Report on an unannounced full follow-up inspection of

HMP Risley

14 – 18 April 2008

by HM Chief Inspector of Prisons

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1st Floor, Ashley House
Monck Street
London SW1P 2BQ
England

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Introduction

HMP Risley, near Manchester, holds nearly 1100 prisoners, making it the largest adult male training prison in the country. Previous inspections have charted Risley's difficult past, which has included various changes of role, a poorly designed site, and a history of drug problems, gang violence and occasional concerted outbursts of prisoner ill-discipline. This full unannounced inspection found the prison still struggling to cope with many of these issues. Safety remained a concern, conditions in parts of the prison were poor and there was still too little for prisoners to do. More positively, there was some reasonable resettlement work in place.

On our last two visits we expressed concern about safety at Risley and it is, therefore extremely troubling that we have to repeat some of these worries - indeed more prisoners reported feeling unsafe than at the time of the last inspection. Aspects of reception, first night and induction remained poor and, while violence reduction arrangements had been strengthened, staff struggled to cope with the pervasive influence of readily available drugs and gang activity. Procedures to address self-harm also remained underdeveloped. Staff were doing their best in the new care and separation unit, but it had a uniquely poor location immediately below the vulnerable prisoner wing, which had led to the frequent hurling of abuse between prisoners in the two facilities.

Parts of Risley remained grubby and in unsatisfactory decorative order. Staff-prisoner relations were generally poor and were not helped by a weak personal officer scheme and an ineffective incentives and earned privilege scheme. More positively, work on diversity, race and foreign nationals had improved, the management of complaints and applications was reasonable, and healthcare was good.

For a training prison, Risley still had too little purposeful activity and well over a third of prisoners were found locked in their cells during the core day. Compounding this, available activity places were under-utilised, some work was menial and there were too few vocational training opportunities. However, education was generally satisfactory, physical education was justifiably popular among prisoners and association was rarely cancelled.

While the resettlement strategy was underdeveloped, work on offender management was well advanced. Similarly, work with indeterminate sentence prisoners was sound and there was some good work particularly in drug treatment and offending behaviour programmes. However, more was needed to address accommodation and employment issues, and to support families and children.

Risley has suffered serious challenges over the years and many of these have not abated. Worryingly, prisoners felt even more unsafe than in the past and a serious drug problem, with associated gang violence, was having a pervasive and pernicious effect. The establishment's sprawling buildings and poor design added to the difficulties for staff, but there was no excuse for the squalor we found. Risley also had insufficient purposeful activity to be an effective training prison, although better use could have been made of what there was. More positively, there were green shoots in resettlement that need to be nurtured. Clearly there is an enormous amount to do, and managers will need area and national support if the current

performance improvement programme is to succeed, as it must – the Inspectorate has repeatedly called for action, and it is long overdue.

Anne Owers July 2008
HM Chief Inspector of Prisons

Fact page

Task of the establishment
Risley is a training establishment.

Area organisation
North West

Number held
1076 (16/04/08)

Certified normal accommodation
1050

Operational capacity
1095

Last full inspection
February 2006

Brief history
Risley opened in 1964 as a male and female remand centre. Following a major disturbance in 1989, the male part of the prison was re-roled to a training prison. In the early 1990s, the prison was extended and new residential units were built. The intention was for all the original buildings to be replaced, but some are still in use in 2008. In 1992, a sentenced male prisoner allocation centre was introduced and in the late 1990s, the female prison and allocation centre roles were removed and Risley became a category C training establishment for over 800 male prisoners. The prison was further expanded and refurbished leading up to 2003, when a new G wing was opened. This brought the capacity to over 1000, making it the largest category C training prison in the country.

Description of residential units

A wing	Normal location (population 144)
B wing/R1	Normal location/reintegration unit (population 108)
C wing	Normal location/CALM (population 192)
D wing	Induction and first night centre (population 192)
E wing	Care and separation unit/SOTP (population 147)
F wing	P-ASRO (population 28)
G wing	Drug support (population 180)

Healthy prison summary

Introduction

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

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

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

...performing well against this healthy prison test.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

...performing reasonably well against this healthy prison test.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns.

...not performing sufficiently well against this healthy prison test.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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.

Safety

HP4 Some elements of reception, first night and induction provision were poor and environmental conditions in reception were unacceptable. Governance structures for violence reduction were established, but prisoners did not feel safe and too little was done to confront gang culture. Measures to prevent suicide and self-harm were underdeveloped, although comparatively few prisoners self-harmed. Conditions in the care and separation unit were poor, but staff-prisoner relationships in the unit, which held some very challenging prisoners, were reasonable. Record-keeping for the use of force was poor. Evidence indicated that drugs were readily available. The prison was still not performing sufficiently well against this healthy prison test.

HP5 Few prisoners had long journeys to Risley, but some were told of their transfer only on the same morning. Most arrived in good time, but some said they had been kept waiting outside reception in vans over lunch breaks. Relationships with escort contractors appeared satisfactory.

HP6 Staffing resources in reception were lean and did not support effective supervision. Holding rooms were filthy and contained offensive graffiti. There was a television in the holding room, but little else to do and prisoners often spent too long being processed. Staff were normally friendly and helpful. New arrivals were not offered a free telephone call and only smoker's canteen packs were available, even though some had to wait up to 10 days to access the prison shop. No peer support was available in reception.

HP7 New arrivals were usually located on D wing, although sex offenders went directly to E wing. Prisoners were interviewed in private by a first night officer and information booklets were provided and various compacts explained. Arrangements in general for sex offenders were less thorough. Only 77% of prisoners in our survey, against a comparator of 85%, said they had felt safe on their first night.

HP8 The prison ran a two-day induction programme, but some prisoners waited a day or longer to start receiving information. The programme was multidisciplinary, imparted useful information and prisoner peer supporters were used to present some limited sessions. Only just over half of prisoners in our survey said induction had covered all they needed to know, significantly worse than the comparator and than in 2006.

HP9 The proportion of prisoners who said they had felt unsafe at Risley at some time was worse than at our last inspection. There was evidence that prisoners were subject to intimidation and gang- and drugs-related violence. There was an anti-bullying strategy and two safer custody managers had been appointed. Management information was provided on violence and related indicators, but the quality of investigations into incidents was inconsistent and many remained outstanding. There were no interventions for bullies or their victims and wings were poorly supervised.

HP10 Some 70% of sex offenders said they had felt unsafe at some time in Risley and 27% felt unsafe at the time of our survey. Both findings were significantly worse than for other prisoners at Risley. Sex offenders also reported higher levels of victimisation and intimidation by other prisoners. The location of the care and separation unit

(CSU) in the sex offender wing (E wing) had led to some verbal intimidation and other sex offenders said they felt uneasy during prisoner movements through the E wing compound. Some elements of the regime, such as religious services and some workshops, were shared.

HP11 Governance structures and management information on self-harm issues were satisfactory. There had been relatively few self-inflicted deaths or incidents of self-harm. On average, 20 assessment, care in custody and teamwork (ACCT) documents were opened each month, but these varied in quality and often lacked a multidisciplinary approach. It was not unusual for prisoners on open ACCTs to be held in the CSU without sufficient assurances that all steps had been taken to locate them elsewhere. The gated cells were poorly located. Prisoner Listeners were available, but felt their profile was low and access at night was problematic. The prison could not provide reliable information on staff training in safer custody issues.

HP12 The small security department dealt with about 500 security information reports (SIRs) a month. The processing of intelligence was adequate, but analysis was underdeveloped, although the prison was beginning to address gang-related intelligence. The main security concerns were identified as illicit drugs and mobile telephones, and the quality of searching had been identified as an area for improvement. Prisoners believed security was disproportionate to a category C prison.

HP13 The CSU provided a poor environment. There were 17 cells, many of which were in quite poor condition. Most contained cardboard furniture, which appeared to be provided without a risk assessment. An area outside and adjacent to the unit was squalid. The regime was very basic, but prisoners usually had daily access to showers and exercise. The unit was routinely full, but attempts to reintegrate prisoners via a reintegration unit on R1 landing had seen some success. However, conditions on R1 were also poor and the regime minimal and largely unstructured. Despite the conditions and the presence of some challenging prisoners, staff-prisoner interaction on the CSU was mostly positive and we observed some good quality routine segregation reviews.

HP14 Adjudication appeared to be managed well. Standardisation meetings took place quarterly and punishment tariffs were discussed. Quality assurance of completed hearings was underdeveloped. The number of adjudications was high, with 698 in the year to date. Punishments were proportionate to the offences committed, most of which were serious and reflected the challenging nature of the population.

HP15 There had been 48 incidents of use of force in the previous six months. The quality of record-keeping was very poor. Many forms were missing or incomplete and it was impossible to account for all use of special accommodation. Management checks and analysis were inadequate. There appeared to be a high use of force to deal with prisoner non-compliance, mostly over cell-searching. Many descriptions of use of force were formulaic and did not always evidence when, if at all, de-escalation had been attempted.

HP16 Nearly half of Risley's prisoners, significantly worse than the comparator, said it was easy to get drugs. The random mandatory drug testing (MDT) figures indicated a positive rate of 14.5%. MDT procedures were applied inconsistently, often missed completely at weekends, and suspicion testing was sometimes abandoned. Completed suspicion testing was achieving a creditable 61.9% positive rate. A

significant number of prisoners admitted to a drug problem on arrival at Risley, but detoxification arrangements were limited to symptomatic relief with no capacity to sustain maintenance provision.

Respect

HP17 Environmental conditions on many residential units were below standard and often dirty. Conditions on B wing were unacceptable. The incentives and earned privileges scheme was not effective or sufficiently motivational. Staff-prisoner relationships were generally poor, and personal officer provision had regressed. The management of applications and complaints was reasonable and the prison was doing some good work to manage the diversity agenda. Work on race and foreign national issues had improved. Healthcare provision was good and appreciated by prisoners. The prison was not performing sufficiently well against this healthy prison test.

HP18 Many wings felt neglected and most were in a poor state of decorative repair with ingrained graffiti everywhere. Standards of cleanliness were poor. Accommodation on B wing and R1 was unfit for purpose. Effective supervision was almost impossible, filth and graffiti were everywhere and the wing was infested by cockroaches. Many cells across the prison were unwelcoming and not all had serviceable furniture. Toilet screening in shared accommodation was often inadequate. Most shower facilities, even on the newer wings, were in a poor state. Prisoners' access to showers and clean bedding was reasonable. The compounds and garden areas were well maintained, although Risley's chaotic design meant supervision of outside areas could be resource intensive.

HP19 The incentives and earned privileges (IEP) scheme was ineffective. Staff and prisoners did not fully understand how it worked and record-keeping and monitoring were poor. The scheme was applied inconsistently across the wings and differentials between regime levels limited motivational impact. In our survey, prisoners' perceptions of the IEP scheme were worse than the comparators and than in 2006.

HP20 Staff-prisoner relationships had hardly improved and this was reflected in the findings of the recent measuring the quality of prison life (MQPL) and performance improvement plan (PIP) operational assessment. In our survey, only 62% of prisoners, significantly worse than the comparator and worse than in 2006, said staff treated them with respect. Prisoners said staff were indifferent to their needs and significant numbers felt they were victimised by staff. Interaction between staff and prisoners was mostly poor quality, with wings sometimes left poorly supervised and groups of staff often found in wing offices.

HP21 The quality and application of personal officer work had regressed since our last inspection. Prisoners were generally allocated a personal officer by cell, but arrangements were not well promoted and there were no policy documents or guidance notes for staff. Wing file entries showed very poor knowledge of prisoners and management checks were ineffectual. Prisoners expressed little confidence in their personal officers.

HP22 Responses to some questions about food in our survey were negative, although it appeared reasonable quality, included daily fresh fruit and salad, and provided two hot meals a day. Serveries were poorly managed, proper hygiene was not maintained

and identified halal utensils were not used. A number of kitchen staff were trained NVQ assessors, but no accredited learning was taking place. The prison shop offered about 450 items. This was due to reduce by 100, but products for minority groups would not be affected. Depending on which day they arrived, some prisoners had to wait up to 10 days before receiving their first shop order.

HP23 There was no overarching diversity policy, although most issues could be discussed at the race equality action team (REAT) meetings. A well qualified diversity manager was in post and some useful external contacts were being developed to promote awareness. The diversity manager was not properly supported and often diverted from his main tasks. Training in diversity issues was lacking, mainly due to delays in the availability and implementation of an approved race equality action group (REAG) diversity training package. A disabilities policy had been produced and a disabilities committee with prisoner representation established.

HP24 Governance structures for the management of race were sound. The new race equality officer (REO) was motivated and supported by an enthusiastic assistant. The REAT was well attended across disciplines and focused on the analysis of management information. Prisoners were actively consulted, mainly through a group of well supported prisoner representatives. Black and minority ethnic prisoners represented about 17% of the population. In our survey, they reported more negatively than white prisoners on some aspects of their safety and victimisation and intimidation, but more positively on some elements of the regime and preparation for release. Links to outside community and support networks were underdeveloped.

HP25 Work with foreign national prisoners had improved, notably through embedding foreign national liaison work in the offender management structure. Two knowledgeable staff were now committed to this work and were actively promoting best practice in improving services for the near 7% of prisoners who were foreign nationals. Resource packs had been prepared and collaborative work with the UK Border Agency had improved. Translation services and peer support structures were not sufficiently developed.

HP26 Prisoners reported easy access to applications and complaints procedures, but had limited confidence in processes. The logging of applications was partial, although compliance with complaints procedure and administration had improved. Most replies to complaints were timely, respectful and helpful, although some were not and enquiries were not pursued across departments. There were no legal services officers, but offender supervisors offered limited support and some advice was available from Citizens Advice Bureau partners.

HP27 The chaplaincy team covered all the main faiths, including a near full-time Muslim chaplain for the 10% of the population who were Muslim. Facilities were mostly good, but links with the community and the involvement of volunteers were underdeveloped and limited the extent of provision. Available groups included a new Sycamore Tree victim awareness programme, two Alpha courses a year and a regular Qu'ran class.

HP28 Healthcare provision was appreciated by prisoners. A health needs assessment had been carried out, but needed to be updated and some policies and clinical governance arrangements were underdeveloped. Service provision met prisoners' needs, although primary mental health provision had yet to be established in addition to the current mental health in-reach team. The physical environment in healthcare

was somewhat drab and dirty, but relationships between healthcare staff and prisoners were generally positive.

Purposeful activity

HP29 Education was generally satisfactory and improving. The curriculum was broad and prisoners were achieving, but there was insufficient vocational training and many activity places were under-utilised. Too many activities were low skilled or menial and a quarter of the population were recorded as unemployed. Well over a third of prisoners were locked in their cells during the core day. Prisoners had too little time out of cell, although association was rarely cancelled. Physical education provision had improved and was appreciated by prisoners. Despite some progress, the prison was still not performing sufficiently well against this healthy prison test.

HP30 The education department offered a good range of courses from entry level to level three and prisoners participated in a range of personal and life skills courses. The number of vocational workshops had increased from two to five, but only 60 vocational training places were available. There were about 577 places in education and training, but 105 of these remained unfilled. A newly appointed head of learning and skills was making an impact in developing strategies to improve participation. Strategic management of learning and skills was good. Qualification success rates in education were high at 85%, and 95% in vocational training. Achievement was properly recognised and the atmosphere in education was calm and conducive to learning. The quality of teaching and the facilities available were satisfactory.

HP31 The library contained a broad range of books and provision was regularly reviewed. It was well promoted and well integrated with education. The needs of minority groups were met. Most prisoners were registered and just under a third appeared to be regular users.

HP32 The prison reported 914 activity places, but many prisoners were in only part-time employment. About 245 prisoners, 25% of the population, were recorded as unemployed. Many of the 300 workshop places as well as the numerous domestic jobs provided only low skilled or menial work. Pay was low and did not promote meaningful engagement with the regime. Activity allocation was unstructured and lacked accountability.

HP33 Recreational physical education (PE) was well delivered. A balanced programme that reflected the diversity and needs of the population was offered and access generally seemed reasonable. Just less than half the prisoners attended recreational gym. The PE department was well integrated and had reasonable links with healthcare and drugs work. The delivery and support of accredited training at various levels were much improved.

HP34 Nearly 40% of prisoners could be locked in cell without purposeful activity at any point during the core day. This was poor for a category C training prison. The published core day indicated that the time prisoners could spend out of cell each day was below our expectation of 10 hours. For many, including the unemployed and those in part-time work, the reality was that time out of cell was considerably worse than our expectation. Association took place on all wings each evening and was rarely

cancelled. The quality of the regime and the amount of time spent unlocked on R1 landing (the reintegration unit) was particularly poor.

Resettlement

HP35 The resettlement strategy was underdeveloped and did not reflect the prison's recent needs analyses. There were ambitious and impressive structures to supervise all prisoners using the offender management model. This was working reasonably well, but was sometimes undermined by the regular diversion of staff to operational duties. Work with indeterminate sentenced prisoners was generally sound. Provision across the resettlement pathways was mixed. Some good work was undertaken in relation to drugs and offending behaviour work, but work on accommodation, education, training and employment, and children and families was underdeveloped. The prison was still performing reasonably well against this healthy prison test.

HP36 The reducing reoffending strategy was broadly structured around the resettlement pathways, but did not appear to have been informed effectively by a needs analysis. Provision for the 450 prisoners serving sentences for violence was underdeveloped. The strategy was driven forward by the monthly reducing reoffending policy committee and supported by a detailed reducing reoffending delivery plan.

HP37 Offender management had been in place for about a year. Some 450 prisoners were formally in scope of offender management, although the prison was attempting to manage all prisoners in accordance with the offender management model. In many respects, this was working well, but there was some backlog in the delivery of up-to-date offender assessment system (OASys) assessments and insufficient sentence planning boards were held. The offender management unit was driving forward the provision of programmes and interventions, but connectivity with the broader regime was less well developed. The unit was reasonably well resourced, but offender supervisors were routinely diverted to operational duties. In our survey, prisoners expressed some negative perceptions of their offender management experience.

HP38 There were 66 life-sentenced prisoners and 26 prisoners serving indeterminate sentences for public protection (IPP). Most were on the sex offender wing. The management of lifers was generally satisfactory. Lifer forums had recently been reintroduced and lifer days were held twice a year. About 13 residential staff had been trained in lifer work in the previous three years, but they had no job specification and were not all allocated to wings where lifers were located.

HP39 Accommodation services were inadequate. Some needs were addressed by offender supervisors, but there was no dedicated support. Five prisoner orderlies had been trained as housing orderlies, but were unsupported. The education, training and employment resettlement pathway was underdeveloped. There had been some increase in vocational training, but this remained insufficient. Work with local employers was limited and had not been sustained. Information, advice and guidance was good at induction, but less effective before release. There was no resettlement course. Prisoners due for release were invited to a discharge clinic and advised how to register with a GP. Prescribed medication was issued on discharge. When required, the mental health team ensured arrangements were in place for continuing care in the community, but there was no palliative or end of life policy.

HP40 Prisoners were supported with finance benefit and debt problems through the Citizens Advice Bureau and Jobcentre Plus. A useful partnership arrangement had been set up with a national bank to help prisoners set up bank accounts. A range of accredited offending behaviour programmes was delivered to a good standard and a number of non-accredited and pilot interventions had also been undertaken. Further needs analysis was required to target better the application of programmes.

HP41 The drug and alcohol policies were being renewed. Prisoners could access a wide range of services, including counselling, assessment, referral, advice and throughcare (CARAT) one-to-one sessions, validated group work modules, dedicated gym sessions and prison addressing substance-related offending (P-ASRO) course. Motivational work to prepare prisoners for drug programmes and structured post-programme support were examples of good practice. Prisoners undertaking P-ASRO had to move to F wing, which some were reluctant to do, but the number of completions was impressive. One-to-one sessions in partnership with a community alcohol agency were provided for those with alcohol issues.

HP42 The visitors' centre was well run, but lacked space at weekends. Visits staff generally treated visitors well, but systems for processing visitors were creating unnecessary delays to visits. Furniture in the visits room was unwelcoming and prisoners had to wear identity bibs. The holding room for prisoners was filthy. An effective visitors' forum had been established, but other work relating to the children and families resettlement pathway was embryonic.

Main recommendations

HP43 B wing and R1 should be closed without delay.

HP44 A programme of work should be put in place to improve the decorative order and cleanliness of the residential wings and other prisoner facilities.

HP45 The prison should develop strategies and initiatives to confront gang culture.

HP46 Environmental conditions and the quality of regime in the care and separation unit (CSU) should be improved.

HP47 The management of use of force, particularly record-keeping and accountability, should be improved.

HP48 A strategy should be developed to improve and sustain more respectful and purposeful relationships between staff and prisoners.

HP49 The amount of purposeful activity and accredited training should be increased.

Progress on main recommendations since the previous report

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

Main recommendations

MR1 A full-time safer custody post should be established at an appropriate grade. This post should encompass suicide and self harm prevention, anti-bullying and violence reduction. (HP45)
Partially achieved. More senior manager resources had been identified for safer custody work, but these were not available consistently. A principal officer with responsibility for safer custody had been in post since February 2007, but had other management responsibilities across the prison. Since January 2008, he had been able to dedicate only 96 hours to safer custody work. Some administrative support had been provided and there were plans to recruit further staff to improve the daily operation and monitoring of safer custody procedures on the wings. A senior manager who was a member of senior management team had been appointed head of safer custody to oversee developments (see section on self-harm and suicide).

MR2 The health needs assessment should identify the physical and mental health needs of prisoners at Risley and services to meet those needs should be provided.
Partially achieved. A health needs assessment had been completed, but no health delivery plan or skill mix review had subsequently been undertaken. The assessment had identified the need for primary mental health care, for example, but there was no suggestion of how this would be achieved (see section on health services).

MR3 The number of disruptions to learning sessions caused by regimes competing for the attendance of prisoners at other activities should be reduced. (HP47)
Partially achieved. The education department had had some success in reducing the number of disruptions to education and vocational training caused by poorly planned and managed regime activities. Individual meetings held with prisoners took place in the education block to reduce time out of class and ensure prisoners returned to class afterwards. The prison acknowledged that this needed further work. Some interruptions still happened due to clashes such as attending gym or visits (see section on learning and skills and work activities).

MR4 More meaningful work and vocational training opportunities should be provided. Work skills that are being demonstrated should be accredited. (HP48)
Partially achieved. The number of training workshops had increased from two to five. Training was available in plastering, bricklaying, painting and decorating, industrial cleaning and joinery, and was about to begin in kitchen and bathroom fitting. However, work in the contract workshops was still menial and failed to develop or accredit prisoners' skills that could be transferred to meaningful employment on release. The work ethic in most contract workshops was poor and prisoners routinely stopped work 30 minutes before the end of sessions. See main recommendation HP49.

MR5 A comprehensive analysis of the resettlement needs of the whole prison population should be undertaken. The results should inform all subsequent service developments. (HP49)
Partially achieved. An up-to-date reducing reoffending strategy (November 2007) was broadly structured around the resettlement pathways. The strategy included an eighth pathway on

victims of crime, which emphasised the importance of repairing community relationships. However, it was not apparent that the strategy had been informed by the needs analysis completed in 2006. It did not discuss particular needs of different groups, such as foreign national prisoners, licence revokees or sex offenders and did not determine specific intervention and programme needs. A new needs analysis had just been completed (April 2008) and highlighted some key deficits in meeting needs across most pathway areas. The strategy had not subsequently been revised. A separate lifer needs analysis had been completed. The strategy was driven forward by a bi-monthly reducing reoffending policy committee meeting, chaired by the head of reducing reoffending/head of offender management. It was supported by a more detailed reducing reoffending delivery plan (see resettlement chapter).

Progress on recommendations since the last report

Section 1: Arrival in custody

Courts, escorts and transfers

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

1.1 The criteria and planning for transfer of prisoners between prisons (and especially those in the same prison area) should ensure that unsuitable and wasteful moves are minimised. (1.5)
Achieved. Most transfers in were planned and wasteful moves kept to a minimum. During the inspection, one prisoner arrived unexpectedly from another establishment, but staff said this was unusual.

1.2 In wintry conditions, escort vans should be heated to an acceptable temperature or prisoners should be able to wear warm clothing. (1.6)
Not inspected.

Additional information

1.3 There were good working relationships between the prison and the escort contractor. Most new arrivals were transferred from prisons in the North West and arrived late morning or early afternoon. Few had long journeys, but prisoners found the vans uncomfortable. Many said they had been told about their transfer only that morning and had not had time to make a telephone call. Prisoners transferred from Risley were given 24 hours notice.

1.4 There were about 115 movements to court each month and some prisoners spent long days there. During the inspection, one prisoner left to attend Liverpool Crown Court at 8.20am, but did not arrive back until nearly 7pm, even though he had appeared in court for 15 minutes at 2.30pm. Between January and April 2008, 11 prisoners had returned after 7pm and one not until 8.20pm.

1.5 Reception was closed between 12.30pm and 1.30pm, and some prisoners said they had been kept waiting on the van during this time. We saw prisoners waiting on a van for 30 minutes, although this was not at lunchtime.

1.6 The video link facilities were used only for offender management purposes and not for court appearances or inter-prison visits.

