We repeat the recommendation.**
- 3.32 **Fire hoses and any equipment necessary for introducing them into cells should be quickly accessible during the night, and night staff should receive fire safety training. (3.49)**  
**Achieved.** There were no permanent night staff so day staff worked night duty on a rota. Staff working at night were familiar with the night orders and knew where keys for inundation points were kept. There had been a good level of training in fire safety over the previous six months and 39% of all uniformed staff had been trained in cell snatch rescue equipment, 48% in fire awareness and 26% in cell inundation.
- 3.33 **All occupied cells should have cell cards with the names of prisoners in them clearly visible. (3.50)**  
**Achieved.** The names of cell occupants and their group officers were clearly displayed above each cell door.

### **Additional information**

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- 3.34 Procedures for identifying prisoners at increased risk, including those with substance use problems or who were vulnerable for other reasons, were satisfactory. In our survey, more prisoners than in 2009 said they had felt safe on their first night and more than the comparator said staff had asked them about feelings of depression or suicide within the first 24 hours. Prisoners were given written information about where to get help and told about the Listener scheme during induction.
- 3.35 There had been seven self-inflicted deaths since the beginning of 2009, a high number compared with similar prisons. Action plans were developed following each death and coroners' letters were acted on. These were reviewed monthly by the senior management team but a more consolidated approach, looking at recommendations from all deaths in recent years, would have been helpful and some issues were repeated in several cases.

- 3.36 The prison suicide prevention and self-harm management policy recommended that investigations be completed following an incident of serious self-harm where a prisoner required resuscitation or transfer to outside hospital. This had not been done in all cases and there were no established procedures for commissioning these investigations to establish what, if any, lessons could be learnt.
- 3.37 Relatively low levels of self-harm were monitored and analysed by the safer custody committee. Figures indicated that the number of incidents had dropped from an average of 22 a month in 2009 to 12 a month in 2010 and 10 a month in the current year. In the previous six months, an average of just eight prisoners a month had self-harmed. There were usually about 36 assessment, care in custody and teamwork documents (ACCTs) opened each month, with about 20 open at any one time. Most were opened in reception. ACCT assessments were generally good but many reviews involved only wing officers and there was a need for more ACCT training. Chaplains worked with many prisoners at risk but were not routinely invited to reviews. Mental health in-reach nurses attended some reviews but others such as drugs workers, offender supervisors and personal or group officers rarely attended. There was a lack of consistency of case management, which did not provide continuity of care.
- 3.38 Care plans were not sufficiently focused on the individual with specific targets and named officers to provide support. A range of support was available for prisoners at risk but ACCTs did not always indicate that these had been considered and the resources available were not well promoted to case managers. The chaplaincy provided a counselling service and the prison was working with Manchester University to expand the availability of counselling. A service for survivors of abuse was also provided. Prisoners were rarely given the opportunity to make a written contribution to their review. The quality of entries in the on-going records varied, with most making observations rather than recording interactions with prisoners. ACCT procedures were better for men in health care. Management checks of ACCTs often comprised a simple signature, with no comment on the quality of care or enquiry with the prisoner about his care.
- 3.39 We found no recent recorded use of anti-ligature clothing with prisoners at risk but use of non-standard accommodation, including gated and safer cells, was not routinely monitored by the safer custody team
- 3.40 There were 10 Listeners but there had been as many as 23 in recent months. Listeners felt well supported by most staff. Recent population pressures arising from the disturbances in August 2011 meant some Listeners had been transferred and further prisoners had been identified for training. There was no Listener working in reception or on E wing (outer) with vulnerable prisoners. A Listener contributed to the induction programme. The availability of portable telephones with a direct line to the Samaritans was not advertised on the wings and records indicated little use. Calls to the Samaritans from landing telephones were not free of charge but a published number allowed prisoners access to other help lines.
- 3.41 During our night visit, the electronic locking mechanism failed, potentially creating significant problems with emergency vehicle access. Staff on duty did not know how to rectify this.

#### Further recommendations

- 3.42 Assessment care in custody and teamwork reviews should be multidisciplinary and have a consistent case manager.
- 3.43 Night managers should be familiar with all emergency contingency plans and ensure access for emergency vehicles at all times.

### Housekeeping points

- 3.44 The safer custody committee should monitor use of anti-ligature clothing and non-standard accommodation for those at risk of self-harm.
- 3.45 Management checks of the quality of assessment, care in custody and teamwork documents should include a comment on the quality of procedures.
- 3.46 The availability of portable Samaritans telephones should be advertised on the wings and prisoners should be able to contact Samaritans free of charge from the landing telephones.

## Applications and complaints

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### Expected outcomes:

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

- 3.47 **Wing application logs should include information relating to who is dealing with the complaint, and when a response is received and given to prisoners. (3.132)**  
**Partially achieved.** Application logs showed where an application had been sent but not when responses were received. Some staff on K wing simply took applications to the relevant department rather than logging them.

### Further recommendation

- 3.48 All applications should be recorded and the logs used to track the timeliness and outcome.
- 3.49 **Responses to complaints should fully address the specific matters raised. (3.133)**  
**Partially achieved.** Most responses to complaints addressed the matter raised but some made general policy observations rather than giving specific replies, some requested further information and some simply referred the complainant to another department.  
**We repeat the recommendation.**
- 3.50 **Prisoners' lack of confidence in the complaints system should be engaged with and steps taken to improve matters and publicise these measures. (3.134)**  
**Achieved.** Perceptions that complaining could lead to transfer had been investigated and the results publicised. In response to prisoners' concerns about confidentiality, the complaints clerk rather than wing managers now collected complaints from the locked boxes. In our survey, 28% of prisoners compared to 16% in 2009 said complaints were dealt with fairly.
- 3.51 **A detailed written analysis of complaints should be carried out by ethnicity, disability, and location and prisoner type. (3.135)**  
**Achieved.** Monthly analyses were made and reported against these four criteria (although disability was under-identified – see section on diversity) and an in-depth study of possible trends over time had recently been completed.

## **Additional information**

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- 3.52 In our survey, prisoners were relatively positive about the fairness of replies to applications but fewer than the comparator said they were dealt with promptly. Some prisoners said they had not received a reply despite repeated applications. Only a sample of replies was subject to quality assurance and any required actions subsequently identified were not tracked to ensure they were carried out.
- 3.53 Responses to complaints, particularly from health care, were mostly polite and to the point but the standard of those from other departments were mixed (see above). Replies were often not addressed directly to the complainant and a few were inappropriately defensive. The number of complaints had risen sharply in recent months. This had been investigated but it had been found to involve some multiple complaints rather than an increasing trend.

## **Legal rights**

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### **Expected outcomes:**

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

- 3.54 **National training, including regular refresher training, should be provided for legal services officers. (3.146)**  
**Not achieved.** Legal services officers still did not receive national or refresher training.  
**We repeat the recommendation.**
- 3.55 **Information should be displayed to advise prisoners where they can get information about family and child care issues. (3.147)**  
**Partially achieved.** The prisoner information book advised that probation staff could give information about family and child care concerns. Notices advertised the availability of family support workers from Partners of Prisoners and Families Support (POPS), although this was aimed primarily at those with a history of drug or alcohol issues. See section on resettlement pathways.
- 3.56 **Cover should be provided for the existing bail information officer in her absence. (3.148)**  
**Achieved.** There were now two full-time bail officers and cover was provided.

## **Additional information**

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- 3.57 In our survey, more prisoners than the comparator said it was easy to communicate with their legal representative and to attend legal visits. Fewer than the comparator said it was easy to obtain bail information. The availability of legal and bail staff was not advertised on wings but this information was included in the prisoner information book. Legal services officers checked that prisoners understood what had happened to them in court and were aware of their right to appeal but were often redeployed, leading to a backlog in applications. Bail officers assessed eligible prisoners. Bail accommodation and support services (BASS) were provided by Stonham Housing, a specialist housing provider, and 101 bail reports had been submitted in a recent eight-month period. Of these, 15 had been granted, which was low compared to the national average, and BASS managers were addressing this by promoting BASS to local magistrates, judges and solicitors.

### Further recommendation

- 3.58 Legal service provision should be sufficient to ensure that prisoners' legal applications are dealt with without delay.

## Substance use

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### Expected outcomes:

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

### Clinical management

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- 3.59 **Clinical services should be extended to offer a more flexible regime based on individual need, and incorporate stabilisation and maintenance provision. (3.163)**  
**Achieved.** A full integrated drug treatment system (IDTS) service had been introduced, delivered by the Manchester Drugs Service. Prisoners could access a full range of opiate substitution treatments based on individual need.
- 3.60 **Clinical and counselling, assessment, referral, advice and throughcare (CARAT) services should be fully integrated, and jointly plan and review prisoners' care. (3.164)**  
**Achieved.** Five and 28-day reviews were conducted jointly in line with IDTS protocols. The clinical and psychosocial teams were well integrated and this joint working was supported by CARAT and IDTS managers sharing an office and nurses and CARAT workers regularly sharing information.

### Additional information

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- 3.61 First night prescribing was in place and all GPs working in this role were appropriately trained. A total of 120 prisoners were on methadone, with 90 receiving maintenance dose and 30 on reduction regimes. Thirteen were on Subutex, all maintained, and 20 were on diazepam detoxification. Alcohol detoxification was also available, although this was delivered directly by health care nurses rather than as part of the IDTS. All prisoners assessed in reception as needing IDTS opiate substitution treatment were taken to I wing for stabilisation for a minimum of five days, after which they were usually moved to H wing or other locations if on maintenance doses.
- 3.62 Complicated detoxifications were conducted in the inpatient unit as I wing did not have 24-hour IDTS nurse cover. Nurses from the health care centre were available to deal with emergencies on I wing at night and the two senior IDTS nurses shared on-call status. Two separate assessments had been conducted since April 2010 to analyse the potential risks posed by not having 24-hour nursing cover.

### Further recommendation

- 3.63 Periodic risk assessments should be conducted to establish whether changing patterns in drug use or other factors indicate a need to introduce 24-hour nursing cover on the stabilisation unit on I wing, and staff working there at night should be trained in drug detoxification awareness and first aid to ensure they can respond appropriately in emergency situations.

### Drug testing

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- 3.64 **The establishment should ensure that target tests were undertaken within the required timeframe. (3.165)**  
**Not achieved.** A total of 126 suspicion tests had been conducted between February 2011 and July 2011, with a positive rate of only 15.8%. A further 43 in the same period fell out of the permitted 72-hour timeframe, with 25 of those in June 2011. (See additional information.)  
**We repeat the recommendation.**
- 3.65 **The supply reduction action plan should be updated and incorporated in the wider prison drug strategy. (3.166)**  
**Achieved.** The supply reduction strategy was part of the main drug strategy, due for review in November 2011. An active action plan included 10 supply reduction actions based on a recent needs analysis.

### Additional information

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- 3.66 Any staff member could request a test on grounds of suspicion and there was little or no analysis of intelligence before initiation of target tests. Many requests were poorly justified, such as 'associated with drug culture' and this contributed to the low positive rate. The positive random mandatory drug testing rate between February and July 2011 was 4.5%. The year-to-date figure was 4.3%. This relatively low figure was reflected in our survey, where 22% of prisoners against a comparator of 30% said it was easy or very easy to get illegal drugs in the prison and was a substantial reduction from 2009 when it was 12.2%.

## Section 4: Diversity

Expected outcomes:

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

### Diversity

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- 4.1 There should be monitoring of all minority groups in relation to access to the regime and issues of discipline and treatment. A multidisciplinary team, led by a senior manager, should ensure appropriate action is taken. (3.70)  
**Not achieved.** Monitoring was still limited to black and minority ethnic prisoners.  
**We repeat the recommendation.**
- 4.2 The diversity team should be provided with administrative support. (3.71)  
**Achieved.** A full-time administrator had been appointed.
- 4.3 All staff should be trained in diversity and race equality awareness. (3.72)  
**Not achieved.** A third of staff had not received the only recognised diversity training programme, 'Challenge It, Change It'. Some staff had received diversity-related training from the diversity manager.  
**We repeat the recommendation.**

### Additional information

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- 4.4 The diversity team comprised a full-time diversity manager, an administrator and a disability liaison officer and foreign nationals officer, both of whom were normally given one third of their time to spend on diversity work. There was no separate race equality officer. Officers on each wing had race equality responsibilities but in practice only investigated race-related complaints and they frequently raised the problem of lack of time with the diversity manager. They also raised the concern that complaints against staff were inappropriately investigated by officers on the same wing.
- 4.5 There were reasonable diversity policies for most diversity areas apart from older prisoners. There was useful consultation through meetings of the prisoner equality group, minutes of which indicated progress over time with action points generally followed up. The 17 members of the group had a clear role description. They reported that it was a useful forum and that their views were valued and they met regularly with the diversity manager. However, there was an over-reliance on this group for all forms of consultation and little involvement of the wider prisoner population. Prisoner equality group representatives were not known to many other prisoners, their names and photographs were not displayed around the prison and it was not clear that they were always fully consulting their fellow prisoners.
- 4.6 Strategic oversight of diversity matters was through the equality action team, which was reasonably well attended and included prisoner representatives. The governor's adviser on race, who was external to the prison, attended occasionally but had not attended for some months. Equality action team meetings were not always clearly minuted and a number of action points were either not recorded as such or followed up.

- 4.7 There were few pictures or displays representing the diversity of the population or giving positive images of alternative lifestyles. There was regular engagement with some relevant community groups in line with the community engagement strategy.

#### Further recommendations

- 4.8 Diversity complaints against staff should not be investigated by their wing colleagues.
- 4.9 The role and identity of diversity staff and prisoner equality group members should be publicised around the prison.
- 4.10 Images around the prison should reflect the diversity of its population.

### Race equality

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- 4.11 **The race relations management team should investigate the reasons behind the poorer survey responses from Muslim prisoners. (3.97)**  
**Not achieved.** There had been no adequate or systematic investigation of Muslim prisoners' concerns. See also section on religion.  
**We repeat the recommendation.**
- 4.12 **There should be clear terms of reference for consultations with prisoner diversity representatives, and minutes of meetings should identify and follow up action to be taken as a result of the meetings. (3.98)**  
**Achieved.** See section on diversity.
- 4.13 **There should be forums for black and minority ethnic prisoners to enable them to air their views and receive support. (3.99)**  
**Not achieved.** No such meetings were held.  
**We repeat the recommendation.**
- 4.14 **All prisoners should be able to obtain and submit racist incident report forms in confidence. (3.100)**  
**Achieved.** Racist incident report forms (RIRFs) and boxes were easily accessible.
- 4.15 **Independent quality assurance of racist incident report forms should reflect current best practice. Outcomes from the process should be clearly recorded, and follow-up actions identified and carried out. (3.101)**  
**Not achieved.** There had been no external independent quality assurance of RIRFs for at least a year.  
**We repeat the recommendation.**
- 4.16 **Race equality impact assessments should be updated for key policies. (3.102)**  
**Partially achieved.** A number of basic impact assessments had been completed in 2010, all after consultation of the prisoner equality group, but some were in need of updating.  
**We repeat the recommendation.**
- 4.17 **There should be a calendar of events promoting cultural awareness throughout the year. (3.103)**  
**Partially achieved.** See additional information.

- 4.18 **The racist and discriminatory prisoner log should include interventions or action taken to address identified issues. (3.104)**  
**Not achieved.** There was no intervention or action taken to tackle racist and discriminatory behaviour.  
**We repeat the recommendation.**
- 4.19 **There should be effective links between the race equality officer and the public protection team to identify and manage prisoners identified as racist. (3.105)**  
**Not achieved.** The diversity manager had access the racist prisoner log and such prisoners were identified. The diversity team had no input to the management of these prisoners in the absence of specific interventions. The log was circulated to wing-based race equality officers but none had reported any updates or provided further information to pass to the public protection team.  
**We repeat the recommendation.**
- 4.20 **Prisoners who declare that they are racist or who have racist views should not automatically be downgraded to the basic regime when they have met targets set to address this. (3.106)**  
**Achieved.** Prisoners were managed through the incentives and earned privileges scheme based on their behaviour and were not automatically downgraded.

#### **Additional information**

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- 4.21 About a quarter of prisoners identified themselves as black or from a minority ethnic group. In our group meetings, they raised few concerns about race equality or racism, although a number commented on the small number of black and minority ethnic staff and said this made them less confident in the ability of staff to understand their perspectives. In our survey, black and minority ethnic prisoners reported similarly to white prisoners in most areas. There were some exceptions, such as only 19% compared to 30% of white prisoners saying they were on the enhanced level of the incentives and earned privileges scheme. Ethnic monitoring was discussed at equality action team meetings. This had identified few disparities and no consistent patterns in recent months.
- 4.22 About 90 RIRFs had been submitted in the previous six months. Most were adequately investigated but too many took more than a month to complete and in some cases not enough was done to identify the underlying reasons for the complaint and support the prisoner. The governor's check usually picked up such weaknesses but it was not apparent that this led to any changes. The monthly RIRF quality assurance meeting was a good initiative and included prisoner representatives but had lapsed into a description of incidents with little evidence of discussion or quality assurance to pick up on learning points. There was no obvious follow up of action points.
- 4.23 There was a calendar of cultural awareness events, including for black history month and various religious celebrations, but tended to involve only members of the prisoner equality group rather than the wider prison population. Few Chinese prisoners had been involved in Chinese New Year celebrations because the diversity team did not have enough operational support to escort them.

#### Further recommendation

- 4.24 Consultation arrangements and cultural celebrations should involve a broad and representative proportion of the prisoner population.

## Religion

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- 4.25 **Regime activities should be scheduled to enable prisoners to attend corporate worship, without having to choose between key activities. (5.37)**

**Partially achieved.** The situation had improved but vulnerable prisoners still sometimes felt they had to choose between collecting property from reception and attending Sunday worship. Managers said anyone who missed their property collection because they attended worship could get a substitute appointment the following week but awareness of this was limited.

#### Further recommendation

- 4.26 Vulnerable prisoners should not have to choose between going to reception and attending Sunday services.

- 4.27 **Prisoners should not have to apply to attend any corporate worship. (5.38)**

**Not achieved.** All prisoners wanting to attend services had to apply in advance and managers said this was due to issues of order and control raised by unpredictable attendance. There had been only one occasion of oversubscription in the previous year when a popular visiting speaker was billed to attend and the application requirement meant numbers could be restricted to what could be safely managed. Overall, however, prisoners' access to worship was not unreasonably restricted and exceptions were made when a prisoner had genuinely not been able to apply or in the case of administrative error.

- 4.28 **There should be a facility large enough for all Muslims to pray together, and adequate ablution facilities. (5.39)**

**Not achieved.** The provision remained the same and multiple Friday prayer services were still required, with a small ablution facility nearby.

**We repeat the recommendation.**

#### Additional information

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- 4.29 In our survey, Muslim prisoners reported more negatively than non-Muslims across a range of areas. They were less likely to say they were treated with respect and over half, compared to a fifth of non-Muslim prisoners, reported some victimisation by staff. These concerns had not been adequately investigated and, apart from a small-scale survey of a dozen black and minority ethnic prisoners including some Muslims, there had been no consultation to explore perceptions. However, Muslim prisoners reported similarly to others in terms of respect for religious beliefs and there were some issues causing religious sensitivity, such as some prisoners using prayer mats as rugs, had been resolved.

- 4.30 Apart from Sikhs, prisoners of all major faiths were represented by chaplains. Chaplains attended some assessment, care in custody and teamwork reviews and other relevant meetings and regularly made entries in prisoners' records. In our survey, more prisoners than the comparator said they could access a religious leader in private. We were surprised to see that chaplains carried out segregation rounds without the cell doors being opened unless

prisoners requested a private conversation. There were very productive through-the-gate contacts with the Community Chaplaincy and Out There, a faith-based service supporting prisoners' families, and with a range of community faith groups.

#### Housekeeping point

- 4.31 Chaplains carrying out segregation rounds should speak to prisoners face to face.

### Foreign nationals

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- 4.32 **The foreign nationals policy should reflect current provision, clarify the roles of the foreign national and residential unit liaison officers, and ensure that it meets the needs of the population. (3.118)**  
**Not achieved.** The foreign nationals policy contained out of date information that did not reflect current provision.

#### Further recommendation

- 4.33 The foreign nationals policy should be updated and have an accompanying action plan to chart progress.
- 4.34 **Foreign national prisoners' forums should be held to gain collective views from this group, particularly in relation to safety. (3.119)**  
**Partially achieved.** There were some foreign national groups but they did not specifically address issues of safety.
- 4.35 **Staff should be made aware of all translating and interpreting services available. They should not rely on prisoner interpreters for confidential or complex matters or expect the foreign nationals officer routinely to arrange such services. (3.120)**  
**Achieved.** Staff were generally aware of the telephone interpreting service but few foreign national prisoners needed an interpreter.
- 4.36 **Information in different languages should be provided to foreign national prisoners on a variety of subjects, including all policies relating to the management of prisoners. (3.121)**  
**Partially achieved.** A range of translated information was available but was poorly advertised and distributed.
- 4.37 **The procedure for the provision of free pin telephone credit to foreign national prisoners should be clarified and implemented immediately. (3.122)**  
**Not achieved.** Only foreign national prisoners with family outside a 100-mile radius and no visits received free credit to contact families abroad. See additional information.
- 4.38 **The problems relating to faulty blue telephone cards should quickly be resolved with the suppliers. (3.123)**  
**No longer relevant.** International cards providing cheaper telephone calls were no longer used.

- 4.39 Translation services should be introduced for non-English-speaking visitors to book visits. (3.124)  
Not achieved. There was no system to help non-English speakers book visits.

### **Additional information**

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- 4.40 There were about 120 foreign national prisoners, with the largest groups being Nigerian, Irish and Pakistani. Eight support and information group sessions had been run in 2010 and five to date in 2011, usually involving five or six prisoners. Outside officials and interpreters were invited, as was the on-site UK Border Agency (UKBA) officer. An Irish embassy official had attended a recent Irish group and interpreters had attended the Chinese and Vietnamese group held six months previously. Some groups did not take place regularly enough to meet need. Some Chinese prisoners we spoke to through interpreters said they did not understand the regime and felt isolated. Few foreign national prisoners we met were aware of or had attended the groups.
- 4.41 Fortnightly surgeries were run primarily for new arrivals to establish immigration status and resolve immigration queries. As a result, the foreign nationals officer and the on-site UKBA officer saw all new arrivals. The foreign nationals officer was known to and highly regarded by most prisoners we met. The UKBA officer had a particularly valuable role as he had direct access to the immigration casework information database and could give prisoners quick answers to immigration-related questions. The number of immigration detainees had reduced in the previous year. Two were in the prison, one had been held for eight months and one for six weeks. Both had complex cases, including public protection issues and travel document problems, and it was not obvious that either could have been removed much earlier.
- 4.42 Overall, there were good structures to support foreign nationals, with good joint working between the foreign nationals officer and on-site UKBA officer. We were told there were some foreign national prisoner representatives but diversity staff we asked did not know how many and, apart from a member of the prisoner equality group, none of the foreign national prisoners we talked to could identify them.
- 4.43 There was a useful and recently updated prisoner information booklet but none of the foreign national prisoners we met were aware of it. The booklet had been translated into 12 languages but these included Swedish and Japanese, which were rarely required, and not Urdu or Arabic. A range of other useful translations were accessible on the computer shared drive but again not adequately distributed. Invoices indicated that telephone interpreters had been used about 19 times a month over the previous three months but it was not clear which areas of the prison had used the service.
- 4.44 Not all prisoners were aware that they could apply for a free £10 telephone credit to contact families abroad or over 100 miles away. The credit was given only if a prisoner had not received any visits. About a quarter of foreign nationals had received the credit in the previous month.
- 4.45 Following the collapse of the Immigration Advisory Service, there was no independent immigration advice available to detainees, although there were advanced plans to start legal adviser visits.

### Further recommendations

- 4.46 Foreign national support and information groups should be held at least monthly, with interpreters where necessary, and be open to all foreign national prisoners.
- 4.47 Translated information should be distributed systematically according to need.

## Disability and older prisoners

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- 4.48 **The disability liaison officer should receive training for the role. (3.73)**  
**Partially achieved.** The disability liaison officer (DLO) had liaised with counterparts in other establishments and attended some training events but the acting DLO currently covering the post had not received any training.
- 4.49 **The number of older prisoners and those with disabilities should be monitored and analysed to ensure that their needs are appropriately addressed, and prisoners should be consulted about their individual needs and care. (3.74)**  
**Not achieved.** The prison did not have accurate data on the number of prisoners with disabilities and no specific work was done with older prisoners.  
**We repeat the recommendation.**
- 4.50 **The disability policy should set out how prisoners with a disability have been involved in its development. (3.75)**  
**Not achieved.** The policy was based on consultation with prisoners on the general prisoner consultative committee rather than prisoners with disabilities.