Further recommendations

1.7 Prisoners should be given 24-hours notice of their transfer to Risley at their sending establishments.

1.8 Reception should remain open at lunchtime.

1.9 Prisoners should arrive before 7pm.

1.10 Prisoners should not be kept waiting on vans.

First days in custody

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

Reception

1.11 The physical layout of reception should be improved to enable prisoners to be interviewed and searched in suitable surroundings. (1.23)
Not achieved. Prisoners were searched in private, but the room used was untidy and cluttered. The cell-sharing risk assessment interview took place in a small room that was grubby, littered with paper and could be noisy as the door was left open.
We repeat the recommendation.

1.12 The holding cells in reception should be improved to guarantee the privacy of vulnerable prisoners and staff supervision should be increased. (1.24)
Not achieved. One small holding room was used for vulnerable prisoners and a larger one for other prisoners. A third holding room was used for prisoners who had been searched. Vulnerable prisoners said they felt safe, even though they could clearly be seen by other prisoners. The gated doors to all holding rooms had been replaced and were now steel and toughened glass doors, but no call bells were provided. The holding rooms were grubby and littered with paper and food waste. The toilet and washing facilities in the two large holding rooms were filthy, with the toilet and surrounding floor in one stained with what looked like faeces. All the toilets were badly stained and two had no toilet paper, soap or drying facilities. These areas had clearly not been cleaned for some time and were unacceptable. Reception was still staffed by only two officers and monitoring and supervision was minimal and ineffective, as evidenced by the large amount of graffiti, some of it offensive, and cigarette ends in a supposedly smoke-free area. There was no closed-circuit television coverage.
We repeat the recommendation.

Further recommendations

1.13 Call bells should be fitted in all holding rooms.

1.14 Holding rooms should be cleaned to an acceptable standard daily and their cleanliness maintained.

1.15 Prisoners should spend no more than four hours in reception (as required in Governor's order 007/2006). (1.25)
Not achieved. Many prisoners said they had spent several hours in reception and we saw one group held there for over 4.5 hours.
We repeat the recommendation.

1.16 Prisoners in reception should be occupied and in particular should be able to read information displayed for their benefit. (1.26)
Not achieved. Notice boards in the holding rooms had been removed for refurbishment and the televisions provided were not used to show any prison information. There was nothing else to keep prisoners occupied.
We repeat the recommendation.

First night

1.17 Prisoners should be able to make a free telephone call to family or friends in private and to take a shower on their first night. These opportunities should be documented. (1.27)
Not achieved. There was no formal structure to ensure that prisoners could shower or make a call on their first night. In our survey, only 31% of prisoners, against a comparator of 45%, said they had been able to shower on their day of arrival. Forty-nine per cent said they had received a free telephone call, but this was actually a £2 telephone credit that had to be paid back. Wing telephones could not be used in private.
We repeat the recommendation.

1.18 Selected and trained prisoners should be used during the arrival in custody phase to help staff inform and support newly arrived prisoners. (1.28)
Partially achieved. No prisoner orderlies worked in reception so there was no opportunity for new arrivals to receive peer support and information. A Listener and an Insider were based on the induction wing (D wing), but there was no formal expectation that they would introduce themselves to new arrivals or give any planned information about the first 24 hours. No formal peer support was provided to new arrivals on the vulnerable prisoner unit (E wing) and no Listeners or Insiders were based there.

Further recommendation

1.19 Planned and specific peer support and information should be provided to prisoners in reception, on the induction wing and on the vulnerable prisoner unit.

1.20 Night staff should be aware of the location of all newly arrived prisoners. (1.29)
Partially achieved. Notices identifying new arrivals were sometimes hung on their cell doors after lock-up on D wing, but this did not happen consistently. We saw a detailed handover of information between wing officers one evening. This included the names and location of new arrivals and of those on open assessment, care in custody and teamwork (ACCT) documents and bullying information reports. However, during the night visit, the identifying notices had not been hung on cell doors and the night officer was unsure of the numbers involved.

Further recommendation

1.21 Managers should ensure that all night staff are fully briefed about the name and location of new arrivals and this should be documented.

Induction

1.22 Prisoner feedback of induction should be collated to identify overall trends and this should be subject to independent analysis on at least an annual basis. (1.30)
Partially achieved. The action plan stated that evaluation would take place annually. The last report had been published by the psychology department in March 2007. This contained some recommendations, but no agreed targets or action plan and did not allocate responsibility.

Further recommendation

1.23 The induction programme should be evaluated annually and the published report should include an action plan and timetable to meet agreed targets.

1.24 Use should be made of existing information and assessments relating to the prisoner so that prisoners do not have to repeat interviews or assessments unnecessarily. (1.31)
Achieved. Education assessments completed at previous establishments were sent to Risley and prisoners did not have to repeat them.

1.25 Prisoners should start induction or at least be provided with essential information on the day following their reception. No prisoner should wait more than one week to start a full induction programme. (1.32)
Partially achieved. The two-day induction programme on D wing began on Tuesdays and Thursdays, so prisoners arriving on a Friday waited until the following Tuesday to start. Of 13 prisoners attending the first day of induction, four had arrived the previous day and nine four days earlier. In our survey, 58% of prisoners, against a comparator of 76% and the same as at our last inspection, said they had attended induction within their first week. Just over half said it covered all they needed to know. The second day was devoted to education. Not all prisoners were fully occupied during induction. Induction on E wing lasted five days and began on Mondays, but vulnerable prisoners were not kept fully occupied. Some sessions took place only when there was a group of new arrivals rather than a single prisoner, so some waited several weeks to receive certain information. Only 44% of vulnerable prisoners said they had been on induction in their first week and many said they had found out about the prison from other prisoners.

Further recommendations

1.26 All prisoners should consistently receive planned and essential information on their day of arrival.

1.27 All prisoners should start induction the day after arrival and be kept fully occupied.

1.28 Gym induction should be integrated into the main induction programme to ensure that prisoners can access gym facilities and employment within a reasonable period following their arrival. (1.33)

Not achieved. Gym induction did not form part of the main induction programme and prisoners could wait some weeks for it. Prisoners on induction on D wing were told they would not have gym induction until the following week and would not be able to use the gym until they moved to another wing.
We repeat the recommendation.

Additional information

Reception

1.29 As at the last inspection, the reception area was cluttered and generally uncared for. The prison's own recent report for the performance improvement plan (PIP) described the holding rooms as 'full of graffiti' and basic cleanliness as 'inadequate'. Over 200 prisoners passed through each week and staff levels were inadequate. Prisoners were given a meal if they were in reception at mealtimes, but hot drinks were offered only when staff were not busy.

1.30 Reception staff were friendly, but did not introduce themselves and usually called prisoners by their surnames alone. They answered any questions prisoners might have, but were not expected to provide any planned first night information. In our survey, 62% of prisoners said they had been well treated in reception and 67% that they had been searched in a sensitive way. All prisoners were offered a smoker's pack and a £2 telephone credit, but were not told how this was repaid and could wait as long as 10 days for their first canteen order. Smoker's packs were given out after evening lock-up so that other prisoners did not take the tobacco, but this risked encouraging new arrivals to borrow tobacco earlier in the evening. There was no alternative pack for non-smokers.

First night

1.31 In our survey, only 77% of prisoners, significantly worse than the comparator of 85%, said they had felt safe on their first night. First night and induction officers' duties were published. Most new arrivals were interviewed in private in reception and officers completed a first night induction booklet. This recorded whether the prisoner was new to custody, had any disabilities, had ever self-harmed and whether his family knew where he was. Officers also commented on the prisoner's demeanour and willingness to cooperate. Completed booklets were kept in the prisoner's wing file.

1.32 Prisoners signed a range of compacts that were read out by the officer. Each was also given a D wing first night booklet and a D wing induction booklet. These were not read out by the officer, although prisoners were asked if they could read. The interviews we saw were relaxed and friendly, but prisoners were asked only for their surname and number. All prisoners were able to ask questions. They were asked about any problems with gangs or co-defendants, but this was not dealt with in any great depth. One new arrival asked reception and first night officers whether there were any prisoners on the wings from a particular area, but was not asked the reason for this. Some prisoners quickly volunteered the names of anyone they could not share a wing with and this was documented by the first night officer. Prisoners usually arrived on D wing with enough time to settle in.

1.33 Vulnerable prisoners going to E wing did not have a first night interview. There was no first night strategy or means of ensuring that staff gave consistent information. Prisoners signed a wing compact and were given a sex offender treatment programme booklet and an E wing information booklet, but not necessarily on their first day. One prisoner's wing file indicated that

he had not been given the induction booklet or told the rules and regulations until 19 days after his arrival.

1.34 In our survey, prisoners were more negative than the comparators in their responses to questions about the information they were given on arrival. There was too much reliance on printed information, which assumed prisoners could read well. Staff also assumed that prisoners had a good knowledge of prison life, even though a quarter of respondents to our survey said they were new to custody.

Induction

1.35 The induction programme on D wing took place in a dedicated room, but there was little information on display apart from a notice about the foreign national support team. Induction officers were drawn from a regular pool of staff, but none had been trained in group work or presentation skills. They introduced themselves to prisoners and gave the information in a relaxed and friendly way. The induction topics were published to ensure that all staff gave consistent information. Prisoners were encouraged to ask questions.

1.36 On the first day, two induction officers gave general information covering about 25 topics. Important areas such as race equality, bullying and self-harm were dealt with in less than five minutes by officers simply reading prepared statements. There was no subsequent discussion. Staff from other key areas also gave presentations, some of which were more successful at engaging prisoners than others. The wing prisoner race equality representative, wing Insider and a servery worker gave information, but this was not always to a good standard and some questions were answered incorrectly. All induction information was given verbally and no use was made of other media. Prisoners were not given pen and paper to make notes. The first day included a visit to the library and a tour of the prison. The second day included education assessments and one-to-one education interviews.

Further recommendations

1.37 Effective staffing levels should be introduced in reception.

1.38 A non-smoker's pack should be available to new arrivals.

1.39 All prisoners should receive a first night interview with an officer and be given an information booklet.

1.40 The induction room on D wing should contain a range of relevant information.

1.41 The content and delivery of induction should be improved to ensure that prisoners receive a thorough and quality programme.

Housekeeping points

1.42 Prisoners should be told how the cost of the reception pack is paid back.

1.43 Pens and paper should be provided for prisoners to use during induction.

Section 2: Environment and relationships

Residential units

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

2.1 All residential areas should be clean, calm and controlled. Graffiti should be effectively managed. (2.13)
Not achieved. Residential areas were little changed. Many areas felt neglected, some were filthy and shabby, and there were problems with infestations (see additional information). There was a lot of ingrained graffiti. Most shower facilities, even on the newer wings, were dirty or in need of complete refurbishment. See main recommendation HP44.

2.2 The offensive display policy should be better publicised and adhered to by all staff. (2.14)
Achieved. An offensive displays policy had been re-issued in May 2007 and was displayed on all wings. It included some general descriptions of what was allowed, including that 'all people in photographs or posters on display in any area must be wearing clothes'. Most displays included topless models, which were clearly not understood to come under the umbrella of the policy. However, prisoners understood the limits of what was considered acceptable under this very general policy and said that officers enforced it.

2.3 The noise reduction policy should be better publicised and adhered to by all staff. (2.15)
Partially achieved. A noise reduction strategy published in February 2006 outlined progressive stages from verbal warnings to placement on a formal report. A policy statement was displayed on most wing notice boards. However, in our survey, only 59% of prisoners, against a comparator of 71%, said their units were quiet enough to relax and sleep at night. C wing was particularly noisy during our night visit.
We repeat the recommendation.

2.4 All cells should be properly equipped with cell furniture and notice boards. (2.16)
Not achieved. Not all cells had serviceable furniture and many prisoners, including some in double cells, did not have lockable cupboards. Many cells did not have notice boards and there was no programme to provide them. Cell inventories were not completed regularly.
We repeat the recommendation.

2.5 All cells should be clean and well maintained. (2.17)
Not achieved. A lot of cells were dirty and unwelcoming. Prisoners on some wings complained that it was difficult to get cleaning materials. In our survey, 82% on E wing said they could get cleaning materials each week, but only 61% on other wings agreed. Some cleaning stores were not well kept. Cleaning officers complained about a cut in the monthly budget for cleaning materials and said they sometimes ran out of stock.
See main recommendation HP44.

2.6 All in-cell toilets should be effectively screened. (2.18)
Not achieved. Some in-cell toilets were screened with shower curtains. In others, prisoners had improvised by using sheets and some had no adequate screening. Toilet screening in shared cells was often inadequate. Screening curtains were in stock, but the works department

was waiting for fixtures and did not know how many cells required them.
We repeat the recommendation.

2.7 The standard of hygiene and decoration on A wing should be improved to match the level in the rest of the establishment. (2.19)
Achieved. A wing had been decorated and the general environment had improved. Communal areas were mostly satisfactory and there was less graffiti. As with many wings, not all showers were clean or working.

2.8 Prisoners should be able to access their stored property within 48 hours of making an application. (2.20)
Not achieved. The situation was unchanged. Prisoners on each wing had a designated day to collect stored property from reception, but the area was understaffed and property was not a priority task. In our survey, only 21%, against a comparator of 33%, said they could get their stored property. There were many outstanding applications, some over a week old and three nearly two weeks old. One was dated 25 February. Many related to catalogue orders. There were also several parcels waiting to be searched before prisoners could collect them. Some were dated three to four weeks earlier. There were particular delays twice a year when enhanced level prisoners could have clothing sent in. Staff were aware of these delays, but did not have enough time to reduce them.
We repeat the recommendation.

2.9 Observation panels should always be clear of obstruction. (2.21)
Not achieved. Observation panels we checked at night, particularly in cells of prisoners deemed at risk of self-harm, were clear. Other cells we checked during the day with spy holes into the toilet areas were blocked, particularly on E wing.
We repeat the recommendation.

Additional information

2.10 The care and separation unit (CSU) had moved from B wing to E wing and a new reintegration landing (R1) had been created on B wing. B and F wings were the oldest and smallest, while the newer wings (A, C, D, E and G) were of similar design and offered better visibility to staff. Some single cells were shared by two prisoners and were too small and cramped. All cells had televisions and kettles and, apart from the older wings, all had privacy locks.

2.11 Accommodation on B wing and R1 was extremely poor. B wing was not fit for purpose. Effective supervision was almost impossible, there was filth and graffiti in most areas and the wing was infested by cockroaches. Prisoners rolled up newspapers to prevent cockroaches entering their cells at night. Facilities for B wing prisoners were particularly poor as the association room was being refurbished and they were restricted to two telephones for 106 prisoners.

2.12 There were significant problems with infestations throughout the prison. A pest control company had visited five times in 2007 and the works department had also tried to control pests and vermin. In one six-month period in 2007, the pest control log recorded 31 treatments of different types. These had mainly been for cockroaches, but had included ants, rats and fleas.

2.13 There were no specific facilities for communal eating (see section on catering). All wings had similar association equipment, usually snooker or pool tables, table tennis and board games. Not all telephones had privacy hoods and not all were working (see section on contact with the outside world).

2.14 The outside compounds and garden areas were well maintained and had good sight lines. The chaotic design of Risley, with many low level buildings, meant supervision of other outside areas was resource intensive, with many blind spots on the routes during movements.

2.15 Prisoners' views of prison life were discussed at an action committee attended by prisoners' representatives from most wings. Meetings had included discussion on visits, canteen, violence reduction and the incentives and earned privileges (IEP) scheme. Some, but not all, wings also held occasional prisoner meetings, where the poor state of residential areas was a common theme. Minutes were not made freely available.

Clothing and possessions

2.16 Apart from those on the basic IEP level, all prisoners could wear their own clothes. Prisoners used personalised laundry bags and had easy access to wing laundries supervised by orderlies. Ironing facilities were available. Reception held a large store of new and donated clothes and suitable bags for prisoners who needed them on discharge. Possessions lists were published and brought in line with other sending prisons. Volumetric control of property was not rigorously enforced.

Hygiene

2.17 A notice to staff (August 2007) required senior officers to inspect 10% of cells weekly and residential managers and principal officers to inspect 10% of cells monthly. The head of residence and a representative from the works department inspected one wing a month. Some inspection reports from residential managers were very detailed, but it was unclear whether identified problems were addressed. Senior officers on some wings could not produce evidence of their weekly inspections. Some larger wings had up to 25 cleaners, but there was no evidence that they were closely supervised or that cleaning schedules were followed.

2.18 There had been several unsuccessful bids for refurbishment of the shower areas. Some had structural problems allowing water to seep through to the floor below. Many were in a poor state of repair and unhygienic. Showers on several wings, including A and C wings, were locked off due to their condition. F wing had only two working showers for 27 prisoners. Despite this, 98% of prisoners in our survey said they could shower daily. Supplies of basic toiletries were generally sufficient.

Further recommendations

2.19 The infestations of vermin and pests should be eradicated.

2.20 All wings should hold monthly meetings with prisoner representatives and the minutes should be displayed for all prisoners to read.

2.21 Residential managers should ensure that problems identified in their wing inspections are addressed and there should be improved monitoring of the senior officers' weekly inspections and closer supervision of wing cleaners.

2.22 The refurbishment of shower areas should be given greater priority.

Staff-prisoner relationships

Expected outcomes:
Prisoners are treated respectfully by all 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.

2.23 Staff should be encouraged to interact positively and supervise effectively prisoners in their care. Training and support should be provided to help all staff successfully make this transition.

Not achieved. During 2007, a pilot training module for pro-social modelling had been delivered to 60 or more staff over two sessions and the prison had also held a 'safer Risley day'. The prison hoped to address the issue of relationships and staff culture through its ongoing performance improvement plan (PIP) process. However, there was little evidence that initiatives to date had been sustained or followed up and little to indicate that they were influencing thinking or outcomes on the ground. See main recommendation HP48.

Additional information

2.24 Many staff believed relationships with prisoners had improved in recent years, but there was little evidence to support this. Our survey and discussions indicated that prisoners lacked confidence in staff, deeming them lazy, unreliable and often indifferent to their needs. Only 62%, significantly worse than the comparator of 76% and against 80% at our last inspection, said staff treated them with respect. Twenty-eight per cent, significantly worse than the comparator of 19%, felt victimised by staff and 17%, significantly worse than the comparator of 10%, said staff had made insulting remarks about their family and friends. Both results were worse than at our last inspection. These finding were consistent with the results of the measuring the quality of prison life (MQPL) survey carried out in the summer of 2007 and those of the prison's more recent operational assessment that was part of the PIP process.

2.25 Interaction between staff and prisoners was generally indifferent. Preferred names or titles were rarely used and we regularly found wings almost completely unsupervised. Groups of staff routinely congregated in wing offices and we saw staff in pairs or groups hanging over landing rails during association making no attempt to engage with prisoners and showing little interest in visitors to the wing. Only 12%, significantly worse than the comparator of 19% and against 16% at our last inspection, said staff normally spoke to them during association. Overall, there was evidence that staff needed much more support, training and encouragement to interact positively and purposefully with prisoners.

Further recommendation

2.26 Staff should be required to spend more time supervising and engaging positively and purposefully with prisoners.

Personal officers

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

2.27 Personal officer training in how to engage with less motivated prisoners should be introduced.
Not achieved. This recommendation had not been addressed, although there was a commitment to do so as part of the PIP process.
We repeat the recommendation.

Additional information

2.28 The quality and application of personal officer work had regressed. There was a scheme of sorts and lists of personal officers allocated to prisoners by cell location were available in most wing offices. An administrative system to allocate prisoner casework to personal officers had been established on most wings, but several senior officers said it was ineffective. Personal officer policy documents and guidance notes did not appear to be in place or known to staff.

2.29 Few prisoners we spoke to could name their personal officer, although some wings had made limited attempts to advise prisoners. In our survey, only 23% of prisoners, significantly worse than the comparator of 32% and against 27% at our last inspection, said they had met their personal officer in the first week. Only 38% thought their personal officer was helpful, although the figure increased to almost 50% among sex offenders. Black and minority ethnic prisoners were less positive than white prisoners.

2.30 Entries in wing files indicated that staff had a poor knowledge of prisoners. They were often sparse, sometimes non-existent, and often failed to give a complete picture of the prisoner concerned. Management checks of wing files were taking place, but these were mostly perfunctory and ineffective. There was little evidence of any substantial link between personal officer work and offender management.

2.31 The prison was aware of these issues and was prioritising the re-launch of its approach to personal officer work under the PIP process.

Further recommendations

2.32 The prison should introduce an effective personal officer scheme.

2.33 Staff should receive guidance on the purpose of personal officer work, empowered to undertake it and trained in sustaining meaningful relationships that might contribute to a prisoner's progress through sentence.

2.34 Staff should be given guidance or training on meaningful and objective casework record-keeping.

2.35 Managers should be given guidance on effective quality assurance of a personal officer scheme, particularly focusing on improving the quality of relationships with prisoners.

2.36	Personal officers should be involved in offender management work and resettlement planning.

Section 3: Duty of care

Bullying and violence reduction

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

3.1 An intervention programme for bullies should be introduced. (3.11)
Not achieved. The current system of bullying information reports (BIRs) was ineffective. New procedures for tackling anti-social behaviour (TAB) were due to be launched and a programme entitled 'alternatives to violence' that had run in other prisons was to be introduced, delivered by a national charity.
We repeat the recommendation.

3.2 Managers should ensure that all staff witnessing anti-social behaviour should deal with the incident promptly and should record what action has been taken. (3.12)
Partially achieved. Some good work was underway, but the head of safer custody recognised that more needed to be done and that residential managers and officers should be more accountable for tackling anti-social behaviour. There were no obvious examples of staff deliberately ignoring anti-social behaviour or that staff failed to challenge bullying. There was some evidence that anti-social behaviour was addressed through the violence reduction meetings. The good analysis provided in the control order violence reduction reports (COVER) highlighted areas of concern and managers had recently been asked to provide risk reduction plans detailing their response to emerging problems. For example, the race equality officer had been tasked with analysing an identified increase in racist incident report forms in February 2008. Not all managers had returned risk reduction plans where concerns had been identified. Some levels of intransigence had led safer custody managers to 'name and shame' particular staff.

3.3 All violent incidents or threats of violence should be formally investigated and the details recorded. (3.13)
Not achieved. Since January 2008, the head of safer custody had kept a violence reduction investigation log. This recorded requests made for investigations into 48 violent incidents. Many had been forwarded to residential governors for action, but the response had been poor and 40 investigations remained outstanding.
We repeat the recommendation.

Additional information

3.4 Governance structures for bullying and violence reduction were changing. Violence reduction and suicide prevention had not been brought together under a single safer custody meeting because managers believed more time was needed to embed the imminent change to TAB procedures. The violence reduction policy document was dated July 2005. The draft updated TAB policy aimed to encourage staff actively to manage anti-social behaviour and appeared a promising development.

3.5 The violence reduction strategy team had been meeting regularly only since December 2007. Previous to that, it had supposedly met bi-monthly, but minutes could not be found and exact dates were not provided. The December 2007 meeting had outlined what needed to be done to improve the profile of violence reduction and the team had met monthly since then. Not all wing representatives attended consistently and there was too little emphasis on ensuring the presence of identified residential staff with a clear remit for safer custody. Prisoners did not attend and their perspectives on bullying and violence reduction were not canvassed. There was no feedback on their perceptions of safety from the prisoner consultation meetings and the last violence reduction survey had been in November 2006 (see below).

3.6 Central to the violence reduction strategy team meeting was the excellent COVER report, which provided a detailed analysis of a wide range of indicators of violence and trends. This made many links between violent and anti-social behaviour and other prison procedures, commented on levels of unemployment on wings and provided a good analysis of security information reports. The connection between the poor environment and poor prisoner attitudes had been identified and prisoner painting parties suggested as one solution. Data provided included the age and sentence of prisoners on different wings. It recognised the importance of ensuring offender managers were aware of prisoners' anti-social behaviour and the need to let prisoners know that such links were being made. Records of injury to prisoners (F213s) were beginning to be included in the analysis. A relocation risk assessment form completed when prisoners requested a move had been introduced, but there was no analysis of prisoners asking for protection and no strategy for vulnerable prisoners, many of whom were moved around units in an attempt to find somewhere they felt safe.

3.7 Much of the discussion was descriptive and identified trends. Meeting minutes included some repetitive themes, such as the need for better reporting of incidents and more thorough investigations into violent incidents. There was little focus on bullying. The problem of gang culture was referred to, but it was not clear how this was tackled. There were many references to the proposed TAB procedures as a means of challenging prisoners' behaviour. The prison's approach to bullying and violence reduction was included in induction, but only as a short statement, which was inadequate and did not acknowledge issues such as gang allegiance.

3.8 Bullying and violence reduction policy statements were displayed around the prison, but contained little information to encourage prisoners to report bullying. Safer custody notice boards were being developed in residential areas. A bullying hotline was advertised near many wing telephones, but no one got back to us when we left a message. Families and friends could raise concerns at the family forum (see section on contact with the outside world).

3.9 Records showed that 141 security information reports submitted between August 2007 and January 2008 related to assaults on prisoners. Seventy others related to fights. Many prisoners felt unsafe and our survey suggested that in some respects the prison was less safe for prisoners than at our last inspection. A third of prisoners, against a comparator of 21%, said they had been threatened or intimidated by another prisoner or group of prisoners. This was consistent with the measuring the quality of prison life (MQPL) survey findings and those of the prison's own survey in 2006. In our survey, residential areas were where most prisoners felt unsafe.

3.10 There had been a violent death of a prisoner on a residential unit shortly before our last inspection. The subsequent investigation acknowledged a constant problem with countering gangs connected to drugs and recommended a review of the deployment of staff to improve supervision and measures to enhance surveillance. The prison had conducted a desktop exercise to improve learning from such incidents.

3.11 Drugs and gang-related violence continued to be a problem and were highlighted in our safety interviews. Some efforts were made on reception to identify gang allegiances, but not enough was done to confront this issue more openly to find better ways of responding proactively (see main recommendation HP45). We heard accounts of staff diffusing tense situations though their personal intervention skills. Within this context, it was a concern that the system for reviews of cell-sharing risk assessments was poor and there was little evidence of harm minimisation plans. There had also been technical problems with the cell-sharing risk assessment database.

3.12 The BIR register was adequately maintained and accurate. This showed that 550 BIRs had been opened in 2007, with an average of 19 perpetrators and 18 victims identified each month. On one day of the inspection, 14 perpetrators and 11 victims were on open BIR monitoring forms. Investigations of suspected bullying incidents were not always detailed and challenges did not illicit the underlying causes. Some simply described the prisoner as 'demonstrating bullying behaviour', with little evidence to support this. Closed and current BIRs mostly included regular monitoring entries and management checks. Most also included reviews, but little evidence of attempts to ask about the behaviour that had led to the BIR and many entries were superficial. Similarly, there were no interventions for victims of bullying. BIR (victim) booklets were opened, but most entries were observational, with little evidence that victims were asked about their feelings of safety or any discussion about why they were being monitored as a victim.

3.13 It was difficult to establish how many staff had been trained in areas of safer custody. A database record of staff training had crashed. We were told that no staff had been trained in violence reduction and new staff were not routinely receiving training. No staff had been trained in the new TAB procedures.

Sex offenders and vulnerable prisoners

3.14 E wing accommodated 147 prisoners convicted of sex offences. Their arrival at Risley was planned and well managed. Other prisoners sought protection for different reasons on the care and separation unit (CSU) and subsequently on R1 (reintegration unit).

3.15 The focus group of prisoners on E wing voiced few concerns about safety. However, in our survey, 70% of sex offenders said they had felt unsafe at some time in Risley and 27% felt unsafe at the time of the survey. Sex offenders also reported higher levels of victimisation and intimidation by other prisoners. This group of prisoners mixed freely with other prisoners in some work areas with reportedly few incidents. They also mixed at chaplaincy services. Some E wing prisoners felt uneasy when other prisoners were escorted through the E wing compound. The two groups of prisoners were moved between activity areas and residential units at different times.

3.16 The location of the CSU adjacent to the sex offender unit was a poor arrangement (see section on self-harm and suicide).

Further recommendations

3.17 Managers from all residential areas should regularly attend the violence reduction strategy team and report to the meeting progress made on reducing identified risks.

3.18 Prisoners should be invited to participate in the violence reduction meetings and give their views on how prisoners' perceptions of safety could be improved.

3.19 Safer custody should be better promoted around the prison, including during prisoners' induction.

3.20 Supervision of prisoners should be improved, particularly on residential wings.

3.21 All staff with prisoner contact should be trained in the procedures for tackling anti-social behaviour.

3.22 Systems for the review of cell-sharing risk assessments should be improved.

3.23 The poor perceptions of safety among the large sex offender population should be further investigated.

Housekeeping point

3.24 The anti-bullying hotline should be checked daily.

Self-harm and suicide

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

3.25 A clear strategy should be devised to ensure that vulnerable prisoners are not subjected to verbal abuse following the relocation of the segregation unit. (3.27)
Not achieved. The relocation of the care and separation unit (CSU) to E wing was a poor arrangement. There was no strategy to ensure that sex offenders were not verbally abused and some staff said verbal exchanges took place between both groups. New exercise yards being developed for CSU prisoners were screened off from the exercise compound used by E wing prisoners for exercise, but would be overlooked by sex offenders when in use. Sex offenders living directly above the CSU described occasional problems depending on who was held there and there was still the potential for individual prisoners to feel intimidated.
We repeat the recommendation.

3.26 Prisoners on open F2052SHs should be located in the segregation unit only in exceptional circumstances and only when all other options have been ruled out. (3.28)
Not achieved. Since January 2008, nine prisoners on open assessment, care in custody and teamwork (ACCT) documents had been located in the CSU. Some were there for specific reasons, including one new arrival who was so afraid for his safety that he had refused to get off the van and threatened to harm himself. Concerns had been raised at suicide and self-harm meetings that there was not always evidence that prisoners in the CSU were exceptional cases or that all alternative locations had been considered. ACCT forms did not indicate that prisoners at risk of self-harm were located in the CSU only in exceptional circumstances or that enough was done to relocate them to a general location.
We repeat the recommendation.

3.27 Staff should be aware of the current suicide and self-harm strategy and their role within it. (3.29)

Partially achieved. It was difficult to establish that all staff knew their role in the strategy. The suicide prevention policy document (February 2006) referred to wing-based suicide liaison officers, which were not effectively in place. Following a recommendation from a death in custody investigation, chaplains saw all prisoners on an open ACCT document. This provided some continuity, but was not reflected in any formal guidance to staff. Training records were incomplete and did not indicate how many staff had completed ACCT foundation training. Several temporary promoted senior officers chaired ACCT reviews, but it was not known how many had completed case manager training. The head of safer custody had developed an implementation plan for the introduction of requirements under the Prison Service Order 2700, which was due to be fully implemented by April 2008. The duties of staff in relation to ACCT responsibilities and functions were to be included in staff performance and development reviews. A draft new suicide and self-harm management policy was much clearer about staff roles.

We repeat the recommendation.

3.28 Membership of the suicide and self-harm committee should be expanded to incorporate other departments within the prison and relevant agencies from the community. All information submitted by the psychology unit should be reviewed and analysed by the committee. (3.30)

Partially achieved. Apart from the chaplaincy, attendance at the meeting had not improved. In the previous seven months, attendance by healthcare and the community mental health team had been particularly poor. Education was not represented, although there had been some representation from activities staff. Listeners attended regularly for the first part of the meeting. The draft policy document did not include representatives from the activity areas as members of the safer custody team. The psychology department presented an analysis of its suicide and self-harm information report.

Further recommendation

3.29 Membership of the safer prisons team should be reviewed. More residential managers should attend and all members should attend meetings regularly.

3.30 Family and friends should be encouraged to provide information about prisoners who are at risk of self-harm and suicide. A suitable mechanism to convey this information to staff should be developed. (3.31)

Achieved. A national helpline was advertised for families in the visitors' centre and visits room. Operators of this line said it had been used by visitors to Risley. There were plans to develop local initiatives to improve the flow of information from families and visitors about prisoners at risk of self-harm.

3.31 A care suite should be created. (3.32)

Not achieved. Cells on E and A wings had been identified as care suites and there was a draft protocol for their use, but they were poorly decorated, had unscreened toilets and contained obvious ligature points.

We repeat the recommendation.

3.32 The number of Listeners should be increased and maintained. (3.33)

Achieved. There were 22 Listeners and further training was planned. Numbers were expected to fall, but not below a reasonable level. Listeners were presented with certificates during the inspection and some of their family and friends had been invited to the ceremony.

3.33 Reviews should take place in an appropriate area. They should be planned and time should be set aside by all who attend to avoid interruptions. The prisoner should be given the opportunity to contribute to his support plan. (3.34)
Not achieved. The ACCT review we attended was held in a senior officer's office. The area was noisy and the review was interrupted three times. Staff said this was not unusual, but that other reviews were held in more appropriate surroundings. The senior officer leading the review was unfamiliar with the case. The review raised issues about poor communication, which had led to the prisoner missing his medication. He was serving a life sentence, but his lifer-trained officer did not attend. A mental health nurse attended and knew the prisoner well. The prisoner was asked what he thought would help to reduce risks of self-harm.
We repeat the recommendation.

3.34 A care support plan should be opened when a prisoner starts a food refusal protest, and other departments should be alerted to prisoners on these protests. (3.35)
Achieved. When a prisoner refused food or medication, a log was opened in the communications room and on the wing. Healthcare staff were notified. Guidance was included in the latest draft policy document. There had been no recent cases.

3.35 Transfer or discharge protocols should be developed to ensure that the prisoner has a community support plan in place prior to release, or that this is part of a progression need identified in his support plan prior to transfer. (3.36)
Not achieved. Guidance provided in the draft policy document had not been rolled out. This included involving the offender supervisor in final ACCT reviews, but one offender supervisor we spoke to was critical of the lack of involvement of offender management unit (OMU) staff in ACCT procedures. A member of the OMU had requested more involvement at a recent suicide and self-harm meeting.
We repeat the recommendation.

Additional information

3.36 Governance structures and management information on self-harm issues were satisfactory. The suicide and self-harm (SASH) team met monthly, chaired by the head of safer custody. An action plan had been produced in response to recommendations made following the investigation into the only self-inflicted death in the previous five years. A safer custody principal officer had been in post since February 2007, but had other duties across the prison (see paragraph MR1).

3.37 Levels of self-harm and the operation of ACCT procedures were properly monitored. Levels of self-harm were low given prisoners' perceptions about their safety, with about four or five incidents a month. There had been few serious incidents, but there had been only one investigation to see what lessons could be learned.

3.38 According to the log, 208 ACCTs had been opened in 2007 and 60 in the first three months of 2008, many due to staff concerns before a prisoner self-harmed. Individual cases were discussed at the monthly suicide and self-harm meetings, which included a report on quality checks of ACCTs. Most ACCTs included management checks, but these rarely commented on quality, which was variable. Reviews were rarely multidisciplinary and some were completed with only the senior officer and prisoner present. Case managers did not consistently chair reviews they were nominally responsible for. Not all care maps were satisfactory. Chaplains attended reviews only occasionally, despite the fact that they had daily contact with prisoners at risk and potentially provided some continuity. This lack of a multidisciplinary approach had been raised at suicide and self-harm meetings and in the investigation report into the last self-inflicted death. The safer custody principal officer challenged poor practice and investigated

suspicions that some managers encouraged prisoners to agree to premature closure of ACCT documents. Several ACCTs had been closed within 24 hours.

3.39 There were no safer cells, but three gated cells on A, B and E wings were located in the centre of landings. This was unsuitable and lacked privacy. In 2007, the A wing cell had been used 22 times, the B wing cell 19 times and the E wing cell three times. Some prisoners had been held in these cells more than once. Several prisoners had been held for up to a week and one for up to three weeks. A protocol (July 2007) was in place and staff were encouraged actively to engage with prisoners on watches. No prisoners were under constant supervision during the inspection. Use of the cells was not monitored.

3.40 In one extreme case, a body belt had been applied to a prisoner on two consecutive days, the first time for 80 minutes and the second for just under three hours. The prisoner, a persistent self-harmer, had been in a gated cell and had climbed behind the locked-back cell door. He was regularly monitored while restrained in the body belt and records indicated some efforts to de-escalate the situation. The records did not make clear that all alternative interventions had been considered. There was no reference to the prisoner being violent towards staff.

3.41 Relations with the local Samaritan branch were strained and the branch had not been represented at recent suicide and self-harm meetings. The Samaritans had recently completed training of new Listeners, but there were no regular support meetings for Listeners, partly due to the absence of an officer Listener coordinator. Nearly all the Listeners were located on just two wings. None worked in reception or on D wing (induction and first night) and they were not involved in the induction programme. Access to them at night was problematic. This had been discussed at suicide and self-harm meetings and a Governor's order issued in March 2008 had reminded staff of the correct procedure. Listeners we spoke to said they were low profile and not given consistent support.

3.42 Prisoners had free telephone access to the Samaritans from the landing telephones and the number was well advertised. Portable telephones were used during lock-up, but these were not well advertised and some did not work. Not all wings kept a record of their use.

3.43 In our survey, only 24% of prisoners, against a comparator of 43%, but better than at our last inspection, said their cell bells were responded to within five minutes. There was no electronic system to monitor responses and managers did not routinely monitor response times. Operational support grade officers carried cell keys in sealed pouches to enter cells in an emergency, but did not carry ligature shears. There were plans to change emergency radio codes to alert healthcare staff to the nature of emergencies.

Further recommendations

3.44 The safer custody principal officer should not routinely be required to cover other duties.

3.45 All near-fatal incidents of self-harm should be investigated.

3.46 Management checks of ACCTs should include comments on quality.

3.47 ACCT procedures should be improved to include a more multidisciplinary approach and consistency of case manager.

3.48 The location of gated cells should be changed and the suicide and self-harm meeting should monitor their use.

3.49 Records of staff training in ACCT procedures should be accurate.

3.50 Where extreme measures are taken to prevent self-injury, records should evidence that all alternative interventions have been considered.

3.51 Listeners should have regular support groups involving the Samaritans and a Listener coordinator.

3.52 Listeners should be available to new prisoners and resident on all residential units.

3.53 All portable telephones providing access to the Samaritans at night should be in working order, be well advertised and their use monitored.

3.54 Duty governors should conduct random checks of staff response to cell bells.

3.55 Operational support grades working at night should be issued with ligature shears.

Diversity

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

Additional information

3.56 A diversity manager had been appointed and was promoting awareness of the wider diversity agenda. There was no diversity policy or forum, although a range of issues was discussed at the race equality action team meetings and managers were trying to establish channels of communication with minority groups. The race equality officer had recently started holding a surgery with Muslim prisoners after Friday prayers and, in response to Muslim visitors' concerns about contact with the drugs dog, the textiles workshops now made disposable aprons. The diversity manager advocated a generic reporting form for incidents involving hate to improve assessment of the level of incidents and inform how best to tackle these issues.

3.57 The diversity manager was also responsible for training and was an experienced trainer. A comprehensive diversity training package had yet to be approved by the Prison Service race equality action group and North West area office. In the meantime, some training and guidance had been delivered. The manager had contacted a number of external groups, such as Refugee Action, a mental health charity and a group representing gay, lesbian and transgender people, who provided short information sessions in the prison. Freeing staff from other duties for training was a problem (see repeated recommendation at paragraph 3.69).

3.58 There was no disability liaison officer. The diversity manager was covering this post and had drafted a detailed disability policy. A disability committee met monthly and included prisoner representatives. The prisoner attendee we spoke to said it was a useful channel of communication. There were no seriously disabled prisoners, but a number required special arrangements and there were a lot of older prisoners, several of whom were over 70. Most were on E wing, which had a pleasant garden with benches in its exercise yard.

3.59 A 2004 disability access and facilities audit had led to a number of alterations to accommodation and facilities to improve access. G unit had a lift and some cells had wider doors and rails fitted alongside the toilet. A bath and an adapted shower were available. The visits room had a disabled toilet and two tables for use by people in wheelchairs. A hearing loop was available, but visits staff were unaware of it. The library was accessible, contained talking and large print books and Braille material. There was no trolley service or quiet session for retired or infirm prisoners.

3.60 The gym ran sessions for prisoners over 50 and discussed individual needs. Prisoners were asked about any disability or needs at reception and were generally positive about treatment by healthcare, although they were not aware of personal care plans to identify and address individual needs. Examples included a prisoner whose blindness affected his ability to undertake offending behaviour work, which in turn affected his prospects of getting early release. There was no formal system of paid helpers.

3.61 There was no specific policy for older prisoners. Retired prisoners were usually left unlocked during the day. They could continue to work and suitable jobs were offered, but the retirement pay was only £4.10 per week, from which they had to pay £1 for the television. This left some older prisoners on a very tight budget.

Further recommendations

3.62 The prison should have a policy dealing with the diverse needs of minority groups and a multidisciplinary diversity forum should be established.

3.63 Disability training for all staff should be put in place as soon as possible.

3.64 The prison should have a disability policy, disability equality scheme and disability liaison officer.

3.65 Prisoners with disabilities should have individual care plans that address their needs and in which they are involved.

3.66 Retired prisoners should not have to pay rental for their television.

Good practice

3.67 *A disability committee had been established and included prisoner representation.*

Race equality

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

3.68 The proposed development of the role of the race action committee representatives should be completed, enabling these prisoners to promote race relations throughout the prison. (3.47)
Achieved. There was a large team of race action representatives, one of whom acted full time

and was paid. Representatives met regularly with the race equality officer (REO) and said they felt supported in carrying out their role.

3.69 All staff should receive diversity training as a matter of urgency. (3.48)
Not achieved. There had been no diversity training for staff due to restrictions placed by the area and nationally and the lack of an approved training package. Some local training had been initiated (see section on diversity).
We repeat the recommendation.

3.70 Increased facility time should be provided to the race relations liaison officer and his deputy. (3.49)
Achieved. The full-time REO had been in post since July 2007. He was supported by an assistant who was not given official facility time, but was able to carry out the role through informal arrangements. (3.49)

3.71 Monitoring data in a simplified form should be made available to all prisoners to help counteract the belief of unfavourable access to services within the prison. (3.50)
Achieved. The REO had developed a simplified version of the ethnic monitoring data and this was available on the race relations notice boards on each wing.

3.72 A central register of all prisoners convicted of racially motivated offences, including previous convictions, should be maintained and these prisoners' behaviour monitored while in custody. (3.51)
Achieved. A database of prisoners convicted of racially motivated offences was held on the shared computer drive and accessible to staff. Prisoners with proven adjudication charges for racist offences and those who had a proven racial investigation were also added to the database and monitored. The REO regularly endorsed cell-sharing risk assessments with information about racist behaviour or language.

Additional information

3.73 The REO and diversity manager had raised the profile of race relations. The two staff worked closely and between them managed race, foreign nationals, disability and staff awareness.

3.74 There was no overarching race strategy, but detailed information was available to staff and an up-to-date race equality action plan reflected impact assessments and the key prison objectives. The general satisfaction with race issues was reflected in the recent measuring the quality of prison life survey and our own survey. In our survey, responses of black and minority ethnic prisoners were more negative in the areas of safety, but more positive in areas such as activities and preparation for release. SMART data was well managed and there were few issues.

3.75 Black and minority ethnic prisoners represented around 17% of the population. The REO met regularly with wing representatives at documented meetings and there was a waiting list of prisoners who wanted to become race representatives. Some impact assessments had been written using staff-prisoner consultation groups.

3.76 Race equality action team (REAT) meetings were well attended and chaired by the deputy governor. Around half the REAT team had received formal training and the remainder were about to do so.

3.77 Twenty-two racist incident report forms (RIRFs) had been received to date in 2008 and 82 in the whole of 2007. Most related to perceived racial mistreatment by staff or racially abusive

language. The REO dealt with most forms, but had not had any formal investigation training. RIRFs were responded to personally and respectfully. Feedback from the REAT chair was given verbally rather than in writing. Many investigations resulted in a prisoner's cell-sharing risk assessment being changed or other actions. There were no interventions to offer when allegations were proven.

3.78 Links with the wider community had been slow to develop. The location of the prison meant that inner-city groups were not coming in and there was no external involvement in the REAT. Diversity week had not been celebrated in 2007, but various events were planned for 2008.

Further recommendations

3.79 The involvement of external community groups in the race equality action team should be established.

3.80 Interventions to deal with those with proven racist behaviour should be introduced.

3.81 Racist incident report forms should regularly include written feedback from the chair of the race equality action team.

3.82 Prisoner race representatives should receive some diversity training.

Foreign national prisoners

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

3.83 Translation services should meet prisoner need and not be unnecessarily restricted because of cost. (3.59)
Partially achieved. There was little translated information, but the recently appointed foreign national liaison officers (FNLOs) were collecting material from other prisons and the Prison Service intranet. Interpreting services were only occasionally used. Most foreign national prisoners spoke some English and we met only one who could not. He had been located alongside someone of the same nationality who spoke better English, assigned to English lessons for speakers of other languages (ESOL) and provided with his own dictionary. Staff had also brought in a face-to-face interpreter, rather than using an impersonal telephone service, for a healthcare interview.
We repeat the recommendation.

3.84 Race action committee meetings should be attended by a foreign nationals officer. (3.60)
Achieved. One of the FNLOs usually attended the REAT meeting and meetings with prisoner representatives.

3.85 Foreign nationals officers should receive sufficient time to deal with their caseloads. (3.61)
Achieved. A foreign national liaison team had recently been set up within the offender

management unit and had established streamlined computerised monitoring of all foreign national prisoners' cases. The full-time FNLO and his assistant were both offender supervisors. They regularly had to undertake other duties, such as lining the movement route every morning and afternoon, but felt supported in progressing work for foreign nationals. Foreign national prisoners were identified on reception and referred to the liaison team for individual interview within a couple of days. A standardised questionnaire was designed to pass on information required by the UK Border Agency (UKBA). The FNLOs were supported by an administrative worker, who had set up a detailed spreadsheet of key information and dates relevant to all foreign national prisoners. This was used to inform and trigger further action. Every step taken was logged on the individual's computer file and all documents relevant to immigration status were gathered in one file.

3.86 Cheap international telephone cards should be available for sale to foreign national prisoners. (3.62)
Not achieved. A suitable cheap international telephone card, for use with the existing telephone system and BT contractor, had not yet been made available.
We repeat the recommendation.

3.87 A list of staff and prisoners prepared to act as interpreters should be drawn up and kept up-to-date. (3.63)
Partially achieved. Lists of prisoners and staff able and willing to interpret had been drawn up, but were not systematically kept up to date and not all staff knew about them.
We repeat the recommendation.

Additional information

3.88 In addition to setting up new case management procedures, the new team had started by writing a new policy and foreign national handbook. This was informed by HMI Prison's thematic inspection of foreign national prisoners, evolving procedures of the UKBA and the experience of some other prisons with which the team had made contact to share and improve knowledge. A cultural awareness booklet had been issued to staff.

3.89 The policy and handbook were subject to change because of changing law and because, with the psychology department, the team was conducting a needs assessment that involved personally interviewing more than half of the population of 76 foreign national prisoners. Their findings were informing improvements to practice.

3.90 Prisoners who did not receive visits had a free five-minute international telephone call, but this was barely adequate to maintain effective contact. To reduce delay in implementing removal at the end of sentence, officers pursued both the UKBA and consulates that were due to issue travel documents. The team had established effective contact with liaison staff within UKBA's Criminal Casework Directorate, who had visited the prison to run surgeries. All UKBA documents were served personally to ensure people understood the content and any appeal deadlines. Prisoners received a copy of the immigration rule criteria to be addressed if they wanted to oppose removal.

3.91 However, the liaison officers had not been able to meet prisoners' need for independent specialist legal advice. Officers made numerous telephone calls and sent faxes to a reducing list of immigration advisers with little response.

Further recommendations

3.92 In consultation with the Legal Services Commission, the prison should seek to meet the need of foreign national prisoners for independent specialist legal advice about immigration status, bail and appeal rights.

3.93 Foreign national prisoner consultation and peer support meetings should be established.

Good practice

3.94 *The recently established foreign nationals liaison team in the offender management unit had started by setting up sound systems. In addition to a spreadsheet recording key information and trigger dates, officers opened individual computerised case records to log a running record of all steps taken in relation to that individual.*

Contact with the outside world

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

3.95 The ratio of telephones to prisoners on each wing should match demand. (3.80)
Partially achieved. Not all wings met our expectation of at least one telephone to every 20 prisoners and not all telephones were working. The B wing association room was being refurbished and there were currently only two telephones for up to 108 prisoners. C wing had seven telephones for 197 prisoners. The action plan stated that funding was being sought to increase the number of telephones on A, C and D wings. Telephones were often in noisy areas. None were in booths and some had ineffective metal hoods. Prisoners complained about the cost of calls, which was more expensive than public payphones.

Further recommendations

3.96 All wings should contain at least one telephone for every 20 prisoners.

3.97 Prisoners should be able to use the telephones in private.

3.98 The Prison Service should review the cost of telephone calls so that prisoners are charged at the cheapest possible national rate.

3.99 Stopped letters should be logged and approved by a suitable manager. (3.81)
Achieved. Stopped letters were recorded and signed by a duty governor and a security information report was sent to the security department.

3.100 The staffing of the visits booking line should be increased to ensure that visitors wishing to book visits are able to do so. Visitors should be able to book their next visit while at the prison. (3.82)
Partially achieved. A second booking line number had been introduced, but many prisoners and visitors complained that it was still difficult to get through. We got through on our first

attempt one afternoon and on our second attempt one morning. Visitors could not book visits in person.

Further recommendation

3.101 Visitors should be able to book their next visit while at the prison.

3.102 Private rooms for legal visits should be available. (3.83)
Not achieved. There were no private facilities for legal visits (see also section on legal rights).
We repeat the recommendation.

3.103 The closed visits area should be refurbished and allow for greater confidentiality and privacy. (3.84)
Not achieved. The closed visits facilities were clean, but were not enclosed individual booths and users were clearly visible to anyone in the visits room. Audibility was poor and conversations could not be had in private when more than one facility was in use. Prisoners on closed visits could not have refreshments, but their visitors could. All visitors were searched by a drug dog and anyone indicated was offered a closed visit or could leave. No individual risk assessment or additional security intelligence was required.

Further recommendations

3.104 The closed visits facilities should be out of sight of people in the visits room.

3.105 Each closed visits facility should be individually enclosed to provide confidentiality.

3.106 The audibility of the closed visits facilities should be improved.

3.107 Closed visits should not be authorised on the basis of a single drug dog indication unless there is additional security intelligence to support the decision.

Housekeeping point

3.108 Prisoners on closed visits should be able to have refreshments.

3.109 Family visits should be introduced for long-term prisoners and as part of parenting courses. (3.85)
Not achieved. There were some family visits for long-term prisoners, but no general family or children's days were held.