### Further recommendation

- 4.51 The disability policy should be reviewed following consultation with prisoners with disabilities.
- 4.52 **Up-to-date lists of prisoners with disabilities or mobility problems should be available to all wing staff, and a personal evacuation plan should be in place for all prisoners who need one. (3.76)**  
**Not achieved.** There was no up-to-date list of prisoners with disabilities. Those who had been identified had care plans and accessible evacuation plans.  
**We repeat the recommendation.**
- 4.53 **There should be dedicated adapted cells on all wings. (3.77)**  
**Not achieved.** There were some adaptations, mainly grab rails, to cells on A and G wings but not on other wings.  
**We repeat the recommendation.**
- 4.54 **Less able prisoners should have access to shower cubicles or baths that have been adapted for use. (3.78)**  
**Partially achieved.** Prisoners with disabilities were generally able to take showers with the assistance of carers. A room on the vulnerable prisoner wing, which held a high proportion of older prisoners and prisoners with disabilities, had been converted into an accessible wet room. No such rooms had been provided on other wings and showers in the lower prison were on the second landing when most prisoners with mobility problems were on the ground level.  
**We repeat the recommendation.**

- 4.55 **Appropriate adaptations should be made for accessing telephones for prisoners with hearing or mobility problems. (3.79)**  
**Achieved.** Several prisoners with hearing difficulties said they could use telephones without difficulty. Minicom telephones were available on some wings. Most prisoners with mobility difficulties also had carers who helped them to reach telephones.
- 4.56 **The recommendations of the Dial UK survey should be implemented immediately. (3.80)**  
**Partially achieved.** The Dial UK survey had made several recommendations that had been integrated into a 'reasonable adjustments' strategy and action plan to be completed by April 2012. Few of the actions had been fully completed and it seemed unlikely that some would be implemented by the due date. For example, at least three wings were timetabled to have wet rooms by April 2011 but only one had been provided. A more straightforward recommendation was to provide wheelchairs for use on all wings but only two were available.

#### Further recommendation

- 4.57 A timetable should be set and monitored to implement the action plan for reasonable adjustments so that prisoners with disabilities can access all the facilities and services provided by the prison.
- 4.58 **There should be a formal carer scheme for prisoners who require additional support. (3.81)**  
**Achieved.** There were now some paid carers, although staff could not say how many exactly. Most prisoners with carers said they were given valuable support, such as fetching meals and helping them get necessary equipment.
- 4.59 **There should be forums for older prisoners. (3.82)**  
**Not achieved.** Older prisoners we spoke to said such a forum would be welcome but there had been no meeting for older prisoners in the previous year.  
**We repeat the recommendation.**
- 4.60 **The needs of older prisoners and those with disabilities should be the responsibility of residential staff and the diversity team, as well as health services staff. (3.83)**  
**Partially achieved.** Health services staff still carried out most work with older prisoners. The DLO had a third of his working time allocated to the task but had been absent from the prison for some extended periods and cover had only recently been arranged.  
**We repeat the recommendation.**

#### Additional information

- 4.61 In our survey, prisoners with disabilities reported particularly poorly across a range of areas, particularly safety and access to staff and activities. Only about 30 prisoners (3%) had been identified as having a disability by the prison compared to 22% who identified themselves as such in our survey. We found 32 forms completed by reception staff on prisoners who identified themselves as having a disability on arrival that had not been collected by the diversity team and some reception staff said they had stopped completing the referrals because of this. Other prisoners with disabilities were identified through health care and some, particularly those with learning disabilities, were identified by education staff. However, communication between the diversity team, health care and education was not effective and it was likely that a number of needs were unmet.

- 4.62 Assessment and care plans had been completed on the 30 men identified with a disability and were kept centrally by the acting DLO. Some were a good standard and some prisoners were clearly receiving good support but this was not consistent. Care plans were not reviewed regularly and a number of prisoners complained that they did not see the DLO or any other member of the diversity team. One man with a disability who had been assessed in September 2010 had not been followed up again until July 2011, by which point he had been unwilling to engage as he had had no contact or assistance in the meantime.
- 4.63 Just over 100 prisoners were over 50. While older prisoners were generally more positive than others in our survey, other than the monthly Prisoner Equality Group meeting where older prisoners was an agenda item, there were no forums or specific consultation for them or for prisoners with disabilities to help ensure needs were met. A number of older prisoners commented on the good support they received from health care staff who ran clinics for those over 55.

## Sexual orientation

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- 4.64 We were told that no prisoners had identified themselves as gay, bisexual or transgender but 4% in our survey identified themselves as such and we found one care plan for a prisoner with a disability that referred to his being gay but having no further relevant needs. Prisoners in consultation groups had reported to prison staff that it was not safe for gay or bisexual prisoners to be open about their sexuality. The Lesbian and Gay Foundation was due to attend the prison at the end of September 2011. See also section on progress on main recommendations.



## Section 5: Health services

Expected outcomes:

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

### General

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- 5.1 **The waiting rooms in the main health care centre should be refurbished to provide appropriate seating. (4.70)**  
**Not achieved.** There were plans to refurbish and redecorate the waiting rooms in association with the Kings Fund and Lime Arts. Work was expected to be completed by March 2012. **We repeat the recommendation.**
- 5.2 **The television in the health care waiting rooms should show health promotion material, and other health promotion material should be available for prisoners to read. (4.71)**  
**Achieved.** The televisions were not working at the time of the inspection but we were told they were used to show health promotion material. Published health promotion materials were displayed and available for prisoners to read and take away.
- 5.3 **Toilet facilities should be available for all prisoners waiting to be seen in the health care department. (4.72)**  
**Achieved.** There were separate toilet facilities for vulnerable and mainstream prisoners in health care.
- 5.4 **Movement from the health care waiting rooms should be properly supervised to ensure that vulnerable prisoners do not feel threatened. (4.73)**  
**Achieved.** Vulnerable prisoners moving to and from the health care waiting room were appropriately supervised.
- 5.5 **All health care facilities, especially wing-based treatment rooms, should be subject to an infection control audit, and its findings acted on. (4.74)**  
**Achieved.** There were infection control audits of all health care facilities and findings were acted on.
- 5.6 **The prison and the primary care trust should agree a refurbishment programme for all wing-based treatment rooms to ensure that health services are delivered in appropriately furnished and equipped facilities. This should include the immediate refurbishment of the E wing treatment room. (4.75)**  
**Partially achieved.** A three-year programme of refurbishment of health care facilities had been agreed by the partnership board. The E wing treatment room had not yet been refurbished and was not fit for purpose.

### Further recommendation

- 5.7 The E wing treatment room should not be used until it has been refurbished.

- 5.8 **Inpatient beds should not form part of the prison's certified normal accommodation. (4.76)**  
**Not achieved.** The inpatient beds formed part of the certified normal accommodation and about 10% of capacity was used for non-clinical reasons.  
**We repeat the recommendation.**
- 5.9 **A prisoner health care focus group should be implemented, with regular minuted meetings. (4.77)**  
**Achieved.** There were regular minuted focus groups on each wing.
- 5.10 **Prisoners should be informed of all test results. (4.78)**  
**Achieved.** Flags on SystemOne were used to remind staff to inform patients of the outcome of clinical tests. Prisoners were notified in writing by the GPs using results information slips that indicated what to do next.
- 5.11 **The director of health should ensure that nursing staff are not used to assist health professionals in exercising their clinical duties, to ensure that clinical time is not wasted. This includes the use of a registered nurse to manage the centre office clinics. (4.79)**  
**Achieved.** Nursing and clinical staff undertook appropriate duties. The health services manager had employed staff to undertake administrative duties.
- 5.12 **GP sessions should be altered so that clinic waiting times meet NHS standards. (4.80)**  
**Achieved.** The average GP waiting time in the four months to July 2011 was 1.5 days, which met NHS standards.
- 5.13 **The health care application system should be revised to ensure that it meets the needs of patients and staff and is not subject to abuse. Application forms should have a pictorial alternative, as well as text. (4.81)**  
**Achieved.** Information on health care given to new arrivals included a pictorial guide and the pictures from this were used on the health care application form.
- 5.14 **All patients should not be brought to the dental clinic at the same time, so that prisoners are not held in waiting rooms for long periods, only to find that there is no further clinical time left for them to be seen. (4.82)**  
**Not achieved.** Patients were brought to health care in batches and held in the waiting room. Waiting times were excessive for dental and most other clinics, with patients often waiting 30 to 60 minutes or longer to be seen and then 30 to 60 minutes to leave health care. Patients rarely left health care without being seen.

#### Housekeeping point

- 5.15 Patients should not have excessive waits in the health care before and after their appointments.
- 5.16 **The rates of prisoners failing to attend appointments should be regularly monitored and investigations undertaken to establish the cause for non-attendance. (4.83)**  
**Not achieved.** Failure-to-attend rates were monitored and were still too high at over 20% for GPs, 25% for the dentist and 15% for the optician. Staff believed the cause was the rapid turnover of prisoners but prisoners on the wings complained that they often did not hear the call to join the escorts going to health care. Health care planned to reduce failure-to-attend rates by providing more wing-based clinics and introducing electronic self-booking

arrangements through electronic kiosks being piloted on some wings.  
**We repeat the recommendation.**

### **Additional information**

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- 5.17 In our survey, more than the comparator and than in 2009 were satisfied with the overall quality of health care. NHS re-organisation meant services were in transition but this was being managed well to ensure continuity. The prison partnership board met regularly and received reports from several sub-committees, such as clinical governance or health protection. Working relationships were mature, with a shared vision for development.
- 5.18 The health needs assessment was out of date. Steps had been taken to commission a new one and components were partially completed. There was an up-to-date prison health development plan supported by self-assessed prison health and performance and quality indicators (PHPQI), which appeared realistic. In our survey, prisoners indicated equity of access to health services, although more older than younger prisoners said it was easy to see a doctor.
- 5.19 Health practitioners paid attention to the privacy and dignity of patients in health care despite the constraints of the environment. Treatment rooms on A and B wings and C and D wings were being knocked through to create single larger rooms. The standard of decoration and cleanliness was good but cleaning capacity was just adequate and would need to be reviewed following the completion of environmental improvements.
- 5.20 A health prison coordinator (a senior nurse) employed two days a week led on infection control. Practice was exceptional, with regular auditing of contamination risks. A health protection (infection control) committee met quarterly and the Health Act action plan was appropriately cross-referenced to the risk register.
- 5.21 We observed professional and good natured interactions between patients and staff, and uniformed officers in health care were respectful. There were 76 prisoners over the age of 55 and a senior nurse was designated to lead their care. Two further nurses had been appointed to work with her and once they were in post there were plans to reduce the access age for older-age care to 50 in line with national trends.
- 5.22 There was a health promotion strategy and an active health promotion group, led by a healthy prison co-ordinator, and a strategy. Health promotion materials were displayed around the wings as well as in the health care centre, although not always particularly prominently and they were not always quickly replenished. Written health care information for prisoners was available at reception and in the health centre. The information was very well presented. The same images were repeated on posters and on the health application forms. The posters were high quality and printed in several languages but not displayed on the wings. Information was available in languages other than English as required.

#### **Housekeeping points**

- 5.23 Health care information posters should be sited near the wing health care application boxes.
- 5.24 The health promotion strategy should be enhanced by regular review and replenishment of wing-based displays.

## Good practice

- 5.25 *The emphasis on consistent images and messages in the health information materials, and on high quality presentation, demonstrated commitment to ensuring wide access to health services.*
- 5.26 *The leadership and approaches to cross-infection harm minimisation was exceptional and necessary in such a busy and complex prison.*

## Clinical governance

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- 5.27 Clinical governance structures were robust and monitored by an integrated clinical governance group. The group reported to the partnership board and into the Trust Datix (electronic clinical incident system) quality assurance framework. A Trust general manager was on site two days a week and ensured that flagged actions were followed through, including those arising from serious incidents, near misses and deaths in custody. A trend analysis of recommendations from Prisons and Probation Ombudsman reports into deaths in custody since 2004 was maintained by the general manager to reflect on learning. Corporate risks were entered on the Trust risk register and learning was generated through staff meetings. There was a 'fair blame' approach and staff felt comfortable in admitting when near misses and errors had occurred.
- 5.28 There was an up-to-date workforce plan. Staffing levels had increased significantly. The senior clinical nurse manager had a team of registered nurses, health care assistants, allied health professionals, uniformed officers, support staff and others clustered in primary care, inpatient care and mental health groups, each with team leaders. There were regular staff meetings and additional staff meetings were held for mental health and medical staff respectively. Staff credentials were assured by the Trust human resources department and mandatory training was up to date. There was good access to external training and practitioners were offered clinical supervision. Not all supervision was recorded in staff personal files.
- 5.29 Resuscitation equipment was placed strategically for health care staff to deploy quickly. Automated external defibrillators (AEDs) were also placed on each wing. One in 11 uniformed officers had been trained to use AEDs and the roster ensured several were on duty at any time. The equipment was regularly checked. Health care kept a stock of mobility and self care aids and could access more specialised equipment through the Trust.
- 5.30 SystmOne was used to create and maintain clinical records. Patients with life-long conditions and inpatients had evidence-based care plans. The Trust annual clinical audit cycle had been adopted by health care and clinical records were subject to audit. SystmOne and paper clinical records were used in accordance with the Data Protection Act and Caldicott principles.
- 5.31 Health service users were regularly consulted about their care. This was done on a wing-by-wing basis and users were involved in focus groups about developments such as improving the health care environment. 'You said' – 'we did' responses to criticisms, comments and compliments were posted outside treatment rooms on the wings for prisoners to read. In the five months to August 2011, there had been about 37 complaints a month, most related to medication and hospital appointments. Complaints responses were prompt and focused and apologies were given as appropriate. Disputed responses or more serious complaints were registered with the Trust patient advice and liaison service (PALS) and managed centrally. Complaints trends data were presented to the integrated governance group.

### Housekeeping point

- 5.32 Clinical supervision should be recorded in staff personal files.

### Good practice

- 5.33 *A culture had been created in which staff members were not afraid to acknowledge errors and rectify them and learning was extracted from a trend analysis of the Prisons and Probation Ombudsman's reports on deaths in custody.*
- 5.34 *The wide availability of automated external defibrillators, and staff trained to use them, would enable rapid deployment in an emergency situation.*
- 5.35 *'You said' – 'we did' was an effective way to communicate the health care response to prisoners' criticisms, comments and compliments arising from service user consultations.*

## Primary care

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- 5.36 An extensive and easily accessible set of Trust policies and clinical procedures included communicable disease control, pandemic influenza and an information-sharing protocol. Key policies and procedures were localised to suit the requirements of prison health care.
- 5.37 There were three health care interview rooms and a GP consultation room in reception. The reception screening tool was on SystemOne. New arrivals were seen by a GP in reception as necessary. The principal GP had distilled a quick guide to prescribing for persons with substance misuse and alcohol problems from national guidance so that locum GPs prescribed to an acceptable standard. Prisoners were invited for a secondary health assessment during the first day of induction. Health care supported a new education department initiative to use the learning disability screening tool (LDSQ) to screen prisoners for potential learning disabilities or difficulties.
- 5.38 Nurses were available out of hours to offer advice only. The principal GP said he received one telephone call a month to give advice out of hours. There was access to the PCT Go2doc GP on call rota if required but this was rarely used. Telemedicine advice was widely and efficiently used, allowing patients to be 'seen' by specialists at Airedale General Hospital without leaving the prison. New x-ray equipment had been introduced as part of the national prison TB screening programme and staff, including uniformed staff, had been trained to take chest x-rays.
- 5.39 Barrier protection was available to prisoners from wing-based treatment rooms and the health centre but the availability of condoms was not consistently advertised on every wing.
- 5.40 A weekly timetable of primary care clinics was displayed in the health centre. There was an extensive range of clinics led by nurses, nurse prescribers, allied health professionals and visiting specialists. GPs were available to see more complex cases. Hepatitis B vaccination programmes led by a dedicated nurse were assertively marketed and managed and treatment for hepatitis C was promoted. The timetable included clinics for patients with life-long conditions such as diabetes, chronic obstructive airways disease and circulatory diseases. Primary care activity was intensive during the day and the amount and range of activities had outgrown the building. There were plans to migrate clinics to the wings once all the

environmental improvements had been completed. Some GP clinics had started on the wings, as had well man screening events for men over the age of 55.

5.41 Prisoners told us there were problems in accessing health care and too many failed to turn up for appointments, the reasons for which needed examination. Dedicated health application boxes on the wings were emptied daily by the nurses. Prisoners were also able to see triage nurses on the wings. Triage algorithms were in use. Waiting times were generally within NHS Manchester targets.

5.42 Prisoners were offered one-to-one reviews by health care before release or transfer but this was occasionally haphazard because of rapid bail releases. We observed one such release where a patient with complex medicinal requirements had his hearing put back to later in the day to allow time to ensure that appropriate medication was available to take home should he be bailed.

#### Housekeeping point

5.43 The availability of barrier protection should be consistently advertised on the wings.

#### Good practice

5.44 The evidence-based guide to prescribing in the event of withdrawal from substances or alcohol ensured equality of treatment from the medical team.

## Pharmacy

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5.45 **The systems for allocating and distributing medicines to treatment rooms should be improved. (4.84)**

**Achieved.** There were now additional checks at the point of transfer from the dispensary tote box to the transit case. This reduced the likelihood of potential transfer to an incorrect supply location.

5.46 **The in-possession risk assessments for each drug and patient should be fully documented, with reasons for the determination recorded. (4.85)**

**Achieved.** In-possession risk assessments and reasons for determinations were recorded on SystemOne.

5.47 **All prescriptions should be legally written and include the quantity prescribed. (4.86)**

**Achieved.** A sample of prescriptions indicated that they were legally and correctly written.

5.48 **All pre-packs should be dual-labelled. When the pre-pack is dispensed against a prescription, one label should be removed from the pack and attached to the prescription chart, which should then be sent to the pharmacy so that the pharmacist can check that the prescription was appropriate and that the correct item was supplied. (4.87)**

**No longer relevant.** Previous advice to dual label pre-packed stock medication was no longer given due to legal and good practice requirements. Medication for stock was not dual labelled and was well managed.

5.49 **The special sick policy should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate medicines can be supplied. Patient group**

**directions should be produced to allow supply of more potent medicines by nursing staff, where appropriate. (4.88)**

**Achieved.** The medicines and therapeutics committee regularly reviewed the special sick policy. There was an appropriate set of patient group directions available for nursing staff to use. Nurse prescribers and GPs were available to provide a wider variety of more potent medications.

**5.50 The security arrangements for keys to treatment rooms and controlled drugs cabinets should be tightened up. (4.89)**

**Achieved.** Health care keys were located in a locked cabinet and were available only to qualified staff. All keys, including those for treatment rooms, were signed in and out and the log was subject to audit.

### **Additional information**

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**5.51** The pharmacist now provided counselling on demand and by appointment and ran a clinic on Friday mornings covering medicine use reviews, blood pressure monitoring and minor ailments.

**5.52** SystmOne was used to generate printed prescriptions for all medication. Prescriptions were dispensed by the pharmacy for named patients. General stock was used for non-in-possession medications and administration recorded accordingly. General stock management was good. There were agreed stock levels, which were subject to audit. Requests for stock were reviewed by the pharmacy before supply and records were in place to account for the use of 'abusable' stock lines. A small number of pre-packs were available in reception and in the out-of-hours cupboard. These had a space for the nurse to add the patient name before supply. The audit trail was good. Controlled drugs were appropriately managed.

**5.53** Medicines were correctly stored and checked for expiry dates. The medicines trolley in the treatment room on E wing was not properly secured. The pharmacy and treatment rooms were equipped with medicines fridges. Apart from on E wing, records of fridge temperatures were adequately maintained. Pharmacy reference materials in some treatment rooms were out of date. Methasoft equipment was in place and used for all methadone mixture supplies to patients. The equipment was calibrated at the start of each treatment session and a calibration log was maintained.

**5.54** Medicines, including methadone, were administered and supplied by nursing staff during morning and evening treatment times from four treatment rooms through gated hatches. Access was regulated by uniformed officers and the opportunity for confidential discussions was sometimes limited. Medicine administration charts were stored in an insecure common room area and the records were stored in open-topped 'tote' boxes. The situation had arisen due to refurbishment and reallocation of an area previously used for secure storage. Patient confidentiality was therefore not protected.

**5.55** Medication was supplied mainly in-possession, with relatively few patients requiring supervised administration. As many prisoners shared cells, lockers had been provided to store in-possession medications but were frequently vandalised.

**5.56** Repeat prescription requests were the responsibility of the patient and requests submitted in the morning were normally available for collection later the same day.

**5.57** The medicines and therapeutics committee meet regularly and was attended by all stakeholders. Aggregated prescribing data were available to enable monitoring of prescribing

patterns. Appropriate policies were in place. A local formulary was in use. Prescribing appeared appropriate to the population.

#### Further recommendation

- 5.58 Secure facilities should be provided to enable confidential storage of patient-sensitive information to ensure that access to it is restricted to appropriate health care staff.

## Dentistry

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- 5.59 **The plan for the central sterilising services department (CSSD) service should be implemented as soon as possible. In the meantime, dental instruments should be appropriately stored. (4.90)**  
**Achieved.** CSSD services were in place. Clean and used dental instruments were kept separately. Used instruments were removed for transportation to CSSD on the day of use.

#### Additional information

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- 5.60 The dental contract had been revised and a new dental service provider and a dental nurse were at the prison for five sessions a week. The range of treatments included oral health promotion, dental checks and NHS compatible treatments, although the short stay of some patients limited the extent of interventions. The dentist indicated that many prisoners neglected their oral health so dental interventions were often prolonged and educative as well as restorative. No hygienist or therapist was available to do less complex dental work. The dentist undertook triage on the days he was available. The first appointment and follow-up dental waiting lists were well managed. Out-of-hours and emergency dental cover was available from the NHS Manchester dental on-call rota. However, with nurses on site 24 hours and GPs available each day, the need for external services was minimal.
- 5.61 The dental surgery was modern and spacious. Equipment was well maintained with appropriate certification. An independent inspection arranged by NHS Manchester was due following our visit and we were shown the completed action plan from the 2009 inspection. There had been an in-house audit of dental practices and cross-contamination minimisation. There were separate areas for clean and contaminated equipment. There was a plan to relocate the decontamination sink and equipment into a separate room as part of the health care refurbishment plan.

#### Housekeeping point

- 5.62 The dental workload should be assessed to identify whether a hygienist or therapist would free up the dentist to concentrate on more complex treatments.

## Inpatient care

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- 5.63 **The inpatient association room should be refurbished urgently. (4.91)**  
**Achieved.** The inpatient association area had been refurbished in an eye-catching Kings Fund scheme designed by Lime Arts and the prisoners.

- 5.64 **Daily cleaning schedules for the inpatient unit should include all areas of the unit. Regular monitoring of cleanliness, comparable with the NHS Patient Environment Action Team system, should be undertaken. (4.92)**  
**Achieved.** There were daily cleaning schedules for all areas of the unit. Enhanced PEAT inspections and control of infection audits took place regularly.
- 5.65 **A treatment room should be provided on the inpatient unit. (4.93)**  
**Not achieved.** There was a plan to provide a treatment room on the inpatient unit as part of the prison health care enabling specification section of the prison contract bid. The prison planned to complete this work over a three year period as part of an overall plan to upgrade the inpatient unit.
- 5.66 **The inpatient structure should ensure clear overall management responsibility for the unit, and the manager should be a registered nurse. (4.94)**  
**Achieved.** The inpatient manager was a senior registered general nurse. There were clear lines of accountability.
- 5.67 **The number and grades of discipline staff on the inpatient unit should be reviewed to ensure that the therapeutic purpose of the unit is not compromised. (4.95)**  
**Achieved.** The number of discipline staff on the inpatient unit had increased to four whole time equivalents. They were a stable group supplemented by wing-based staff to cover vacancies. They had enhanced training related to health care and offered respectful and empathetic approaches to patients.
- 5.68 **Mental health awareness training should be mandatory for all inpatient unit staff, with regular updates. (4.96)**  
**Achieved.** Inpatient unit staff received regular mental health awareness training and updating.
- 5.69 **Time out of cell on the inpatient unit should be increased. (4.97)**  
**Achieved.** Inpatients now had 10.5 hours of time out of cell.
- 5.70 **There should be provision for inpatients to dine out of cell. (4.98)**  
**Achieved.** There were dining facilities for inpatients, who were encouraged to eat out of their cells subject to dynamic risk assessment.