Further recommendation

3.110 Children and family days should be introduced for all prisoners.

3.111 Prisoners should not be held in the visits waiting rooms for long periods. (3.86)
Not achieved. Prisoners complained that they still had to wait in the room adjacent to the visits room when their visitors failed to arrive. Visits staff said they returned prisoners to the wing if staffing levels allowed, but that this was not always possible.
We repeat the recommendation.

3.112 The fixed furniture in the visits room should be replaced with more comfortable seating. (3.87)
Not achieved. The furniture remained fixed, regimented and uncomfortable. Groups of seats were placed close together and privacy was limited.
We repeat the recommendation.

Further recommendation

3.113 Seating should be arranged to allow more privacy between visiting groups.

Additional information

3.114 There were no restrictions on how many letters prisoners could send or receive. Outgoing mail was posted within 24 hours, but incoming mail was not always delivered as promptly. In our survey, 52% of prisoners, significantly worse than the comparator of 36% and compared to 32% in 2006, said they had problems sending and receiving post. Five operational support grades (OSGs), but only two on Saturdays, dealt with all prisoner post as well as sending out visiting orders. They were often detailed to work elsewhere. The OSGs read 5% of post at random and the post of prisoners subject to child or public protection measures, but had not been trained to identify threats or concerns.

3.115 Almost half of prisoners in our survey said staff had opened letters from their solicitor or legal representative in their absence. Incidents were recorded and the envelope was photocopied as proof that there were no visible marks identifying the letter as legally privileged correspondence.

3.116 Visits took place every afternoon from 1.30pm to 4.30pm and on Friday and weekend mornings from 9.15am to 11.30am. However, the times given in the visits strategy and various publications for visitors and prisoners were incorrect. Most prisoners could have four visits a month. Prisoners on the enhanced level of the incentives and earned privileges (IEP) scheme had five visits a month, but those on basic level only two. All children under the age of 18 had to be accompanied by an adult. The visiting order said children aged 14 and over were classed as adults because of the fixed seating. The visits strategy said this applied to children aged 15 and over.

3.117 The welcoming visitors' centre managed by the Partners of Prisoners and Families Support Group (POPs) was too small to accommodate all the visitors on one day of the inspection. Many more visitors attended at weekends. Visitors were called in groups of 15 to the prison in the order they had booked in. The groups were called about every 20 minutes, so some visitors were delayed. During the inspection, some visitors did not arrive in the visits room until 2.20pm

3.118 Once in the prison, visitors waited in a small room where they placed belongings in a locker. All adult visitors were usually photographed and had their fingerprints scanned, but this was not operating during the inspection. Visitors were searched properly and respectfully, but babies were held by an officer while their carer was searched or while the baby was given a pat-down search. During the inspection, one first time visitor was turned away because she did not have a birth certificate for her baby. This decision was made by a senior officer without an individual risk assessment or any apparent supporting security information.

3.119 Most prisoners waiting for their visit were held in a filthy waiting room. The toilet had been kept locked for some weeks since being vandalised and there was what appeared to be human

waste in the corner of the waiting room. Smoking was not allowed, but there was evidence that this was ignored. The walls were covered in graffiti, some of it etched into the plaster. The state of the room suggested poor staff supervision and monitoring. Sex offenders were waited in a separate small holding room that was in reasonable condition. Neither room contained anything to occupy prisoners while waiting.

3.120 Once in the visits room, all prisoners had to sit in an identified chair and wear a bib. A spacious play area was staffed by a qualified POPs worker and sex offenders were allocated seats away from it. The visits room was well supervised and officers were aware of other prisoners subject to child or public protection procedures.

3.121 Three volunteer prison visitors met their allocated prisoners on the wing. Two more were waiting for security clearance.

3.122 There was a named lead manager for the children and families resettlement pathway, but the action plan was out of date. A reducing reoffending needs analysis had just been published. This suggested that only 15% of prisoners thought their need to maintain relationships with family and friends was being met. In our survey, just less than a quarter of prisoners said they thought they would have problems with relationships on release. Prisoners had no opportunity to undertake general relationship counselling with the immediate family and there were no accredited programmes to improve parenting skills and relationships.

3.123 Prisoners could not exchange unused visiting orders for extra telephone credit or receive incoming calls from children or to deal with arrangements for them. There was no qualified family support worker to help prisoners maintain contact with their children, partners and families. POPs staff could organise birthday teas for prisoners and visitors with 48 hours notice and these were booked and paid for by visitors in the visitors centre. A Storybook Dads scheme allowing prisoners to record a story for their children was soon to be introduced. There was no opportunity for families to be involved in prisoners' sentence planning reviews, but families and friends attended some reviews of offending behaviour programmes.

3.124 There was a good working relationship between the prison and POPs. A family forum had been set up to develop and improve services. Membership included the pathways lead, POPs staff, prisoners' family representatives and key prison staff. The group met bi-monthly and included guest speakers. Meeting minutes showed that the group had successfully challenged and changed some existing practices, as well as making suggestions for developing services. The forum was advertised in the visitors' centre alongside minutes of the meetings and photographs of some of the members.

Further recommendations

3.125 Incoming post should be distributed within 24 hours of arrival.

3.126 Operational support grade staff should receive specific training in public and child protection and harassment issues in order to identify any threats and concerns, including racist or other discriminatory language or threats.

3.127 Managers should investigate the high numbers of prisoners claiming to have had legally privileged letters opened by staff in their absence.

3.128 All prisoners should be able to have one visit each week.

3.129 Children under the age of 18 should not be considered as adults for the purpose of visits.

3.130 The visitors' centre should be large enough to accommodate the number of visitors attending.

3.131 Visits should start at the advertised time.

3.132 A facility should be provided to enable babies to be searched or left safely while their carer is searched.

3.133 Visitors without the required identification should not automatically be refused access.

3.134 The visits waiting room for prisoners should be thoroughly cleaned, repaired and maintained. Prisoners should be able to use the toilet, given the means to pass the time and properly monitored and supervised by staff.

3.135 The action plan for the children and families resettlement pathway should be updated.

3.136 Prisoners with identified needs should be able to attend accredited programmes to improve parenting or relationship skills.

3.137 Prisoners should be able to exchange unused visiting orders for extra telephone credits.

3.138 There should be a qualified family support worker to help prisoners maintain contact, and if necessary re-build relationships, with their children, families and partners.

3.139 Prisoners should not have to wear a bib in the visits room.

Housekeeping points

3.140 Visiting times should be shown correctly in all published documents.

Good practice

3.141 *The family forum enabled prisoners' families to influence the development of services for prisoners and their families.*

Applications and complaints

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

3.142 Complaints boxes should not be opened by wing staff and all complaint forms should initially go to the complaints clerk for recording. (3.98)
Achieved. Complaints boxes were opened by the night orderly officer and were logged and distributed by the complaints clerk the following morning.

Further recommendation

3.143 To increase confidence in the complaints scheme, the complaints clerk should empty complaints boxes daily.

3.144 All complaint forms that have the bullying box ticked or that indicate some anti-social behaviour should be copied to the anti-bullying coordinator. (3.99)
Achieved. Complaints indicating bullying were copied to the anti-bullying coordinator by the complaints clerk.

Additional information

3.145 In our survey, 95% of prisoners said it was easy to get an application form and 92% said the same about complaints forms. However, fewer than the comparators said complaints were sorted out fairly or promptly.

3.146 Wing application logs recorded the date and topic of the application and where it was sent, but not if or when it was resolved. Prisoners could put in another application to follow it up, but this reinforced a view among prisoners that prison staff were indifferent. Delays were sometimes outside the prison's control, such as catalogue suppliers waiting for several orders before delivering.

3.147 The complaints clerk logged an average of 240 complaints a month. Most were responded to within a few days and overdue replies were monitored. Replies were legible and most were respectful, addressed the issue raised, showed evidence of investigation including interview of relevant parties and adequately explained the outcome. Those written by administrative staff were occasionally abrupt, but factual. A couple of replies unhelpfully told the complainant to take his complaint to another department. Ten per cent of complaints were routinely checked by a manager. The predominant issue was property, followed by a range of issues not recorded under any specific heading. Although complaints across wings and topics were gathered weekly, there was no monitoring over time to identify sustained trends.

Further recommendations

3.148 Logging of wing applications should be more thorough to encourage monitoring of timescale and outcome, and to improve the efficacy of and trust in the applications scheme.

3.149 Respondents to complaints should address the issues raised, liaising with other staff if necessary, rather than unnecessarily redirecting the complainant.

3.150 Management information should include a breakdown of complaints by topic over previous months.

Legal rights

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

3.151 Staff trained to deliver legal services to prisoners should be allocated time for this work and the office on C wing should be equipped with appropriate materials for prisoners to access. (3.106)
Not achieved. There were no trained and designated legal services officers and no legal services office. Staff had applied to go on a Prison Service legal services training course, but this was not being run. Some prisoners' needs were systematically picked up and dealt with by offender supervisors. The Citizens Advice Bureau ran a weekly advice session, dealing mainly with debt and finance problems and some housing issues. However, prisoners raised with them issues beyond their remit, such as immigration and family law, which they tried to refer on, not always successfully. The library had a reasonable stock of legal reference material, some of which could be taken out on loan, and prisoners could apply for an extra study visit additional to their allocated weekly slot.
We repeat the recommendation.

3.152 A central register of legal applications should be maintained. (3.107)
Partially achieved. Only needs recognised within the offender management unit were recorded.
We repeat the recommendation.

3.153 A nominated manager should be responsible for legal rights and their identity should be made known to staff and prisoners. (3.108)
Partially achieved. Various legal services needs were picked up by offender supervisors in the offender management unit and prisoners were told the name of their offender supervisor. The manager expressed frustration that no suitable course for legal services officers was available (see above).
We repeat the recommendation.

3.154 A policy to address the use of computers for legal work should be put in place. (3.109)
Achieved. A policy dated September 2007 permitted use of computers for legal work subject to suitable checks. Staff said they could not recall any such application made since then.

Additional information

3.155 There were no private legal visits cubicles. Legal visits could be booked only two mornings a week, using the general visits room when no social visits took place. Bookings were regularly around 40 per morning, which was close to capacity. They included other official visits, such as probation officers and the Citizens Advice Bureau advising within resettlement pathway plans. The room was quite crowded, acoustics were poor and prisoners felt uncomfortable about the lack of privacy (see repeated recommendation at paragraph 3.102).

Substance use

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

3.156 The drug strategy document should include specific annual development targets. (8.86)
Not achieved. The drug strategy policy was out of date and did not contain specific development targets.
We repeat the recommendation.

3.157 An annual needs analysis should be undertaken to determine the extent and nature of substance use on which to base support provision and include alcohol. (8.87)
Achieved. A detailed needs analysis that included alcohol had been undertaken in March 2007 to inform service development. The next analysis was due to be conducted in May 2008.

3.158 An alcohol strategy should be developed to include support and treatment and supply control. (8.88)
Not achieved. An alcohol strategy was to form part of the new substance use strategy.
We repeat the recommendation.

3.159 A mechanism for evaluating CARAT based treatment outcomes should be developed, including service user feedback. (8.90)
Achieved. The counselling, assessment, referral, advice and throughcare (CARAT) team had an active caseload of 413, with another 29 files suspended. Structured one-to-one work was limited and prioritised by date of release and referrals to programmes. The service had introduced an intensive intervention package for prisoners wanting to access drug and alcohol treatment programmes at Risley or at other establishments in the North West. This consisted of four structured preparation/assessment sessions and CARATs workers then provided structured post-programme support. The team also consulted service users every quarter to gather feedback and ideas for future service development.

3.160 P-ASRO facilitators should not be redeployed while undertaking programme related activity, including report writing. (8.91)
Achieved. Since April 2007, officers facilitating programmes had worked to a separate shift pattern and P-ASRO officers were no longer diverted to other duties.

3.161 Target testing should be completed within 7 days of issue. (8.89)
Not achieved. Between September 2007 and March 2008, 831 drug-related security information reports (SIRs) had been submitted, but only 97 suspicion tests had taken place, 61.9% of which were positive. The security department did not have a security analyst to collate information and SIRs could be of poor quality. Testing was frequently abandoned because tests could not be completed within the three-day limit. Sixty-one mandatory drug testing (MDT) sessions had been cancelled in the previous three months. During the first half of April 2008, 13 suspicion test requests had not been dealt with. Officers trained to conduct MDTs, were diverted to other duties (see additional information).

3.162 Voluntary drug testing compacts should be clearly differentiated from compliance testing compacts with no link to IEP. (8.92)
Achieved. Separate compacts had been introduced. Prisoners on F and G wings (the drug

support units) signed compliance testing compacts, but these were not linked to the incentives and earned privileges (IEP) scheme. A third positive test led to removal from the units.

3.163 VDT should be available to all prisoners, including VPs on E wing. (8.93)
Achieved. Prisoners could access voluntary drug testing (VDT) independent of location. This included vulnerable prisoners on E wing, 71 of whom had signed compacts.

3.164 The frequency of VDT should be determined by individual risk assessments. (8.94)
Achieved. VDT and compliance testing were well coordinated by officers from G wing. A total of 591 compacts were in operation against a target of 575 and the required level of testing took place. Prisoners participating in the P-ASRO programme and those returning positive results were tested weekly to give them additional support and motivation. Prisoners on G wing could volunteer for extra tests.

3.165 Support on D wing South should be extended to include dedicated CARATs and group work provision. (8.95)
Achieved. F and G wings were the drug support units. F wing housed 28 prisoners, including all P-ASRO participants, and G wing accommodated 130 prisoners. Prisoners from these units could access all CARAT group work modules. CARAT workers and four peer supporters had also been funded by the primary care trust to undertake health promotion training and offered weekly health promotion drop-in sessions on G wing. A dedicated room was well equipped with multi-media information on a wide range of subjects, including substance use and smoking. The sessions were well received, with an average of 15 prisoners attending.

Additional information

3.166 The drug strategy document was being re-drafted to include treatment as well as supply reduction action plans. The head of residence was the drug coordinator. He and the drug strategy manager had held a series of consultation meetings with representatives of all relevant departments to inform the new policy. The drug strategy committee met only quarterly and attendance was poor, with no consistent input from the security department. Operational staff met monthly. The drug coordinator had developed good community links and attended local drug action team meetings.

3.167 There was no alcohol strategy, but services had been developed. The CARAT team could assess only primary alcohol users and provide them with an in-cell work pack. The local community alcohol agency provided weekly sessions of one-to-one work and an Alcoholics Anonymous self-help group also met weekly. An alcohol awareness module was piloted in 2007, to be replaced by an accredited programme later in 2008.

3.168 We had concerns regarding the poor quality of MDT data recording and testing practice. On the basis of information provided to us at the time, the random positive MDT rate at the end of March 2008 was calculated as being 14.5%, against a target of 10%, but this was an under-estimate of prevalence. In September and October 2007, the prison had not managed to test 5% of its population randomly or meet weekend testing targets. Thirty-three prisoners had refused tests in the previous six months, but poor recording meant it was unclear how many had been selected at random and how many for suspicion testing. A frequent testing programme had only just started. MDT facilities were grubby and four of the holding rooms unacceptably small. MDT results, SIRs and finds indicated that cannabis and heroin were the main drugs of use. Just over 20% of adjudications related to drugs or hooch, but only one hooch find had been recorded. In our survey, 48% of prisoners, against a comparator of 30%, said it was easy to get illegal drugs.

3.169 The CARAT team was well managed and provided prisoners with a range of high quality support services. The team consisted of a manager and 10 full-time equivalents from Lifeline, as well as three dedicated CARAT officers. Nominated link workers ensured good liaison with other departments and services, and appropriate joint working protocols were in place. In the previous 12 months, 139 triage assessments had been completed against a target of 110. Induction input was offered twice a week, and fortnightly for vulnerable prisoners. In addition to care-planned one-to-one work, prisoners could also access validated short group work modules. Harm reduction, safer injecting and maintaining motivation and relapse prevention each ran quarterly and a pre-release session was offered every month.

3.170 Dedicated CARAT gym sessions took place weekly. Workers found it difficult to access prisoners as the regime limited time for appointments and confidential interview space was in short supply. Good links had been forged with local drug intervention programme teams to facilitate post-release support. CARATs workers, officers and healthcare staff had recently completed auricular acupuncture training and this service was to be introduced shortly. Negotiations were also taking place to start weekly Narcotics Anonymous self-help groups on the wing.

3.171 The well established P-ASRO programme was run by a treatment manager, two officers and three civilians. Case records were comprehensive and of a very high quality, and there were effective joint working arrangements with other services. In the previous 12 months, 96 prisoners had started and 85 had completed the course against respective targets of 96 and 62. The high success rate appeared to be due to thorough preparation by the CARAT team and the fact that the programme was run residentially. Participants said they appreciated the high level of support they received from peers and staff on F wing, where they stayed for four weeks after completing the course. However, some prisoners refused to undertake the programme because of the requirement to move to F wing, which provided limited access to the gym and employment. Half of all prisoners declining P-ASRO gave the F wing location as the reason. There were plans to integrate F and G wings more and to develop P-ASRO as a full-time course.

3.172 In our survey, 17% of prisoners reported drug problems on arrival, but clinical services were limited. Opiate-dependent prisoners who could not be transferred back to a local establishment and those requiring secondary detoxification could access only symptomatic relief. The prison was unable to accept those maintained on methadone and did not offer pre-release retoxification. One prisoner had fatally overdosed on heroin shortly after his release in 2007. This followed two drug-related deaths in custody the previous year where prisoners had swallowed packages of heroin.

3.173 The healthcare manager was a drug treatment specialist and keen to develop services in line with national guidelines and good practice. Risley had hoped to implement the integrated drug treatment system (IDTS), but was not resourced to do so. The lead GP had undertaken specialist substance misuse training, but additional nurses were needed to ensure the safe clinical management of opiate-dependent prisoners.

3.174 There was a good level of joint work between CARAT staff and the mental health in-reach team facilitated by nominated link workers, regular meetings and case conferences. Prisoners could access liver function tests and Naltrexone (an opiate blocker) before release and CARAT workers ensured treatment would continue in the community.

Further recommendations

3.175 The drug strategy committee should meet more often and representation from all relevant departments, including security, should be required.

3.176 The mandatory drug testing programme should be adequately resourced to conduct the required level of random, weekend and target testing within the required timeframe.

3.177 Drug testing figures, including refusals, should be monitored and collated by type to provide effective management information.

3.178 Mandatory drug testing facilities should be cleaned and refurbished to provide adequately sized holding rooms.

3.179 CARAT workers' access to their clients should be improved and confidential interview facilities made available.

3.180 The requirement for prisoners undertaking the P-ASRO programme to reside on F wing should be reviewed.

3.181 The prison should develop and implement clinical management protocols in line with national guidelines. Treatment should be flexible and based on individual need.

Good practice

3.182 *The CARAT service provided four structured sessions of preparation work before clients undertook an intensive drug/alcohol treatment programme.*

3.183 *CARAT workers and peer supporters had been trained to offer health promotion sessions to prisoners using an impressive and imaginative, multi-media approach. The theme-based weekly drop-in clinics were well attended.*

Section 4: Health services

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

4.1 The number of sessions provided by the GP and nurse clinician should be reviewed to ensure there are enough to meet the needs of the population and reduce waiting times to within NHS targets.
Achieved. Three GPs provided a total of 18 sessions a week, with two additional sessions set aside for emergency appointments and administrative tasks. The head and deputy head of healthcare were nurse prescribers, a further nurse had almost completed nurse prescriber training and the pharmacist could prescribe. The appointment system had recently transferred to an electronic system, but this did not make it possible to audit when a patient had been added to the waiting list. Some prisoners said they had waited up to a week to see a doctor, although most of those we spoke to said they had been seen more quickly. Prisoners attending the healthcare centre at treatment times were assessed by a nurse and could if necessary be offered a same day appointment on weekdays. At weekends, the local out-of-hours provider was used or an appointment made for the following Monday.

Further recommendation

4.2 A system for monitoring waiting times for the GP should be developed and regularly audited.

4.3 A head of healthcare should be appointed as a matter of urgency once the remit of the role has been identified.
Achieved. An appropriately qualified and experienced head of healthcare had been appointed.

4.4 The layout and utilization of the healthcare suite should be reviewed to ensure that all space is fit for purpose and appropriate.
Partially achieved. There had been some changes in use, but the environment remained problematic. There was a lack of appropriate space for group work and the three waiting rooms spread around the healthcare centre were not always supervised. Not all clinical and consulting rooms had hand washing facilities. A temporary structure outside the healthcare centre had been intended for the mental health in-reach team, but the size of the rooms had been deemed inappropriate and the space was not used. Two large offices at the end of the department, previously been used by the counselling, assessment, referral, advice and throughcare (CARAT) team, were empty. Plans to introduce more diagnostic procedures on site were at an early stage.

Further recommendation

4.5 All consultation and clinical rooms should have hand washing facilities.

4.6 The main waiting room should be decorated and suitable arrangements put in place for confidentiality to be maintained, while also providing prisoners with the opportunity to speak to staff without a barrier.

Not achieved. We were told that the main waiting room had been redecorated, but it was unwelcoming, the walls were covered with graffiti and the area was generally unkempt. One display board contained information about CARAT services, but there was no health promotion information and nothing to occupy prisoners, who said it was not unusual to spend more than two hours in the healthcare centre to attend a short appointment. There was too little seating in the main waiting room. The other two waiting rooms were equally poor. Prisoners checking in to the centre had to speak to the clinic nurse or healthcare assistant through a window, so both had to speak loudly, which reduced confidentiality.
We repeat the recommendation.

Further recommendation

4.7 Prisoners should go to the healthcare centre to attend timed appointments and should not spend lengthy periods waiting to be seen or to return to their wing or activity following an appointment.

4.8 Nursing staff should comply with the Nursing and Midwifery Council standards for record-keeping at all times.
Achieved. A new electronic system for clinical records had recently been introduced and healthcare staff trained to use it. Staff were aware of the possible risk associated with records being part hard copy and part electronic. Both types of records were available. Results were securely filed in the hard copy of the clinical notes. Handwritten records were legible and included the qualification of the staff member. Previous records could be obtained from the archive if a prisoner returned to the prison following release.

4.9 Nursing staff should undergo customer care training.
Achieved. Nursing staff had been trained in customer care. Most interactions we saw were generally good, but some nurses used prisoners' surnames rather than their given name or title.

Further recommendation

4.10 Healthcare staff should address patients appropriately.

4.11 All clinical records (including dental records) should be kept securely at all times.
Achieved. All clinical records were appropriately stored. Hard copies were kept locked either in the main healthcare records storeroom or in locked drawers in the dental surgery. Electronic records were password protected.

4.12 The safety algorithm for prisoners located in the segregation unit or those subject to adjudication should be filled out correctly. Healthcare staff should always indicate whether there are reasons to advise against segregation.
Partially achieved. Safety algorithms were filled out correctly by nursing staff, who said they consulted the patients' clinical records before completing them. A few completed by GPs had not been completed correctly.

Further recommendation

4.13 Safety algorithms should be completed only by staff trained to do this.

4.14 All policies and protocols, including the pharmacy standard operating procedures, should be signed, dated and in an easy-to-understand format.
Not achieved. A number of policies and procedures were available in the department, but these were either not signed or out of date. There were several pharmacy standard operating procedures, but staff had not signed to acknowledge their understanding or acceptance.
We repeat the recommendation.

4.15 The clinical IT system should be installed as a matter of urgency.
Achieved. The new electronic recording system was used for reception screening, all GP and nurse consultations and information relating to external appointments. The system also allowed internal appointments to be booked electronically and the dentist made entries on it. Previous medical information, letters and results were still available only in the hard copy of the patients' notes, so the hard copy of the clinical file was drawn to ensure that consultations had all clinical information.

4.16 The out-of-hours medical cover should be reviewed to ensure it is sustainable in the absence of a nurse clinician so that patient care is not compromised.
Partially achieved. Out-of-hours medical cover was provided by a local service and the three senior nurses on the healthcare team were also on call on a rota basis to support healthcare staff. This arrangement appeared to work well. However, there was a gap in provision for out-of-hours mental health emergencies.

Further recommendation

4.17 Systems should be in place for the management of out-of-hours mental health emergencies.

4.18 Dental provision should include cover for absences to ensure that six sessions a week are always provided.
Not achieved. There was no cover for the dental practitioners' annual leave. The two dentists avoided taking leave at the same time to ensure that some cover was available each week.
We repeat the recommendation.

4.19 Primary care nurses should use triage algorithms to ensure consistency of care, advice and treatment.
Not achieved. No primary care triage algorithms were in use to ensure consistency of care, advice and treatment.
We repeat the recommendation.

4.20 All prescriptions, including those for non-in possession medication, should be sent to the pharmacy before being passed on to the treatment room. The pharmacist should then ensure that all prescriptions are entered on the patient medication record and carry out clinical and professional checks.
Achieved. All prescriptions were sent to the pharmacy before being passed to the treatment room. The pharmacist ensured that prescriptions were entered on the patient medication record and carried out clinical and professional checks.

4.21 A system should be introduced to audit the use of general stock medication so that stock supplied is reconciled with prescriptions issued. Named-patient dispensed medicines should be used in preference to general stock wherever possible.
Not achieved. Patients who could not have medication in possession were administered it from general stock, which was held in a cupboard and trolley in the treatment room and was replaced by pharmacy staff to agreed stock levels. Non-in possession medicines were always

given from general stock rather than patient named stock, even if only a single patient received the medicine. There was no attempt to audit use of the general stock medicines and no reconciliation of stock used against prescriptions issued or administration records.
We repeat the recommendation.