### **Additional information**

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- 5.71 A strategic review of the use of inpatient health care by the Care Services Improvement Partnership had taken place after our inspection in 2009. The physical dependency of patients at Manchester had increased, with 30% of inpatients now requiring physical care compared to 20% the year previously. The average length of stay in 2011 to date was 23.09 days, so turnover was regular. A prison inpatient review task group had been formed to deliver change.
- 5.72 The functional number of beds had reduced to 20, with a 70% occupancy rate. An enhanced physical care suite created by merging two cells into one included a wet room and facilities for prisoners with disabilities. It was designed for palliative care purposes but was also used to provide enhanced care for physically dependent men with other illnesses.
- 5.73 All inpatients had care plans on SystmOne. The nursing team briefed uniformed officers each day at shift handovers so they were aware of care objectives. A published timetable to support the therapeutic day included education, gym sessions, library time, external exercise time and one-to-one clinical sessions with inpatient registered nurses. Patients were encouraged to

socialise and eat together. There was a 'breakfast club' morning meeting where patients congregated together to have a light breakfast and plan the day.

## Secondary care

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### Additional information

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- 5.74 Patients had access to a wide range of clinics run by visiting specialists and consultations with hospital specialists using telemedicine. Patients' external health care appointments were subject to strict security. On average, only one appointment a month was cancelled for security reasons. More appointments were cancelled during major security incidents but these events were rare.

## Mental health

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- 5.75 **The mental health trust should appoint a full-time team leader. (4.99)**  
**Achieved.** A full-time team leader had been appointed.
- 5.76 **The mental health trust should ensure that out-of-hours arrangements for its patients are in place. (4.100)**  
**Achieved.** A registered mental health nurse was on site 24 hours a day. There was a protocol for access to secondary mental health services advice and support and access to the consultant on call out of hours.
- 5.77 **There should be a full range of mental health services, to cover both primary and acute mental health needs, and clarity about responsibility for delivering them. (4.101)**  
**Achieved.** There were integrated mental health services with the capacity to support prisoners with emotional, common and severe mental problems. There was clarity of roles and responsibilities and stepped transitions in the care pathway.
- 5.78 **Specialist clinical psychology services for patients with personality disorders and mental health issues should be introduced. (4.102)**  
**Not achieved.** There was no psychology-led service for patients with personality disorder and mental health issues. A special unit was to be introduced and was at the planning stage.  
**We repeat the recommendation.**
- 5.79 **Day services should be available for those less able to cope with life on the wings. (4.103)**  
**Achieved.** The therapy centre offered day services to persons with emotional, common and severe mental health problems.
- 5.80 **The day services venue should be changed to prevent disruption to therapy sessions. (4.104)**  
**Achieved.** Although the venue was unchanged, disruption had been minimised by limiting the thoroughfare in the unit to mental health staff only.

### Additional information

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- 5.81 About one in five discipline staff had received some mental health awareness training in the previous 10 years. Few (about one in 10) had been trained since our last inspection.

- 5.82 Prisoners with common mental health problems were seen by the primary mental health care team. There were about 150 referrals a month through an open system and about 73 patients were under mental care at any time. Prisoners had access to NHS self-help materials, Beating the Blues and books-on-prescription. A consultation on the efficacy of day centre interventions, including service user feedback, had been concluded in May 2011 and the service was subsequently changing. The therapy centre offered day services to around 35 prisoners a month who required personal support for emotional, behavioural and mental health problems, including individual and group therapeutic activities. Counselling was available from the chaplaincy.
- 5.83 About 26 patients with severe mental health problems a month received multidisciplinary case management under the care programme approach (CPA) from a secondary care team that included nurses and psychiatrists. Clinical psychology was not available but was to start shortly.
- 5.84 Patients in the inpatient unit who required transfer to external mental health care waited excessive amounts of time. Average waiting times for a sample of 14 cases since December 2010 were 57 days, ranging from 0 to 157 days following acceptance. Only two out of 14 had been transferred within offender health transfer target times, which was unacceptable.

#### Further recommendation

- 5.85 Patients requiring mental health inpatient care should be transferred expeditiously.



# Section 6: Activities

## Time out of cell

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### Expected outcomes:

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

- 6.1 **There should be a wider range of activities available to category A prisoners. (5.51)**  
**Not achieved.** Although time out of cell was good, there had been no change to the range of activities offered to category A prisoners. There were no off-unit activities apart from visits and daily exercise. Holding all high security prisoners together ensured that the rest of the prison could run a regime suited to a local prison but at the price of limiting regime opportunities for this small group. To some extent, this was mitigated as the length of stay of prisoners on the unit was usually less than 12 months.  
**We repeat the recommendation.**
- 6.2 **The wing 'administrative time' should be part of the published core day. (5.52)**  
**Achieved.** A period of domestic activity where prisoners could clean their cells, shower and have breakfast had been scheduled in the morning of the core day.
- 6.3 **Association start and finish times should be adhered to. (5.53)**  
**Achieved.** We saw little slippage in the regime. Prisoners were generally unlocked on time for regime activities, including association and exercise.
- 6.4 **Vulnerable prisoners should have access to peer support. (5.54)**  
**Achieved.** Vulnerable prisoners could access a wide range of peer support, such as Listeners and Insiders appointed on their residential unit.
- 6.5 **Staff should engage with prisoners proactively during association. (5.55)**  
**Achieved.** We observed appropriate engagement between staff and prisoners during association.
- 6.6 **All prisoners should have access to one hour a day in the fresh air. (5.56)**  
**Partially achieved.** Exercise in the fresh air was offered to prisoners for about an hour at different times throughout the day. However, although offered every day and rarely cancelled, exercise sometimes clashed with other scheduled activities such as education and work and prisoners engaged in those activities did not get the opportunity to spend time in the open air other than the walk to and from the activity – no more than 20 minutes maximum.  
**We repeat the recommendation.**

### Additional information

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- 6.7 The core day allowed about 11 hours out of cell for prisoners on the main wings. Most prisoners had been assigned to an activity and provision for time out of cell, including association, was good. Residential officers managed attendance at activities reasonably well and prisoners who were reluctant to engage were challenged appropriately. The hours booked for activities, including association and exercise, were reasonably accurate. There was a small slippage in the regime, particularly after lunch, but the reported figures of about 10 hours a day largely reflected the amount of time employed prisoners could spend out of their cells. During a

roll check in the middle of the working day, we found only about 20% of prisoners locked up, some for a short time while controlled drugs were administered. Time out of cell for the few unemployed prisoners or for those not required for their scheduled activity was about six hours. The regime at weekends was relatively good and provided up to about eight hours out of cell through exercise, association and other organised activities such as visits and gym.

## Learning and skills and work activities

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### Expected outcomes:

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

- 6.8 **Information, advice and guidance services should be extended to include all prisoners on entry to the prison. (5.17)**  
**Achieved.** Information, advice and guidance had been extended to include all prisoners as part of their induction programme.
- 6.9 **Individual learning plan targets and reviews of learner progress should be refined and improved. (5.18)**  
**Achieved.** The quality of individual learning plan targets and the completion of learner progress reviews had improved. Appropriate training and development had effectively improved tutors' skills.
- 6.10 **There should be more vocational training and work opportunities for vulnerable prisoners to allow them to develop better employability skills. (5.19)**  
**Achieved.** The work and training opportunities for vulnerable prisoners had increased with the introduction of the printing workshops and the laundry, which provided work and accredited training.
- 6.11 **Discrete area for skills for life delivery and support for contract workshops should be provided. (5.20)**  
**Achieved.** Specialist tutors supported prisoners in workshops to develop literacy, numeracy and key skills in discrete sectioned areas.
- 6.12 **Library accommodation should be reviewed and extended. (5.21)**  
**Partially achieved.** The prison had carried out a review of the library accommodation. A range of options had been considered to provide a larger library facility but there was no suitable alternative which would ensure the library remained in a central and accessible location.
- 6.13 **Accredited training should be provided for orderlies in the library. (5.22)**  
**Achieved.** A level 2 award in mentoring had been introduced for library orderlies.

### Additional information

#### Leadership and management

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- 6.14 Leadership and management of learning and skills were good. Strategic planning took good account of prison, regional and national priorities when setting targets and objectives to

develop provision and the prison was appropriately prioritising where possible for potential external contract changes. The effective collaboration of different functions contributed well to meeting prisoners' education, training and work needs. Communication was good. Meeting agendas were focused and identified actions were followed up rigorously at subsequent meetings. Learner surveys were analysed effectively and influenced curriculum development.

- 6.15 Education provision was well managed. A revised management structure promoted effective communication across the education teams. This was enhanced through a range of regular team meetings and a detailed weekly information bulletin. Good use was made of data to identify prisoners' changing needs and extend education provision. An appropriate range of staff development activities supported the effective development of the curriculum.
- 6.16 There was enough purposeful activity to allow about 75% of prisoners to engage in activities. There were too many wing cleaning jobs but all wing cleaners were trained in a cleaning qualification at level 1 before starting work. About 20% of prisoners were unconvicted and not required to work, some were in health care or not able to work and 1% refused to work. Some prisoners were engaged in other regime activity, such as visits, recreational PE or attending offending behaviour programmes. Others were attending court.
- 6.17 Quality improvement processes were satisfactory. The quality improvement group effectively monitored performance across learning and skills. Meetings were regular and well attended and dealt proficiently with the operational management of learning and skills activities. Data were used well to inform curriculum planning and to identify and improve under-performance. In education, the observation of teaching and learning was effective in identifying improvement actions and good practice. Reports were evaluative and gave good attention to the outcomes of the session and measuring learning. In work and PE, the observation reports were too descriptive, with insufficient emphasis on measuring learning. Some reports were not graded and few identified or set improvement targets for staff.
- 6.18 Equality, diversity, respect and safety were promoted well in education, training and work and most areas provided a calm and purposeful working environment. Staff training provided by the prison was effective in improving staff skills in equality, diversity and safety.

#### Further recommendation

- 6.19 The standard of reporting of the observation of teaching and learning in PE and vocational training offered through work should be improved to ensure that reports are evaluative, graded and set clear improvement actions.

### Induction

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- 6.20 Induction satisfactorily introduced prisoners to available activities. Within their first week, new arrivals attended a group information session provided by the Careers Advice Information Service (CIAS), Working Links. Education staff provided appropriate screening and assessment to identify literacy and numeracy needs. Prisoners' previous records, some of which were available from the learner record service database, were used well to ensure prisoners did not have to sit assessments when up-to-date screening results were available. Prisoners could request an individual guidance interview, which reviewed their training and learning needs and set effective short, medium and long-term goals.

- 6.21 Risk assessment by security before allocation to activity was efficient and prisoners were allocated to work or training quickly following the education induction. However, allocation to activity was fragmented: work was allocated by labour control, orderly jobs by wing staff, PE and kitchen prison officers interviewed and allocated prisoners to their areas and education staff managed allocation to education and some vocational training. There was no overview to ensure that allocation was fair and equitable or that waiting lists were managed effectively.

#### Further recommendation

- 6.22 Allocation to activity and waiting lists should be rationalised to ensure that allocation is fair and equitable and focused on helping prisoners address their education and employability needs.

### Work

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- 6.23 Activity spaces were well used and attendance was good, resulting in most prisoners engaging in their allocated activities. Prison work provided about 492 full-time equivalent (FTE) work places, including kitchens, a staff restaurant, waste management and recycling, wing cleaning and painting, laundry, printing and textile workshops. All work areas provided some form of accreditation, often through education outreach for literacy, numeracy and wider key skills in the working areas, although more could have been done to recognise work skills acquired in the textile workshops. Specialist qualifications were available in waste management, food hygiene, catering, laundry and industrial cleaning. Prisoners at work were given and used the necessary personal protective health and safety equipment.
- 6.24 Workshops were a good standard and provided useful purposeful activity for prisoners as well as income for the prison. Waste management and recycling helped reduce waste and increase income while providing prisoners with useful work and qualifications. Good use was made of peer mentors in work areas but training programmes to accredit the coaching and enhanced work skills they developed were not frequent enough. Prisoners in the print workshops worked extended days as part of a feasibility pilot to assess if a 40-hour working week could be maintained alongside other regime activities. Prisoners in the laundry worked Friday afternoons and Saturday mornings to extend their hours and fulfil work contracts. The extended working hours were working well and vulnerable prisoners had the opportunity of working in these areas but at the expense of planned time in the open air (see section on time out of cell). Too many prisoners were on wing cleaning duties during the working day.
- 6.25 Rates of pay for prisoners varied slightly for different jobs depending on the type of and number of hours worked but was not a disincentive to engage in education or training activities. Prisoners who could not engage in activities received an appropriate rate of pay.

#### Further recommendations

- 6.26 Additional accreditation should be provided for prisoners working in the textiles workshop to recognise their personal effectiveness and acquired basic work skills.
- 6.27 Recognised training and accreditation should be provided for peer mentors working in vocational and production workshops.

## Vocational training

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- 6.28 The Manchester College provided 75 FTE OLASS-funded vocational training places. These included plastering, industrial cleaning, health and safety, and food hygiene. Learners took pride in their work and developed and demonstrated good vocational skills, often above those required for the qualification. Vocational courses offered few opportunities to progress to higher levels or onto other relevant or related courses. For example, the plastering course enabled learners to achieve at award or certificate level depending on the number of units they could achieve but the brick work course was not a compatible qualification so learners could not accrue additional units of study to achieve a diploma-level qualification in related construction trades. The education department provided a construction site safety award to those with relevant training to enhance their job prospects. Industrial cleaning courses provided training and assessment leading to national vocational qualifications (NVQs) at level 2. Prison wing cleaners were trained and accredited with an industry-recognised basic cleaning award. The PE department provided suitable vocational qualifications at level 2 for gym instructors as well as other industry-recognised PE awards. All vocational courses had high achievement of qualifications and vocational training workshops were well resourced with industry standard equipment.
- 6.29 Specialist tutors supported prisoners on vocational courses with literacy, numeracy and key skills training and assessment in the work areas to help with their course and enable them to gain additional qualifications. Individual learning plans and course records, together with progress tracking systems, provided learners with a clear plan of the course aims and about their ongoing progress. Courses were well planned and delivered and learners enjoyed the training and were proud of the qualifications gained.
- 6.30 Accredited vocational training funded by the prison and delivered by prison staff was available in brickwork, PE, laundry and waste management. An NVQ level 2 was offered in catering by Pendleton College. Course tutors were well qualified and experienced and contributed strongly to the prisoners' high levels of satisfaction with the training and learning. The painting and decorating vocational course had closed down to provide more space for production work.

### Further recommendations

- 6.31 Managers should consider providing progression through credit accumulation between similar trade areas such as construction skills courses.
- 6.32 Additional vocational training should be provided to replace the painting and decorating course.

## Education

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- 6.33 The Manchester College provided 120 FTE places. Education sessions ran from 8.30am to 11.30am on weekdays and from 2pm to 4.30pm Monday to Thursday. A wide range of education classes took place in the main block, as well as outreach provision on the wings and in vocational workshops. Provision included literacy, numeracy and English for speakers of other languages (ESOL), key skills, ICT qualifications up to level 2, and personal and social development courses. Wider key skills were integrated well in vocational workshops. Vulnerable prisoners had good access to individual education programmes on their wing. During 2010/11, a range of collaborative projects extended the core education provision.

These included eight themed drama workshops, one of which had a family and children theme. The focus was on improving prisoners' social and communication skills. Feedback from participants was very positive. A creative music project was used effectively to enhance prisoners' wider key skills. A new education taster programme had been introduced for prisoners on remand, providing them with useful information to make informed choices about their educational pathway. A well-established accredited victim awareness course effectively challenged prisoners' perceptions and attitudes and increased their awareness of the impact of their actions on others.

- 6.34 Teaching and learning were good. Sessions were well planned and promoted good development of communication skills, confidence and positive attitudes to learning. Highly interactive activities were used effectively to engage prisoners and promote good learning. Good use was made of interactive white boards and a variety of learning resources to make sessions interesting. Tutors used questions very well to involve prisoners in discussion and check their understanding. Relationships between tutors and prisoners were good. Tutors provided a high level of support to motivate prisoners and challenged poor behaviour in a non-confrontational way. Skills for Life initial assessment was used very effectively to establish individual programmes. Accommodation was satisfactory.
- 6.35 Qualification success rates had improved and were high in ESOL, literacy, numeracy and personal and social development courses. Attendance was satisfactory and punctuality was good.
- 6.36 The recent introduction of a half-time learning difficulties and disabilities (LDD) coordinator role was effective in identifying and meeting prisoners' additional learning needs. A detailed policy clearly outlined roles, responsibilities and procedures. Good partnership arrangements had been established between the coordinator and other prison departments to communicate and identify support needs. Forty-eight prisoners had recently been assessed and learning support recommendations established. However, support plans had not been implemented fully and there was a backlog of 78 prisoners requiring assessment.

#### Further recommendation

- 6.37 The backlog of prisoners requiring assessment of their learning support needs should be reduced and individual support recommendations implemented.

#### Library

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- 6.38 The library was managed by Manchester Council Library and Information Services. It was centrally located in the education area and run by a chartered librarian, supported by a full-time librarian and a prison orderly. A second full-time librarian and two additional orderlies were being recruited. Induction into the orderly role and ongoing training were provided.
- 6.39 Timetabled access to the library was managed effectively and facilitated by a full-time library officer. The library was open for 49 hours a week across 4.5 days, four evenings and Saturday mornings. Prisoners were able to attend for a minimum of 30 minutes a week and education classes were timetabled for weekly visits. More prisoners than the comparator in our survey said they went to the library at least once a week but this had dropped considerably since 2009. Additional visits were arranged for individual prisoners to research legal issues or complete a practice theory test on computer. Vulnerable prisoners had equitable access. Library staff had undertaken information skills sessions in education classes to raise

awareness of the range of library resources and library use had increased slightly as a result. Library book collections had also been established on the high security wing, the segregation unit and in health care. These were supervised and replenished by the librarians and the library officer. An updated library management system had been installed.

- 6.40 The well-established Storybook Dads project had seen 40 CDs completed in 2008/09 rising to 103 in 2010/11. An active reading group was hosted in the library on a Friday afternoon and on one evening a week education and library staff provided a business club. There was an appropriate and regularly updated range of easy read and large print books. Effective resources were available to support education and vocational courses. Stock trends and lending analyses were monitored closely to identify trends and match stocks to requirements. Library staff were responsive to requests from ESOL and foreign national prisoners. Prisoners had appropriate access to newspapers and magazines, including a small range of foreign newspapers. Fiction and non-fiction books were provided in 36 languages and a selection of 116 foreign language dictionaries was available. The library provided most current legal texts and publications but not all the legislative acts and guidance required by the 2010 prison library specifications. Actions had been taken to rectify this. Prison Service Orders were up to date and easily accessible.

## Physical education and health promotion

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**Expected outcomes:**

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

- 6.41 **There should be robust systems on the wings to ensure that access to the gym is fair and equitable. (5.29)**  
**Not achieved.** Access to the wing cardiovascular rooms and the main gym was not well managed by wing staff to ensure fair allocation for all those wanting to use the facilities. Some wings did not have access to any form of wing-based PE facility.  
**We repeat the recommendation.**

### **Additional information**

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- 6.42 PE equipment levels and supervision were good. PE facilities were open from 8am to 7.45pm Monday to Thursday and 8am to 4.45pm on Friday. Weekend opening times were from 8am to 4.15pm. An all-weather outside sports area was available for football, circuit training and team games. Inside PE activities included weight-lifting and cardiovascular exercise. In the sports hall, activities such as football, volleyball, basketball, badminton, indoor tennis and cricket were available. Shower and toilet facilities had no privacy screens. Vulnerable prisoners could attend the gym in the evenings during the week. No separate fitness programmes were organised for older prisoners.
- 6.43 All prisoners were given a general introduction to the gym during induction, including clear information on the range of courses and programmes available, when they could attend and how to apply. Gym opening hours and available activities were advertised on the wings. All prisoners were allocated at least a 1.5-hour session in the main gym each week and in some cases more than one session. Fewer than the comparator in our survey said they went to the gym at least twice a week but most wings also had a room with cardiovascular equipment

available during association. The room on K wing had been closed for several weeks due to supervision concerns and vulnerable prisoners did not have access to any form of wing-based PE facility.

- 6.44 PE staff assessed prisoners for their suitability for PE during the gym induction. Prisoners were required to complete a health questionnaire to ensure that exercise was safe and appropriate. Prisoners identified with health issues were referred to the health care department for a further medical assessment before taking part in gym activities. Clean towels and PE clothing were provided at every session in the main gym and prisoners used their own clothes when using the wing facilities.
- 6.45 All wings had the opportunity to attend the gym at least once a week for recreational PE and attendance records were analysed for equality monitoring purposes. Rehabilitative and medical referral PE operated on Friday afternoons.
- 6.46 Appropriate records were kept of accidents and incidents in the gym.
- 6.47 A range of well planned vocational qualifications offered about 40 FTE places and success rates were high. The quality of training and assessment was good and there were good links with the prison education provider to teach and assess numeracy, literacy and key skills alongside the vocational courses. Vocational courses promoted the importance of diet, nutrition and exercise for healthy living and weight gain or loss purposes.

#### **Further recommendations**

- 6.48 Privacy screens should be provided in the PE shower, toilet and changing room areas.
- 6.49 The wing-based cardiovascular rooms should be better used to provide recreational PE for prisoners.
- 6.50 PE sessions for specific groups such as older prisoners should be introduced.

# Section 7: Good order

## Security and rules

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### Expected outcomes:

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

### Security

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- 7.1 **Prisoners should only be restricted from accessing activities on the basis of actual risk, rather than the number of security information reports relating to them. (6.13)**  
**Achieved.** Risk assessment and management systems were effective and included the use of information about the prisoner's recent custodial behaviour as well as historic data to inform assessments. A register was in place to identify all risks associated with education areas and workshops in terms of the type of prisoner who could safely attend and what measures were needed to manage identified risks. There was no evidence to show that the prison was risk averse in terms of allocating activity spaces to mainstream prisoners, although there were some appropriate restrictions for category A prisoners.
- 7.2 **The frequency with which prisoners are required to move cells on the category A unit should be commensurate with their current security category. (6.14)**  
**Not achieved.** All prisoners on the high security unit on E wing, including about 17 category B prisoners on the escape list, moved cells every month.  
**We repeat the recommendation.**
- 7.3 **All strip searching should be logged and related data regularly analysed by managers. (6.15)**  
**Achieved.** A log recording the use of strip searches was kept and analysed at the monthly security committee meeting. Information was also included during staff briefings and in the monthly security briefing.
- 7.4 **All squat searches should be logged and sufficient authorisation evidenced in each case. (6.16)**  
**Achieved.** The use of the body orifice security scanner (BOSS) chair meant prisoners no longer had to squat following a strip search. The few squat searches carried out in 2011 had been recorded and proper authority had been given.

### Additional information

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- 7.5 The management of security procedures remained complex, in that the prison managed both a high security population on a dedicated unit on E wing and acted as a traditional local prison. Efforts were made to apply distinct security arrangements that reflected the risk presented by each group so that overall security procedures did not hinder a prisoner's access to as full a regime as possible. The large security department was effectively managed by two operational governors supported by nine security managers, a group of 12 security analysts and a dedicated security and search team of 12 trained officers.

- 7.6 The physical security and general condition of the prison were good, with no obvious weaknesses or anomalies in physical and procedural security. Regular checks and routine searches of perimeter fences and walls took place every day along with routine searches of communal areas and activities buildings. On the whole, important elements of dynamic security were in place. Relationships between staff and prisoners were generally positive and there were strong links with local and regional police forces and a good exchange of relevant information.
- 7.7 Dedicated security and search team officers were responsible for all target searching, while residential staff were responsible for routine wing-based searches. Searching procedures had been revised to increase staff confidence and ensure a consistent approach. The relationship between the security and search team and the rest of the prison appeared reasonable and we observed relaxed interactions with prisoners.
- 7.8 The security committee was generally properly constructed, with appropriate internal and external representation, but links with the violence reduction team were underdeveloped. Representatives from the violence reduction group did not usually attend meetings and communication between security and the violence reduction coordinator through dissemination of security information reports was inconsistent (also see section on violence reduction).
- 7.9 The security department received an average of about 750 security information reports each month. These were processed and categorised by full-time security collators and analysts. Intelligence was effectively communicated to other areas of the prison, particularly residential areas, to allow them to make informed decisions about prisoners or take necessary action. Information from these and police incident reports was collated into a comprehensive monthly intelligence report, which detailed all information received across a number of areas, including violence reduction, disorder and control, and extremism. An intelligence committee met monthly to conduct a detailed assessment of all information received, make recommendations and plan and agree appropriate follow-up action.

## Discipline

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### Expected outcomes:

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

### Disciplinary procedures

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- 7.10 **Data relating to adjudications should be collated and analysed routinely to identify and respond to emerging patterns and trends. (6.41)**  
**Achieved.** Monthly statistics on the number and nature of adjudications were presented to the senior management team. Results of proven offences were noted, categorised and communicated to adjudicators to identify trends and deal with particular problem areas as they arose.

### Additional information

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- 7.11 Given the size and role of the prison, the number of formal adjudications was reasonably low at about 75 a month. Quarterly adjudication standardisation meetings chaired by the head of

residence were well attended by adjudicating governors and minutes showed good levels of discussion. Punishment tariffs had been published and were used consistently.

- 7.12 Records of adjudications showed that many hearings were conducted well but in a significant number the records did not assure us that they were conducted fairly and clearly. There were too many examples where adjudicators did not take time to ensure that the prisoner fully understood the process before moving on, not all prisoners were offered the opportunity to seek legal advice and records did not always indicate that the prisoner had been given the opportunity to challenge the evidence and put across his version of events. Some records were illegible. It was not always clear that prisoners had been given time and support to prepare their case. We were told of instances where charge sheets had been slipped under cell doors the evening before adjudication.

#### Further recommendation

- 7.13 All adjudication proceedings should be conducted in a clear and fair way. Prisoners should be given enough time to prepare their case, adjudicators should ensure they understand the charge and full enquiries should be reflected in the records of hearings.

#### Housekeeping point

- 7.14 Records of disciplinary hearings should be legible.

## The use of force

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- 7.15 **Minutes from the use of force committee meeting should evidence quality discussion and analysis of the data presented. (6.42)**  
**Achieved.** Monitoring arrangements had improved and links to the security committee and the safer custody committee had been strengthened. Incidents were discussed at a monthly use of force committee and the governor quality assured most associated documents. Information, including the nature of the incident, its location and the ethnicity of the prisoners involved, was collated each month and presented for analysis to the security, use of force and safer custody committees. Trends were identified and appropriate action taken.
- 7.16 **Mattresses in the dirty protest special accommodation should not be placed directly on the floor. (6.43)**  
**Achieved.** A purpose-built plinth had been built.

#### Additional information

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- 7.17 At 140 in the first three quarters of 2011, the number of incidents involving the use of force was not too high for the size and type of the prison, although this represented an increase of about 23 incidents compared to the same period in 2010. This appeared to be due to a large increase in June and July 2011 caused by two separate incidents, involving a number of prisoners. More than half of all incidents in 2011 had not involved the use of control and restraint techniques and there was evidence of improved de-escalation procedures.
- 7.18 Records were mostly properly completed and written accounts from officers usually reassured that force had been used as a last resort. Planned intervention was filmed and governance arrangements through a nominated control and restraint committee, the senior management team and security committee meetings were good.

- 7.19 Special accommodation had been used 10 times in the first seven months of 2011 for an average period of one hour. Lengths of stay were reasonably short and there was evidence that use was justified to deal with extreme violent behaviour.

## Segregation unit

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- 7.20 **The showers on the second landing of the segregation unit should be refurbished to an acceptable standard for use. (6.44)**  
**Not achieved.** The showers on the second landing were dirty, covered in lime scale and had paint flaking from walls and ceilings.  
**We repeat the recommendation.**
- 7.21 **All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls. (6.45)**  
**Not achieved.** Access to basic facilities such as showers, telephones and exercise remained through morning application and prisoners could not make an application at other times of the day. This was not appropriate. (See additional information.)  
**We repeat the recommendation.**
- 7.22 **The definition of long-term residents in the segregation unit should be clearly defined for staff, and such prisoners should be given access to gym facilities and risk-assessed association. (6.46)**  
**Not achieved.** The definition of what constituted a long-term prisoner had not been made clear to staff working on the unit and the regime for such prisoners remained restricted. (See additional information.)

## Additional information

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- 7.23 The segregation unit comprised 20 cells, including two special cells, two gated safer cells and two modified cells designated to accommodate prisoners on dirty protest. There was a staff office, adjudication room, interview room and a small gym. Outside the unit was a secure exercise yard. Communal areas were clean and well maintained. Notice boards contained up-to-date information and the unit rules were clearly displayed. Segregation cells were generally clean and adequately furnished.
- 7.24 A published segregation unit policy document, which staff were familiar with, set out the management arrangements, expected working practices and the guiding principles of the unit. There was a published staff selection policy. Selected officers had been personally authorised by the governor. Relationships between staff and prisoners were good. Trained officers were generally dealing with difficult prisoners respectfully using appropriate levels of care on a day-to-day basis.
- 7.25 At the time of the inspection, eight prisoners were accommodated in the segregation unit, including two vulnerable prisoners segregated under prison rule 45 (own protection), three for good order or discipline, one for cellular confinement following adjudication and two full-time cleaners. Prisoners arriving on the unit were searched thoroughly and respectfully but strip searches were conducted routinely, which was inappropriate. Planning systems to help prisoners segregated under good order or discipline to return to normal prison location were underdeveloped and there was little information to show that progress in terms of changes to behaviour and circumstances was monitored or acted on. Written observations in personal files mostly just noted matters such as access to exercise and showers. Some entries indicated knowledge of a prisoner's personal circumstances but most were not comprehensive enough

to show that each man's emotional and mental well being was effectively monitored and meaningful targets were not set.

- 7.26 The regime for longer-stay prisoners was quite poor, with no evidence that in-cell education was regularly provided and they could not attend activities elsewhere. The unit gym was rarely used for PE. Prisoners awaiting transfer to other prisons or for a place on other residential units remained unoccupied, locked in their cells nearly all day.

#### Further recommendation

- 7.27 A full review of the segregation unit regime should be undertaken to ensure appropriate entry procedures, access to facilities, more activities for longer-stay prisoners and a clear focus on helping prisoners progress.

## Incentives and earned privileges

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### Expected outcomes:

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

- 7.28 **The incentives and earned privilege (IEP) policy should be impact assessed, to ensure that it is fair for all segments of the population (That is, older prisoners, black and minority ethnic prisoners, Muslim prisoners, vulnerable prisoners and prisoners with disabilities). (6.58)**  
**Not achieved.** An impact assessment of the IEP scheme had been undertaken in 2010 but only in relation to race equality.  
**We repeat the recommendation.**
- 7.29 **Data related to the IEP scheme should be regularly analysed, and the results used to ensure consistent and fair application of the scheme and to inform future reviews of policy and practice. (6.59)**  
**Partially achieved.** Recent analysis of the IEP scheme had resulted in a management review and a new policy was being formulated. Reference to the IEP scheme in prisoner wing files was poor and suggested inconsistency in its application.
- 7.30 **Prisoners should be reviewed regularly to ensure that they are on the appropriate level of the IEP scheme and as an ongoing incentive for positive behaviour. (6.60)**  
**Not achieved.** As previously, the IEP policy stated that all enhanced prisoners and standard level prisoners who did not apply for promotion, should be formally reviewed annually unless their behaviour dictated otherwise. Personal officers were also expected to carry out status reviews through personal meetings with prisoners but there was little evidence that this happened.
- 7.31 **Prisoners should be notified of any warnings they receive under the IEP scheme. (6.61)**  
**Partially achieved.** Prisoners received written notification that they had officially been warned under the IEP scheme but were not always given a verbal warning in the first instance to allow them to amend their behaviour.

- 7.32 Prisoners should not receive a punishment on adjudication and then be placed on basic for the same incident. (6.62)  
Achieved. There was no evidence that this happened.

### **Additional information**

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- 7.33 Nineteen prisoners were on basic, 865 standard and 289 enhanced. The IEP policy was dated May 2010 and most prisoners appeared to understand the system. There were reasonable differences between the IEP levels to help motivate some prisoners. Prisoners transferring from another prison kept their original status and other prisoners started on the standard level. Some prisoners said officers had unofficially advised them about their behaviour when they were new to the prison rather than automatically issuing a warning.
- 7.34 The quality of targets set for those on basic varied. Some were specific but many simply contained generic targets written in jargon, such as 'act in a pro-social manner', regardless of the reasons for downgrade. Only 37% of wing files we looked at referred to the IEP scheme and these indicated some inconsistency of practice. Of the 37%, 66% noted only warnings, 23% noted only positive behaviour and 6% included both. In 46% of cases, IEP seemed to be used effectively, with verbal warnings followed up with sanctions and appropriately timed reviews. In the remaining cases, it was unclear what action had been taken as a result of the IEP warning. In some instances, only a single warning had been issued despite ongoing negative behaviour, while in others sanctions seemed overly punitive.

### **Further recommendation**

- 7.35 Targets set for those on the basic regime should be specific, personalised in plain English and aimed at helping men return to the standard level quickly.

# Section 8: Services

## Catering

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### Expected outcomes:

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

- 8.1 **Food temperatures should be taken and recorded at the point of serving. (7.16)**  
**Not achieved.** We did not see food temperatures taken at the serveries and many prisoners complained that food was served cold. (See additional information.)  
**We repeat the recommendation.**
- 8.2 **The results of the catering survey should be analysed and the results used to improve provision. (7.17)**  
**Achieved.** Catering staff had taken prisoners' views into account when planning new menu choices.
- 8.3 **Breakfast should be served on the morning it is eaten. (7.18)**  
**Not achieved.** Prisoners were still issued breakfast packs the day before use.  
**We repeat the recommendation.**
- 8.4 **Fruit should be provided freely to all prisoners. (7.19)**  
**Not achieved.** Fruit was not freely available and was still included on all daily menu choices only as an additional item.  
**We repeat the recommendation.**
- 8.5 **Food should be served within 45 minutes of leaving the kitchen. (7.20)**  
**Partially achieved.** Food was taken from the kitchen to the wing serveries in insulated trolleys. Serving from wing serveries began within 45 minutes of food leaving the kitchen but staff accepted that some prisoners were served after this time. (See additional information.)
- 8.6 **Catering staff should be represented at wing consultation meetings, and issues raised by prisoners should be followed up and actions recorded. (7.21)**  
**Not achieved.** Catering staff attended some menu focus group meetings on wings but rarely attended wing consultation meetings, relying instead on wing staff to notify them of any issues.  
**We repeat the recommendation.**
- 8.7 **Prisoners queuing outside the serveries should be properly supervised. (7.22)**  
**Achieved.** Queues were properly supervised.
- 8.8 **Opportunities should be provided for prisoners to dine in association; if prisoners are required to eat in their cells, toilets should be fully screened. (7.23)**  
**Not achieved.** There were no facilities for prisoners to eat meals together and all meals were eaten in cells where many toilets were poorly screened.  
**We repeat the recommendation.**
- 8.9 **Prisoners should be able to make a hot drink after evening lock up. (7.24)**  
**Not achieved.** Kettles were not usually provided in cells and prisoners who wished to make a drink at night had to buy a flask.

#### Further recommendation

- 8.10 Prisoners should be provided with a flask free of charge.

#### Additional information

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- 8.11 The kitchen was clean and well maintained and staff and prisoners were appropriately dressed and understood health and safety requirements. The serveries were clean, well equipped and properly supervised. Prisoners were suitably trained. Halal food was served appropriately and halal certificates were displayed in most serveries. The food we tasted was good and hot but many prisoners still complained that some food was cold. On arrival, food was transferred from insulated trolleys to hot plates but the temperature of different shelves inside the hotplates varied and lower shelves were cool and did not keep meals warm. Prisoners said food was often cold towards the end of the serving process. The four-week menu cycle offered several choices at lunch and dinner, including vegetarian and Halal options. There were few food comment books on serveries, some were kept in locked cupboards or wing offices and few contained recent comment.

#### Further recommendation

- 8.12 Hotplates should be properly pre-heated and checked to ensure food is maintained and served at the correct temperature.

#### Housekeeping point

- 8.13 Food comment books should be readily available at all serveries and catering staff should check these regularly and provide feedback to prisoners.

## Prison shop

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#### Expected outcomes:

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

- 8.14 Prisoners, including black and minority ethnic prisoners, should be routinely consulted about the shop and the items available to them. (7.31)  
**Achieved.** The shop was a regular item at wing consultation meetings and a specific canteen meeting had been convened with black and minority ethnic prisoners to discuss their particular needs.
- 8.15 Vulnerable prisoners on A wing should not be locked up during association when their goods are delivered. (7.32)  
**Achieved.** Staff and prisoners confirmed this no longer happened.
- 8.16 All prisoners should be able to order goods from catalogues. (7.33)  
**Not achieved.** Only enhanced prisoners could order from catalogues.  
**We repeat the recommendation.**

## **Additional information**

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- 8.17 The canteen list was renewed every three months and contained 357 items, including a selection of hobby materials. New arrivals were given a smoker's or non-smoker's pack but could wait a long time to use the shop. Shop orders could be made once a week and goods were delivered to wings on staggered days. There were few errors. Newspapers and magazines could be ordered.



# Section 9: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

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

- 9.1 **Prisoner consultative meetings should include an agenda item about resettlement issues. (8.7)**  
**Partially achieved.** All consultation meetings included agenda items about health care, visits and mail. Published agendas on some but not all wings also included the topics 'drug and alcohol services, offender supervisors, sentence planning and offender behaviour programmes'.

### Further recommendation

- 9.2 Resettlement agenda items should be consistent across all wings.

- 9.3 **Pre-discharge boards should be run at least six weeks before prisoners are released. (8.8)**  
**Achieved.** Discharge boards were held for prisoners six weeks before release. Prisoners were seen privately by staff from JobCentre Plus, education, training and skills, housing workers and offender supervisors, along with any staff who had worked with them, such as a CARAT worker. Unmet need was identified and acted on before release.

- 9.4 **Current provision in the resettlement pathways should be better publicised to prisoners, so that they are aware of whom to contact about the support available. (8.9)**  
**Partially achieved.** Information about all pathway services was included in the prisoner information booklet and prisoners were seen by housing and JobCentre Plus workers during induction. Support for contact with families and children was advertised on wings and there was health care information but other pathway services were not and prisoners in our survey indicated relatively little knowledge about who to contact about resettlement services.

### Housekeeping point

- 9.5 Information about services available under each resettlement pathway should be publicised on wings.

### Additional information

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- 9.6 The reducing reoffending policy and strategy was out of date, containing references to some actions the prison planned to take in 2010. The policy covered all pathways but did not detail how the needs of specific groups of prisoners would be met. A needs analysis had been undertaken in 2009 but did not cover the needs of prisoners serving short sentences or remanded into custody. Some fundamental information was not included, such as how many prisoners were fathers and if contact was maintained with children. A new needs analysis was under way and managers planned to review and update the policy. Pathway sections in the

policy each concluded with a 'local strategy' but most targets contained no timescales for completion and target dates that were included had long since passed. Most but not all pathways had an individual action plan. A separate reducing reoffending action plan 2011/12 included targets to develop services but did not reflect those recorded in the reducing reoffending policy.

- 9.7 The reducing reoffending management team (RRMT) met monthly, chaired by the head of reducing reoffending. Meetings were well attended and included pathway leads. Separate pathway meetings were held for some but not all pathways. The prison had service level agreements with numerous organisations providing services to prisoners and partnership representatives attended pathway meetings. Some useful high-level strategic work had taken place through the governor's membership of bodies such as the Manchester Crime and Disorder Partnership and Greater Manchester Criminal Justice Board, which helped influence and increase awareness of local authorities and other statutory agencies' responsibilities in relation to helping prisoners from Manchester resettle successfully.
- 9.8 The provision of programmes was appropriate and sufficient to meet the needs of prisoners (see section on resettlement pathways). A restorative justice project was due to start shortly and a drug recovery project had been introduced on B wing. In an effort to reduce reoffending rates of prisoners serving short sentences, a three-year Choose Change project had been introduced in 2008 targeting prisoners serving under 12 months living in Manchester, Salford and Trafford. Prisoners were supported by a caseworker in prison and for three months post-release. Areas of support included accommodation, drugs and alcohol, education and employment, improving family links and health care support. A total of 271 prisoners had engaged with the project and 88 had completed to date. Interim findings after the first year of operation were positive.

#### Further recommendation

- 9.9 The reducing reoffending policy should reflect the resettlement needs of all categories of prisoners.

## Offender management and planning

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### Expected outcomes:

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

### Sentence planning and offender management

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- 9.10 **Sentence planning boards should include contributions from all departments, to ensure that all appropriate needs are considered in preparing sentence plan objectives. (8.30)**  
**Achieved.** Sentence planning boards included contributions from all departments.
- 9.11 **Offender supervisors should not be tasked with PIN telephone clearances. (8.31)**  
**Achieved.** Offender managers no longer had this responsibility.
- 9.12 **The backlog of OASys assessments should be cleared. (8.32)**  
**Achieved.** OASys assessments were up to date.

- 9.13 **There should be sentence and custody planning for prisoners out of scope of offender management arrangements. (8.33)**  
**Partially achieved.** There was still no custody planning for unconvicted men, 34% of the population, but sentence planning had recently been introduced for prisoners serving less than 12 months. An offender supervisor identified and interviewed prisoners to identify resettlement needs within 24 hours of arrival. Referrals were made as appropriate and assessments were stored electronically and were accessible to all departments and agencies. The discharge interview six weeks before release provided an opportunity to review the assessment and address any unmet need.

### **Additional information**

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- 9.14 About 270 prisoners were in scope of offender management, meaning they were high or very high risk or serving an indeterminate sentence for public protection (IPP). The offender management unit (OMU) was well established and managed by the head of offender management, a full-time seconded senior probation manager. Offender management, home detention curfew, public protection and lifer management functions were all co-located in the OMU.
- 9.15 There were 20 offender supervisors (a mix of prison officers and seconded probation officers) supported by case administrators. Uniformed offender supervisors covered a number of tasks in addition to their offender management work, including supervising labour movement and supervision of prisoners attending the interview and assessment centre in workshop 4. Managers estimated that that took up an average of 219 hours each month and some officers said this impacted on their offender management work load. Offender supervisors had received appropriate training and caseloads were manageable. They worked with prisoners in scope and those out of scope for whom an OASys assessment was required. There was no policy to describe the aims and management of the unit, staff roles within it, staff training plans and links to other departments.
- 9.16 Prisoners were quickly allocated to an offender supervisor and OASys were completed on time. Contact between offender supervisors and prisoners was generally good. Published minimum standards set out the expected frequency of contact, including a minimum of three-monthly contact with out-of-scope prisoners. Offender supervisors kept detailed electronic records of contact with prisoners and information shared with offender managers and internal departments. There was frequent liaison with offender managers, attendance by them at sentence planning boards was mostly good and video conferencing facilities were used when necessary.
- 9.17 Sentence plans were up to date and the quality of the sentence plans and OASys assessments was generally good. Targets were appropriate and specific, included timescales for completion and naming those responsible. Completed OASys were quality assured. In our survey, more prisoners than the comparator said a member of staff had helped them address their offending behaviour while in custody. Personal officers rarely attended boards and comment on P-Nomis from wing staff showed little awareness about sentence planning targets or resettlement needs. Family members were not involved in sentence planning.
- 9.18 Of 196 prisoners considered for home detention curfew in the previous six months, 78 had been approved. There had been no applications for release on temporary licence in the same period. Licence recalled prisoners, of whom there were 74, were seen by a senior officer and received written information about the recall process and appeals procedure.

## Further recommendation

- 9.19 When appropriate, prisoners' families should be involved in sentence planning.

## Categorisation

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- 9.20 **Observation, classification and allocation (OCA) staff should establish links with prisons outside the North West area to facilitate moves for prisoners who need to undertake programmes at these establishments. (8.34)**  
**Achieved.** There were good links with prisons outside the North West area to facilitate moves.
- 9.21 **All prisoners should receive written notification, in their own language, of any decisions relating to categorisation, with clear reasons for the decision reached. (8.35)**  
**Achieved.** Prisoners received pre-printed slips that included clear reasons for the decision reached. These could be translated into other languages when necessary.

## Additional information

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- 9.22 Prisoners were categorised within 24 hours of arrival by OCA staff and about 30 moved to training prisons weekly, including HMPs Risley, Wymott, Buckley Hall and Stoke Heath. Those with sentences of three months or less stayed at the prison. All prisoners serving four years or more were reviewed annually, with those serving shorter sentences reviewed every six months. Offender supervisors completed re-categorisation assessments on the prisoners for whom they were responsible. Most prisoners were able to make progressive moves but there was some difficulty moving sex offenders to suitable prisons. Population pressures meant prisoners did not always go to appropriate prisons and overcrowding moves regularly took place to prisons in the North East, particularly HMP Hull.

## Public protection

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- 9.23 Public protection continued to be well managed by a seconded probation officer. All prisoners were screened for public protection issues on their day of arrival and, when necessary, were seen within 24-hours of arrival by a public protection officer to complete a risk assessment.
- 9.24 A weekly public protection meeting discussed new arrivals to determine whether monitoring was necessary and any level of restriction on contact with victims and children. The application of any restrictions was explained to prisoners individually and decisions were fair and reasonable. A comprehensive electronic database held pertinent information and prisoners subject to restrictions were reviewed quarterly. Prison staff could see who was subject to procedures and who presented a risk to staff through the staff intranet. Monthly inter-departmental risk management meetings discussed new multi-agency public protection arrangement (MAPPA) cases and reviewed established ones. Offender supervisors attended MAPPA community-based meetings. A total of 123 prisoners were subject to safeguarding children monitoring, 101 to harassment monitoring, seven were identified at MAPPA level 3, six at MAPPA level 2, 86 at MAPPA level 1 and 509 were MAPPA nominals.

## Indeterminate-sentenced prisoners

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- 9.25 Lifer forums should have clear terms of reference; indeterminate-sentenced prisoners should be encouraged to attend and should have access to the minutes of the meeting. (8.36)

**Not achieved.** There were no clear terms of reference for lifer forums and meetings were the wing consultation meetings on C wing, where indeterminate prisoners were mostly held. Only those living on the wing attended, although some lifers and IPPs were accommodated elsewhere. Agenda items included general wing issues as well as the specific topics of offender supervision, sentence planning and offender behaviour programmes. Representatives from other departments such as the OMU and programmes occasionally attended meetings to answer specific issues. Prisoners did not receive copies of the minutes.

**We repeat the recommendation.**

### Additional information

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- 9.26 There were 69 IPP and 44 life-sentenced prisoners. Prospective lifers on remand were not identified but, once sentenced, all prisoners received written and verbal information about their sentence from an offender supervisor. Indeterminate-sentenced prisoners were appropriately managed by a small group of offender supervisors and sentence plans were up to date.
- 9.27 Parole reports were up to date. Twenty-seven IPP prisoners were beyond their tariff date, with one five years past tariff and three others over four years. Twelve lifers were post-tariff, two by over 10 years. Most had had a tariff expiry hearing and had received dates for their next review. Regular family days were held for indeterminate-sentenced prisoners.

## Resettlement pathways

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Expected outcomes:

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

### Reintegration planning

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#### Accommodation

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- 9.28 Prisoners serving over 12 months but not in scope of offender management should receive ongoing support and advice from housing workers to address their housing needs. (8.48)  
**Achieved.** Although the formal remit of the team continued to omit this group, housing workers saw all prisoners on arrival to assess their need and provided advice and support.
- 9.29 There should be monitoring of all prisoners released with no fixed abode, to identify any gaps in service provision and to form a strategy to support prisoners who are likely to be released homeless. (8.49)  
**Achieved.** Accommodation pathway meetings monitored the reasons for prisoners leaving

with no fixed abode and the pathway lead was aware of the circumstances of each of the 28 men who had been released as such in the current financial year. Some had refused to engage with housing staff and had given no information about their accommodation, others had been released from court and some had served less than six days. Two had been accepted into supported housing but there had been no space for them on release.

### **Additional information**

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- 9.30 In our survey, fewer prisoners than the comparator thought they would have a problem with finding accommodation on release. The pathway lead attended reducing reoffending meetings and held pathway meetings with staff from the prison and the Riverside/English Churches Housing Group (ECHG) which supplied the Prison Link housing advice workers.
- 9.31 The Prison Link team had increased from two full-time workers to three. All prisoners had their housing needs assessed on arrival and workers helped safeguard tenancies and secure accommodation on release. Workers also responded to applications from prisoners and action taken was recorded. Outstanding accommodation issues were addressed by housing workers at the pre-discharge interviews. Workers had established good links with local and national housing providers but much of the accommodation found was temporary. Between April and August 2011, 91% of discharged prisoners had gone to permanent accommodation, 4.7% to temporary accommodation and 4.2% to no fixed address.

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

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

- 9.32 **Pre-release courses should be introduced and available to all prisoners before release. (8.50)**  
**Achieved.** Prisoners could attend a pre-release course eight weeks before discharge.
- 9.33 **Vocational opportunities should be increased for vulnerable prisoners. (8.51)**  
**Achieved.** See section on learning and skills and work activities.
- 9.34 **Links with employers should be improved. (8.52)**  
**Achieved.** Ongoing work was developing sustained employer links. The prison had some success in placing prisoners in employment and was meeting its monthly target of 25% of discharged prisoners into work.
- 9.35 **Links between learning and skills and sentence planning should be formalised. (8.53)**  
**Achieved.** Careers, information and advice support (CIAS) workers interviewed prisoners by request to develop training and work targets, which were kept electronically and informed sentence plan targets.