4.22 The role of the pharmacist should be reviewed to ensure that full benefit is derived from having a pharmacy in house. The pharmacist should be encouraged to have as much contact with prisoners as possible and provision of formal pharmacist-led clinics would allow an opportunity for prisoners to ask about their medication and for formal medication reviews to occur.
Partially achieved. A full-time pharmacist had been in post since November 2006. The pharmacist had become more involved with the provision of healthcare, but there was scope for greater involvement with patients and for additional activities such as prescribing review and clinical audit.

Further recommendation

4.23 The role of the pharmacist should be reviewed to ensure that full benefit is derived from having a pharmacy in house. The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews.

4.24 The medicines and therapeutics committee should develop a formal documented risk assessment for in possession medications.
Achieved. A formal documented risk assessment was used for in possession medications. Most medicines were supplied in possession daily, weekly, fortnightly or monthly.

4.25 The presence of appropriate certification, documentation and written policies on the provision of dental care as detailed in the regulations and British Dental Association advice sheets should be confirmed.
Not achieved. Documentation on registration, indemnity and Hepatitis B status was held elsewhere by dental staff and that on waste collection and autoclave and compressor maintenance was held by the primary care trust, so it was not possible to review them. Not all written policy documents on care provision were present.

Further recommendation

4.26 Appropriate certification, documentation and written policies on the provision of dental care as detailed in the regulations and British Dental Association advice sheets (photocopies if necessary) should be held on the premises.

4.27 The floor in the dental surgery should be replaced so that it meets current infection control guidance.
Achieved. The dental surgery floor had been replaced and met infection control guidance.

4.28 Appropriate facilities for the cleaning of dirty instruments should be provided in the dental suite.
Achieved. Cross-infection control procedures were satisfactory, although clean and dirty areas were not signed. The autoclave had a printer for checking cycles and an ultrasonic bath was used before autoclaving.

4.29 The role of the health promotion worker should be recognised by healthcare staff and her work more integrated into healthcare services.
Partially achieved. The health promotion worker was unavailable during the inspection. There was some health promotion support in her absence, but this was very limited. The health promotion worker had set up a number of initiatives collaboratively with healthcare staff and staff from other areas of the prison.

4.30 The appointment of a psychiatrist to meet the needs of the population should be expedited.
Achieved. A consultant psychiatrist attended the prison for one session a week. The mental health team said this arrangement worked well and there was no wait for consultations.

4.31 Mental health day care provision should be provided for those less able to cope with life on the wings.
Not achieved. There was no day care provision for those less able to cope with life on the wings. Staff said this was due to lack of staff capacity and no suitable accommodation.
We repeat the recommendation.

4.32 The wait for a mental health team appointment should be monitored to ensure that prisoner care is not being compromised by excessively long waits to be seen.
Achieved. The mental health in-reach team had one vacancy, although a new staff member was due to be appointed. In the meantime, efforts were made to ensure that patient care was not compromised. Emergency referrals were seen the same or following day, with all other referrals discussed, prioritised and allocated for assessment at the weekly referral meeting. Anyone, including prisoners, could make a referral to the team.

4.33 Healthcare should be part of resettlement planning. Such an approach would ensure that prisoners are given advice and assistance in accessing health services on release.
Not achieved. Healthcare staff were not involved in multidisciplinary resettlement planning. Prisoners leaving the prison without a GP were given written information on registering.
We repeat the recommendation.

4.34 The prison's no smoking policy should be enforced throughout the prison.
Not achieved. We saw prisoners smoking in non-smoking areas, including the healthcare waiting rooms. Staff and prisoners said the policy was not consistently enforced.
We repeat the recommendation.

Additional information

4.35 A healthcare needs assessment had been completed, but there was no health delivery plan and the skill mix had not been reviewed (see paragraph MR2).

4.36 Healthcare services were commissioned and provided by Warrington primary care trust (PCT). Mental health in-reach services were provided by the local mental health trust. The partnership board met four times a year and had a wide membership. Meetings were well attended. There were no prison-specific healthcare governance and clinical governance meetings and no evidence of how the prison fitted into the PCT clinical governance systems. Complaints were handled through the prison complaints procedures and prisoners were unaware of any other routes for complaints about healthcare. Prisoners were generally satisfied with the healthcare, although there was some dissatisfaction with how long it took to see the dentist and how long patients spent in healthcare waiting rooms.

4.37 Healthcare services were led by a nurse-trained healthcare manager, supported by a deputy head of healthcare, a nursing sister and 10 registered general nurses (RGNs). There were two healthcare assistants, both of whom had NVQs in healthcare. There was no in-patient facility, but the PCT funded three beds at another prison for Risley patients when needed. There was one full-time pharmacist and two pharmacy technicians. Two administrator posts were held by agency staff. The mental health in-reach team included a team leader, three registered mental health nurse (RMN) posts, one of which was vacant, and one mental health graduate worker. A consultant psychiatrist attended for one session a week. There was no primary mental health team, although the graduate worker worked with prisoners with mild to moderate mental health needs. Three discipline officers were allocated to the healthcare centre every day. General practitioners, dentists, a dental therapist, dental nurse and allied health professionals such as a physiotherapist visited the prison. Counselling services were available.

4.38 Besides the healthcare room in reception, all routine healthcare provision was based in the healthcare centre. This included five consultation rooms, a treatment room and dental surgery, a pharmacy, three waiting rooms and offices. The mental health in-reach team was also based in the healthcare centre. No healthcare staff used telephone interpreting services when working with prisoners with little or no English, but face-to-face interpreters were arranged for medical consultations when needed. Interpreting services were not used for the reception healthcare screening interview. All healthcare rooms were on the ground floor and accessible to those with reduced or limited mobility.

4.39 The dental surgery and was clean and well maintained, but cluttered. It housed the autoclave, radiograph developer, filing cabinets and a recently installed computer, which was not appropriately sited. There was no amalgam separator fitted to the dental unit. The healthcare manager said there were plans to convert an adjacent office into a central sterilising room, which would create more space in the surgery. Oxygen was available in the surgery and a full range of resuscitation equipment and drugs was housed in a nearby accessible treatment room.

4.40 The pharmacy was generally clean and tidy. Both it and treatment room were fitted with lockable metal cupboards for storing all medicines. Thermolabile medicines were stored in pharmacy fridges equipped with thermometers. Maximum/minimum temperature records were kept. Controlled drugs stocks were fairly low. Records were generally in order, but the controlled drug register did not include all necessary fields of information to comply with the revised regulations (February 2008). Assembled temazepam tablets were stored with other medicines awaiting supply and not in accordance with safe custody requirements.

4.41 There was no nurse responsible for the care of older prisoners and staff had not been trained in this area. Thirty-five prisoners were over 60 years and the oldest was 77.

4.42 Administration staff said they were normally able to access external appointments without undue delay and prisoners waiting for these were placed on medical hold. Appointments were usually kept, but only three appointments could be made each weekday, which meant routine appointments were cancelled if an urgent one had to be made. There was no process to identify how long patients waited for rebooked appointments or how long it took for a first appointment without checking each patient's individual record.

4.43 Emergency clinical equipment was located in the healthcare centre. Staff said this was regularly checked, but there was no written record.

4.44 New arrivals were given a written information sheet on healthcare services, but this was poorly presented and available only in English. All were seen by a member of healthcare staff in

reception. Their immediate health needs were assessed and they were offered an appointment with a GP the following day. Prisoners with identified specific health needs were offered an appointment with the GP or other health professional as appropriate and given their appointment slip to take away with them. Individual nurses ran clinics for patients with life-long conditions and had received additional training for this. Prisoners were invited to apply for smoking cessation clinics at reception or could apply for these at a later date.

4.45 Prisoners who were unwell could attend healthcare at treatment times and were seen by a nurse who offered advice and treatment, referred to the GP for an urgent appointment or made a routine appointment. Prisoners whose problem was not urgent were encouraged to make written applications to see the GP. Prisoners also attended healthcare to collect medication. Following GP consultations, they were given any in possession medication to take back to the wing. Non-in possession medication was administered by nursing staff from a hatch from the treatment room or from a gate next to the hatch. Staff said only one prisoner at a time was allowed to go to the hatch, but we saw several prisoners crowded round it.

4.46 A full range of NHS dental treatments was provided. Prisoners requiring emergency treatment were seen at the next available session, but the waiting list for routine treatment was around seven weeks. Suitable patients were appropriately referred to the therapist, accompanied by detailed prescriptions from the dentists, and to the dental health educator. Prisoners could request an appointment with the dental health educator. A full range of preventive advice was offered. There was no freely available health promotion literature. Referrals for specialist treatment at outside facilities were made when necessary. Future appointments were not issued on the day, although this was planned.

4.47 All medicines were prepared and dispensed in the pharmacy. Prescriptions for acute medication written during consultations were dispensed and could be collected immediately from the pharmacy. Supplies were made through a small secure hatch, which provided a reasonably confidential interface. All repeat medicines were sent to the treatment room and supplied to prisoners at allotted treatment times. Requests for repeat prescriptions were made with a request slip and were the responsibility of the patient. Medicines were dispensed in conventional containers. Venalink cassettes were used only in exceptional circumstances, although they were occasionally used for patients taking a lot of non-in possession medication to simplify the administration process. The special sick policy included a limited list of simple medicines available for supply. It was not clear when the policy had last been reviewed. Pharmacy staff were not involved in any healthcare clinics. A medicines and therapeutics committee met quarterly. Several patients were prescribed temazepam tablets for insomnia and these were provided in possession daily or twice weekly.

4.48 As there was no primary mental health team, the in-reach team saw a number of patients with primary mental health needs. The team's combined caseload was 92 patients, with the graduate having a caseload of 31 patients. Only 41 were subject to the care programme approach (CPA), indicating that over half the patients supported by the in-reach team probably had primary mental health needs. Despite its large caseload, the in-reach service did not have any administration support. Any patient being assessed for a possible mental health transfer was placed on a medical hold. One prisoner was waiting for a mental health bed in the community, having been accepted for a place four weeks previously. A second prisoner was undergoing assessment and was expected to be accepted as requiring a bed. Around six mental health transfers were made each year.

4.49 Prisoners due for release were invited to a discharge clinic and given a letter for their community GP. Information was given on how to register with a GP if they did not already have one. Prescribed medication to take out was arranged. The mental health in-reach team made

arrangements for continuing care in the community for prisoners subject to the care programme approach.

4.50 There was no palliative care and end of life policy.

Further recommendations

4.51 A skill mix review should be undertaken and a healthcare delivery plan implemented.

4.52 A clear clinical governance structure should be developed.

4.53 A clear procedure for healthcare complaints should be developed and prisoners given information about it.

4.54 Prisoners with little or no English should be offered the option of using a telephone interpreting service for reception screening.

4.55 Waiting times for external healthcare appointments, including those cancelled and re-booked, should be auditable and monitored.

4.56 An amalgam separator should be fitted to the dental unit.

4.57 A primary mental health nursing service should be established.

4.58 The staffing of the mental health in-reach team should be reviewed and administrative support considered.

4.59 Storage arrangements should be reviewed to ensure that all controlled drugs, including dispensed medicines awaiting collection, are stored in accordance with safety requirements.

4.60 The special sick policy should be reviewed to provide a suitable list of medicines for supply by nurses for minor ailments.

4.61 The medicines and therapeutics committee should formulate a policy for the treatment of insomnia and review the use of temazepam.

Housekeeping points

4.62 All rooms where health services are delivered should be clean and well maintained.

4.63 Records should be maintained of the checking of emergency equipment.

4.64 New controlled drug registers should be obtained to enable records to be kept in accordance with current legislation.

4.65 Venalink cassettes should be used only when necessary to help patients manage in possession medication. They should not be used to simplify administration by nurses.

4.66 Clean and dirty areas should be signed in the dental surgery.

4.67 The surgery computer and printer should be sited in an appropriate workstation.

Section 5: Activities

Learning and skills and work activities

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

5.1 The skills for life strategy should be implemented to improve the planning and delivery of courses. (5.20)
Achieved. The education department had developed a skills for life strategy that set out its approach to deliver skills for life within education and embed them within interventions to meet the support needs of prisoners.

5.2 Learning plans should be tailored to the individual and targets set should be appropriate. Learning plans should be fully integrated into the sentence planning structure. (5.21)
Partially achieved. Target-setting on individual learning plans was not sufficiently attuned to individual needs. Targets were set for whole qualifications without short-term milestones for prisoners to work towards. Short- and long-term targets were often the same and related to achievement of the qualification. Targets dates were set for qualification completion in ICT, but other areas recorded only a retrospective acknowledgement of qualification completion. Little use was made of soft targets such as attendance, timekeeping and team working to build prisoners' self esteem and employability skills. Individual learning plans were beginning to be integrated with sentence planning and included sentence planning targets. Staff who delivered information, advice and guidance attended sentence planning meetings with the offender management unit to meet the training, personal development and education needs of the prisoner.
We repeat the recommendation.

5.3 Progress of prisoners undertaking vocational training should be carefully monitored to ensure that training is completed in an appropriate period of time. Opportunities to progress beyond level 1 should be made available. (5.32)
Partially achieved. Prisoners attending the vocational training workshops followed programmes lasting 12 weeks. Success rates were high at around 95%, but learners still could not progress beyond level one.

Further recommendation

5.4 Opportunities for prisoners to progress beyond level one in vocational training workshops should be made available.

5.5 All work spaces available should be fully maximised all of the time. (5.33)
Not achieved. On 15 April 2008, 245 prisoners were not in work or education and there were 68 unfilled vacancies in workshops. There was no activity allocation board to ensure the fair and appropriate allocation of prisoners to work. Prisoners taking painting and decorating did

some decorating work on the wings, but there was insufficient use of skills that other prisoners had gained and insufficient opportunities for them to keep these skills up to date. The PICTA workshop was not open.
We repeat the recommendation.

5.6 Staff should actively supervise prisoners in their workshops. (5.34)
Partially achieved. Some staff supervision had improved, but prisoners in most contract workshops demonstrated a poor work ethic, with many routinely finishing work at least 30 minutes early. Staff in some production workshops did not adequately supervise prisoners.
We repeat the recommendation.

Additional information

5.7 There were 914 activity places, including 60 in vocational training and 517 in education. On average, between 30 and 40 prisoners were unemployed at any time.

5.8 Only part-time education was available, while work in vocational and contract workshops was mostly full time. Prisoners in education could attend work for the remaining session each day, but some chose not to do so because they found the work menial and repetitive. Of the 577 places in education and training, 105 were unfilled despite waiting lists and the high number of prisoners who were not engaged in training, education or work.

5.9 Prisoners received good information, advice and guidance at induction. The electronic transfer of data between establishments in the North West provided accurate details of prisoners' initial assessment scores and qualification achievements, preventing unnecessary repetition of initial screening. Prisoners had a follow-up interview within two weeks to finalise choices of education courses. Ongoing advice and guidance was by referral, but many long-term prisoners nearing the end of sentence did not receive appropriate advice and guidance and there was no resettlement course. Jobcentre Plus workers visited prisoners two weeks before release. This was a significant improvement, but not enough was done to ensure that courses were taken in an appropriate order to benefit the prisoner and meet the needs of the reducing reoffending strategy.

5.10 The education department offered a good range of courses. English for speakers of other languages and skills for life courses were offered from pre-entry to level three. Taster courses were available in literacy, numeracy and ICT. Prisoners were encouraged to progress to higher level courses and there were good initiatives to reduce barriers to skills for life courses. Different levels of literacy and numeracy courses were advertised as getting started, stepping up and extra step to reduce the stigma of attending low level courses. Tutors successfully engaged prisoners who would not otherwise access education and training by providing regular one-to-one tuition in accommodation blocks. Prison officers and other prisoners regularly referred new prisoners for tuition. Tutors sometimes spent as little as 10 minutes with prisoners with short attention spans, but visited them two or three times a week to build their confidence. Prisoners participated in a range of personal and life skills courses such as budget and money management, health awareness, drug and alcohol awareness, sexual health, cookery and art.

5.11 The atmosphere in education was calm and conducive to learning and the facilities were satisfactory. ICT equipment was being renewed. The standard of art work and ceramics was extremely good. Prisoners' special educational achievements were well celebrated. Special achievement awards were presented by the Governor and local employers recruited ex-prisoners. Data on success and retention rates by course and ethnicity was regularly recorded and used. Qualification success rates were high at 85%. Strategic management was good. A

new head of learning and skills had developed strategies to improve participation in education and work, improve allocation of work linked to effective regime planning and the work of the offender management unit. Despite some improvements, there continued to be many regime clashes (see paragraph MR3).

5.12 Workshops were being developed to provide meaningful accredited employment and engage with employers. A needs analysis and trainer skills audit has been undertaken and action plans developed. Quality improvement initiatives through self assessment had accurately identified strengths and areas for improvement. Staff were motivated, but did not have sufficient access to ICT to work effectively.

5.13 There were too few employment opportunities, with around 300 workshop places and 60 vocational training places. All workshops we saw were operating below capacity, often due to staff shortages. At one point during the inspection, 36% of prisoners were not engaged in activity and were locked in their cells. A further 35% of prisoners were employed in unskilled workshops or in unskilled domestic wing work. Managers were reviewing the purposeful activity offered, but it was difficult to get accurate data on how many places were available and used. The head of learning and skills and the enterprise manager were aware of the issues and developing strategies to address them (see main recommendation HP49).

5.14 Allocation to work was not fair or logical and failed to promote equality of access. Until recently, all new arrivals spent 12 weeks doing menial workshop work before they could progress to vocational training. Many prisoners who had gained qualifications and skills elsewhere could not develop or use these at appropriate vocational courses, despite some being a low security risk. Many prisoners repeatedly applied for vocational courses and work without being assigned places or told why their request was not met. A policy statement had recently been issued on assigning prisoners to work when they did not present a security risk, but this had yet to be effectively implemented.

5.15 Work was available in production workshops that packed clothes, recycled compact discs, computer parts and bicycles, assembled medical kits, repackaged drapery, assembled electrical goods and produced textiles. These provided a range of experiences, but no formal accredited training or assessment of work skills. Some staff were keen to develop their own skills to offer accredited training. A small laundry workshop also provided work and accreditation, with a related level two award. A Braille workshop provided work for six vulnerable prisoners, who often remained in this work until their release or transfer. Prisoners could earn qualifications to recognise the skills gained. Six prisoners in a recently introduced desktop publishing workshop were producing good quality work, but it was unaccredited.

5.16 Other job opportunities included wing cleaners, orderly work and in catering, but the useful skills gained working in the kitchen, staff restaurant and at serveries were not accredited. NVQs were not available, even though catering staff were qualified to offer them. Basic food hygiene was supposed to be a pre-requisite for working in catering, but some prisoners and staff working with food did not have the qualification. The accredited BICS industrial cleaning course suspended at the last inspection was now running, but not all wing cleaners took it. No qualifications were offered to the 12 prisoners in the gardening works party or the 12 prisoners working in waste management.

5.17 Construction industry training had been expanded and was delivered in five workshops. Courses in painting and decorating, plastering, bricklaying and kitchen and bathroom fitting were delivered by the education contractor. Each workshop could accommodate 12 prisoners who were able to follow a 12-week level one City and Guilds course. Not all the places were used as the workshops were being relocated to maximise space. Construction learners also

completed a site safety course to acquire the construction industry training board trainee construction skills certification scheme card, which is valued by employers. Prisoners' acquisition of practical skills required by employers remained good and there were some constructive partnerships with local employers. The number of programmes and places had been expanded, but remained too low for a training prison. Success rates were high at 95%. Courses above level one were not available and the training programmes did not allow prisoners to advance to the higher levels demanded by the construction industry. Many prisoners had the ability and enthusiasm to progress.

5.18 Pay was low in education, training and work and was not an effective incentive. Prisoners who were unemployed through ill health and retirement received about half the weekly pay of employed prisoners and vulnerable prisoners had unequal access to work and training, including not being able to access the vocational training workshop provision.

5.19 The good provision in the library has been maintained. A broad range of books was available and regularly updated and reviewed. Book stocks supported education courses. The stock included large print, easy reader and talking books and books in languages other than English. Books could also be ordered on request and were usually available within two weeks. Prisoners could borrow from an extensive catalogue of music CDs and there was a comprehensive selection of legal textbooks and Prison Service Orders. Quizzes, number puzzles and word searches were photocopied and available for prisoners to take away. A useful newsletter informed prisoners of regular events to encourage them to use the library and improve their skills. Peer mentors provided the Toe by Toe reading scheme and the Story Book Dads scheme was planned. Education classes were timetabled in the library to use the facilities, which included a computer room. A useful prison funding directory was displayed giving information on how to apply to charitable trusts for funding for distance learning courses.

5.20 Prisoners' views on improving the library service were regularly sought through surveys and results were publicised. Opening times encouraged good access and 879 prisoners were registered users, although only 30% of prisoners had used the library in the previous four weeks.

Further recommendations

5.21 The processes of allocating prisoners to work and education should be improved.

5.22 Managers should continue to improve the disruptions to learning sessions caused by regime activities.

5.23 Life skills programmes for long-term prisoners should properly prepare them for resettlement

5.24 Information, advice and guidance should be provided during and at the end of sentence.

5.25 The quantity, quality and accreditation of work should be improved.

5.26 There should be improved pay to encourage participation in work, education and training.

5.27 The 12-week waiting time before new arrivals can access vocational training should be reduced.

Physical education and health promotion

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

5.28 More opportunities for prisoners to gain skills and qualifications should be provided and links with potential employers enhanced through the use of release on temporary licence. (5.44)
Partially achieved. The programmes had been reviewed and prisoners had good opportunities to gain skills and qualifications. There was a progressive programme of instructional courses and staff used an effective selection process to identify suitable prisoners. Prisoners progressed from taster courses to level one assistant instructor and level two gym instructor. The 'walking your way to prison health' initiative had been further developed and the programme was now accredited. It successfully involved prisoners who might not otherwise have used the facilities and raised their awareness of healthy living. Ten prisoners were participating. Release on temporary licence was not used in the prison.

5.29 The physical education shower and changing facilities should be improved. (5.45)
Not achieved. Some minor improvements had been made to the showers in that benches and hooks were available. However, changing and shower areas were small and cramped and did not allow prisoners to shower with dignity and decency.
We repeat the recommendation.

5.30 The fitness suite on G wing should be made available for prisoners' use. (5.46)
No longer applicable. The fitness suite on G wing no longer existed and equipment had been moved to one of the main gyms.

5.31 More evening sessions should be offered. (5.47)
Not achieved. Staff shortages meant evening provision had reduced, but staff numbers had recently increased and there were plans to increase provision.
We repeat the recommendation.

Additional information

5.32 Recreational physical education (PE) was well delivered. The PE department offered a balanced programme that reflected the diversity of the prison, and prisoners could gain skills and qualifications to enhance their employability. There were two gym facilities: one comprised a large sports hall, classroom, fitness suite and cardiovascular and weights room, and the other a weights and cardiovascular room. The heating in the main gym was broken. Seven PE instructors and one senior officer managed the facilities assisted by seven prisoner orderlies. The department had not been fully staffed for some time. The programme was predominately recreational, with sessions offered throughout the working day and every evening except Saturdays. Only one PE instructor worked in the evenings so provision was restricted. Prisoners wanting to attend gym during the day were removed from education and workshops.

5.33 There was no outside sports area, which restricted the range of activities such as football and rugby that could be offered. Links were being developed with a local rugby team, but no work

was done with special needs groups from the community. There was now a budget for replacements, consumables and servicing, and broken equipment had been replaced. Resources including DVDs, books, anatomical models and an overhead projector had been bought to support learning.

5.34 PE staff motivated and encouraged prisoners with different fitness levels and interests to participate in recreational PE. Sessions for prisoners over the age of 50 were available and healthcare referrals for exercise were also taken. Forty-eight per cent of prisoners had used the gym in the previous month. There was an application system, with waiting lists for over-subscribed classes or sessions. Staff said the average wait for any given session was two to three weeks, although evening classes could take longer.

5.35 Standard regime prisoners could have three sessions and enhanced level prisoners four sessions in a core day, with unrestricted wing-based evening and weekend use. Two of these sessions could be taken during education and training time with written permission from tutors. Successful and popular inter-wing competitions in different sports were held at weekends and bank holidays. Vulnerable prisoners had separate evening sessions and attended mixed recreational sessions.

5.36 An injury log was kept and incidents were also recorded in the daily diary. Reports of injuries and near misses were kept with the injury log. All PE officers were first aid qualified.

5.37 There were links with other departments to support the drug strategy and offending behaviour programmes. Sessions were available for prisoners on offending behaviour programmes and team-building exercises were offered. There were good links with the healthcare department and the dedicated health promotions worker.

Further recommendation

5.38 The heating in the main gym should be repaired.

Faith and religious activity

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

5.39 The entrance to the chapel and world faith centre should be upgraded to improve the comfort and safety of prisoners. (5.54)
Not achieved. Some new notice boards had been installed, but the long corridor leading to the chapel was unchanged.
We repeat the recommendation.

5.40 All prisoners who wish to should be able to attend religious services; systems for identifying these prisoners should be robust. (5.55)
Achieved. Wings kept a list of prisoners who attended religious services regularly, but this did not preclude others from doing so. There were no difficulties with routine access to services and security, residential wings and the chaplaincy liaised well to enable prisoners to attend the services of denominations or faiths they were not registered with.

5.41 Prisoners attending the chapel for services or other activities should arrive at the agreed time. (5.56)
Not achieved. Prisoners could often arrive at services up to 15 minutes late and wings sometimes had to be reminded to unlock them.
We repeat the recommendation.

5.42 The policy of integrating vulnerable and main location prisoners at religious services should be reviewed to ensure that it continues to be appropriate in light of other regime changes and that it is not excluding prisoners from attending. (5.57)
Not achieved. The policy of integrating sex offenders and main location prisoners had continued without any significant incidents. The chaplaincy was keen to maintain this integrated and inclusive approach. Many prisoners attending services were from E wing and it was not known whether their presence prevented more main location prisoners from attending or whether separate services would increase overall attendance. In our survey, more vulnerable prisoners than main wing prisoners said their religious beliefs were respected and that they could see a religious leader of their faith in private.
We repeat the recommendation.

Additional information

5.43 There were enough chaplains and faith leaders for the main faith groups, the three largest being Church of England, Roman Catholic and Muslim. However, there were no Mormon, Free Church or Hindu chaplains or Pagan leader. A full-time Imam met the needs of the Muslim prisoners and Friday prayers and a weekly Qu'ran class were well attended. Arrangements for Ramadan had involved catering staff and flasks had been provided for those participating in the fast. A Governor's order set out the arrangements for prisoners in the care and separation unit (CSU) to attend religious services, although there had been few requests for this. The Roman Catholic chaplain said mass on R1 (the re-integration unit) every Saturday. The chaplains met every morning and made good use of a faith team journal and applications book to communicate their work with individual prisoners.

5.44 Chaplains saw all new receptions within 24 hours of arrival and enquired about self-harm risks, sick relatives and recent bereavements. Each prisoner was given an information booklet detailing chaplaincy staff, services, activities and religious festivals. There were no separate chaplaincy notice boards on the wings. There were few chaplaincy activities. The first Sycamore Tree programme had recently started and two Alpha courses were run each year. Links with the community and the involvement of volunteers were underdeveloped.

5.45 Chaplains provided pastoral care and there were systems to alert all team members to individuals going through crisis. They saw all prisoners on open assessment, care in custody and teamwork (ACCT) documents daily and maintained a single log of these contacts and reviews to provide continuity. They did not regularly attend ACCT reviews. Chaplains supported bereaved prisoners. One man supported by the chaplaincy had been given permission to attend his mother's funeral, but this had subsequently been withdrawn and the chaplaincy had not been told why.

5.46 The chaplaincy team was well integrated into the work of the prison and had provided a useful guide for staff on religious rights and faith provision for prisoners. The coordinating chaplain was an ACCT assessor and representatives from the chaplaincy attended meetings of the main policy groups, including the race equality action team and the safer custody policy groups, and contributed to sentence planning processes.

5.47 There was a large chapel and multi-faith room accessible to wheelchair users. There were good facilities for religious ablutions, but a noisy extractor fan could not be switched off from the chaplaincy area. There were adequate toilet and kitchen facilities. The multi-faith room was often used for non-religious events. The whole department had access to only one computer.

Further recommendations

5.48 Chaplaincy notice boards should be provided on each wing.

5.49 Links with faith groups in the community should be improved to extend the range of chaplaincy activities and worships styles.

5.50 The chaplaincy should be informed when important decisions are taken that could increase the risk to prisoners with whom it has contact.

Housekeeping points

5.51 Chaplains should be able to control the extractor fan in the multi-faith room.

5.52 The chaplaincy team should have access to improved IT facilities.

Time out of cell

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

5.53 All prisoners should spend at least 10 hours out of their cell each day. (5.67)
Not achieved. During the 2007/08 reporting year, the prison had reported an average of 10.5 hours unlocked, which was unachievable. The published core day allowed for a maximum of just less than 10 hours unlocked for prisoners working full time. Many prisoners who were unemployed or working part-time had less time unlocked.
We repeat the recommendation.

5.54 Prisoners should be given the opportunity of at least one hour's exercise in the open air each day. (5.68)
Partially achieved. The prison was on a summer regime, which allowed for exercise in the morning and evening. In winter months, exercise took place only between 8am and 8.30am and clashed with other regime activities.
We repeat the recommendation.

5.55 Staff should actively supervise and interact with prisoners during association and exercise periods. (5.69)
Not achieved. Although there were some exceptions, most staff did not engage with prisoners during association. Staff were frequently found either in wing offices or in groups observing exercise and association.
We repeat the recommendation.

5.56 The core day should be adhered to and early lock up and late unlocking should cease. (5.70)

Achieved. The core day was followed, with unlock taking place at the published times. Orderly officers kept a log in their daily records.

5.57 Association equipment should be sufficient for the number of prisoners on the residential units and should be in a good state of repair. (5.70)
Partially achieved. All wings had a range of pool, snooker and table tennis tables and F and G wings had additional facilities. Most were in good condition, but the amount of equipment was insufficient for the population on larger wings. The association room on B wing was being refurbished.
We repeat the recommendation.

Additional information

5.58 On one day, our roll check indicated that about 35% of prisoners were locked in their cells during the afternoon. This was partly due to the high number of unemployed prisoners and some closed activity areas. In our survey, only 5% of prisoners, against a comparator of 20%, said they had 10 or more hours out of cell on a weekday. However, 83%, against a comparator of 73%, said they had association more than three times a week. Association was rarely cancelled, although staff shortages had led to some recent regime closedowns. These had been monitored centrally, but the lack of a published rota for wing shut-downs had led several prisoners on F wing to complain when they lost association on two weekends.

5.59 The regime on R1 (the reintegration unit) was conspicuously worse than in the rest of the prison. Apart from three wing cleaners, prisoners were not working. Association took place during the afternoon and exercise every day, but there was no evening activity. Prisoners on R1 could get only three to four hours out of their cell a day.

5.60 Exercise yards varied in type. Prisoners on some wings had access to pleasant landscaped grounds, while others had fenced compounds. There was little seating available.

Further recommendations

5.61 There should be a published rota for wing closedowns, which should happen only in exceptional circumstances.

5.62 The regime on RI should be revised to offer the same opportunities for time unlocked as the rest of the prison.

5.63 Seating should be provided in the exercise yards.

Section 6: Good order

Security and rules

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

6.1 An analyst should be employed to work in the security department. (6.12)
Not achieved. Two staff were awaiting training for the role, but there was no analyst and the high volume of security information reports (SIRs) received meant information was not systematically analysed.
We repeat the recommendation.

6.2 A clear protocol of when a full search, including squatting, should take place should be devised. This should include a risk assessment to justify why this type of search is happening. (6.13)
Partially achieved. The prison's local security strategy included an extract from the national security framework on searching procedures. In many areas, such as reception and in the care and separation unit (CSU), prisoners were routinely given a full (strip) search. Staff were given the discretion to ask prisoners to squat if they believed that an item was being secreted.

Further recommendation

6.3 A local protocol should be established setting out when a strip search is carried out. This should include a risk assessment to justify why the search is happening and should include a protocol for squat searching that includes the authorisation of the duty governor or manager in charge.

6.4 The security department should carry out regular checks on targeted areas to check security of gates and appropriate management of security keys and radios. (6.14)
Achieved. A security audit carried out in September 2007 had reported positively about the management of keys, locks and gate access and rated the prison's achievement at 95%. There had been regular audits of establishment keys and systems to check these arrangements.

6.5 The principles underpinning dynamic society should be reinforced to all staff. (6.15)
Not achieved. There was no refresher security training and we did not see any guidance issued to staff. Some staff had been given security training, but only individually in response to management concerns.
We repeat the recommendation.

6.6 Observation book entries should be discussed at the security meetings, and staff should action any identified bullying incidents. (6.16)
Achieved. Most observation book entries were submitted on SIRs, which were discussed at

the monthly security meeting. Residential staff regularly attended this meeting and there was frequently detailed discussion about occurrences on residential wings.

6.7 The security meeting should be attended by key staff, including senior managers, who can influence change in the establishment. (6.17)
Achieved. The monthly meeting was chaired by the operational manager in charge of security. There was regular attendance from residential staff, safer custody, offender management staff and healthcare. The meetings had a strategic agenda (see additional information).

6.8 Prisoners guilty of opiate use on mandatory drug tests should not be placed on closed visits until after confirmation has been received and only when further evidence is available to suggest a risk of drugs entering the prison through visits. (6.18)
Achieved. There were 33 prisoners on closed visits, with just one as a result of mandatory drug testing. In most cases, documented reasons why prisoners were on closed visits related to the risk of drugs entering the prison.

Additional information

6.9 The security department consisted of a principal officer, security manager and two security collators supplemented by a full-time police intelligence officer and personal identification number telephone operatives.

6.10 The department had received 4400 SIRs in 2007 and 1500 to date in 2008. There were significant concerns about the presence of mobile telephones and drugs. Seventy mobiles and associated equipment had been found in 2007 and 51 to date in 2008. The incident reporting system logged a variety of events, but most related to assaults and drugs coming in over the wall and through the post and visits.

6.11 Monthly security meetings focused on efforts to reduce the drug supply and were also closely linked to the violence reduction strategy. There were effective links between security and the safer custody agenda.

6.12 There continued to be significant security concerns about the gang culture at the prison. Security meetings regularly included some discussion about gang problems, but the lack of a security analyst to piece together information hampered this development and, as a category C prison, Risley did not have the same intelligence resources as other large North West prisons to combat drugs, gangs and associated problems (see main recommendation HP45).

Further recommendation

6.13 The prison should be supported with resources from the North West area to deal with the problem of gang culture within the prison.

Discipline

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

6.14 An explanation of the adjudications procedures should be available in a range of languages. (6.37)
Not achieved. The explanatory notes about the adjudication process given to prisoners were available only in English.
We repeat the recommendation.

6.15 The establishment should review overturned adjudications to try to reduce errors and reduce future instances. (6.38)
Achieved. Adjudication standardisation meetings were held quarterly and included a review of overturned adjudications. Few adjudications were overturned.

6.16 An alternative location to hold adjudications should be sought. (6.39)
Achieved. The care and separation unit (CSU) had been relocated to a purpose-built building that included a new adjudication room. The room was small, had fixed furniture and was fit for purpose.

6.17 The establishment should develop an adjudication database that would provide information about patterns of inappropriate behaviour and trends in charges being laid. (6.40)
Achieved. A database of adjudications was updated daily. This was accessible to staff on the prison intranet and used to inform the prison's COVER (violence analysis report).

6.18 Prisoners given an award of cellular confinement should be seen daily by a qualified nurse or a doctor. (6.41)
Achieved. A doctor or healthcare representative visited the CSU daily and saw all prisoners serving punishments of cellular confinement.

6.19 A suitably qualified member of staff should be nominated to quality check use of force forms on a regular basis. (6.42)
Not achieved. The management of use of force had recently passed to different managers under the safer custody agenda. Use of force forms were in a poor state (see additional information).
We repeat the recommendation.

6.20 Use of special cell documentation should be quality checked, and guidelines about when to use and on whose authority should be developed. (6.43)
Partially achieved. The manager responsible for the CSU and E wing regularly quality checked use of the special cell. There were no specific guidelines on when it should be used and the CSU policy did not include a protocol for this.

Further recommendation

6.21 The care and separation unit (CSU) policy should include guidelines on use of the special cell.

6.22 A video camera to record planned interventions should be purchased and used on all planned interventions and relocations. (6.44)
Not achieved. There was no video camera and planned interventions were not taped.
We repeat the recommendation.

6.23 Medical staff should be informed immediately when an incident involving a use of force/use of special cell has occurred and an assessment of the prisoner should be carried out and recorded. Where possible, they should attend all incidents when force is

being deployed. (6.45)
Partially achieved. Healthcare staff were mostly, but not always, told when use of force incidents had taken place. Form 213s (records of injury to prisoner) were not always complete and many were missing (see additional information). Healthcare responsibilities regarding use of the special cell were usually completed.
We repeat the recommendation.

6.24 The current segregation unit should be decommissioned as soon as possible and any delay in opening the new unit minimised. (6.46)
Achieved. A new unit had opened as part of a spur on E wing (see additional information).

6.25 Before the current segregation accommodation returns to normal location, cells in this area should be refurbished. (6.47)
Partially achieved. The cells of the former segregation unit had been repainted, but the area, now used as a reintegration unit (R1), remained a poor environment (see additional information).

6.26 The gated cell should be removed from the segregation unit and alternatives sought. (6.48)
Achieved. The gated cell had been taken out of use.

6.27 Strip searches on entry to the segregation unit should take place only following a formal risk assessment. (6.49)
Not achieved. All prisoners entering the CSU, apart from those attending adjudications, were given a full (strip) search. This included those located for their own protection.
We repeat the recommendation.

6.28 The Governor should ratify the selection of staff working in the segregation unit as per local policy. (6.51)
Achieved. The Governor ratified the selection of all staff working in the CSU and all had been interviewed by the manager in charge of the area.

6.29 The regime for prisoners located in the segregation unit should mirror that offered to prisoners on normal location. Prisoners' participation at education, offending behaviour courses, work and religious services should not automatically be prohibited following location in the segregation unit. (6.51)
Not achieved. The regime in the CSU was basic and did not allow access to education, work or offending behaviour courses. See main recommendation HP46.

6.30 Managers should ensure that the concerns and fears of vulnerable prisoners regarding the relocation of the segregation unit to E wing are properly managed and assuaged. (6.52)
Partially achieved. There had been no forum for E wing prisoners to raise their concerns. A principal officer was in charge of E wing and the CSU and consequently monitored complaints and any trends. The number of complaints had fallen and managers were aware of possible tensions (see additional information).

Additional information

6.31 There had been 2236 adjudications in 2007 and 698 to date in 2008. Many charges were serious, with drug use and mobile telephone possession coming up almost daily. Adjudicators regularly heard between 10 and 20 charges. The independent adjudicator attended monthly and heard charges for repeat offenders. The prison dealt with first charges for opiate use and

mobile telephones. Punishments tended to be severe, but reflected the seriousness of the charge. Many consisted of loss of wages, association, gym and canteen. Cellular confinement was not used regularly. There were few charges for minor offences against discipline. The prison had devised a tariff for each offence. Adjudication standardisation meetings were held regularly. The adjudication hearings we observed were conducted thoroughly and fairly, with procedures fully explained to prisoners. Records indicated thorough enquiries in most cases.

6.32 There had been 48 incidents of use of force in the previous six months. It was not possible to determine the actual number of incidents in 2008 as those taking place in March 2008 had not had a log number assigned and the use of force log had not been completed since the end of October 2007. Paperwork was in a poor state. F213s were frequently missing and a number of officer statements were also missing. Some forms had a quality check management form attached, but none of these had been completed. Notes on some forms highlighted what was missing, but these had not been followed up (see main recommendation HP47). The majority of incidents were spontaneous and related to non-compliance, often as a result of cell-searches or other incidents where prisoners had not complied with staff instructions. Some statements contained detailed descriptions of what had led to the incident, but many provided no background information and there was an over-use of formulaic descriptions such as 'no more force was used than necessary'. The establishment was struggling to keep staff up to date with control and restraint training and the number trained had fallen under target to around 65%.

6.33 The special accommodation cell had been used three times in 2008 and was now effectively monitored. Documentation from 2007 was notably poorer, with some missing forms, no separate log and some forms filed with the use of force paperwork or assessment, care in custody and teamwork (ACCT) documents. In two incidents, there was no evidence that the prisoner had been seen by a member of healthcare staff. One prisoner had been placed in a body belt due to self-harm. The lack of video monitoring meant managers could not check the management of incidents after the event. Some incidents of use of the special cell did not appear to be proportionate. In one incident, the log recorded that a prisoner placed in the special cell to calm down had lain 'on floor curled up facing the wall states ok when asked'. There was nothing to indicate that he was violent or refractory.

6.34 The new CSU on a spur on E wing provided 17 cells and a special cell. Two cells were safer cells. Vulnerable prisoners on E wing had previously expressed concern about the relocation of the CSU and the proximity to their cells. There had been some problems with behaviour, but the E wing manager, who also managed the CSU, had monitored the situation and there were no specific concerns or continued complaints. Problems with the behaviour of some prisoners on the CSU had led to the withdrawal of the gardens party from cleaning the external areas. Rubbish had built up as a result and some areas were squalid. Grills on cells were also in need of maintenance and some cells were in poor condition. All had cardboard furniture and toilets were dirty. The holding area for prisoners waiting for adjudications was small and damage caused by a disruptive prisoner meant there was no toilet or washbasin. The exercise yard was small, having been being split into two zones following an incident. The accommodation offered little flexibility.

6.35 There had been a number of incidents of prisoners on dirty protest and the CSU was frequently the site of disruptive behaviour. Significant numbers of uses of force took place on the unit. Most prisoners were located on the unit for one to two weeks, with the longest resident held there since the end of February 2008. Paperwork was largely completed well, although two safety algorithms had not been completed properly by healthcare. The prison had been trialling a different system of daily checks to replace daily wing entries and some wing files consequently contained little information about individual prisoners.

6.36 Staff-prisoner relationships in the CSU were mostly good. Staff clearly knew many prisoners well and were keen to provide them with a fresh start. Fortnightly CSU reviews were well attended, multidisciplinary and target-based. Residential staff were encouraged to maintain contact with prisoners located on the unit and attend reviews. The regime was basic. Prisoners had daily telephone calls and usually daily showers, although the pressure of numbers meant this could be every two days. Exercise was always offered, but there was no access to programmes, religious services or any other aspects of the prison regime. There was no scope for managers and staff to meet to discuss the use of segregation.

6.37 The prison had converted the old segregation unit on B wing into a reintegration unit (R1) in response to the problems of prisoners being in debt or seeking own protection. R1 contained 13 cells and was almost always full. Most prisoners were located there following a stay on the CSU, although several had come straight from other residential wings. The unit had received 53 prisoners since opening in August 2007 and had had some limited success in moving prisoners to normal location. Nine prisoners had gone to normal location within Risley and 15 to other prisons. The remainder had either been released at end of sentence or remained on the unit. The R1 regime was limited and places were in high demand, often linked to drug-related debt issues.

Further recommendations

6.38 Use of force should be analysed for any trends and discussed by senior managers.

6.39 Control and restraint training should be up to date.

6.40 The special cell should be used only for violent or refractory prisoners and documentation relating to its use should be fully completed and regularly checked by managers.

6.41 Safety algorithms should be fully completed by healthcare staff.

6.42 A segregation monitoring group should be established to evaluate the regime and discuss issues of policy.

6.43 The R1 regime should be clearly linked with the CSU and provide prisoners with clear and structured expectations.

Incentives and earned privileges

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

6.44 The establishment should make more robust use of the incentives and earned privileges scheme to encourage more responsible prisoner behaviour. (6.59)
Not achieved. The incentives and earned privileges (IEP) scheme was ineffective and not understood by prisoners or staff. Senior managers were aware of this and it had been highlighted in a recent evaluation for the performance improvement plan. An action plan had been published in March 2008 with targets to improve delivery.

Additional information

6.45 Thirty-two prisoners were on the basic level of the scheme, 552 were standard and 504 enhanced. Fifty-six per cent of sex offenders, compared to 38% of prisoners on other wings, were on enhanced level. Forty-six per cent of prisoners felt treated fairly by the scheme, although the figure fell to 30% among black and minority ethnic prisoners compared to 51% of white prisoners.

6.46 All officers we asked related the scheme to prisoners' behaviour rather than to sentence planning or other wider issues. Many felt it had little impact on prisoners' motivation and behaviour. The scheme was not operated consistently and fairly across wings. Prisoners transferring in on enhanced were demoted to standard regime and could apply for promotion only when they moved off the induction wing. Staff said this was to encourage prisoners to move off D wing. Many prisoners complained that they were subject to the double jeopardy of receiving a disciplinary punishment and being placed on basic.

6.47 Record-keeping was poor and often non-existent. There was no expectation that wing staff would monitor a prisoner subject to the basic regime and it was common to find no comments or many negative comments in wing files. Wing files gave no indication what prisoners thought about their situation, whether they were receiving their basic entitlements or whether staff ever actually spoke to them.

6.48 Some prisoners had been demoted to basic or promoted to standard, and had been reviewed, without this being recorded in wing files. Staff on many wings were unable to find the paperwork of prisoners who had recently been reduced to basic or reviewed. Documents that could be found contained no evidence that prisoners had attended or been given the opportunity to make a written submission. Some wing files showed that prisoners had been demoted on the basis of their behaviour over time, but many others contained no reason for the demotion or promotion. Enhanced level prisoners were expected to work, but 45 were unemployed.

6.49 Prisoners were given written warnings and copies were kept in their wing file, although paperwork was generally jumbled in the files in no apparent order. Prisoners did not sign to confirm that they had received warnings and some complained that officers had issued warnings without telling them. In the previous six months, five prisoners on C wing had been on basic regime for over a month. One man had been on basic for 10 weeks and one during the inspection had already been on basic for six weeks.

6.50 Managers were not aware of any prisoners appealing against IEP decisions. Monitoring was poor and ineffective.

Further recommendations

6.51 The aims and operational application of the incentives and earned privileges (IEP) scheme should be re-stated and re-launched among both staff and prisoners.

6.52 There should be sufficient difference between the standard and enhanced regimes to encourage responsible behaviour and compliance with set targets.

6.53 Prisoners should be able to keep their enhanced status on transfer from another establishment.

6.54	The IEP scheme should operate fairly and consistently across the prison using sound documented evidence.
6.55	Prisoners should be promoted or demoted on the basis of their behaviour over a period of time and this should be documented.
6.56	Prisoners should not be placed on basic regime for extended periods. Additional interventions should be considered with persistently disruptive or recalcitrant prisoners.
6.57	Prisoners should not experience the double jeopardy of receiving a disciplinary punishment and being placed on basic regime.
6.58	The IEP scheme should be effectively monitored by senior managers.

Section 7: Services

Catering

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

7.1 All prisoners employed in catering should have the opportunity to gain catering qualifications. (7.10)
Partially achieved. Catering staff included NVQ assessors and an internal verifier, but there was no classroom and none of the kitchen orderlies were studying for an NVQ. Some orderlies did not want to embark on a lengthy course as they were hoping for transfer (see also section on learning and skills and work activities).
We repeat the recommendation.

7.2 The opportunity for communal dining should be explored further through the prisoner consultation committee. (7.11)
Partially achieved. The number of tables for communal dining on wings had increased and some prisoners chose to sit at them. Others ate their meals while sitting on pool tables, but most ate in their cells, where most toilets were unscreened. Some prisoners preferred to eat in their cells, partly because they wanted to keep themselves to themselves and partly because the time between the serving of lunch and lock-up was too short. The prisoner action committee met monthly and discussed catering issues. Prisoners' views on communal eating had been canvassed and most said they would prefer it, but managers said there were insufficient resources.
We repeat the recommendation.

7.3 Menu choices should make five portions of fruit and vegetables a day available. (7.12)
Achieved. Fresh fruit and salad were included in the options available every day. Cooked food included mixed and green vegetables as well as potatoes.

7.4 Not all meat used should be halal. (7.13)
Achieved. Halal and non-halal meat, as well as vegetarian and a healthy option, were available on the menu.

Additional information

7.5 Not all orderlies serving meals on the unit serveries or wing staff supervising them had basic food handling and hygiene certificates. The catering manager issued detailed guidance and catering supervisors regularly visited serveries, but advice was not uniformly followed. Prisoner orderlies wore hats and white jackets, but some were laundered only once a week. Muslim orderlies had been recruited to work in the kitchen and on the serveries, but the dedicated serving utensils for halal food were not always used. Serveries and trolleys were not always thoroughly cleaned, partly because orderlies were promptly locked up even if they had not finished their work.

7.6 In our survey, catering fared poorly against the comparators and responses were less positive than at our last inspection, although there had been little change in management of the

kitchen. The food we saw was of reasonable quality and portions were a reasonable size. New servery comments books had recently been issued to all units, but contained few comments. Catering staff attended prisoner consultation meetings and tried to meet diverse needs in the four-week menu cycle. Risley continued to provide two hot meals a day and a cooked breakfast at weekends. Biscuits were issued, intended as an evening snack. Breakfast cereal and milk packs were issued to prisoners with the evening meal instead of the following morning.

Further recommendations

7.7 All servery orderlies and supervising staff should have food handling and hygiene training.

7.8 Serveries and trolleys should be cleaned after use and servery orderlies should wear clean protective clothing every day.

7.9 Breakfast packs should be issued in the mornings.

Prison shop

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

7.10 Prisoners should be able to access the prison shop within 24 hours of arrival. (7.20) Not achieved. Depending on their day of arrival, some prisoners did not receive their first shop order for up to 10 days. In our survey, 19% of prisoners, significantly worse than the comparator of 27%, said they had access to the shop within the first 24 hours. New arrivals were offered a smoker's pack, but this contained only smoking products and they could not buy food.
We repeat the recommendation.