### **Additional information**

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- 9.36 CIAS workers provided appropriate individual support in preparation for release and discharge boards were held for prisoners six weeks before release. Particularly effective collaborative working and good communication between support agencies, the CIAS workers and the prison's education, training and employment (ETE) team minimised duplication of services and met prisoners' needs effectively. A pre-release programme provided by the Manchester College helped prisoners with writing CVs, assessing their work place values, reviewing their financial preparedness, developing interview skills and dealing with disclosure. A virtual learning environment was at an early stage of development and prisoners were beginning to

use it for job search activities. Partnership working with the Prince's Trust promoted prisoners' employability skills through business courses and was developing well. The ETE team used labour market intelligence well to inform job vacancies. It was particularly effective in maintaining links with employers on behalf of prisoners in an attempt to keep jobs open for those serving short sentences.

## **Mental and physical health**

### **Additional information**

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- 9.37 Patients were offered clinical reviews before discharge and had medication and health promotion materials prepared to take away. They were helped to find a GP and dentist.
- 9.38 There was a constant throughput of prisoners requiring palliative care and some prisoners came to Manchester to attend the Christie Hospital (regional cancer care centre). The palliative care and end-of-life care policy was compassionate. Partnership working with local NHS and hospice services was good.
- 9.39 The secondary mental health team acted as case managers for patients being discharged who were subject to the care programme approach and ensured that community care services were engaged to ensure continuity of support after release.

## **Finance, benefit and debt**

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- 9.40 **Specialist debt advice services should be available to all prisoners. (8.54)**  
**Not achieved.** Prisoners could get telephone advice from the Community Legal Advice helpline but no specialist debt advice service was provided.  
**We repeat the recommendation.**

### **Additional information**

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- 9.41 In our survey, fewer prisoners than the comparator thought they would have a problem with finances or benefits on release. One of three full-time JobCentre Plus workers based at the prison saw all new arrivals during induction and responded to applications. They closed benefit claims, arranged arrears payments, advised on community care grants, social fund loans and training courses and employment opportunities on release. 'Fresh start' benefit appointments were made for prisoners about to be released and workers gave benefit advice to prisoners' families when invited to do so. All prisoners were also seen by a worker at their discharge interview.
- 9.42 There were no facilities to help prisoners open bank accounts. A money management course was available through education.
- 9.43 The allocated lead for the finance, benefit and debt pathway attended the monthly reducing reoffending meetings but there were no pathway meetings.

### **Further recommendation**

- 9.44 Prisoners should be helped to open bank accounts.

## Drugs and alcohol

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- 9.45 **The drug strategy document should be updated and contain detailed action plans and performance measures. (8.69)**  
**Achieved.** The drug strategy was in date and contained action points for each strategic aim and full details of monitoring arrangements.
- 9.46 **The establishment should ensure that appropriate management and supervision arrangements were in place for the counselling, assessment, referral, advice and throughcare (CARAT) service. (8.70)**  
**Achieved.** There was a manager senior officer and regular supervision sessions were held for all CARAT staff.
- 9.47 **The CARAT team, in partnership with health services, should offer structured psychosocial support to prisoners during and after detoxification or stabilisation. (8.71)**  
**Partially achieved.** Only two of the 10 modules from the IDTS 28-day psychosocial programme were being delivered. These were jointly delivered by CARAT workers and IDTS nurses. Staff shortages prevented further delivery.

### Further recommendation

- 9.48 CARAT staff numbers should be brought up to full strength as soon as possible to ensure full delivery of the psychosocial treatment approach.
- 9.49 **The CARAT service should develop a mechanism for service user feedback to inform future service provision. (8.72)**  
**Not achieved.** A service user survey was in the planning stages but there were no other feedback mechanisms.  
**We repeat the recommendation.**
- 9.50 **There should be a clear distinction between compliance and voluntary drug testing compacts. (8.73)**  
**No longer relevant.**
- 9.51 **Prisoners subject to voluntary drug testing or compliance testing should not be strip searched. (8.74)**  
**No longer relevant.** With the change to CBDT and the new regulations under the PSI, full searching was permitted if conducted in accordance with national and local security standards. Prisoners said they were routinely strip searched before CBDT tests.

### Additional information

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- 9.52 B wing housed the drug recovery programme. Prisoners had to be on low reducing doses or abstinent. Still in its infancy, this was a promising new approach that promoted recovery and abstinence, showing a genuine commitment to resettlement through the involvement of a wide range of community-based agencies. The course lasted six weeks and was staffed by two CARAT and one Addaction worker. Ten prisoners were on the programme, with three peer supporters who were graduates from the previous course. Additional sessional input was provided or planned for by Smart Recovery, Partners of Prisoners (POPs), a healthy living tutor, a professional life coach and Alcoholics Anonymous. The weekly Alcoholics Anonymous fellowship was also open to prisoners from other wings. An additional 13-week post-release

support from programme and Addaction staff was available. Prisoners we spoke to were very positive about the programme, which appeared to be delivering positive outcomes. In our survey, fewer than the comparator thought they would have a drug problem on release.

- 9.53 Addaction delivered the local drug intervention programme service located opposite the prison. Addaction staff regularly worked in the prison with prisoners nearing release. POPs was co-located with Addaction to work with partners before release. Addaction and POPs workers attended drug and alcohol pathway meetings.

## Children and families of offenders

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- 9.54 **Alternative methods for booking visits should be provided and visitors should be able to book their next visit before the current visit ends. (8.93)**  
**Partially achieved.** Some visits could be booked by prisoners while other visits had to be booked through the booking line. Visitors could not book their next visit while at the prison but visitors said it was easy to book and we got through to a booking clerk on our first attempt.
- 9.55 **The visitor information booklet should be made available to prisoners on induction, so that they can send it to their visitors before their first visit. (8.94)**  
**Achieved.** Although prisoners were not given the visitor information booklet, they were told about visits during induction and visits information was included in the prisoner information booklet. Prisoners were told during induction to tear out and send this information to their visitors.
- 9.56 **Visitors should be admitted to visits after their identity has been confirmed on the biometrics system, without having to produce proof of their identity on every visit. (8.95)**  
**Achieved.** Visitors were advised to bring identification with them in case the biometrics system was not working but were not required to show this on every visit.
- 9.57 **Alternative seating should be provided for those who have difficulty using the current seating (for example, pregnant women). (8.96)**  
**Achieved.** Alternative seating was provided as necessary.
- 9.58 **The use of bibs for prisoners during visits should cease. (8.97)**  
**Not achieved.** Despite the biometrics system used to identify visitors, prisoners still had to wear bibs during visits.  
**We repeat the recommendation.**
- 9.59 **The children's play area and refreshments facilities should be available during all visits sessions. (8.98)**  
**Partially achieved.** Refreshments facilities were available during all visits sessions but the play area was not.

### Further recommendation

- 9.60 The play area should be available at all visits sessions.
- 9.61 The category A visits area should be improved, to include baby changing facilities, equitable access to refreshments, a children's play area and toys, and easier access for visitors with a disability. (8.99)

**Not achieved.** Apart from the introduction of some toys and colouring books, the situation was unchanged.

**We repeat the recommendation.**

**9.62 Family forums should include visitors to category A prisoners and should continue. (8.100)**

**Achieved.** Family forums included visitors to category A prisoners.

**9.63 All prisoners should have access to family visits. (8.101)**

**Not achieved.** Prisoners on the basic level of the incentives and earned privileges scheme could not have evening visits and were precluded from applying for the evening 'homework' visits. The monthly family days included separate days for lifers, category A prisoners and sex offenders but were for enhanced prisoners only.

**We repeat the recommendation.**

**9.64 The children and families pathway policy should be developed to enhance contact with children and ensure that all prisoners have access to family visits, subject to risk assessment. (8.102)**

**Achieved.** Although there was no published action plan for the children and families pathway, existing practice provided some innovative support for maintaining family ties. The lead for the children and families pathway attended the monthly reducing reoffending meetings and pathway meetings and numerous meetings were held with prisoners' families and community agencies to develop services.

**9.65 Families should be more involved in day-to-day matters affecting their family members in custody. (8.103)**

**Achieved.** Families continued to be involved in a limited way in palliative care for terminally ill prisoners and a small minority of assessment, care in custody and teamwork reviews. They were not invited to sentence plan reviews but did attend post-programme reviews. The pathway lead held a weekly surgery in the visitors' centre to answer questions and get feedback on their experiences. Information open days were run in the visitors' centre by staff from different departments, including health care, psychology and industries. Family members could attend family forum meetings with prison staff.

**9.66 Release on temporary licence should be used for the purpose of maintaining family ties for suitably assessed category C and D prisoners. (8.104)**

**Not achieved.** Release on temporary licence (ROTL) was not used to help prisoners maintain family ties. There were 302 category C and 12 category D prisoners in the prison. Only four ROTL applications had been made in 2010, none of which had been granted, and none to date in 2011.

**We repeat the recommendation.**

### **Additional information**

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**9.67** The pathway lead attended the monthly reducing reoffending meetings and pathway meetings also took place with prison staff and representatives from partner agencies. There was no pathway action plan but services were introduced and change made in response to issues raised by families and partner agencies at the various meetings. For example, adult-only family days had been introduced and some facilities for older children were due to be introduced in the visits room.

**9.68** In our survey, more than the comparator said they had been helped to maintain contact with family and friends. All staff working in the visitors' centre and visitor search area had received

customer service training. The visitors' centre continued to be well managed by the English Churches Housing group. First-time visitors were identified and offered support and visitors could be signposted to appropriate services in the community.

- 9.69 POPs workers funded by Addaction gave resettlement help and support to prisoners and their families with a history of substance misuse. Support workers liaised with social services, prisoners and families and had worked with 178 families and referred others to other services on in the year to end of August. Family workers were available in the visitors' centre weekly, provided one-to-one sessions with prisoners on the B wing drug recovery project and held prisoner drop-in sessions on H and I wing (IDTS). We were surprised that relevant managers and staff had little knowledge of the excellent work undertaken by the family workers. Prisoners who did not have a drug or alcohol issue were referred to relevant community agencies and did not have access to similar support.
- 9.70 Visitors said they were well treated and that visits usually started on time. A drug dog was often used to search visitors and an indication resulted in the offer of a closed visit or of leaving. No other security intelligence was required. The visits room was bright but furniture was fixed and regimented and children aged 10 and over were counted as adults for visiting purposes.
- 9.71 Prisoners could exchange unused visiting orders for telephone credit, the availability of which was included in the prisoner information book. As well as monthly family visits, weekly evening homework visits enabled children to spend time with their father reading or completing homework.
- 9.72 A senior manager and prison staff involved with visitors held meetings with staff from 'Out There', a local agency supporting families of prisoners, and POPs staff at 'Think Family' meetings. Meetings were minuted. Representatives from 'Out There' were available to talk to visitors in the visitors' centre every Wednesday.
- 9.73 The Odd Theatre Company had provided five one-week drama workshops for around 12 prisoners each time in the last financial year. Prisoners worked with drama staff to write and produce a play based on a particular topic, such as 'family relationships' and 'life in prison', which was ultimately performed for their families and children. Prisoners gained a city and guilds level 1 accreditation for 'working with others'. The prison was planning to run its first Family Man course, an accredited family relationship course, and a number of staff had received facilitator training. Parentcraft and family relationship courses were available as modules in the social, relationships and health education course in education.
- 9.74 A sample of comments made by wing officers on P-Nomis wing files displayed little knowledge about prisoners' families and relationships. Only 11% contained comment about family matters, although some of these demonstrated good knowledge about prisoners' domestic situations.

#### **Further recommendations**

- 9.75 Closed visits should be authorised only when there is a significant risk justified by security intelligence.
- 9.76 Children aged 10 and over should not be treated as adults for visiting purposes.

- 9.77 The work undertaken by the POPs family support service or a similar service should be available to all prisoners.

## Attitudes, thinking and behaviour

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- 9.78 A victim awareness course should be provided for prisoners assessed as suitable to take it. (8.115)  
Achieved. A victim awareness course was run by education staff.

### Additional information

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- 9.79 There was a named lead for the pathway and a pathway group met regularly involving relevant staff from across the prison. In our survey, more than the comparator said they had been involved in an offending behaviour course. The accredited programmes appeared appropriate for the population. Some had been introduced as a result of a needs analysis undertaken in 2009. Annually, there were eight courses of the thinking skills programme (TSP) for 72 prisoners, three healthy relationships programmes (HRP) for 21 men and three courses of controlling anger and learning to manage it (CALM) for 21 prisoners. One sex offender treatment programme (SOTP) was running for eight men but we were told the intention was for this to be the last. Three courses of prisons addressing substance-related offending (P-ASRO) were delivered annually and the same number of control of violence for angry impulsive drinkers (COVAID) programmes. Prisoners were appropriately prioritised for programmes and waiting lists were small. A week-long victim awareness course was run through education.
- 9.80 Programmes were delivered in dedicated suitably equipped rooms by a mix of prison, probation and psychology staff. Prisoners with literacy needs were referred to education and psychology staff undertook one-to-one work with men when necessary.
- 9.81 Programmes staff held 'programmes awareness' sessions for visitors, providing written and verbal information about the various courses available to prisoners. Similar sessions held in a local church had been provided for the families of sex offenders. The sessions provided an opportunity to ask questions, understand their relatives' treatment needs better and learn how to support them and not reinforce risk-related behaviour.

### Good practice

- 9.82 *The programmes awareness sessions for visitors helped increase families' understanding of the treatment needs of prisoners, what was available to them and how they could better support them.*

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

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

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<b>Main recommendations</b>	<b>To the governor</b>
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- 10.1 An effective anti-social behaviour strategy should be introduced that identifies and deals with the root causes of poor behaviour, ensures that alleged bullies are challenged and monitored and victims supported. (HP46)
- 10.2 A regularly reviewed consolidated action plan should include recommendations from investigations into all deaths in custody and serious incidents of self-harm, including coroners' rule 43 letters, to help ensure that lessons are learned, agreed actions are maintained and similar occurrences avoided. (HP47)
- 10.3 The specific needs of older, gay, transgender and bisexual prisoners and those with disabilities should be identified and addressed. (HP48)
- 10.4 Custody planning should be introduced for unconvicted men to ensure that resettlement and other needs are identified and met systematically. (HP49)

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<b>Recommendation</b>	<b>To NOMS/PECS</b>
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### **Courts, escorts and transfers**

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- 10.5 Prisoners should be returned from court in a timely manner. (1.1)

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<b>Recommendations</b>	<b>To the governor</b>
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### **Courts, escorts and transfers**

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- 10.6 Arrangements for moving prisoners from vans to reception should be improved so that they spend the minimum amount of time on cellular vehicles. (1.4)
- 10.7 Managers should liaise with other prisons in the area to monitor and reduce the number of prisoners arriving at HMP Manchester without their property. (1.6)

### **First days in custody**

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- 10.8 There should be a suitable reception area for category A prisoners. (1.10)
- 10.9 Reception staff should take account of cultural or religious sensitivities when undertaking reception procedures, particularly searching. (1.19)

- 10.10 Prisoners should be offered a shower in reception or on their first night. (1.20)
- 10.11 Prisoners should be able to order canteen goods within 24 hours of arrival. (1.23)
- 10.12 Foreign national prisoners who do not speak English should be given the same information as that provided to other prisoners on the induction programme. (1.25)
- 10.13 Prisoners should be fully occupied for the duration of the induction programme. (1.27)

### **Residential units**

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- 10.14 Broken windows should be mended immediately. (2.1)
- 10.15 Two prisoners should not share accommodation designed for one. (2.2)
- 10.16 All showers should be refurbished and allow prisoners to use them with appropriate privacy. (2.4)
- 10.17 Prisoners attending trials should be able to shower in reception if they are not able to do so on their wings. (2.6)
- 10.18 Prisoners' consultative meetings should include representation from a variety of departments. Actions should be recorded and published. (2.8)
- 10.19 The dog kennels should be removed to a place not directly outside prisoners' accommodation. (2.9)
- 10.20 Prisoners should be able to make telephone calls in private protected from background noise. (2.12)
- 10.21 Window meshes should be regularly cleaned and outside areas kept free of rubbish and bird excrement. (2.19)
- 10.22 There should be at least one telephone for every 20 prisoners. (2.20)

### **Personal officers**

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- 10.23 All group officers should introduce themselves to the prisoners in their care within 24 hours of being allocated. (2.25)
- 10.24 Group officer contact with prisoners and entries in files should be weekly, and the guidance amended accordingly. (2.26)
- 10.25 Group officers should engage more with prisoners' progress through their sentence and reintegration back into the community, as envisaged in the scheme guide. (2.27)

### **Bullying and violence reduction**

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- 10.26 All areas of the prison should be represented at violence reduction meetings. (3.1)
- 10.27 Minutes of violence reduction meetings should record analysis and discussion about underlying reasons for violence and bullying and action should be taken. (3.2)

- 10.28 Liaison between the security department, residential areas and the safer custody team should be improved to ensure that all violent incidents are identified and appropriate action taken. (3.19)

### **Vulnerable prisoners**

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- 10.29 A thorough risk assessment should be undertaken for any young person accommodated with older adult men on all wings, and should address specific possible risks associated with accommodation on a vulnerable prisoner unit. This should be recorded. (3.21)
- 10.30 As long as prisoners are regarded as at risk from others, they should not be removed from vulnerable prisoner accommodation. (3.24)

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

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- 10.31 All areas of the prison should be represented at safer prisons meetings. (3.25)
- 10.32 All staff should receive assessment, care in custody and teamwork (ACCT) refresher training. (3.26)
- 10.33 Care suites should be provided on all wings. (3.28)
- 10.34 There should be investigations into apparent self-inflicted deaths within a week of release from custody, to establish learning. (3.31)
- 10.35 Assessment care in custody and teamwork reviews should be multidisciplinary and have a consistent case manager. (3.42)
- 10.36 Night managers should be familiar with all emergency contingency plans and ensure access for emergency vehicles at all times. (3.43)

### **Applications and complaints**

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- 10.37 All applications should be recorded and the logs used to track the timeliness and outcome. (3.48)
- 10.38 Responses to complaints should fully address the specific matters raised. (3.49)

### **Legal rights**

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- 10.39 National training, including regular refresher training, should be provided for legal services officers. (3.54)
- 10.40 Legal service provision should be sufficient to ensure that prisoners' legal applications are dealt with without delay. (3.58)

### **Substance use**

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- 10.41 Periodic risk assessments should be conducted to establish whether changing patterns in drug use or other factors indicate a need to introduce 24-hour nursing cover on the stabilisation unit

on I wing, and staff working there at night should be trained in drug detoxification awareness and first aid to ensure they can respond appropriately in emergency situations. (3.63)

- 10.42 The establishment should ensure that target tests were undertaken within the required timeframe. (3.64)

### **Diversity**

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- 10.43 There should be monitoring of all minority groups in relation to access to the regime and issues of discipline and treatment. A multidisciplinary team, led by a senior manager, should ensure appropriate action is taken. (4.1)
- 10.44 All staff should be trained in diversity and race equality awareness. (4.3)
- 10.45 Diversity complaints against staff should not be investigated by their wing colleagues. (4.8)
- 10.46 The role and identity of diversity staff and prisoner equality group members should be publicised around the prison. (4.9)
- 10.47 Images around the prison should reflect the diversity of its population. (4.10)

### **Race equality**

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- 10.48 The race relations management team should investigate the reasons behind the poorer survey responses from Muslim prisoners. (4.11)
- 10.49 There should be forums for black and minority ethnic prisoners to enable them to air their views and receive support. (4.13)
- 10.50 Independent quality assurance of racist incident report forms should reflect current best practice. Outcomes from the process should be clearly recorded, and follow-up actions identified and carried out. (4.15)
- 10.51 Race equality impact assessments should be updated for key policies. (4.16)
- 10.52 The racist and discriminatory prisoner log should include interventions or action taken to address identified issues. (4.18)
- 10.53 There should be effective links between the race equality officer and the public protection team to identify and manage prisoners identified as racist. (4.19)
- 10.54 Consultation arrangements and cultural celebrations should involve a broad and representative proportion of the prisoner population. (4.24)

### **Religion**

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- 10.55 Vulnerable prisoners should not have to choose between going to reception and attending Sunday services. (4.26)
- 10.56 There should be a facility large enough for all Muslims to pray together, and adequate ablution facilities. (4.28)

## **Foreign nationals**

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- 10.57 The foreign nationals policy should be updated and have an accompanying action plan to chart progress. (4.33)
- 10.58 Foreign national support and information groups should be held at least monthly, with interpreters where necessary, and be open to all foreign national prisoners. (4.46)
- 10.59 Translated information should be distributed systematically according to need. (4.47)

## **Disability and older prisoners**

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- 10.60 The number of older prisoners and those with disabilities should be monitored and analysed to ensure that their needs are appropriately addressed, and prisoners should be consulted about their individual needs and care. (4.49)
- 10.61 The disability policy should be reviewed following consultation with prisoners with disabilities. (4.51)
- 10.62 Up-to-date lists of prisoners with disabilities or mobility problems should be available to all wing staff, and a personal evacuation plan should be in place for all prisoners who need one. (4.52)
- 10.63 There should be dedicated adapted cells on all wings. (4.53)
- 10.64 Less able prisoners should have access to shower cubicles or baths that have been adapted for use. (4.54)
- 10.65 A timetable should be set and monitored to implement the action plan for reasonable adjustments so that prisoners with disabilities can access all the facilities and services provided by the prison. (4.57)
- 10.66 There should be forums for older prisoners. (4.59)
- 10.67 The needs of older prisoners and those with disabilities should be the responsibility of residential staff and the diversity team, as well as health services staff. (4.60)

## **Health services**

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- 10.68 The waiting rooms in the main health care centre should be refurbished to provide appropriate seating. (5.1)
- 10.69 The E wing treatment room should not be used until it has been refurbished. (5.7)
- 10.70 Inpatient beds should not form part of the prison's certified normal accommodation. (5.8)
- 10.71 The rates of prisoners failing to attend appointments should be regularly monitored and investigations undertaken to establish the cause for non-attendance. (5.16)
- 10.72 Secure facilities should be provided to enable confidential storage of patient-sensitive information to ensure that access to it is restricted to appropriate health care staff. (5.58)

- 10.73 Specialist clinical psychology services for patients with personality disorders and mental health issues should be introduced. (5.78)
- 10.74 Patients requiring mental health inpatient care should be transferred expeditiously. (5.85)

### **Time out of cell**

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- 10.75 There should be a wider range of activities available to category A prisoners. (6.1)
- 10.76 All prisoners should have access to one hour a day in the fresh air. (6.6)

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

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- 10.77 The standard of reporting of the observation of teaching and learning in PE and vocational training offered through work should be improved to ensure that reports are evaluative, graded and set clear improvement actions. (6.19)
- 10.78 Allocation to activity and waiting lists should be rationalised to ensure that allocation is fair and equitable and focused on helping prisoners address their education and employability needs. (6.22)
- 10.79 Additional accreditation should be provided for prisoners working in the textiles workshop to recognise their personal effectiveness and acquired basic work skills. (6.26)
- 10.80 Recognised training and accreditation should be provided for peer mentors working in vocational and production workshops. (6.27)
- 10.81 Managers should consider providing progression through credit accumulation between similar trade areas such as construction skills courses. (6.31)
- 10.82 Additional vocational training should be provided to replace the painting and decorating course. (6.32)
- 10.83 The backlog of prisoners requiring assessment of their learning support needs should be reduced and individual support recommendations implemented. (6.37)

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

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- 10.84 There should be robust systems on the wings to ensure that access to the gym is fair and equitable. (6.41)
- 10.85 Privacy screens should be provided in the PE shower, toilet and changing room areas. (6.48)
- 10.86 The wing-based cardiovascular rooms should be better used to provide recreational PE for prisoners. (6.49)
- 10.87 PE sessions for specific groups such as older prisoners should be introduced. (6.50)

## **Security and rules**

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- 10.88 The frequency with which prisoners are required to move cells on the category A unit should be commensurate with their current security category. (7.2)

## **Discipline**

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- 10.89 All adjudication proceedings should be conducted in a clear and fair way. Prisoners should be given enough time to prepare their case, adjudicators should ensure they understand the charge and full enquiries should be reflected in the records of hearings. (7.13)
- 10.90 The showers on the second landing of the segregation unit should be refurbished to an acceptable standard for use. (7.20)
- 10.91 All prisoners in the segregation unit should have daily, unrestricted access to showers, exercise and telephone calls. (7.21)
- 10.92 A full review of the segregation unit regime should be undertaken to ensure appropriate entry procedures, access to facilities, more activities for longer-stay prisoners and a clear focus on helping prisoners progress. (7.27)