Additional information

7.11 The shop was contracted out and operated a bagging system. Orders were placed between Monday and Wednesday and distributed on Saturday morning. The canteen list contained 450 items, but was not available in languages other than English or pictorially. In the survey, 58% of prisoners, significantly better than the comparator of 47%, said the canteen sold a wide enough range of goods to meet their needs. There were plans to remove the 100 least popular items, although specialist products for black and minority ethnic and vegan prisoners would not be affected. Canteen issues were regularly discussed at prisoner consultation meetings and the services manager attended these on request. Prisoners complained that prices were high.

7.12 Prison administration believed prisoners could order from 13 different catalogues, but wing staff were aware of only three catalogues. Prisoners were charged a 50 pence administration fee for catalogue items ordered through the shop contractor. Prisoners were given details of their available spends with each canteen form and could request full account details at no charge. Money to buy canteen could be advanced if it had not arrived with the prisoner.

Further recommendations

7.13 The canteen list should be available pictorially for those who cannot read English or whose reading skills are poor.

7.14 Canteen prices should be comparable with those of standard supermarkets.

7.15 Prisoners and wing staff should be aware of all approved catalogues and these should be freely available on the wings.

7.16 Prisoners should not be charged an administration fee for catalogue orders.

Section 8: Resettlement

Strategic management of resettlement

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

8.1 Any further re-structuring of the management arrangements within resettlement should result in clear lines of accountability, avoid duplication and ensure full integration of functions. (8.8)
Achieved. Management arrangements under resettlement were clear.

8.2 The healthcare department should be formally represented at resettlement management meetings. (8.9)
Achieved. A representative from healthcare attended reducing reoffending policy committee meetings.

Additional information

8.3 A needs analysis had just been completed, but was not sufficiently comprehensive and had not been used to inform strategy and development (see paragraph MR5).

8.4 A head of community partnerships was responsible for coordinating the voluntary sector groups coming into the prison. There was a community engagement strategy and action plan and a quarterly partnerships meeting to share best practice, share information and raise issues.

Further recommendations

8.5 A needs analysis should be completed to determine the needs of specific groups such as foreign nationals, licence revokees and sex offenders. It should provide a clear picture of programme/intervention requirements and more specific information about deficits in service delivery across the resettlement pathways. Findings should be used to inform strategy and service developments.

8.6 The resettlement strategy should be revised considering the finding of the recent needs analysis.

Offender management and planning

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

Sentence and custody planning

8.7 OASys assessments should be carried out on all eligible prisoners. (8.17)
Not achieved. Thirty-five per cent (376) of prisoners did not have an up-to-date offender assessment system (OASys) assessment. Thirteen per cent of OASys reports had not been initiated and 22% were out of date. Prisoners without an OASys were prioritised based on risk, which included consideration of lifers, indeterminate public protection (IPP) sentenced prisoners and prolific and priority offenders (PPOs), followed by parole date or downgrading, then by release date. A recent drive to reduce the backlog was reflected in OASys completion figures, with 38 completed in March compared to eight in January. About two prisoners a week arrived without a valid OASys assessment where one should have been completed. Offender supervisors chased these up with the offender manager and completed them when necessary.
We repeat the recommendation.

8.8 Pre-release meetings should be carried out on all short-term prisoners. (8.18)
Not achieved. Pre-release meetings routinely took place only on high risk prisoners.
We repeat the recommendation.

8.9 The healthcare department should supply reports for sentence planning reviews on request. (8.19)
Achieved. Requests for sentence planning information from healthcare were rarely made, but were responded to when they were. Staff said the offender management unit was reluctant to ask for information from healthcare as the response was often that it was 'medical in confidence'.

Public protection

8.10 There should be a greater involvement of personal officers in individual cases where public protection issues are identified. (8.63)
Not achieved. None of the wing staff, including personal officers, we spoke to knew which prisoners were subject to public protection arrangements, or were aware of public protection databases. Staff generally said the offender supervisor, correspondence or public protection coordinator was responsible for being aware of related issues. There was no evidence that personal officers attended risk management meetings relating to their prisoners. A recent report prepared for the performance improvement plan process had identified this as an ongoing concern.
We repeat the recommendation.

8.11 Routine monitoring of correspondence should continue in individual cases beyond the initial period only following an individual risk assessment. This should be reviewed regularly. (8.64)
Achieved. Monitoring continued for longer than three months only on an individual risk assessment basis, which was continually monitored.

8.12 The allocation of £2 telephone credit to new arrivals should take into account all public protection issues. (8.65)
Achieved. Arrangements were sound and considered public protection issues.

Life-sentenced prisoners

8.13 Forums for life-sentenced prisoners should be advertised well in advance and held bi-monthly. (8.26)
Partially achieved. Bi-monthly lifer forums, chaired by the lifer manager, had recently been re-established and two had taken place in 2008. Staff said all lifers and IPP prisoners were invited, although some we spoke to said this was not the case. Sufficient notice had been given for those who knew about the meetings. Minutes were produced, but prisoners we spoke to were not aware of them and they were not displayed on wings.

Further recommendation

8.14 All indeterminate sentenced prisoners should be aware of the lifer forums and the minutes should be displayed on notice boards.

8.15 The lifer manager should analyse the information made available by the psychology team and produce an action plan to address any identified issues. (8.27)
Not achieved. Some issues highlighted in the lifer needs analysis were addressed, but there was no action plan to address the issues identified by the analysis completed in August 2007. We repeat the recommendation.

8.16 A protocol to appropriately plan for life-sentenced prisoners who are released from the establishment should be developed. (8.28)
Achieved. The lifer strategy explained the use of escorted absences, of which there had been 37 since January 2007. It did not discuss a specific protocol for releasing a lifer from Risley, but no lifer had been released in over four years. These arrangements were satisfactory.

8.17 Families should be invited to planning boards in appropriate cases. (8.29)
Not achieved. Families were not invited to sentence planning boards (see further recommendations below).

Additional information

Sentence and custody planning

8.18 Significant efforts had been made to implement a strategic vision for the offender management unit (OMU) since its creation in 2007. However, the OMU was not yet acting as the driving force behind prisoner activities and progression. Links with the programmes team had improved and OASys information was now formally incorporated into processes such as recategorisation.

8.19 A total of 430 prisoners were officially in scope for offender management, but the prison's strategy was to treat all prisoners as such. This meant all prisoners were allocated an offender supervisor with the intention of providing an OASys assessment. In some respects, this was working well. Offender supervisors dealt with home detention curfew (HDC), release on temporary licence (ROTL), parole and other processes and there had been a significant drop in complaints in these areas.

8.20 A level of expertise was developed by the offender supervisors responsible for foreign national prisoners, lifers and sex offenders, but the offender management model was not yet working

effectively and prisoners' perceptions of the process were poor. In our survey, 48% of prisoners, significantly worse than the comparator of 59%, said they had a sentence plan and only 31% said they had been involved in its development.

8.21 The OMU was well supported by a good information management database. Prisoners were allocated a case administrator and offender supervisor within their first two days. All were given a leaflet about the OMU, giving the name of their personal officer, offender manager and offender supervisor. Offender supervisors were supposed to see new arrivals within 10 days for an initial assessment. However, of the 22 offender supervisor records of contact we looked at, only nine had been seen within this timeframe.

8.22 There were 15.5 active officer offender supervisors. Probation officers (six full-time equivalent staff) took on all high risk cases, including high or very high scorers on OASys, PPOs and IPP prisoners (about 300 prisoners in total), which was a good use of their specialism. Offender supervisors had an average caseload of 50 prisoners each, although some had up to 70. Records indicated that offender supervisors actually saw prisoners about quarterly, but did not demonstrate a detailed knowledge of them, particularly relating to their wider circumstances such as family and other issues outside.

8.23 An average of 32 sentence planning boards took place each month compared to the 74 a week identified in the offender management desktop exercise. Boards were instigated by the prison and the prisoner was always invited, but family members were not. The OMU unit had its own video conferencing facility that was used about three or four times a month. Further facilities on A and C wings were not used.

8.24 OASys reports were supervised by a senior officer and 10% of assessments were quality checked by the head of offender management. Those we looked at did not fully demonstrate that assessors corroborated prisoners' self-report with official documentation and the sentence plan section did not usually specify individual staff to assist with objectives. Over half did not have a completed sentence plan section. Staff said offender supervisors did not complete the section if they did not think any objectives were necessary.

8.25 The delivery of OMU work was impeded by the lack of establishment support for unit staff. They worked shifts and had daily operational duties, such as lining movement routes. Offender supervisors were frequently redeployed to operational tasks, with 12 shifts in the previous week taken to backfill gaps in other parts of the prison. Scheduled interviews and commitments relating to their role were therefore often broken and impacted on the offender supervisors' ability to develop a trusting rapport with prisoners. A further threat to OMU work was the prison's rotation policy, which meant offender supervisors were not regarded as specialist staff. A number of staff were due to be moved off the group against their wishes and some of the new staff due to take over were not motivated to undertake this role.

8.26 There were 70 prisoners on licence recall. A brief section on recall was included in an information leaflet given to prisoners in reception, but most recalled prisoners we spoke to said they had not been given any specific information or support. There were frequently delays in getting recall oral hearings arranged. The prison often found out about a hearing at short notice and delays in the hearings were not uncommon.

Public protection

8.27 A total of 247 prisoners were subject to public protection monitoring arrangements. This included prisoners subject to multi-agency public protection arrangements (MAPPA) two or

three, OASys high or very high risk, issues relating to child protection and harassment and others where there were intelligence-led concerns.

8.28 Public protection arrangements were managed by a non-operational manager supported by a full-time public protection coordinator at principal officer level. An effective meeting structure ensured all risk cases were discussed frequently and there were links with offender managers. Communication structures with other parts of the prison were sound, but this had not impacted on the awareness of wing staff (see paragraph 8.10).

8.29 There were systems to ensure that new arrivals were told about relevant public protection measures. However, prisoners we spoke to who had been at Risley for more than a few months and who were subject to child protection arrangements were unaware of what the arrangements meant or that they could make applications to see particular children.

8.30 A total of 317 prisoners did not have a MAPPA level and may not have been getting the appropriate input/priority at an early enough stage in their sentence. Representatives from Risley attended all MAPPA three and most MAPPA two case conferences.

Life-sentenced prisoners

8.31 Risley was operating as a second stage lifer prison and there was capacity for 100 lifers (not including IPP prisoners). There were 66 lifers and 26 IPP prisoners, 34% of whom were on the sex offender wing. Lifers were managed under the residential function, but there were plans to move this to the OMU, which would be more appropriate.

8.32 Lifers and IPP prisoners we spoke to did not believe the prison helped them to progress, which was not surprising as 62 lifers were past tariff and 34 did not have a valid OASys assessment. Managers acknowledged particular difficulties in finding places that would accept sex offenders. The lifer needs analysis also highlighted access to psychological assessments and to some programmes as an issue (see section on reintegration planning).

8.33 There was a lifer strategy document and the strategy was taken forward by a quarterly meeting, although there had only been two meetings in the previous 12 months.

8.34 Lifer days were held twice a year and involved a full-day family visit. There had been two for sex offenders and two for general prisoners in the previous year.

8.35 Thirteen residential staff had received lifer training in the previous three years. They were not evenly or logically distributed. E wing, for example, had 34% of lifers, but no recently trained lifer staff. Lifer officers were responsible for requisite report writing on the lifers on their wing, but otherwise had no clear responsibilities and no job specification. The prison's lifer needs analysis highlighted 'no access to lifer officers' as an issue.

Further recommendations

8.36 Where a prisoner has had ongoing contact with healthcare, particularly with the mental health team, the team should provide routine contributions to the annual OASys assessments.

8.37 The offender management unit should be more integrated and have greater influence in determining prisoner access to the regime and guiding prisoner progression.

8.38 Offender supervisors should not have caseloads of more than 50 prisoners.

8.39 Offender supervisors should have frequent direct contact with their prisoners and records should demonstrate a detailed knowledge of them and their wider circumstances.

8.40 Offender management boards should take place at least annually.

8.41 The sentence plan section of the OASys should always be completed when the OASys is reviewed.

8.42 Offender supervisors should not routinely be redeployed to operational tasks or to backfill gaps in the regime.

8.43 The offender supervisor role should be treated as a specialism and staff should be able to remain in the role for longer than usual rotations allow, so that the prison benefits from their specialist skills and knowledge. Where possible, staff moving into the group should be volunteers.

8.44 Prisoners should be able to invite a family member or friend to offender management boards.

8.45 Greater use should be made of video link facilities, allowing offender managers or family members to be involved in boards or for offender management-related interviews.

8.46 Information in OASys assessments should be routinely corroborated with official documentation and inconsistencies highlighted by offender supervisors.

8.47 OASys objectives should identify named members of staff to assist with meeting targets.

8.48 Detailed information should routinely be given to recalled prisoners in writing and verbally, and prisoners allowed to ask questions.

8.49 Recalled prisoners should be prioritised by the offender management process, allowing offender supervisors to chase up problems or delays.

8.50 Wing staff should be aware of which prisoners are subject to public protection monitoring arrangements.

8.51 All prisoners subject to specific public protection measures, such as restricted contact with children, should have restrictions explained to them and be given the opportunity to discuss concerns with an informed member of staff.

8.52 All prisoners should have an assigned MAPPA level.

8.53 All indeterminate sentenced prisoners should have a valid OASys.

8.54 There should be better strategic management of lifer liaison officers, who should be trained, given job specifications and responsibility for particular prisoners and located in proportion to where lifers are located.

Reintegration planning

8.55 The role and function of A wing should be clarified and staff and prisoners informed about this. (8.48)
Achieved. A wing had been made a general wing and all staff and prisoners were aware of the change.

8.56 The findings of the needs analysis research should be used to develop services targeted at prisoners in greatest need. (8.49)
Partially achieved. See paragraph MR5.

8.57 Prisoners should be more actively involved in the home detention curfew process (HDC). (8.50)
Achieved. Under the new offender manager model, the HDC process was managed by the offender supervisor and prisoners were kept more informed. HDC-related complaints had reduced by 33%.

8.58 Greater use should be made of release on temporary licence (ROTL) in preparing prisoners for release. (8.51)
Not achieved. Managers were under pressure to progress prisoners to category D, so the strategy was that prisoners eligible for ROTL should be downgraded. Only four prisoners had been granted ROTL in the previous year. This was particularly concerning as managers had highlighted difficulties in progressing eligible sex offenders, for whom such opportunities were important (see reintegration planning section).
We repeat the recommendation.

Additional information

See also sections on health services, learning and skills and work activities, substance use and contact with the outside world.

8.59 In our survey, only 15% of prisoners said a member of staff had helped them prepare for release.

8.60 A quarterly accommodation resettlement pathway meeting was chaired by the pathway lead (the head of community partnerships) and included representatives from area office, NACRO, Manchester City council, Cheshire probation, the Citizens Advice Bureau and various housing services. Minutes addressed weaknesses in accommodation provision. The prison's own needs analysis found that only 11% of prisoners felt their needs in this area were being met. In our survey, 52% of prisoners significantly worse than the comparator of 42%, said they would have a problem finding accommodation on release.

8.61 There was no input from experienced housing service providers and no establishment coordinator. Five housing orderlies who had attended a two-day NACRO training course provided a limited service, but none worked on C, D or F wings. They were responsible for informing prisoners within 10 weeks of release that they could speak to a housing orderly. They could also help to complete forms for community care grants and for registering with a local council. They had no input to the induction process. They had no facilities other than a room where they could speak to prisoners and no mechanism for making accommodation arrangements. There had been no housing worker for over a year to support and supervise their work. Offender supervisors occasionally dealt with housing issues prior to release, but

this was not routine. In high risk cases, probation tried to arrange hostel accommodation. With the introduction of early conditional licence discharge, the average 10% figure for prisoners going out to no fixed address was unlikely to be accurate, as the early release provided a disincentive for prisoners to be honest about being homeless. Housing orderlies believed that over half of prisoners released had no fixed address.

8.62 The prison's own needs analysis showed that only 6% of prisoners felt their finance, benefit and debt needs were being met. In our survey, significantly more prisoners than the comparators said they would have a problem on release with finances (55%) and claiming benefits (39%). A Citizens Advice Bureau (CAB) representative came in for one morning a week and saw about four prisoners. The CAB was funded by the legal services commission and could deal with issues relating to debt, benefits and employment. They were not funded to offer housing services, but occasionally gave advice on rent arrears.

8.63 A Jobcentre Plus worker invited all prisoners to an interview within two weeks of release and set up appropriate benefits appointments. A bank representative came in one morning a week and saw about eight prisoners. All prisoners were invited to open a bank account within six months of release. Account cards and cheque books were held until their release. The education department offered a social and life skills course that included a 30-session module on budgeting and money management. A total of 101 prisoners had completed this in the previous 12 months.

8.64 In our survey only 26% of prisoners, significantly worse than the comparator of 31%, said a member of staff had helped them to address their offending. The resettlement needs analysis was not detailed enough to determine which offending behaviour programmes were needed. However, given that some 450 prisoners had been sentenced for violence-related crimes, it was unlikely that the programmes available were meeting all needs. Managers said they aimed to pilot a 'life minus violence' programme to address this deficit in service provision and believed further offence-related interventions were needed to address the needs of the high proportion of prisoners with financially-motivated offences. Limited one-to-one interventions were available dealing with issues like domestic violence, but waiting lists were long.

8.65 Prisoners were told which programmes were available during induction. These programmes included the sex offender treatment programmes (SOTP), including core, better lives booster, rolling and healthy sexual functioning (HSF). Fifty-six prisoners completed the programmes in the previous year. Assessments prepared for the performance improvement plan highlighted that the better lives booster programme was not appropriate for the population and there were imminent plans to replace it with the extended programme. Structured assessment of risk and need (SARN) reports were up to date, but had historically been a problem that affected prisoners' progression. A number of managers expressed concern about progressing eligible sex offenders because few other prisons accepted them and that slow throughput was increasingly affecting the number of prisoners available to undertake programmes.

8.66 In 2007, 102 prisoners had completed the enhanced thinking skills (ETS) programme. Only prisoners with a completed offender assessment system (OASys) assessment could progress on to ETS. However, 13% of prisoners did not have a completed OASys and 22% were out of date.

8.67 Twenty-eight prisoners had completed a controlling anger and learning to manage it (CALM) programme in 2007. Other interventions included the Sycamore Tree victim awareness project delivered through the chaplaincy. A 'thinking skills in the workplace' programme had been piloted in April 2007 with six prisoners deemed not to have high enough risks to need ETS. A

pilot of a gambling programme was scheduled for later in the year. IMPACT (a European social fund project) had trained a group of staff to become tutors in motivational interviewing.

8.68 Prisoners complained about waiting lists, which stood at three to six months for ETS and CALM, and one to two years for HSF. Other programmes had no waiting lists. Prisoners were prioritised for programmes based on their risk of harm, tariff expiry, treatment sequencing and treatment need. Diversity was not routinely discussed at the tri-partite management meetings, but ETS prisoners were consulted about additional diversity-related needs and strategies were put in place to manage them. Prisoners in the care and separation unit (CSU) could not attend programmes.

Further recommendations

8.69 A full-time housing service provider should be recruited who should see all prisoners on arrival and before discharge and provide support and coordination to the housing orderlies.

8.70 The waiting list for the healthy sexual functioning programme should be reduced.

8.71 There should be closer case management of sex offenders for whom there are difficulties finding progressive moves. This should include more frequent reviews with wider involvement of outside groups and families and creative target setting that may assist with progression.

8.72 Diversity issues should routinely be discussed at the programmes management meeting relating to all prisoners applying for programmes.

8.73 Prisoners in the care and separation unit (CSU) should be able to attend programmes following an individual risk assessment.

Good practice

8.74 *The link with a national bank gave prisoners the opportunity to have a bank account set up before release, which helped with arranging benefits and encouraged good financial management.*

Section 9: Summary of recommendations, housekeeping points and good practice

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

Main recommendations — To the governor

9.1 B wing and R1 should be closed without delay. (HP43)

9.2 A programme of work should be put in place to improve the decorative order and cleanliness of the residential wings and other prisoner facilities. (HP44)

9.3 The prison should develop strategies and initiatives to confront gang culture. (HP45)

9.4 Environmental conditions and the quality of regime in the care and separation unit (CSU) should be improved. (HP46)

9.5 The management of use of force, particularly record-keeping and accountability, should be improved. (HP47)

9.6 A strategy should be developed to improve and sustain more respectful and purposeful relationships between staff and prisoners. (HP48)

9.7 The amount of purposeful activity and accredited training should be increased. (HP49)

Recommendation — To NOMS

Contact with the outside world

9.8 The Prison Service should review the cost of telephone calls so that prisoners are charged at the cheapest possible national rate. (3.98)

Recommendation — To the area manager

Security and rules

9.9 The prison should be supported with resources from the North West area to deal with the problem of gang culture within the prison. (6.13)

Recommendations — To the governor

Courts, escorts and transfers

9.10 Prisoners should be given 24-hours notice of their transfer to Risley at their sending establishments. (1.7)

9.11 Reception should remain open at lunchtime. (1.8)

9.12 Prisoners should arrive before 7pm. (1.9)

9.13 Prisoners should not be kept waiting on vans. (1.10)

First days in custody

9.14 The physical layout of reception should be improved to enable prisoners to be interviewed and searched in suitable surroundings. (1.11)

9.15 The holding cells in reception should be improved to guarantee the privacy of vulnerable prisoners and staff supervision should be increased. (1.12)

9.16 Call bells should be fitted in all holding rooms. (1.13)

9.17 Holding rooms should be cleaned to an acceptable standard daily and their cleanliness maintained. (1.14)

9.18 Prisoners should spend no more than four hours in reception (as required in Governor's order 007/2006). (1.15)

9.19 Prisoners in reception should be occupied and in particular should be able to read information displayed for their benefit. (1.16)

9.20 Prisoners should be able to make a free telephone call to family or friends in private and to take a shower on their first night. These opportunities should be documented. (1.17)

9.21 Planned and specific peer support and information should be provided to prisoners in reception, on the induction wing and on the vulnerable prisoner unit. (1.19)

9.22 Managers should ensure that all night staff are fully briefed about the name and location of new arrivals and this should be documented. (1.21)

9.23 The induction programme should be evaluated annually and the published report should include an action plan and timetable to meet agreed targets. (1.23)

9.24 All prisoners should consistently receive planned and essential information on their day of arrival. (1.26)

9.25 All prisoners should start induction the day after arrival and be kept fully occupied. (1.27)

9.26 Gym induction should be integrated into the main induction programme to ensure that prisoners can access gym facilities and employment within a reasonable period following their arrival. (1.28)

9.27 Effective staffing levels should be introduced in reception. (1.37)

9.28 A non-smoker's pack should be available to new arrivals. (1.38)

9.29 All prisoners should receive a first night interview with an officer and be given an information booklet. (1.39)

9.30 The induction room on D wing should contain a range of relevant information. (1.40)

9.31 The content and delivery of induction should be improved to ensure that prisoners receive a thorough and quality programme. (1.41)

Residential units

9.32 The noise reduction policy should be better publicised and adhered to by all staff. (2.3)

9.33 All cells should be properly equipped with cell furniture and notice boards. (2.4)

9.34 All in-cell toilets should be effectively screened. (2.6)

9.35 Prisoners should be able to access their stored property within 48 hours of making an application. (2.8)

9.36 Observation panels should always be clear of obstruction. (2.9)

9.37 The infestations of vermin and pests should be eradicated. (2.19)

9.38 All wings should hold monthly meetings with prisoner representatives and the minutes should be displayed for all prisoners to read. (2.20)

9.39 Residential managers should ensure that problems identified in their wing inspections are addressed and there should be improved monitoring of the senior officers' weekly inspections and closer supervision of wing cleaners. (2.21)

9.40 The refurbishment of shower areas should be given greater priority. (2.22)

Staff-prisoner relationships

9.41 Staff should be required to spend more time supervising and engaging positively and purposefully with prisoners. (2.26)

Personal officers

9.42 Personal officer training in how to engage with less motivated prisoners should be introduced. (2.27)

9.43 The prison should introduce an effective personal officer scheme. (2.32)

9.44 Staff should receive guidance on the purpose of personal officer work, empowered to undertake it and trained in sustaining meaningful relationships that might contribute to a prisoner's progress through sentence. (2.33)

9.45 Staff should be given guidance or training on meaningful and objective casework record-keeping. (2.34)

9.46 Managers should be given guidance on effective quality assurance of a personal officer scheme, particularly focusing on improving the quality of relationships with prisoners. (2.35)

9.47 Personal officers should be involved in offender management work and resettlement planning. (2.36)

Bullying and violence reduction

9.48 An intervention programme for bullies should be introduced. (3.1)

9.49 All violent incidents or threats of violence should be formally investigated and the details recorded. (3.3)

9.50 Managers from all residential areas should regularly attend the violence reduction strategy team and report to the meeting progress made on reducing identified risks. (3.17)

9.51 Prisoners should be invited to participate in the violence reduction meetings and give their views on how prisoners' perceptions of safety could be improved. (3.18)

9.52 Safer custody should be better promoted around the prison, including during prisoners' induction. (3.19)

9.53 Supervision of prisoners should be improved, particularly on residential wings. (3.20)

9.54 All staff with prisoner contact should be trained in the procedures for tackling anti-social behaviour. (3.21)

9.55 Systems for the review of cell-sharing risk assessments should be improved. (3.22)

9.56 The poor perceptions of safety among the large sex offender population should be further investigated. (3.23)

Self-harm and suicide

9.57 A clear strategy should be devised to ensure that vulnerable prisoners are not subjected to verbal abuse following the relocation of the segregation unit. (3.25)