## **Incentives and earned privileges**

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- 10.93 The incentives and earned privilege (IEP) policy should be impact assessed, to ensure that it is fair for all segments of the population (That is, older prisoners, black and minority ethnic prisoners, Muslim prisoners, vulnerable prisoners and prisoners with disabilities). (7.28)
- 10.94 Targets set for those on the basic regime should be specific, personalised in plain English and aimed at helping men return to the standard level quickly. (7.35)

## **Catering**

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- 10.95 Food temperatures should be taken and recorded at the point of serving. (8.1)
- 10.96 Breakfast should be served on the morning it is eaten. (8.3)
- 10.97 Fruit should be provided freely to all prisoners. (8.4)
- 10.98 Catering staff should be represented at wing consultation meetings, and issues raised by prisoners should be followed up and actions recorded. (8.6)
- 10.99 Opportunities should be provided for prisoners to dine in association; if prisoners are required to eat in their cells, toilets should be fully screened. (8.8)
- 10.100 Prisoners should be provided with a flask free of charge. (8.10)
- 10.101 Hotplates should be properly pre-heated and checked to ensure food is maintained and served at the correct temperature. (8.12)

## **Prison shop**

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10.102 All prisoners should be able to order goods from catalogues. (8.16)

## **Strategic management of resettlement**

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10.103 Resettlement agenda items should be consistent across all wings. (9.2)

10.104 The reducing reoffending policy should reflect the resettlement needs of all categories of prisoners. (9.9)

## **Offender management and planning**

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10.105 When appropriate, prisoners' families should be involved in sentence planning. (9.19)

10.106 Lifer forums should have clear terms of reference; indeterminate-sentenced prisoners should be encouraged to attend and should have access to the minutes of the meeting. (9.25)

## **Resettlement pathways**

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10.107 Specialist debt advice services should be available to all prisoners. (9.40)

10.108 Prisoners should be helped to open bank accounts. (9.44)

10.109 CARAT staff numbers should be brought up to full strength as soon as possible to ensure full delivery of the psychosocial treatment approach. (9.48)

10.110 The CARAT service should develop a mechanism for service user feedback to inform future service provision. (9.49)

10.111 The use of bibs for prisoners during visits should cease. (9.58)

10.112 The play area should be available at all visits sessions. (9.60)

10.113 The category A visits area should be improved, to include baby changing facilities, equitable access to refreshments, a children's play area and toys, and easier access for visitors with a disability. (9.61)

10.114 All prisoners should have access to family visits. (9.63)

10.115 Release on temporary licence should be used for the purpose of maintaining family ties for suitably assessed category C and D prisoners. (9.66)

10.116 Closed visits should be authorised only when there is a significant risk justified by security intelligence. (9.75)

10.117 Children aged 10 and over should not be treated as adults for visiting purposes. (9.76)

10.118 The work undertaken by the POPs family support service or a similar service should be available to all prisoners. (9.77)

## Housekeeping point

To escort contractor

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### Courts, escorts and transfers

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10.119 Water should be provided on escort vans. (1.9)

## Housekeeping points

To the governor

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### First days in custody

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10.120 Holding rooms should be kept clean. (1.13)

10.121 Managers should ensure that private facilities are used for all cell-sharing risk assessment interviews. (1.15)

### Residential units

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10.122 Prisoners should receive mail within 24 hours of its arrival at the prison. (2.21)

### Self-harm and suicide

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10.123 The safer custody committee should monitor use of anti-ligature clothing and non-standard accommodation for those at risk of self-harm. (3.44)

10.124 Management checks of the quality of assessment, care in custody and teamwork documents should include a comment on the quality of procedures. (3.45)

10.125 The availability of portable Samaritans telephones should be advertised on the wings and prisoners should be able to contact Samaritans free of charge from the landing telephones. (3.46)

### Religion

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10.126 Chaplains carrying out segregation rounds should speak to prisoners face to face. (4.31)

### Health services

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10.127 Patients should not have excessive waits in the health care before and after their appointments. (5.15)

10.128 Health care information posters should be sited near the wing health care application boxes. (5.23)

10.129 The health promotion strategy should be enhanced by regular review and replenishment of wing-based displays. (5.24)

10.130 Clinical supervision should be recorded in staff personal files. (5.32)

- 10.131 The availability of barrier protection should be consistently advertised on the wings. (5.43)
- 10.132 The dental workload should be assessed to identify whether a hygienist or therapist would free up the dentist to concentrate on more complex treatments. (5.62)

### **Discipline**

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- 10.133 Records of disciplinary hearings should be legible. (7.14)

### **Catering**

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- 10.134 Food comment books should be readily available at all serveries and catering staff should check these regularly and provide feedback to prisoners. (8.13)

### **Strategic management of resettlement**

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- 10.135 Information about services available under each resettlement pathway should be publicised on wings. (9.5)

### **Good practice**

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#### **Health services**

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- 10.136 The emphasis on consistent images and messages in the health information materials, and on high quality presentation, demonstrated commitment to ensuring wide access to health services. (5.25)
- 10.137 The leadership and approaches to cross-infection harm minimisation was exceptional and necessary in such a busy and complex prison. (5.26)
- 10.138 A culture had been created in which staff members were not afraid to acknowledge errors and rectify them and learning was extracted from a trend analysis of the Prisons and Probation Ombudsman's reports on deaths in custody. (5.33)
- 10.139 The wide availability of automated external defibrillators, and staff trained to use them, would enable rapid deployment in an emergency situation. (5.34)
- 10.140 'You said' – 'we did' was an effective way to communicate the health care response to prisoners' criticisms, comments and compliments arising from service user consultations. (5.35)
- 10.141 The evidence-based guide to prescribing in the event of withdrawal from substances or alcohol ensured equality of treatment from the medical team. (5.44)

#### **Resettlement pathways**

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- 10.142 The programmes awareness sessions for visitors helped increase families' understanding of the treatment needs of prisoners, what was available to them and how they could better support them. (9.82)

## Appendix I: Inspection team

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Nick Hardwick	Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Rosemarie Bugdale	Inspector
Gordon Riach	Inspector
Gary Boughen	Inspector
Martin Kettle	Inspector
Hindpal Singh-Bhui	Inspector
Rachel Murray	Researcher
Adam Altoft	Researcher
Alice Reid	Researcher
Amy Summerfield	Researcher
Jessica Broughton	Researcher
<b>Specialist inspectors</b>	
Paul Roberts	Drugs inspector
Paul Tarbuck	Health services inspector
Stan Brandwood	Pharmacist
Sheila Willis	Ofsted lead inspector
John Grimmer	Ofsted inspector
Margaret Hobson	Ofsted inspector

## Appendix II: Prison population profile

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

Status	18-20 yr olds	21 and over	%
Sentenced	1	697	60
Recall		76	6
Convicted unsentenced		159	14
Remand		229	20
Civil prisoners		1	0
Detainees		3	0
<b>Total</b>	<b>1</b>	<b>1165</b>	<b>100</b>

Sentence	18-20 yr olds	21 and over	%
Unsentenced		391	34
Less than 6 months		125	11
6 months to less than 12 months		36	3
12 months to less than 2 years		166	14
2 years to less than 4 years		146	12
4 years to less than 10 years		153	13
10 years and over (not life)		45	4
ISPP	1	61	5
Life		42	4
<b>Total</b>	<b>1</b>	<b>1165</b>	<b>100</b>

Age	Number of prisoners	%
Minimum age	20	
Under 21 years	1	0
21 years to 29 years	465	40
30 years to 39 years	365	31
40 years to 49 years	238	20
50 years to 59 years	57	5
60 years to 69 years	33	3
70 plus years	7	1
Maximum age	81	
<b>Total</b>	<b>1166</b>	<b>100</b>

Nationality	18-20 yr olds	21 and over	%
British	1	1031	89
Foreign nationals		134	11
<b>Total</b>	<b>1</b>	<b>1165</b>	<b>100</b>

Security category	18-20 yr olds	21 and over	%
Uncategorised unsentenced		391	33
Uncategorised sentenced		7	1
Cat A	1	23	2
Cat B		116	10
Cat C		614	53
Cat D		14	1

Other			
<b>Total</b>	<b>1</b>	<b>1165</b>	<b>100</b>

<b>Ethnicity</b>	<b>18-20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	1	829	71
Irish		13	1
Other white		26	2
Mixed			
White and black Caribbean		18	1
White and black African		3	0
White and Asian		10	1
Other mixed		19	2
Asian or Asian British			
Indian		11	1
Pakistani		48	4
Bangladeshi		7	1
Other Asian		41	4
Black or black British			
Caribbean		46	4
African		26	2
Other black		30	3
Chinese or other ethnic group			
Chinese		5	0
Other ethnic group		11	1
Not stated		22	2
<b>Total</b>	<b>1</b>	<b>1165</b>	<b>100</b>

<b>Religion</b>	<b>18-20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Baptist			
Church of England		228	20
Roman Catholic		267	23
Other Christian denominations		51	4
Muslim	1	155	13
Sikh		3	0.25
Hindu		2	0.2
Buddhist		26	2
Jewish		3	0.25
Other		25	2
No religion		405	35
<b>Total</b>	<b>1</b>	<b>1165</b>	<b>99.7</b>

**Sentenced prisoners only**

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			162	21
1 month to 3 months			221	28.5
3 months to 6 months			154	20
6 months to 1 year	1	0.1	127	16
1 year to 2 years			69	9
2 years to 4 years			41	5
4 years or more				
<b>Total</b>	<b>1</b>	<b>0.1</b>	<b>774</b>	<b>99.5</b>

**Unsentenced prisoners –not applicable**

Length of stay	18-20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month			144	37
1 month to 3 months			127	32.4
3 months to 6 months			76	19.4
6 months to 1 year			40	10.2
1 year to 2 years			4	1
2 years to 4 years				
4 years or more				
<b>Total</b>			<b>391</b>	<b>100</b>

Main offence	18-20 yr olds	21 and over	%
Violence against the person	1	222	19
Sexual offences		140	12
Burglary		217	19
Robbery		95	8
Theft and handling		72	6
Fraud and forgery		28	2
Drugs offences		133	11
Other offences		193	17
Civil offences		1	0
Offence not recorded/holding warrant		64	5
<b>Total</b>	<b>1</b>	<b>1165</b>	<b>99</b>

# Appendix III: Summary of prisoner questionnaires and interviews

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## Prisoner survey methodology

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

### Choosing the sample size

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

At the time of the survey on 30 August 2011, the prisoner population at HMP Manchester was 1164. The sample size was 221. Overall, this represented 19% of the prisoner population.

### Selecting the sample

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

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

## Methodology

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

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

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

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

## Response rates

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In total, 196 respondents completed and returned their questionnaires. This represented 17% of the prison population. The response rate was 89%. In addition to the four respondents who refused to complete a questionnaire, 10 questionnaires were not returned and 11 were returned blank.

## Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in local prisons. This comparator is based on all responses from prisoner surveys carried out in 37 local prisons since April 2006.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Manchester in 2009.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2011 survey between the vulnerable prisoner unit and the rest of the establishment.
- A comparison within the 2011 survey between the Lower prison (A – E wings) and the Upper prison (G – K wings).

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

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

## Summary

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

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

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

# Survey results

## Section 1: About you

Q1.2	<b>How old are you?</b>	
	<i>Under 21</i> .....	1 (1%)
	<i>21 - 29</i> .....	82 (42%)
	<i>30 - 39</i> .....	49 (25%)
	<i>40 - 49</i> .....	42 (22%)
	<i>50 - 59</i> .....	11 (6%)
	<i>60 - 69</i> .....	5 (3%)
	<i>70 and over</i> .....	3 (2%)
Q1.3	<b>Are you sentenced?</b>	
	<i>Yes</i> .....	118 (62%)
	<i>Yes - on recall</i> .....	13 (7%)
	<i>No - awaiting trial</i> .....	25 (13%)
	<i>No - awaiting sentence</i> .....	34 (18%)
	<i>No - awaiting deportation</i> .....	1 (1%)
Q1.4	<b>How long is your sentence?</b>	
	<b><i>Not sentenced</i></b> .....	60 (32%)
	<i>Less than 6 months</i> .....	17 (9%)
	<i>6 months to less than 1 year</i> .....	13 (7%)
	<i>1 year to less than 2 years</i> .....	23 (12%)
	<i>2 years to less than 4 years</i> .....	16 (9%)
	<i>4 years to less than 10 years</i> .....	34 (18%)
	<i>10 years or more</i> .....	7 (4%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i> .....	11 (6%)
	<i>Life</i> .....	5 (3%)
Q1.5	<b>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</b>	
	<b><i>Not sentenced</i></b> .....	60 (34%)
	<i>6 months or less</i> .....	59 (34%)
	<i>More than 6 months</i> .....	56 (32%)
Q1.6	<b>How long have you been in this prison?</b>	
	<i>Less than 1 month</i> .....	36 (19%)
	<i>1 to less than 3 months</i> .....	52 (27%)
	<i>3 to less than 6 months</i> .....	33 (17%)
	<i>6 to less than 12 months</i> .....	31 (16%)
	<i>12 months to less than 2 years</i> .....	21 (11%)
	<i>2 to less than 4 years</i> .....	12 (6%)
	<i>4 years or more</i> .....	5 (3%)
Q1.7	<b>Are you a foreign national? (i.e. do not hold UK citizenship)</b>	
	<i>Yes</i> .....	17 (9%)
	<i>No</i> .....	170 (91%)
Q1.8	<b>Is English your first language?</b>	
	<i>Yes</i> .....	169 (92%)
	<i>No</i> .....	15 (8%)

Q1.9	<b>What is your ethnic origin?</b>				
	<i>White - British</i> .....	138 (71%)	<i>Asian or Asian British - Bangladeshi</i> .....	0 (0%)	
	<i>White - Irish</i> .....	6 (3%)	<i>Asian or Asian British - Other</i> .....	4 (2%)	
	<i>White - Other</i> .....	3 (2%)	<i>Mixed race - White and black Caribbean</i> ...	10 (5%)	
	<i>Black or black British - Caribbean</i> .....	8 (4%)	<i>Mixed race - White and black African</i> .....	1 (1%)	
	<i>Black or black British - African</i> .....	4 (2%)	<i>Mixed race - White and Asian</i> .....	0 (0%)	
	<i>Black or black British - Other</i> .....	0 (0%)	<i>Mixed race - Other</i> .....	1 (1%)	
	<i>Asian or Asian British - Indian</i> .....	3 (2%)	<i>Chinese</i> .....	1 (1%)	
	<i>Asian or Asian British - Pakistani</i> .....	11 (6%)	<i>Other ethnic group</i> .....	4 (2%)	
Q1.10	<b>Do you consider yourself to be Gypsy/Romany/Traveller?</b>				
	<i>Yes</i> .....			5 (3%)	
	<i>No</i> .....			179 (97%)	
Q1.11	<b>What is your religion?</b>				
	<i>None</i> .....	47 (25%)	<i>Hindu</i> .....	1 (1%)	
	<i>Church of England</i> .....	62 (33%)	<i>Jewish</i> .....	1 (1%)	
	<i>Catholic</i> .....	46 (24%)	<i>Muslim</i> .....	18 (9%)	
	<i>Protestant</i> .....	5 (3%)	<i>Sikh</i> .....	1 (1%)	
	<i>Other Christian denomination</i> .....	3 (2%)	<i>Other</i> .....	1 (1%)	
	<i>Buddhist</i> .....	5 (3%)			
Q1.12	<b>How would you describe your sexual orientation?</b>				
	<i>Heterosexual/straight</i> .....			186 (96%)	
	<i>Homosexual/gay</i> .....			4 (2%)	
	<i>Bisexual</i> .....			3 (2%)	
	<i>Other</i> .....			0 (0%)	
Q1.13	<b>Do you consider yourself to have a disability?</b>				
	<i>Yes</i> .....			41 (21%)	
	<i>No</i> .....			150 (79%)	
Q1.14	<b>How many times have you been in prison before?</b>				
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	58 (30%)	30 (16%)	47 (24%)	58 (30%)	
Q1.15	<b>Including this prison, how many prisons have you been in during this sentence/remand time?</b>				
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>		
	121 (64%)	53 (28%)	14 (7%)		
Q1.16	<b>Do you have any children under the age of 18?</b>				
	<i>Yes</i> .....			114 (59%)	
	<i>No</i> .....			80 (41%)	

## Section 2: Courts, transfers and escorts

Q2.1	<b>We want to know about the most recent journey you have made either to or from court or between prisons. How was:</b>						
		<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>
	The cleanliness of the van	10 (5%)	79 (41%)	30 (16%)	38 (20%)	20 (10%)	8 (4%)
	Your personal safety during the journey	21 (12%)	95 (54%)	26 (15%)	13 (7%)	11 (6%)	6 (3%)
							3 (2%)

The comfort of the van	4 (2%)	22 (12%)	29 (15%)	64 (34%)	63 (33%)	2 (1%)	5 (3%)
The attention paid to your health needs	10 (5%)	58 (32%)	42 (23%)	24 (13%)	30 (16%)	4 (2%)	14 (8%)
The frequency of toilet breaks	7 (4%)	33 (18%)	29 (15%)	29 (15%)	49 (26%)	3 (2%)	38 (20%)

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

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
85 (44%)	70 (36%)	30 (15%)	4 (2%)	5 (3%)

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

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
29 (15%)	86 (45%)	41 (21%)	25 (13%)	9 (5%)	3 (2%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	150 (77%)	43 (22%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	31 (17%)	146 (78%)	9 (5%)
When you first arrived here did your property arrive at the same time as you?	129 (70%)	51 (28%)	5 (3%)

### Section 3: Reception, first night and induction

**Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)**

<i>Didn't ask about any of these.....</i>	28 (15%)	<i>Money worries.....</i>	22 (12%)
<i>Loss of property.....</i>	9 (5%)	<i>Feeling depressed or suicidal.....</i>	118 (63%)
<i>Housing problems.....</i>	53 (28%)	<i>Health problems.....</i>	113 (60%)
<i>Contacting employers.....</i>	12 (6%)	<i>Needing protection from other prisoners.....</i>	55 (29%)
<i>Contacting family.....</i>	116 (62%)	<i>Accessing phone numbers.....</i>	83 (44%)
<i>Ensuring dependants were being looked after.....</i>	14 (7%)	<i>Other.....</i>	2 (1%)

**Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**

<i>Didn't have any problems.....</i>	47 (27%)	<i>Money worries.....</i>	33 (19%)
<i>Loss of property.....</i>	29 (17%)	<i>Feeling depressed or suicidal.....</i>	44 (26%)
<i>Housing problems.....</i>	44 (26%)	<i>Health problems.....</i>	42 (24%)
<i>Contacting employers.....</i>	13 (8%)	<i>Needing protection from other prisoners.....</i>	20 (12%)
<i>Contacting family.....</i>	50 (29%)	<i>Accessing phone numbers.....</i>	46 (27%)
<i>Ensuring dependants were looked after.....</i>	10 (6%)	<i>Other.....</i>	3 (2%)

**Q3.3 Please answer the following questions about reception:**

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Were you seen by a member of health services?	174 (91%)	9 (5%)	9 (5%)
When you were searched, was this carried out in a respectful way?	145 (78%)	37 (20%)	5 (3%)

**Q3.4 Overall, how well did you feel you were treated in reception?**

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
34 (18%)	88 (46%)	35 (18%)	24 (12%)	8 (4%)	4 (2%)

Q3.5	<p><b>On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)</b></p> <p><i>Information about what was going to happen to you</i>..... 114 (62%)</p> <p><i>Information about what support was available for people feeling depressed or suicidal</i>..... 112 (61%)</p> <p><i>Information about how to make routine requests</i> ..... 89 (48%)</p> <p><i>Information about your entitlement to visits</i>..... 101 (55%)</p> <p><i>Information about health services</i> ..... 113 (61%)</p> <p><i>Information about the chaplaincy</i> ..... 103 (56%)</p> <p><b>Not offered anything</b>..... 32 (17%)</p>
Q3.6	<p><b>On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)</b></p> <p><i>A smokers/non-smokers pack</i>..... 179 (92%)</p> <p><i>The opportunity to have a shower</i>..... 26 (13%)</p> <p><i>The opportunity to make a free telephone call</i>..... 144 (74%)</p> <p><i>Something to eat</i>..... 148 (76%)</p> <p><b>Did not receive anything</b>..... 2 (1%)</p>
Q3.7	<p><b>Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)</b></p> <p><i>Chaplain or religious leader</i>..... 104 (54%)</p> <p><i>Someone from health services</i>..... 135 (71%)</p> <p><i>A Listener/Samaritans</i>..... 60 (31%)</p> <p><b>Did not meet any of these people</b>..... 28 (15%)</p>
Q3.8	<p><b>Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?</b></p> <p><i>Yes</i>..... 7 (4%)</p> <p><i>No</i>..... 184 (96%)</p>
Q3.9	<p><b>Did you feel safe on your first night here?</b></p> <p><i>Yes</i>..... 135 (70%)</p> <p><i>No</i>..... 42 (22%)</p> <p><i>Don't remember</i>..... 15 (8%)</p>
Q3.10	<p><b>How soon after your arrival did you go on an induction course?</b></p> <p><b><i>Have not been on an induction course</i></b>..... 39 (20%)</p> <p><i>Within the first week</i>..... 118 (61%)</p> <p><i>More than a week</i>..... 17 (9%)</p> <p><i>Don't remember</i>..... 19 (10%)</p>
Q3.11	<p><b>Did the induction course cover everything you needed to know about the prison?</b></p> <p><b><i>Have not been on an induction course</i></b>..... 39 (21%)</p> <p><i>Yes</i>..... 96 (51%)</p> <p><i>No</i>..... 37 (20%)</p> <p><i>Don't remember</i>..... 15 (8%)</p>

#### Section 4: Legal rights and respectful custody

Q4.1	<b>How easy is to?</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	27 (14%)	63 (33%)	30 (16%)	31 (16%)	23 (12%)	15 (8%)
	Attend legal visits?	31 (18%)	90 (51%)	18 (10%)	8 (5%)	9 (5%)	19 (11%)
	Obtain bail information?	7 (4%)	15 (9%)	39 (24%)	27 (16%)	23 (14%)	54 (33%)

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

*Not had any letters*..... 29 (15%)  
*Yes*..... 72 (38%)  
*No*..... 87 (46%)

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

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>
Are you normally offered enough clean, suitable clothes for the week?	109 (57%)	62 (32%)	10 (5%)	10 (5%)
Are you normally able to have a shower every day?	168 (87%)	23 (12%)	1 (1%)	1 (1%)
Do you normally receive clean sheets every week?	143 (75%)	44 (23%)	3 (2%)	1 (1%)
Do you normally get cell cleaning materials every week?	143 (74%)	47 (24%)	2 (1%)	0 (0%)
Is your cell call bell normally answered within five minutes?	96 (51%)	48 (25%)	34 (18%)	11 (6%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	117 (65%)	63 (35%)	0 (0%)	1 (1%)
Can you normally get your stored property if you need to?	55 (30%)	80 (43%)	40 (22%)	10 (5%)

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

<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
3 (2%)	42 (22%)	51 (27%)	62 (32%)	34 (18%)

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

*Have not bought anything yet*..... 16 (9%)  
*Yes*..... 88 (47%)  
*No*..... 83 (44%)

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

	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
A complaint form?	63 (33%)	85 (45%)	12 (6%)	11 (6%)	6 (3%)	13 (7%)
An application form?	59 (32%)	97 (53%)	12 (7%)	6 (3%)	2 (1%)	8 (4%)

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

*Yes*..... 161 (86%)  
*No*..... 26 (14%)

**Q4.8** Please answer the following questions concerning applications:

*(If you have not made an application please tick the 'not made one' option.)*

	<i>Not made one</i>	<i>Yes</i>	<i>No</i>
Do you feel <i>applications</i> are dealt with fairly?	26 (15%)	92 (52%)	60 (34%)
Do you feel <i>applications</i> are dealt with promptly? (Within seven days)	26 (15%)	59 (34%)	88 (51%)

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

*Yes*..... 65 (35%)  
*No*..... 119 (65%)

Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)					
		<i>Not made one</i>	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	119 (63%)	19 (10%)	50 (27%)		
	Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	119 (65%)	19 (10%)	44 (24%)		
	Were you given information about how to make an appeal?	81 (47%)	35 (20%)	58 (33%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	<i>Not made a complaint</i> .....	119 (64%)				
	<i>Yes</i> .....	19 (10%)				
	<i>No</i> .....	48 (26%)				
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	75 (41%)	9 (5%)	29 (16%)	36 (20%)	23 (13%)	11 (6%)
Q4.13	What level of the IEP scheme are you on now?					
	<i>Don't know what the IEP scheme is</i> .....	25 (14%)				
	<i>Enhanced</i> .....	51 (28%)				
	<i>Standard</i> .....	104 (56%)				
	<i>Basic</i> .....	1 (1%)				
	<i>Don't know</i> .....	4 (2%)				
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	<i>Don't know what the IEP scheme is</i> .....	25 (14%)				
	<i>Yes</i> .....	87 (49%)				
	<i>No</i> .....	44 (25%)				
	<i>Don't know</i> .....	22 (12%)				
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	<i>Don't know what the IEP scheme is</i> .....	25 (14%)				
	<i>Yes</i> .....	80 (46%)				
	<i>No</i> .....	46 (26%)				
	<i>Don't know</i> .....	23 (13%)				
Q4.16	Please answer the following questions about this prison?					
		Yes	No			
	In the last six months have any members of staff physically restrained you (C&R)?	10 (5%)	182 (95%)			
	In the last six months have you spent a night in the segregation /care and separation unit?	13 (7%)	170 (93%)			
Q4.17	Please answer the following questions about your religious beliefs?					
		Yes	No	<i>Don't know/ N/A</i>		
	Do you feel your religious beliefs are respected?	106 (56%)	23 (12%)	61 (32%)		
	Are you able to speak to a religious leader of your faith in private if you want to?	109 (60%)	9 (5%)	64 (35%)		
Q4.18	Can you speak to a Listener at any time if you want to?					
	Yes	No		<i>Don't know</i>		
	136 (72%)	13 (7%)		41 (22%)		

Q4.19	Please answer the following questions about staff in this prison?	Yes	No
	Is there a member of staff you can turn to for help if you have a problem?	147 (78%)	42 (22%)
	Do most staff treat you with respect?	136 (73%)	50 (27%)

### Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?		
	Yes.....	77 (40%)	
	No.....	116 (60%)	
Q5.2	Do you feel unsafe in this prison at the moment?		
	Yes.....	25 (13%)	
	No.....	165 (87%)	
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)		
	<i>Never felt unsafe</i> .....	116 (63%)	<i>At meal times</i> ..... 12 (7%)
	<i>Everywhere</i> .....	24 (13%)	<i>At health services</i> ..... 14 (8%)
	<i>Segregation unit</i> .....	7 (4%)	<i>Visit's area</i> ..... 17 (9%)
	<i>Association areas</i> .....	17 (9%)	<i>In wing showers</i> ..... 16 (9%)
	<i>Reception area</i> .....	16 (9%)	<i>In gym showers</i> ..... 14 (8%)
	<i>At the gym</i> .....	11 (6%)	<i>In corridors/stairwells</i> ..... 11 (6%)
	<i>In an exercise yard</i> .....	20 (11%)	<i>On your landing/wing</i> ..... 18 (10%)
	<i>At work</i> .....	21 (11%)	<i>In your cell</i> ..... 15 (8%)
	<i>During movement</i> .....	24 (13%)	<i>At religious services</i> ..... 3 (2%)
	<i>At education</i> .....	11 (6%)	
Q5.4	Have you been victimised by another prisoner or group of prisoners here?		
	Yes.....	38 (20%)	
	No.....	148 (80%)	
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)		
	<i>Insulting remarks (about you or your family or friends)</i> .....	20 (11%)	<i>Because of your sexuality</i> ..... 1 (1%)
	<i>Physical abuse (being hit, kicked or assaulted)</i> .....	11 (6%)	<i>Because you have a disability</i> ..... 4 (2%)
	<i>Sexual abuse</i> .....	3 (2%)	<i>Because of your religion/religious beliefs</i> ..... 4 (2%)
	<i>Because of your race or ethnic origin</i> ....	6 (3%)	<i>Because of your age</i> ..... 3 (2%)
	<i>Because of drugs</i> .....	10 (5%)	<i>Being from a different part of the country than others</i> ..... 8 (4%)
	<i>Having your canteen/property taken</i> .....	8 (4%)	<i>Because of your offence/ crime</i> ..... 6 (3%)
	<i>Because you were new here</i> .....	16 (9%)	<i>Because of gang related issues</i> .....
			12 (6%)
Q5.6	Have you been victimised by a member of staff or group of staff here?		
	Yes.....	43 (23%)	
	No.....	140 (77%)	
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)		
	<i>Insulting remarks (about you or your family or friends)</i> .....	19 (10%)	<i>Because you have a disability</i> ..... 3 (2%)
	<i>Physical abuse (being hit, kicked or assaulted)</i> .....	11 (6%)	<i>Because of your religion/religious beliefs</i> ..... 7 (4%)
	<i>Sexual abuse</i> .....	2 (1%)	<i>Because of your age</i> ..... 3 (2%)

<i>Because of your race or ethnic origin....</i>	12 (7%)	<i>Being from a different part of the country than others.....</i>	3 (2%)
<i>Because of drugs .....</i>	5 (3%)	<i>Because of your offence/crime.....</i>	5 (3%)
<i>Because you were new here.....</i>	18 (10%)	<i>Because of gang related issues .....</i>	7 (4%)
<i>Because of your sexuality .....</i>	2 (1%)		

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

<i>Not been victimised .....</i>	121 (71%)
<i>Yes.....</i>	14 (8%)
<i>No.....</i>	36 (21%)

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

<i>Yes.....</i>	41 (22%)
<i>No.....</i>	147 (78%)

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

<i>Yes.....</i>	47 (25%)
<i>No.....</i>	141 (75%)

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

<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
17 (9%)	25 (13%)	16 (8%)	14 (7%)	10 (5%)	108 (57%)

## Section 6: Health services

**Q6.1** How easy or difficult is it to see the following people:

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor	23 (12%)	13 (7%)	40 (21%)	21 (11%)	79 (41%)	17 (9%)
The nurse	25 (14%)	22 (12%)	70 (38%)	20 (11%)	37 (20%)	10 (5%)
The dentist	34 (19%)	6 (3%)	9 (5%)	12 (7%)	58 (32%)	62 (34%)
The optician	54 (31%)	7 (4%)	17 (10%)	14 (8%)	45 (25%)	40 (23%)

**Q6.2** Are you able to see a pharmacist?

<i>Yes.....</i>	72 (45%)
<i>No.....</i>	87 (55%)

**Q6.3** What do you think of the quality of the health service from the following people:

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor	31 (17%)	20 (11%)	55 (29%)	32 (17%)	34 (18%)	15 (8%)
The nurse	29 (16%)	27 (15%)	72 (40%)	24 (13%)	19 (10%)	10 (6%)
The dentist	74 (42%)	8 (5%)	28 (16%)	21 (12%)	24 (14%)	22 (12%)
The optician	97 (56%)	8 (5%)	15 (9%)	21 (12%)	20 (12%)	12 (7%)

**Q6.4** What do you think of the overall quality of the health services here?

<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
12 (7%)	11 (6%)	70 (38%)	36 (20%)	30 (16%)	25 (14%)

**Q6.5** Are you currently taking medication?

<i>Yes.....</i>	86 (46%)
<i>No.....</i>	102 (54%)

**Q6.6** If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication.....</i>	102 (55%)
<i>Yes.....</i>	46 (25%)
<i>No.....</i>	39 (21%)

Q6.7	Do you feel you have any emotional wellbeing/mental health issues?				
	Yes.....	60	(32%)		
	No.....	125	(68%)		
Q6.8	Are your emotional wellbeing/mental health issues being addressed by any of the following? (Please tick all that apply to you.)				
	<i>Do not have any issues/not receiving any help</i> .....	150	(83%)		
	Doctor.....	17	(9%)		
	Nurse.....	9	(5%)		
	Psychiatrist.....	16	(9%)		
	Mental health in-reach team.....	11	(6%)		
	Counsellor.....	7	(4%)		
	Other.....	4	(2%)		
Q6.9	Did you have a problem with either of the following when you came into this prison?				
		<i>Yes</i>		<i>No</i>	
	Drugs	50 (28%)		129 (72%)	
	Alcohol	46 (27%)		126 (73%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?				
	Yes.....	9	(5%)		
	No.....	183	(95%)		
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?				
	Yes.....	64	(33%)		
	No.....	15	(8%)		
	<i>Did not / do not have a drug or alcohol problem</i> .....	113	(59%)		
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc.) for your drug/alcohol problem, whilst in this prison?				
	Yes.....	48	(25%)		
	No.....	30	(16%)		
	<i>Did not / do not have a drug or alcohol problem</i> .....	113	(59%)		
Q6.13	Was the intervention or help you received, while in this prison, helpful?				
	Yes.....	38	(20%)		
	No.....	9	(5%)		
	<i>Did not have a problem/have not received help</i> .....	143	(75%)		
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?				
		<i>Yes</i>		<i>No</i>	<i>Don't know</i>
	Drugs	17 (9%)	144 (79%)	22 (12%)	
	Alcohol	20 (11%)	129 (73%)	28 (16%)	
Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?				
	Yes.....	34	(18%)		
	No.....	25	(14%)		
	N/A.....	125	(68%)		

## Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)		
	Prison job .....	106	(57%)
	Vocational or skills training.....	18	(10%)
	Education (including basic skills).....	48	(26%)

Offending behaviour programmes.....	23 (12%)
<b>Not involved in any of these</b> .....	42 (22%)

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

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	25 (16%)	50 (31%)	57 (36%)	28 (18%)
Vocational or skills training	38 (31%)	43 (35%)	24 (20%)	17 (14%)
Education (including basic skills)	30 (21%)	63 (44%)	30 (21%)	20 (14%)
Offending behaviour programmes	32 (27%)	42 (36%)	27 (23%)	16 (14%)

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

<i>Don't want to go</i> .....	32 (17%)
<i>Never</i> .....	35 (19%)
<i>Less than once a week</i> .....	33 (18%)
<i>About once a week</i> .....	62 (34%)
<i>More than once a week</i> .....	12 (6%)
<i>Don't know</i> .....	11 (6%)

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

<i>Don't want to go</i>	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
39 (21%)	43 (23%)	31 (17%)	28 (15%)	20 (11%)	8 (4%)	16 (9%)

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

<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
29 (16%)	26 (14%)	61 (34%)	30 (17%)	18 (10%)	17 (9%)

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

<i>Less than 2 hours</i> .....	19 (10%)
<i>2 to less than 4 hours</i> .....	28 (15%)
<i>4 to less than 6 hours</i> .....	23 (13%)
<i>6 to less than 8 hours</i> .....	41 (22%)
<i>8 to less than 10 hours</i> .....	38 (21%)
<i>10 hours or more</i> .....	18 (10%)
<i>Don't know</i> .....	16 (9%)

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

<i>Don't want to go</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 5</i>	<i>More than 5</i>	<i>Don't know</i>
4 (2%)	3 (2%)	8 (4%)	51 (28%)	105 (57%)	13 (7%)

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

<i>Do not go on association</i> .....	5 (3%)
<i>Never</i> .....	34 (18%)
<i>Rarely</i> .....	47 (25%)
<i>Some of the time</i> .....	71 (38%)
<i>Most of the time</i> .....	21 (11%)
<i>All of the time</i> .....	7 (4%)

## Section 8: Resettlement

**Q8.1** When did you first meet your personal officer?

<i>Still have not met him/her</i> .....	91 (49%)
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<i>In the first week</i> .....	37 (20%)
<i>More than a week</i> .....	27 (15%)
<i>Don't remember</i> .....	30 (16%)

<b>Q8.2</b>	<b>How helpful do you think your personal officer is?</b>					
	<i>Do not have a personal officer/ still have not met him/her</i>	<i>Very helpful</i>	<i>Helpful</i>	<i>Neither</i>	<i>Not very helpful</i>	<i>Not at all helpful</i>
	91 (49%)	25 (14%)	39 (21%)	13 (7%)	9 (5%)	8 (4%)

<b>Q8.3</b>	<b>Do you have a sentence plan/OASys?</b>	
	<i>Not sentenced</i> .....	60 (33%)
	<i>Yes</i> .....	63 (34%)
	<i>No</i> .....	61 (33%)

<b>Q8.4</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	121 (65%)
	<i>Very involved</i> .....	15 (8%)
	<i>Involved</i> .....	21 (11%)
	<i>Neither</i> .....	7 (4%)
	<i>Not very involved</i> .....	14 (8%)
	<i>Not at all involved</i> .....	8 (4%)

<b>Q8.5</b>	<b>Can you achieve all or some of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	121 (66%)
	<i>Yes</i> .....	48 (26%)
	<i>No</i> .....	15 (8%)

<b>Q8.6</b>	<b>Are there plans for you to achieve all/some of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/OASys</i> .....	121 (66%)
	<i>Yes</i> .....	40 (22%)
	<i>No</i> .....	23 (13%)

<b>Q8.7</b>	<b>Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?</b>	
	<i>Not sentenced</i> .....	60 (32%)
	<i>Yes</i> .....	43 (23%)
	<i>No</i> .....	83 (45%)

<b>Q8.8</b>	<b>Do you feel that any member of staff has helped you to prepare for your release?</b>	
	<i>Yes</i> .....	29 (16%)
	<i>No</i> .....	147 (84%)

<b>Q8.9</b>	<b>Have you had any problems with sending or receiving mail?</b>	
	<i>Yes</i> .....	82 (44%)
	<i>No</i> .....	89 (48%)
	<i>Don't know</i> .....	16 (9%)

<b>Q8.10</b>	<b>Have you had any problems getting access to the telephones?</b>	
	<i>Yes</i> .....	64 (34%)
	<i>No</i> .....	111 (60%)
	<i>Don't know</i> .....	11 (6%)

Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i> .....				4 (2%)
	<i>Yes</i> .....				98 (54%)
	<i>No</i> .....				74 (40%)
	<i>Don't remember</i> .....				7 (4%)
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	4 (2%)	64 (36%)	101 (56%)	7 (4%)	3 (2%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i> .....				33 (18%)
	<i>Very well</i> .....				23 (12%)
	<i>Well</i> .....				64 (34%)
	<i>Neither</i> .....				28 (15%)
	<i>Badly</i> .....				15 (8%)
	<i>Very badly</i> .....				6 (3%)
	<i>Don't know</i> .....				18 (10%)
Q8.14	Have you been helped to maintain contact with your family/friends whilst in this prison?				
	<i>Yes</i> .....				86 (48%)
	<i>No</i> .....				95 (52%)
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)				
	<i>Don't know who to contact</i> .....	109 (64%)	<i>Help with your finances in preparation for release</i> .....		20 (12%)
	<i>Maintaining good relationships</i> .....	19 (11%)	<i>Claiming benefits on release</i> .....		45 (26%)
	<i>Avoiding bad relationships</i> .....	13 (8%)	<i>Arranging a place at college/continuing education on release</i> .....		20 (12%)
	<i>Finding a job on release</i> .....	32 (19%)	<i>Continuity of health services on release</i>		21 (12%)
	<i>Finding accommodation on release</i> .....	31 (18%)	<i>Opening a bank account</i> .....		16 (9%)
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)				
	<i>No problems</i> .....	76 (42%)	<i>Help with your finances in preparation for release</i> .....		45 (25%)
	<i>Maintaining good relationships</i> .....	15 (8%)	<i>Claiming benefits on release</i> .....		49 (27%)
	<i>Avoiding bad relationships</i> .....	21 (12%)	<i>Arranging a place at college/continuing education on release</i> .....		30 (17%)
	<i>Finding a job on release</i> .....	69 (38%)	<i>Continuity of health services on release</i>		22 (12%)
	<i>Finding accommodation on release</i> .....	57 (31%)	<i>Opening a bank account</i> .....		48 (27%)
Q8.17	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?				
	<i>Not sentenced</i> .....				60 (32%)
	<i>Yes</i> .....				65 (35%)
	<i>No</i> .....				61 (33%)

## Main comparator and comparator to last time



### Prisoner survey responses HMP Manchester 2011

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

#### Key to tables

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<b>Number of completed questionnaires returned</b>		196	5101	196	124
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	1%	6%	1%	1%
3a	Are you sentenced?	69%	67%	69%	70%
3b	Are you on recall?	7%	11%	7%	13%
4a	Is your sentence less than 12 months?	16%	19%	16%	13%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	6%	3%	6%	8%
5	Do you have six months or less to serve?	34%	34%	34%	22%
6	Have you been in this prison less than a month?	19%	21%	19%	15%
7	Are you a foreign national?	9%	13%	9%	17%
8	Is English your first language?	92%	88%	92%	85%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	24%	26%	24%	29%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%	3%	
11	Are you Muslim?	10%	11%	10%	11%
12	Are you homosexual/gay or bisexual?	4%	3%	4%	5%
13	Do you consider yourself to have a disability?	22%	19%	22%	26%
14	Is this your first time in prison?	30%	28%	30%	26%
15	Have you been in more than five prisons this time?	7%	8%	7%	10%
16	Do you have any children under the age of 18?	59%	55%	59%	63%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	47%	49%	47%	48%
1b	Was your personal safety during the journey good/very good?	66%	59%	66%	69%
1c	Was the comfort of the van good/very good?	14%	13%	14%	17%
1d	Was the attention paid to your health needs good/very good?	37%	29%	37%	35%
1e	Was the frequency of toilet breaks good/very good?	21%	16%	21%	22%
2	Did you spend more than four hours in the van?	2%	3%	2%	6%
3	Were you treated well/very well by the escort staff?	60%	64%	60%	64%
4a	Did you know where you were going when you left court or when transferred from another prison?	77%	73%	77%	77%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	15%	17%	14%
4c	When you first arrived here did your property arrive at the same time as you?	70%	82%	70%	70%

## Main comparator and comparator to last time

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<b>SECTION 3: Reception, first night and induction</b>				
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:			
<b>1b</b>	5%	13%	5%	7%
<b>1c</b>	28%	31%	28%	24%
<b>1d</b>	6%	14%	6%	7%
<b>1e</b>	62%	51%	62%	50%
<b>1f</b>	7%	15%	7%	11%
<b>1g</b>	12%	18%	12%	14%
<b>1h</b>	63%	53%	63%	54%
<b>1i</b>	60%	62%	60%	58%
<b>1j</b>	29%	21%	29%	27%
<b>1k</b>	44%	42%	44%	38%
<b>2</b>	When you first arrived:			
<b>2a</b>	73%	77%	73%	72%
<b>2b</b>	17%	14%	17%	13%
<b>2c</b>	26%	26%	26%	21%
<b>2d</b>	8%	7%	8%	5%
<b>2e</b>	29%	34%	29%	35%
<b>2f</b>	6%	8%	6%	12%
<b>2g</b>	19%	23%	19%	23%
<b>2h</b>	26%	22%	26%	22%
<b>2i</b>	24%	31%	24%	22%
<b>2j</b>	12%	9%	12%	13%
<b>2k</b>	27%	31%	27%	34%
<b>3a</b>	91%	88%	91%	88%
<b>3b</b>	78%	73%	78%	59%
<b>4</b>	63%	57%	63%	43%
<b>5</b>	On your day of arrival, were you offered information about any of the following:			
<b>5a</b>	62%	47%	62%	40%
<b>5b</b>	61%	46%	61%	50%
<b>5c</b>	48%	38%	48%	30%
<b>5d</b>	55%	45%	55%	36%
<b>5e</b>	61%	51%	61%	38%
<b>5f</b>	56%	47%	56%	43%

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<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	92%	86%	92%	90%
<b>6b</b>	The opportunity to have a shower?	13%	35%	13%	13%
<b>6c</b>	The opportunity to make a free telephone call?	74%	57%	74%	72%
<b>6d</b>	Something to eat?	76%	80%	76%	79%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	54%	46%	54%	49%
<b>7b</b>	Someone from health services?	71%	76%	71%	64%
<b>7c</b>	A Listener/Samaritans?	31%	23%	31%	15%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	4%	15%	4%	5%
<b>9</b>	Did you feel safe on your first night here?	70%	71%	70%	57%
<b>10</b>	Have you been on an induction course?	80%	77%	80%	78%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	65%	59%	65%	60%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	48%	40%	48%	43%
<b>1b</b>	Attend legal visits?	69%	58%	69%	67%
<b>1c</b>	Obtain bail information?	13%	24%	13%	21%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	38%	40%	38%	48%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	57%	50%	57%	39%
<b>3b</b>	Are you normally able to have a shower every day?	87%	80%	87%	74%
<b>3c</b>	Do you normally receive clean sheets every week?	75%	82%	75%	67%
<b>3d</b>	Do you normally get cell cleaning materials every week?	75%	63%	75%	71%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	51%	35%	51%	43%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	65%	64%	65%	68%
<b>3g</b>	Can you normally get your stored property, if you need to?	30%	26%	30%	15%
<b>4</b>	Is the food in this prison good/very good?	23%	24%	23%	23%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	45%	47%	41%
<b>6a</b>	Is it easy/very easy to get a complaints form?	78%	78%	78%	78%
<b>6b</b>	Is it easy/very easy to get an application form?	85%	84%	85%	92%
<b>7</b>	Have you made an application?	86%	85%	86%	92%

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<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	61%	55%	61%	51%
8b	Do you feel applications are dealt with promptly (within seven days)?	40%	46%	40%	41%
9	Have you made a complaint?	35%	40%	35%	47%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	28%	30%	28%	16%
10b	Do you feel complaints are dealt with promptly (within seven days)?	30%	33%	30%	26%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	28%	26%	28%	25%
10c	Were you given information about how to make an appeal?	20%	21%	20%	14%
12	Is it easy/very easy to see the Independent Monitoring Board?	21%	23%	21%	14%
13	Are you on the enhanced (top) level of the IEP scheme?	28%	27%	28%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	49%	49%	49%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	44%	46%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	7%	5%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	7%	11%	7%	
13a	Do you feel your religious beliefs are respected?	56%	54%	56%	51%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	60%	55%	60%	60%
14	Are you able to speak to a Listener at any time if you want to?	72%	57%	72%	56%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	78%	70%	78%	68%
15b	Do most staff in this prison treat you with respect?	73%	69%	73%	56%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	40%	41%	40%	52%
2	Do you feel unsafe in this prison at the moment?	13%	18%	13%	29%
4	Have you been victimised by another prisoner?	21%	22%	21%	32%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	11%	10%	11%	18%
5b	Hit, kicked or assaulted you?	6%	7%	6%	10%
5c	Sexually abused you?	2%	1%	2%	0%
5d	Victimised you because of your race or ethnic origin?	3%	4%	3%	8%
5e	Victimised you because of drugs?	5%	4%	5%	3%
5f	Taken your canteen/property?	4%	5%	4%	9%
5g	Victimised you because you were new here?	9%	6%	9%	6%
5h	Victimised you because of your sexuality?	1%	1%	1%	0%
5i	Victimised you because you have a disability?	2%	3%	2%	3%
5j	Victimised you because of your religion/religious beliefs?	2%	2%	2%	2%
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	4%	4%	4%	6%
5m	Victimised you because of your offence/crime?	3%	4%	3%	9%
5n	Victimised you because of gang related issues?	6%	4%	6%	

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<b>SECTION 5: Safety continued</b>					
<b>6</b>	Have you been victimised by a member of staff?	24%	25%	24%	44%
<b>7</b>	Since you have been here, has a member of staff:				
<b>7a</b>	Made insulting remarks about you, your family or friends?	10%	11%	10%	19%
<b>7b</b>	Hit, kicked or assaulted you?	6%	5%	6%	11%
<b>7c</b>	Sexually abused you?	1%	1%	1%	1%
<b>7d</b>	Victimised you because of your race or ethnic origin?	7%	5%	7%	10%
<b>7e</b>	Victimised you because of drugs?	3%	5%	3%	4%
<b>7f</b>	Victimised you because you were new here?	10%	6%	10%	11%
<b>7g</b>	Victimised you because of your sexuality?	1%	1%	1%	0%
<b>7h</b>	Victimised you because you have a disability?	2%	3%	2%	6%
<b>7i</b>	Victimised you because of your religion/religious beliefs?	4%	3%	4%	2%
<b>7j</b>	Victimised you because of your age?	2%	2%	2%	
<b>7k</b>	Victimised you because you were from a different part of the country?	2%	4%	2%	6%
<b>7l</b>	Victimised you because of your offence/crime?	3%	5%	3%	8%
<b>7m</b>	Victimised you because of gang related issues?	4%	2%	4%	
For those who have been victimised by staff or other prisoners:					
<b>8</b>	Did you report any victimisation that you have experienced?	28%	35%	28%	29%
<b>9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	24%	22%	33%
<b>10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	25%	23%	25%	39%
<b>11</b>	Is it easy/very easy to get illegal drugs in this prison?	22%	30%	22%	26%
<b>SECTION 6: Health services</b>					
<b>1a</b>	Is it easy/very easy to see the doctor?	28%	27%	28%	28%
<b>1b</b>	Is it easy/very easy to see the nurse?	50%	52%	50%	40%
<b>1c</b>	Is it easy/very easy to see the dentist?	8%	10%	8%	8%
<b>1d</b>	Is it easy/very easy to see the optician?	14%	12%	14%	5%
<b>2</b>	Are you able to see a pharmacist?	45%	44%	45%	44%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
<b>3a</b>	The doctor?	48%	45%	48%	41%
<b>3b</b>	The nurse?	65%	58%	65%	53%
<b>3c</b>	The dentist?	35%	31%	35%	33%
<b>3d</b>	The optician?	30%	34%	30%	38%
<b>4</b>	The overall quality of health services?	47%	40%	47%	33%

## Main comparator and comparator to last time

### Key to tables

		HMP Manchester	Local prisons comparator	HMP Manchester	HMP Manchester 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Health services continued</b>					
<b>5</b>	Are you currently taking medication?	46%	49%	46%	46%
For those currently taking medication:					
<b>6</b>	Are you allowed to keep possession of your medication in your own cell?	54%	58%	54%	47%
<b>7</b>	Do you feel you have any emotional well being/mental health issues?	32%	33%	32%	33%
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
<b>8a</b>	Not receiving any help?	46%	40%	46%	42%
<b>8b</b>	A doctor?	30%	33%	30%	21%
<b>8c</b>	A nurse?	16%	18%	16%	9%
<b>8d</b>	A psychiatrist?	28%	18%	28%	33%
<b>8e</b>	The mental health in-reach team?	19%	27%	19%	27%
<b>8f</b>	A counsellor?	12%	12%	12%	6%
<b>9a</b>	Did you have a drug problem when you came into this prison?	28%	36%	28%	29%
<b>9b</b>	Did you have an alcohol problem when you came into this prison?	27%	26%	27%	27%
<b>10a</b>	Have you developed a drug problem since you have been in this prison?	5%	9%	5%	11%
For those with drug or alcohol problems:					
<b>11</b>	Do you know who to contact in this prison for help?	81%	81%	81%	74%
<b>12</b>	Have you received any help or intervention while in this prison?	62%	67%	62%	60%
For those who have received help or intervention with their drug or alcohol problem:					
<b>13</b>	Was this intervention or help useful?	81%	78%	81%	78%
<b>14a</b>	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	21%	31%	21%	29%
<b>14b</b>	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	27%	26%	27%	26%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
<b>15</b>	Can help you contact external drug or alcohol agencies on release?	58%	60%	58%	38%

## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better	HMP Manchester	Local prisons comparator	HMP Manchester	HMP Manchester 2009
Any percentage highlighted in blue is significantly worse				
Any percentage highlighted in orange shows a significant difference in prisoners' background details				
Percentages which are not highlighted show there is no significant difference				
<b>SECTION 7: Purposeful activity</b>				
<b>1</b> Are you currently involved in any of the following activities:				
<b>1a</b> A prison job?	57%	42%	57%	47%
<b>1b</b> Vocational or skills training?	10%	10%	10%	20%
<b>1c</b> Education (including basic skills)?	26%	26%	26%	27%
<b>1d</b> Offending Behaviour Programmes?	12%	7%	12%	10%
<b>2ai</b> Have you had a job while in this prison?	84%	67%	84%	76%
For those who have had a prison job while in this prison:				
<b>2aii</b> Do you feel the job will help you on release?	37%	42%	37%	38%
<b>2bi</b> Have you been involved in vocational or skills training while in this prison?	69%	51%	69%	67%
For those who have had vocational or skills training while in this prison:				
<b>2bii</b> Do you feel the vocational or skills training will help you on release?	51%	51%	51%	57%
<b>2ci</b> Have you been involved in education while in this prison?	79%	62%	79%	68%
For those who have been involved in education while in this prison:				
<b>2cii</b> Do you feel the education will help you on release?	56%	60%	56%	67%
<b>2di</b> Have you been involved in offending behaviour programmes while in this prison?	73%	48%	73%	64%
For those who have been involved in offending behaviour programmes while in this prison:				
<b>2dii</b> Do you feel the offending behaviour programme(s) will help you on release?	49%	49%	49%	48%
<b>3</b> Do you go to the library at least once a week?	40%	36%	40%	57%
<b>4</b> On average, do you go to the gym at least twice a week?	30%	43%	30%	37%
<b>5</b> On average, do you go outside for exercise three or more times a week?	27%	38%	27%	37%
<b>6</b> On average, do you spend ten or more hours out of your cell on a weekday?	10%	9%	10%	8%
<b>7</b> On average, do you go on association more than five times each week?	57%	47%	57%	60%
<b>8</b> Do staff normally speak to you most of the time/all of the time during association?	15%	17%	15%	14%
<b>SECTION 8: Resettlement</b>				
<b>1</b> Do you have a personal officer?	51%	47%	51%	52%
For those with a personal officer:				
<b>2</b> Do you think your personal officer is helpful/very helpful?	68%	62%	68%	56%
For those who are sentenced:				
<b>3</b> Do you have a sentence plan?	51%	40%	51%	56%
For those with a sentence plan?				
<b>4</b> Were you involved/very involved in the development of your plan?	55%	57%	55%	68%
<b>5</b> Can you achieve some/all of your sentence plan targets in this prison?	76%	62%	76%	65%
<b>6</b> Are there plans for you to achieve some/all your targets in another prison?	64%	45%	64%	52%
For those who are sentenced:				
<b>7</b> Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	34%	27%	34%	23%
<b>8</b> Do you feel that any member of staff has helped you to prepare for release?	17%	14%	17%	14%
<b>9</b> Have you had any problems with sending or receiving mail?	44%	44%	44%	48%
<b>10</b> Have you had any problems getting access to the telephones?	34%	31%	34%	35%
<b>11</b> Did you have a visit in the first week that you were here?	54%	35%	54%	43%
<b>12</b> Did you receive one or more visits in the last week?	62%	40%	62%	45%

## Main comparator and comparator to last time

### Key to tables

		HMP Manchester	Local prisons comparator	HMP Manchester	HMP Manchester 2009
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	57%	48%	57%	
14	Have you been helped to maintain contact with family/friends while in this prison?	48%	34%	48%	41%
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	11%	14%	11%	11%
15c	Avoiding bad relationships?	8%	10%	8%	9%
15d	Finding a job on release?	19%	26%	19%	18%
15e	Finding accommodation on release?	18%	28%	18%	19%
15f	With money/finances on release?	12%	17%	12%	8%
15g	Claiming benefits on release?	26%	31%	26%	21%
15h	Arranging a place at college/continuing education on release?	12%	16%	12%	11%
15i	Accessing health services on release?	12%	20%	12%	15%
15j	Opening a bank account on release?	9%	16%	9%	9%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	8%	14%	8%	13%
16c	Avoiding bad relationships?	12%	14%	12%	13%
16d	Finding a job?	38%	49%	38%	47%
16e	Finding accommodation?	32%	40%	32%	41%
16f	Money/finances?	25%	34%	25%	32%
16g	Claiming benefits?	27%	32%	27%	32%
16h	Arranging a place at college/continuing education?	17%	20%	17%	21%
16i	Accessing health services?	12%	18%	12%	18%
16j	Opening a bank account?	27%	29%	27%	29%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	52%	48%	52%	42%

## Wing Analysis



### Key questions (VP vs main population) HMP Manchester 2011

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

Any percentage highlighted in green is significantly better		Vulnerable prisoner unit	Main population
Any percentage highlighted in blue is significantly worse			
Any percentage highlighted in orange shows a significant difference in prisoners' background details			
Percentages which are not highlighted show there is no significant difference			
<b>Number of completed questionnaires returned</b>		21	171
<b>3.10</b>	Have you been on an induction course? (Filtered question)	52%	83%
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	65%	57%
<b>4.3b</b>	Are you normally able to have a shower every day?	90%	87%
<b>4.3c</b>	Do you normally receive clean sheets every week?	95%	73%
<b>4.3d</b>	Do you normally get cell cleaning materials every week?	95%	71%
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	52%	51%
<b>4.3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	64%
<b>4.4</b>	Is the food in this prison good/very good?	29%	22%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	48%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	81%	78%
<b>4.6b</b>	Is it easy/very easy to get an application form?	90%	85%
<b>4.9</b>	Have you made a complaint?	38%	35%
<b>4.13a</b>	Do you feel your religious beliefs are respected?	71%	55%
<b>4.13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	68%	60%
<b>4.14</b>	Are you able to speak to a Listener at any time if you want to?	62%	73%
<b>4.15a</b>	Is there a member of staff in this prison that you can turn to for help if you have a problem?	95%	76%
<b>4.15b</b>	Do <b>most</b> staff in this prison treat you with respect?	86%	71%
<b>5.1</b>	Have you ever felt unsafe in this prison?	48%	38%
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	19%	12%

## Wing Analysis

	Any percentage highlighted in green is significantly better	<b>Vulnerable prisoner unit</b>	<b>Main population</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>5.4</b>	Have you been victimised by another prisoner?	21%	20%
<b>5.6</b>	Have you been victimised by a member of staff?	11%	25%
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	25%	20%
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	20%	26%
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	14%	23%
<b>6.1a</b>	Is it easy/very easy to see the doctor?	34%	27%
<b>6.1b</b>	Is it easy/very easy to see the nurse?	70%	47%
<b>7.3</b>	Do you go to the library at least once a week?	34%	42%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	5%	34%
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	10%	30%
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	14%	9%
<b>7.7</b>	On average, do you go on association more than five times each week?	48%	59%
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	10%	16%
<b>8.1</b>	Do you have a personal officer?	90%	47%
<b>8.9</b>	Have you had any problems with sending or receiving mail?	38%	44%
<b>8.10</b>	Have you had any problems getting access to the telephones?	40%	34%

## Wing Analysis



### Key questions (lower prison vs. upper prison) HMP Manchester 2011

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

		Lower prison (Wings A-E)	Upper prison (Wings G-K)
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		115	77
<b>3.10</b>	Have you been on an induction course? (Filtered question)	76%	84%
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	68%	43%
<b>4.3b</b>	Are you normally able to have a shower every day?	90%	83%
<b>4.3c</b>	Do you normally receive clean sheets every week?	80%	67%
<b>4.3d</b>	Do you normally get cell cleaning materials every week?	73%	76%
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	53%	48%
<b>4.3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	70%	57%
<b>4.4</b>	Is the food in this prison good/very good?	25%	19%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	55%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	85%	68%
<b>4.6b</b>	Is it easy/very easy to get an application form?	89%	80%
<b>4.9</b>	Have you made a complaint?	41%	27%
<b>4.13a</b>	Do you feel your religious beliefs are respected?	62%	48%
<b>4.13b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	66%	54%
<b>4.14</b>	Are you able to speak to a Listener at any time if you want to?	71%	73%
<b>4.15a</b>	Is there a member of staff in this prison that you can turn to for help if you have a problem?	79%	78%
<b>4.15b</b>	Do <b>most</b> staff in this prison treat you with respect?	75%	70%
<b>5.1</b>	Have you ever felt unsafe in this prison?	38%	40%
<b>5.2</b>	Do you feel unsafe in this prison at the moment?	14%	10%

## Wing Analysis

	Any percentage highlighted in green is significantly better	<b>Lower prison (Wings A-E)</b>	<b>Upper prison (Wings G-K)</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>5.4</b>	Have you been victimised by another prisoner?	23%	15%
<b>5.6</b>	Have you been victimised by a member of staff?	23%	24%
<b>5.9</b>	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	25%	14%
<b>5.10</b>	Have you ever felt threatened or intimidated by a member of staff in here?	23%	28%
<b>5.11</b>	Is it easy/very easy to get illegal drugs in this prison?	25%	18%
<b>6.1a</b>	Is it easy/very easy to see the doctor?	30%	24%
<b>6.1b</b>	Is it easy/very easy to see the nurse?	54%	43%
<b>7.3</b>	Do you go to the library at least once a week?	47%	32%
<b>7.4</b>	On average, do you go to the gym at least twice a week?	34%	25%
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	17%	44%
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	13%	6%
<b>7.7</b>	On average, do you go on association more than five times each week?	57%	58%
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	15%	15%
<b>8.1</b>	Do you have a personal officer?	59%	40%
<b>8.9</b>	Have you had any problems with sending or receiving mail?	46%	39%
<b>8.10</b>	Have you had any problems getting access to the telephones?	39%	28%

## Diversity Analysis



### Key question responses (ethnicity and religion) HMP Manchester 2011

**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 percentage highlighted in green is significantly better					
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>47</b>	<b>147</b>	<b>18</b>	<b>172</b>
1.3	Are you sentenced?	60%	71%	58%	69%
1.7	Are you a foreign national?	24%	4%	18%	8%
1.8	Is English your first language?	71%	99%	62%	95%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			100%	16%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	2%	3%	0%	3%
1.11	Are you Muslim?	39%	0%		
1.12	Do you consider yourself to have a disability?	13%	24%	11%	21%
1.13	Is this your first time in prison?	47%	25%	50%	28%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	35%	39%	25%	38%
2.3	Were you treated well/very well by the escort staff?	55%	61%	39%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	77%	77%	66%	78%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	66%	61%	70%	61%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	52%	66%	36%	65%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	68%	57%	58%	60%
3.2a	Did you have any problems when you first arrived?	62%	76%	75%	73%
3.3a	Were you seen by a member of health care staff in reception?	91%	90%	88%	91%
3.3b	When you were searched in reception was this carried out in a respectful way?	64%	82%	55%	80%
3.4	Were you treated well/very well in reception?	56%	65%	39%	65%
3.7b	Did you have access to someone from health care within the first 24 hours?	70%	71%	55%	73%
3.9	Did you feel safe on your first night here?	67%	71%	50%	72%
3.10	Have you been on an induction course?	89%	77%	83%	79%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	53%	46%	61%	46%

## Diversity Analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.3a	Are you normally offered enough clean, suitable clothes for the week?	64%	54%	64%	55%
4.3b	Are you normally able to have a shower every day?	96%	84%	100%	85%
4.3e	Is your cell call bell normally answered within five minutes?	54%	49%	53%	49%
4.4	Is the food in this prison good/very good?	27%	22%	28%	22%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	48%	34%	47%
4.6a	Is it easy/very easy to get a complaints form?	64%	82%	55%	80%
4.6b	Is it easy/very easy to get an application form?	86%	84%	87%	84%
4.9	Have you made a complaint?	34%	36%	44%	35%
4.13	Are you on the enhanced (top) level of the IEP scheme?	19%	30%	19%	29%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	51%	38%	50%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	47%	25%	48%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	2%	6%	6%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	2%	9%	6%	7%
4.17a	Do you feel your religious beliefs are respected?	48%	58%	53%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	68%	57%	87%	56%
4.18	Are you able to speak to a Listener at any time if you want to?	75%	71%	70%	71%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	82%	76%	76%	77%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	70%	74%	62%	74%
5.1	Have you ever felt unsafe in this prison?	35%	41%	39%	40%
5.2	Do you feel unsafe in this prison at the moment?	11%	14%	18%	13%
5.4	Have you been victimised by another prisoner?	23%	20%	27%	21%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	3%	7%	3%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	2%	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	1%	14%	1%
5.6	Have you been victimised by a member of staff?	33%	21%	53%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	16%	4%	34%	4%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
5.7h	Have you been victimised because you have a disability? (By staff)	0%	2%	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	2%	27%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	19%	22%	18%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	24%	36%	24%
5.11	Is it easy/very easy to get illegal drugs in this prison?	18%	24%	28%	22%
6.1a	Is it easy/very easy to see the doctor?	28%	27%	28%	27%
6.1b	Is it easy/ very easy to see the nurse?	51%	49%	43%	49%
6.2	Are you able to see a pharmacist?	49%	44%	34%	46%
6.5	Are you currently taking medication?	39%	47%	45%	46%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	26%	34%	30%	32%
7.1a	Are you currently working in the prison?	53%	58%	55%	57%
7.1b	Are you currently undertaking vocational or skills training?	13%	9%	6%	10%
7.1c	Are you currently in education (including basic skills)?	36%	23%	39%	24%
7.1d	Are you currently taking part in an offending behaviour programme?	16%	11%	6%	13%
7.3	Do you go to the library at least once a week?	48%	38%	50%	38%
7.4	On average, do you go to the gym at least twice a week?	33%	30%	22%	32%
7.5	On average, do you go outside for exercise three or more times a week?	26%	27%	24%	28%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	5%	12%	6%	10%
7.7	On average, do you go on association more than five times each week?	50%	59%	34%	60%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	16%	15%	13%	16%
8.1	Do you have a personal officer?	54%	50%	48%	51%
8.9	Have you had any problems sending or receiving mail?	32%	48%	18%	48%
8.10	Have you had any problems getting access to the telephones?	33%	35%	36%	35%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Manchester 2011

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

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		41	150
1.3	Are you sentenced?	69%	68%
1.7	Are you a foreign national?	3%	10%
1.8	Is English your first language?	94%	91%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	15%	27%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	2%
1.11	Are you Muslim?	5%	11%
1.14	Is this your first time in prison?	22%	33%
2.1d	Was the attention paid to your health needs good/very good?	39%	37%
2.3	Were you treated well/very well by the escort staff?	58%	60%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	68%	80%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	43%	67%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	54%	66%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	54%	61%
3.2a	Did you have any problems when you first arrived?	94%	67%
3.3a	Were you seen by a member of health care staff in reception?	85%	92%
3.3b	When you were searched in reception, was this carried out in a respectful way?	72%	79%
3.4	Were you treated well/very well in reception?	64%	64%
3.7b	Did you have access to someone from health care within the first 24 hours?	62%	73%
3.9	Did you feel safe on your first night here?	64%	72%
3.10	Have you been on an induction course?	73%	81%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	53%	47%

## Diversity Analysis - Disability

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	58%	57%
4.3b	Are you normally able to have a shower every day?	95%	85%
4.3e	Is your cell call bell normally answered within five minutes?	68%	47%
4.4	Is the food in this prison good/very good?	21%	24%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	48%
4.6a	Is it easy/very easy to get a complaints form?	79%	78%
4.6b	Is it easy/very easy to get an application form?	95%	82%
4.9	Have you made a complaint?	35%	36%
4.13	Are you on the enhanced (top) level of the IEP scheme?	28%	27%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	35%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	44%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	8%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	11%	6%
4.17a	Do you feel your religious beliefs are respected?	58%	55%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	59%
4.18	Are you able to speak to a Listener at any time if you want to?	68%	74%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	78%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	70%	75%
5.1	Have you ever felt unsafe in this prison?	57%	36%
5.2	Do you feel unsafe in this prison at the moment?	13%	13%
5.4	Have you been victimised by another prisoner?	39%	17%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	2%
5.5i	Victimised you because you have a disability?	8%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%
5.6	Have you been victimised by a member of staff?	28%	23%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	6%
5.7h	Victimised you because you have a disability?	6%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	36%	18%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	26%	22%
6.1a	Is it easy/very easy to see the doctor?	32%	27%
6.1b	Is it easy/ very easy to see the nurse?	61%	47%
6.2	Are you able to see a pharmacist?	28%	50%
6.5	Are you currently taking medication?	74%	38%
6.7	Do you feel you have any emotional wellbeing/mental health issues?	72%	23%
7.1a	Are you currently working in the prison?	38%	62%
7.1b	Are you currently undertaking vocational or skills training?	6%	11%
7.1c	Are you currently in education (including basic skills)?	27%	25%
7.1d	Are you currently taking part in an offending behaviour programme?	11%	12%
7.3	Do you go to the library at least once a week?	39%	41%
7.4	On average, do you go to the gym at least twice a week?	22%	33%
7.5	On average, do you go outside for exercise three or more times a week?	25%	26%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	11%
7.7	On average, do you go on association more than five times each week?	54%	58%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	11%	16%
8.1	Do you have a personal officer?	60%	48%
8.9	Have you had any problems sending or receiving mail?	39%	45%
8.10	Have you had any problems getting access to the telephones?	28%	35%



## Diversity Analysis - Age

### Key question responses (age - over 50) HMP Manchester 2011

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

#### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		19	174
<b>1.3</b>	Are you sentenced?	79%	67%
<b>1.7</b>	Are you a foreign national?	24%	8%
<b>1.8</b>	Is English your first language?	89%	92%
<b>1.9</b>	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	16%	25%
<b>1.1</b>	Do you consider yourself to be Gypsy/Romany/Traveller?	6%	3%
<b>1.11</b>	Are you Muslim?	5%	10%
<b>1.13</b>	Do you consider yourself to have a disability?	37%	20%
<b>1.14</b>	Is this your first time in prison?	53%	28%
<b>2.1d</b>	Was the attention paid to your health needs good/very good?	36%	38%
<b>2.3</b>	Were you treated well/very well by the escort staff?	72%	59%
<b>2.4a</b>	Did you know where you were going when you left court or when transferred from another prison?	66%	78%
<b>3.1e</b>	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	39%	65%
<b>3.1h</b>	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	65%
<b>3.1i</b>	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	50%	61%
<b>3.2a</b>	Did you have any problems when you first arrived?	82%	71%
<b>3.3a</b>	Were you seen by a member of health care staff in reception?	83%	91%
<b>3.3b</b>	When you were searched in reception, was this carried out in a respectful way?	83%	77%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>3.4</b>	Were you treated well/very well in reception?	72%	62%
<b>3.7b</b>	Did you have access to someone from health care within the first 24 hours?	66%	71%
<b>3.9</b>	Did you feel safe on your first night here?	50%	72%
<b>3.10</b>	Have you been on an induction course?	78%	80%
<b>4.1a</b>	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	47%
<b>4.3a</b>	Are you normally offered enough clean, suitable clothes for the week?	83%	54%
<b>4.3b</b>	Are you normally able to have a shower every day?	89%	87%
<b>4.3e</b>	Is your cell call bell normally answered within five minutes?	53%	50%
<b>4.4</b>	Is the food in this prison good/very good?	22%	23%
<b>4.5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	72%	45%
<b>4.6a</b>	Is it easy/very easy to get a complaints form?	89%	76%
<b>4.6b</b>	Is it easy/very easy to get an application form?	82%	85%
<b>4.9</b>	Have you made a complaint?	24%	37%
<b>4.13</b>	Are you on the enhanced (top) level of the IEP scheme?	39%	26%
<b>4.14</b>	Do you feel you have been treated fairly in your experience of the IEP scheme?	64%	47%
<b>4.15</b>	Do the different levels of the IEP scheme encourage you to change your behaviour?	64%	44%
<b>4.16a</b>	In the last six months have any members of staff physically restrained you (C&R)?	0%	6%
<b>4.16b</b>	In the last six months have you spent a night in the segregation/care and separation unit?	0%	8%
<b>4.17a</b>	Do you feel your religious beliefs are respected?	78%	53%
<b>4.17b</b>	Are you able to speak to a religious leader of your faith in private if you want to?	78%	58%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	72%	71%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	94%	76%
4.15b	Do <b>most</b> staff in this prison treat you with respect?	83%	72%
5.1	Have you ever felt unsafe in this prison?	34%	41%
5.2	Do you feel unsafe in this prison at the moment?	0%	15%
5.4	Have you been victimised by another prisoner?	6%	22%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	4%
5.5i	Victimised you because you have a disability?	0%	2%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	2%
5.5k	Have you been victimised because of your age? (By prisoners)	6%	1%
5.6	Have you been victimised by a member of staff?	11%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	7%
5.7h	Victimised you because you have a disability?	0%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	4%
5.7j	Have you been victimised because of your age? (By staff)	0%	2%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	17%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	12%	27%
5.11	Is it easy/very easy to get illegal drugs in this prison?	11%	24%
6.1a	Is it easy/very easy to see the doctor?	45%	26%
6.1b	Is it easy/ very easy to see the nurse?	70%	48%

## Diversity Analysis - Age

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Prisoners aged 50 and over</b>	<b>Prisoners under the age of 50</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>6.2</b>	Are you able to see a pharmacist?	<b>50%</b>	<b>45%</b>
<b>6.5</b>	Are you currently taking medication?	<b>66%</b>	<b>44%</b>
<b>6.7</b>	Do you feel you have any emotional wellbeing/mental health issues?	<b>22%</b>	<b>34%</b>
<b>7.1a</b>	Are you currently working in the prison?	<b>61%</b>	<b>57%</b>
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	<b>0%</b>	<b>11%</b>
<b>7.1c</b>	Are you currently in education (including basic skills)?	<b>22%</b>	<b>25%</b>
<b>7.1d</b>	Are you currently taking part in an offending behaviour programme?	<b>22%</b>	<b>12%</b>
<b>7.3</b>	Do you go to the library at least once a week?	<b>39%</b>	<b>40%</b>
<b>7.4</b>	On average, do you go to the gym at least twice a week?	<b>0%</b>	<b>33%</b>
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	<b>12%</b>	<b>28%</b>
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	<b>22%</b>	<b>9%</b>
<b>7.7</b>	On average, do you go on association more than five times each week?	<b>61%</b>	<b>56%</b>
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	<b>17%</b>	<b>15%</b>
<b>8.1</b>	Do you have a personal officer?	<b>72%</b>	<b>49%</b>
<b>8.9</b>	Have you had any problems sending or receiving mail?	<b>22%</b>	<b>46%</b>
<b>8.10</b>	Have you had any problems getting access to the telephones?	<b>22%</b>	<b>36%</b>