9.58 Prisoners on open F2052SHs should be located in the segregation unit only in exceptional circumstances and only when all other options have been ruled out. (3.26)

9.59 Staff should be aware of the current suicide and self-harm strategy and their role within it. (3.27)

9.60 Membership of the safer prisons team should be reviewed. More residential managers should attend and all members should attend meetings regularly. (3.29)

9.61 A care suite should be created. (3.31)

9.62 Reviews should take place in an appropriate area. They should be planned and time should be set aside by all who attend to avoid interruptions. The prisoner should be given the opportunity to contribute to his support plan. (3.33)

9.63 Transfer or discharge protocols should be developed to ensure that the prisoner has a community support plan in place prior to release, or that this is part of a progression need identified in his support plan prior to transfer. (3.35)

9.64 The safer custody principal officer should not routinely be required to cover other duties. (3.44)

9.65 All near-fatal incidents of self-harm should be investigated. (3.45)

9.66 Management checks of ACCTs should include comments on quality. (3.46)

9.67 ACCT procedures should be improved to include a more multidisciplinary approach and consistency of case manager. (3.47)

9.68 The location of gated cells should be changed and the suicide and self-harm meeting should monitor their use. (3.48)

9.69 Records of staff training in ACCT procedures should be accurate. (3.49)

9.70 Where extreme measures are taken to prevent self-injury, records should evidence that all alternative interventions have been considered. (3.50)

9.71 Listeners should have regular support groups involving the Samaritans and a Listener coordinator. (3.51)

9.72 Listeners should be available to new prisoners and resident on all residential units. (3.52)

9.73 All portable telephones providing access to the Samaritans at night should be in working order, be well advertised and their use monitored. (3.53)

9.74 Duty governors should conduct random checks of staff response to cell bells. (3.54)

9.75 Operational support grades working at night should be issued with ligature shears. (3.55)

Diversity

9.76 The prison should have a policy dealing with the diverse needs of minority groups and a multidisciplinary diversity forum should be established. (3.62)

9.77 Disability training for all staff should be put in place as soon as possible. (3.63)

9.78 The prison should have a disability policy, disability equality scheme and disability liaison officer. (3.64)

9.79 Prisoners with disabilities should have individual care plans that address their needs and in which they are involved. (3.65)

9.80 Retired prisoners should not have to pay rental for their television. (3.66)

Race equality

9.81 All staff should receive diversity training as a matter of urgency. (3.69)

9.82 The involvement of external community groups in the race equality action team should be established. (3.79)

9.83 Interventions to deal with those with proven racist behaviour should be introduced. (3.80)

9.84 Racist incident report forms should regularly include written feedback from the chair of the race equality action team. (3.81)

9.85 Prisoner race representatives should receive some diversity training. (3.82)

Foreign national prisoners

9.86 Translation services should meet prisoner need and not be unnecessarily restricted because of cost. (3.83)

9.87 Cheap international telephone cards should be available for sale to foreign national prisoners. (3.86)

9.88 A list of staff and prisoners prepared to act as interpreters should be drawn up and kept up-to-date. (3.87)

9.89 In consultation with the Legal Services Commission, the prison should seek to meet the need of foreign national prisoners for independent specialist legal advice about immigration status, bail and appeal rights. (3.92)

9.90 Foreign national prisoner consultation and peer support meetings should be established. (3.93)

Contact with the outside world

9.91 All wings should contain at least one telephone for every 20 prisoners. (3.96)

9.92 Prisoners should be able to use the telephones in private. (3.97)

9.93 Visitors should be able to book their next visit while at the prison. (3.101)

9.94 Private rooms for legal visits should be available. (3.102)

9.95 The closed visits facilities should be out of sight of people in the visits room. (3.104)

9.96 Each closed visits facility should be individually enclosed to provide confidentiality. (3.105)

9.97 The audibility of the closed visits facilities should be improved. (3.106)

9.98 Closed visits should not be authorised on the basis of a single drug dog indication unless there is additional security intelligence to support the decision. (3.107)

9.99 Children and family days should be introduced for all prisoners. (3.110)

9.100 Prisoners should not be held in the visits waiting rooms for long periods. (3.111)

9.101 The fixed furniture in the visits room should be replaced with more comfortable seating. (3.112)

9.102 Seating should be arranged to allow more privacy between visiting groups. (3.113)

9.103 Incoming post should be distributed within 24 hours of arrival. (3.125)

9.104 Operational support grade staff should receive specific training in public and child protection and harassment issues in order to identify any threats and concerns, including racist or other discriminatory language or threats. (3.126)

9.105 Managers should investigate the high numbers of prisoners claiming to have had legally privileged letters opened by staff in their absence. (3.127)

9.106 All prisoners should be able to have one visit each week. (3.128)

9.107 Children under the age of 18 should not be considered as adults for the purpose of visits. (3.129)

9.108 The visitors' centre should be large enough to accommodate the number of visitors attending. (3.130)

9.109 Visits should start at the advertised time. (3.131)

9.110 A facility should be provided to enable babies to be searched or left safely while their carer is searched. (3.132)

9.111 Visitors without the required identification should not automatically be refused access. (3.133)

9.112 The visits waiting room for prisoners should be thoroughly cleaned, repaired and maintained. Prisoners should be able to use the toilet, given the means to pass the time and properly monitored and supervised by staff. (3.134)

9.113 The action plan for the children and families resettlement pathway should be updated. (3.135)

9.114 Prisoners with identified needs should be able to attend accredited programmes to improve parenting or relationship skills. (3.136)

9.115 Prisoners should be able to exchange unused visiting orders for extra telephone credits. (3.137)

9.116 There should be a qualified family support worker to help prisoners maintain contact, and if necessary re-build relationships, with their children, families and partners. (3.138)

9.117 Prisoners should not have to wear a bib in the visits room. (3.139)

Applications and complaints

9.118 To increase confidence in the complaints scheme, the complaints clerk should empty complaints boxes daily. (3.143)

9.119 Logging of wing applications should be more thorough to encourage monitoring of timescale and outcome, and to improve the efficacy of and trust in the applications scheme. (3.148)

9.120 Respondents to complaints should address the issues raised, liaising with other staff if necessary, rather than unnecessarily redirecting the complainant. (3.149)

9.121 Management information should include a breakdown of complaints by topic over previous months. (3.150)

Legal rights

9.122 Staff trained to deliver legal services to prisoners should be allocated time for this work and the office on C wing should be equipped with appropriate materials for prisoners to access. (3.151)

9.123 A central register of legal applications should be maintained. (3.152)

9.124 A nominated manager should be responsible for legal rights and their identity should be made known to staff and prisoners. (3.153)

Substance use

9.125 The drug strategy document should include specific annual development targets. (3.156)

9.126 An alcohol strategy should be developed to include support and treatment and supply control. (3.158)

9.127 The drug strategy committee should meet more often and representation from all relevant departments, including security, should be required. (3.175)

9.128 The mandatory drug testing programme should be adequately resourced to conduct the required level of random, weekend and target testing within the required timeframe. (3.176)

9.129 Drug testing figures, including refusals, should be monitored and collated by type to provide effective management information. (3.177)

9.130 Mandatory drug testing facilities should be cleaned and refurbished to provide adequately sized holding rooms. (3.178)

9.131 CARAT workers' access to their clients should be improved and confidential interview facilities made available. (3.179)

9.132 The requirement for prisoners undertaking the P-ASRO programme to reside on F wing should be reviewed. (3.180)

9.133 The prison should develop and implement clinical management protocols in line with national guidelines. Treatment should be flexible and based on individual need. (3.181)

Health services

9.134 A system for monitoring waiting times for the GP should be developed and regularly audited. (4.2)

9.135 All consultation and clinical rooms should have hand washing facilities. (4.5)

9.136 The main waiting room should be decorated and suitable arrangements put in place for confidentiality to be maintained, while also providing prisoners with the opportunity to speak to staff without a barrier. (4.6)

9.137 Prisoners should go to the healthcare centre to attend timed appointments and should not spend lengthy periods waiting to be seen or to return to their wing or activity following an appointment. (4.7)

9.138 Healthcare staff should address patients appropriately. (4.10)

9.139 Safety algorithms should be completed only by staff trained to do this. (4.13)

9.140 All policies and protocols, including the pharmacy standard operating procedures, should be signed, dated and in an easy-to-understand format. (4.14)

9.141 Systems should be in place for the management of out-of-hours mental health emergencies. (4.17)

9.142 Dental provision should include cover for absences to ensure that six sessions a week are always provided. (4.18)

9.143 Primary care nurses should use triage algorithms to ensure consistency of care, advice and treatment. (4.19)

9.144 A system should be introduced to audit the use of general stock medication so that stock supplied is reconciled with prescriptions issued. Named-patient dispensed medicines should be used in preference to general stock wherever possible. (4.21)

9.145 The role of the pharmacist should be reviewed to ensure that full benefit is derived from having a pharmacy in house. The pharmacist should be supported to develop pharmacy-led clinics and medicine use reviews. (4.23)

9.146 Appropriate certification, documentation and written policies on the provision of dental care as detailed in the regulations and British Dental Association advice sheets (photocopies if necessary) should be held on the premises. (4.26)

9.147 Mental health day care provision should be provided for those less able to cope with life on the wings. (4.31)

9.148 Healthcare should be part of resettlement planning. Such an approach would ensure that prisoners are given advice and assistance in accessing health services on release. (4.33)

9.149 The prison's no smoking policy should be enforced throughout the prison. (4.34)

9.150 A skill mix review should be undertaken and a healthcare delivery plan implemented. (4.51)

9.151 A clear clinical governance structure should be developed. (4.52)

9.152 A clear procedure for healthcare complaints should be developed and prisoners given information about it. (4.53)

9.153 Prisoners with little or no English should be offered the option of using a telephone interpreting service for reception screening. (4.54)

9.154 Waiting times for external healthcare appointments, including those cancelled and re-booked, should be auditable and monitored. (4.55)

9.155 An amalgam separator should be fitted to the dental unit. (4.56)

9.156 A primary mental health nursing service should be established. (4.57)

9.157 The staffing of the mental health in-reach team should be reviewed and administrative support considered. (4.58)

9.158 Storage arrangements should be reviewed to ensure that all controlled drugs, including dispensed medicines awaiting collection, are stored in accordance with safety requirements. (4.59)

9.159 The special sick policy should be reviewed to provide a suitable list of medicines for supply by nurses for minor ailments. (4.60)

9.160 The medicines and therapeutics committee should formulate a policy for the treatment of insomnia and review the use of temazepam. (4.61)

Learning and skills and work activities

9.161 Learning plans should be tailored to the individual and targets set should be appropriate. Learning plans should be fully integrated into the sentence planning structure. (5.2)

9.162 Opportunities for prisoners to progress beyond level one in vocational training workshops should be made available. (5.4)

9.163 All work spaces available should be fully maximised all of the time. (5.5)

9.164 Staff should actively supervise prisoners in their workshops. (5.6)

9.165 The processes of allocating prisoners to work and education should be improved. (5.21)

9.166 Managers should continue to improve the disruptions to learning sessions caused by regime activities. (5.22)

9.167 Life skills programmes for long-term prisoners should properly prepare them for resettlement. (5.23)

9.168 Information, advice and guidance should be provided during and at the end of sentence. (5.24)

9.169 The quantity, quality and accreditation of work should be improved. (5.25)

9.170 There should be improved pay to encourage participation in work, education and training. (5.26)

9.171 The 12-week waiting time before new arrivals can access vocational training should be reduced. (5.27)

Physical education and health promotion

9.172 The physical education shower and changing facilities should be improved. (5.29)

9.173 More evening sessions should be offered. (5.31)

9.174 The heating in the main gym should be repaired. (5.38)

Faith and religious activity

9.175 The entrance to the chapel and world faith centre should be upgraded to improve the comfort and safety of prisoners. (5.39)

9.176 Prisoners attending the chapel for services or other activities should arrive at the agreed time. (5.41)

9.177 The policy of integrating vulnerable and main location prisoners at religious services should be reviewed to ensure that it continues to be appropriate in light of other regime changes and that it is not excluding prisoners from attending. (5.42)

9.178 Chaplaincy notice boards should be provided on each wing. (5.48)

9.179 Links with faith groups in the community should be improved to extend the range of chaplaincy activities and worships styles. (5.49)

9.180 The chaplaincy should be informed when important decisions are taken that could increase the risk to prisoners with whom it has contact. (5.50)

Time out of cell

9.181 All prisoners should spend at least 10 hours out of their cell each day. (5.53)

9.182 Prisoners should be given the opportunity of at least one hour's exercise in the open air each day. (5.54)

9.183 Staff should actively supervise and interact with prisoners during association and exercise periods. (5.55)

9.184 Association equipment should be sufficient for the number of prisoners on the residential units and should be in a good state of repair. (5.57)

9.185 There should be a published rota for wing closedowns, which should happen only in exceptional circumstances. (5.61)

9.186 The regime on RI should be revised to offer the same opportunities for time unlocked as the rest of the prison. (5.62)

9.187 Seating should be provided in the exercise yards. (5.63)

Security and rules

9.188 An analyst should be employed to work in the security department. (6.1)

9.189 A local protocol should be established setting out when a strip search is carried out. This should include a risk assessment to justify why the search is happening and should include a protocol for squat searching that includes the authorisation of the duty governor or manager in charge. (6.3)

9.190 The principles underpinning dynamic society should be reinforced to all staff. (6.5)

Discipline

9.191 An explanation of the adjudications procedures should be available in a range of languages. (6.14)

9.192 A suitably qualified member of staff should be nominated to quality check use of force forms on a regular basis. (6.19)

9.193 The care and separation unit (CSU) policy should include guidelines on use of the special cell. (6.21)

9.194 A video camera to record planned interventions should be purchased and used on all planned interventions and relocations. (6.22)

9.195 Medical staff should be informed immediately when an incident involving a use of force/use of special cell has occurred and an assessment of the prisoner should be carried out and recorded. Where possible, they should attend all incidents when force is being deployed. (6.23)

9.196 Strip searches on entry to the segregation unit should take place only following a formal risk assessment. (6.27)

9.197 Use of force should be analysed for any trends and discussed by senior managers. (6.38)

9.198 Control and restraint training should be up to date. (6.39)

9.199 The special cell should be used only for violent or refractory prisoners and documentation relating to its use should be fully completed and regularly checked by managers. (6.40)

9.200 Safety algorithms should be fully completed by healthcare staff. (6.41)

9.201 A segregation monitoring group should be established to evaluate the regime and discuss issues of policy. (6.42)

9.202 The R1 regime should be clearly linked with the CSU and provide prisoners with clear and structured expectations. (6.43)

Incentives and earned privileges

9.203 The aims and operational application of the incentives and earned privileges (IEP) scheme should be re-stated and re-launched among both staff and prisoners. (6.51)

9.204 There should be sufficient difference between the standard and enhanced regimes to encourage responsible behaviour and compliance with set targets. (6.52)

9.205 Prisoners should be able to keep their enhanced status on transfer from another establishment. (6.53)

9.206 The IEP scheme should operate fairly and consistently across the prison using sound documented evidence. (6.54)

9.207 Prisoners should be promoted or demoted on the basis of their behaviour over a period of time and this should be documented. (6.55)

9.208 Prisoners should not be placed on basic regime for extended periods. Additional interventions should be considered with persistently disruptive or recalcitrant prisoners. (6.56)

9.209 Prisoners should not experience the double jeopardy of receiving a disciplinary punishment and being placed on basic regime. (6.57)

9.210 The IEP scheme should be effectively monitored by senior managers. (6.58)

Catering

9.211 All prisoners employed in catering should have the opportunity to gain catering qualifications. (7.1)

9.212 The opportunity for communal dining should be explored further through the prisoner consultation committee. (7.2)

9.213 All servery orderlies and supervising staff should have food handling and hygiene training. (7.7)

9.214 Serveries and trolleys should be cleaned after use and servery orderlies should wear clean protective clothing every day. (7.8)

9.215 Breakfast packs should be issued in the mornings. (7.9)

Prison shop

9.216 Prisoners should be able to access the prison shop within 24 hours of arrival. (7.10)

9.217 The canteen list should be available pictorially for those who cannot read English or whose reading skills are poor. (7.13)

9.218 Canteen prices should be comparable with those of standard supermarkets. (7.14)

9.219 Prisoners and wing staff should be aware of all approved catalogues and these should be freely available on the wings. (7.15)

9.220 Prisoners should not be charged an administration fee for catalogue orders. (7.16)

Strategic management of resettlement

9.221 A needs analysis should be completed to determine the needs of specific groups such as foreign nationals, licence revokees and sex offenders. It should provide a clear picture of programme/intervention requirements and more specific information about deficits in service delivery across the resettlement pathways. Findings should be used to inform strategy and service developments. (8.5)

9.222 The resettlement strategy should be revised considering the finding of the recent needs analysis. (8.6)

Offender management and planning

9.223 OASys assessments should be carried out on all eligible prisoners. (8.7)

9.224 Pre-release meetings should be carried out on all short-term prisoners. (8.8)

9.225 There should be a greater involvement of personal officers in individual cases where public protection issues are identified. (8.10)

9.226 All indeterminate sentenced prisoners should be aware of the lifer forums and the minutes should be displayed on notice boards. (8.14)

9.227 The lifer manager should analyse the information made available by the psychology team and produce an action plan to address any identified issues. (8.15)

9.228 Where a prisoner has had ongoing contact with healthcare, particularly with the mental health team, the team should provide routine contributions to the annual OASys assessments. (8.36)

9.229 The offender management unit should be more integrated and have greater influence in determining prisoner access to the regime and guiding prisoner progression. (8.37)

9.230 Offender supervisors should not have caseloads of more than 50 prisoners. (8.38)

9.231 Offender supervisors should have frequent direct contact with their prisoners and records should demonstrate a detailed knowledge of them and their wider circumstances. (8.39)

9.232 Offender management boards should take place at least annually. (8.40)

9.233 The sentence plan section of the OASys should always be completed when the OASys is reviewed. (8.41)

9.234 Offender supervisors should not routinely be redeployed to operational tasks or to backfill gaps in the regime. (8.42)

9.235 The offender supervisor role should be treated as a specialism and staff should be able to remain in the role for longer than usual rotations allow, so that the prison benefits from their specialist skills and knowledge. Where possible, staff moving into the group should be volunteers. (8.43)

9.236 Prisoners should be able to invite a family member or friend to offender management boards. (8.44)

9.237 Greater use should be made of video link facilities, allowing offender managers or family members to be involved in boards or for offender management-related interviews. (8.45)

9.238 Information in OASys assessments should be routinely corroborated with official documentation and inconsistencies highlighted by offender supervisors. (8.46)

9.239 OASys objectives should identify named members of staff to assist with meeting targets. (8.47)

9.240 Detailed information should routinely be given to recalled prisoners in writing and verbally, and prisoners allowed to ask questions. (8.48)

9.241 Recalled prisoners should be prioritised by the offender management process, allowing offender supervisors to chase up problems or delays. (8.49)

9.242 Wing staff should be aware of which prisoners are subject to public protection monitoring arrangements. (8.50)

9.243 All prisoners subject to specific public protection measures, such as restricted contact with children, should have restrictions explained to them and be given the opportunity to discuss concerns with an informed member of staff. (8.51)

9.244 All prisoners should have an assigned MAPPA level. (8.52)

9.245 All indeterminate sentenced prisoners should have a valid OASys. (8.53)

9.246 There should be better strategic management of lifer liaison officers, who should be trained, given job specifications and responsibility for particular prisoners and located in proportion to where lifers are located. (8.54)

Reintegration planning

9.247 Greater use should be made of release on temporary licence (ROTL) in preparing prisoners for release. (8.58)

9.248 A full-time housing service provider should be recruited who should see all prisoners on arrival and before discharge and provide support and coordination to the housing orderlies. (8.69)

9.249 The waiting list for the healthy sexual functioning programme should be reduced. (8.70)

9.250 There should be closer case management of sex offenders for whom there are difficulties finding progressive moves. This should include more frequent reviews with wider involvement of outside groups and families and creative target setting that may assist with progression. (8.71)

9.251 Diversity issues should routinely be discussed at the programmes management meeting relating to all prisoners applying for programmes. (8.72)

9.252 Prisoners in the care and separation unit (CSU) should be able to attend programmes following an individual risk assessment. (8.73)

Housekeeping points

First days in custody

9.253 Prisoners should be told how the cost of the reception pack is paid back. (1.42)

9.254 Pens and paper should be provided for prisoners to use during induction. (1.43)

Bullying and violence reduction

9.255 The anti-bullying hotline should be checked daily. (3.24)

Contact with the outside world

9.256 Prisoners on closed visits should be able to have refreshments. (3.108)

9.257 Visiting times should be shown correctly in all published documents. (3.140)

Health services

9.258 All rooms where health services are delivered should be clean and well maintained. (4.62)

9.259 Records should be maintained of the checking of emergency equipment. (4.63)

9.260 New controlled drug registers should be obtained to enable records to be kept in accordance with current legislation. (4.64)

9.261 Venalink cassettes should be used only when necessary to help patients manage in possession medication. They should not be used to simplify administration by nurses. (4.65)

9.262 Clean and dirty areas should be signed in the dental surgery. (4.66)

9.263 The surgery computer and printer should be sited in an appropriate workstation. (4.67)

Faith and religious activity

9.264 Chaplains should be able to control the extractor fan in the multi-faith room. (5.51)

9.265 The chaplaincy team should have access to improved IT facilities. (5.52)

Examples of good practice

Diversity

9.266 A disability committee had been established and included prisoner representation. (3.67)

Foreign national prisoners

9.267 The recently established foreign nationals liaison team in the offender management unit had started by setting up sound systems. In addition to a spreadsheet recording key information and trigger dates, officers opened individual computerised case records to log a running record of all steps taken in relation to that individual. (3.94)

Contact with the outside world

9.268 The family forum enabled prisoners' families to influence the development of services for prisoners and their families. (3.141)

Substance use

9.269 The CARAT service provided four structured sessions of preparation work before clients undertook an intensive drug/alcohol treatment programme. (3.182)

9.270 CARAT workers and peer supporters had been trained to offer health promotion sessions to prisoners using an impressive and imaginative, multi-media approach. The theme-based weekly drop-in clinics were well attended. (3.183)

Reintegration planning

9.271 The link with a national bank gave prisoners the opportunity to have a bank account set up before release, which helped with arranging benefits and encouraged good financial management. (8.74)

Appendix 1: Inspection team

Nigel Newcomen	Deputy Chief Inspector of Prisons
Martin Lomas	Team leader
Eileen Bye	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Susan Fenwick	Inspector
Hayley Folland	Inspector
Mandy Whittingham	Healthcare inspector
Steve Gascoigne	Pharmacy inspector
Jen Davies	Dental inspector
Sigrid Engelen	Drugs inspector
Paul Roberts	Drugs inspector
Sheila Willis	Ofsted inspector
Olivia Adams	Researcher
Laura Nettleingham	Researcher

Appendix 2: Prison population profile

Population breakdown by:

(i) Status	Number of prisoners	%
Sentenced	1082	99.4
Civil prisoners		
Detainees (single power status)	6	0.6
Detainees (dual power status)		
Total	1088	100

(ii) Sentence	Number of prisoners	%
Less than 6 months	6	0.6
6 months to less than 12 months	24	2.2
12 months to less than 2 years	87	7.9
2 years to less than 4 years	325	29.9
4 years to less than 10 years	524	48.2
10 years and over (not life)	29	2.7
Life	93	8.5
Total	1088	100

(iii) Length of stay	Number of prisoners	%
Less than 1 month	117	10.7
1 month to 3 months	190	17.5
3 months to 6 months	208	19.1
6 months to 1 year	260	23.9
1 year to 2 years	219	20.3
2 years to 4 years	80	7.3
4 years or more	14	1.2
Total	1088	100

(iv) Main Offence	Number of prisoners	%
Violence against the person	250	23
Sexual offences	151	13.8
Burglary	157	14.5
Robbery	204	18.7
Theft & handling	25	2.3
Fraud and forgery	6	0.6
Drugs offences	187	17.1
Other offences	108	10
Civil offences	-	
Offence not recorded/holding warrant	-	
Total	1088	100

(v) Age	Number of prisoners	%
21 years to 29 years	558	51.4
30 years to 39 years	272	25
40 years to 49 years	160	14.8
50 years to 59 years	63	5.7
60 years to 69 years	30	2.7
70 plus years	5	0.4

Maximum age	(77)	
Total	1088	100

(vi) Home address	Number of prisoners	%
Within 50 miles of the prison	-	
Between 50 and 100 miles of the prison	-	
Over 100 miles from the prison	-	
Overseas	-	
NFA		
Total		

(vii) Nationality	Number of prisoners	%
British	1012	93
Foreign nationals	76	7
Total	1088	100

(viii) Ethnicity	Number of prisoners	%
White		
British	862	79.2
Irish	6	0.6
Other White	24	2.2
Mixed		
White and Black Caribbean	16	1.5
White and Black African	-	
White and Asian	2	0.2
Other Mixed	11	1
Asian or Asian British		
Indian	5	0.4
Pakistani	32	3
Bangladeshi	3	0.2
Other Asian	32	3
Black or Black British		
Caribbean	41	4
African	28	2.4
Other Black	24	2.2
Chinese or other ethnic group		
Chinese	2	0.1
Other ethnic group		
Total	1088	100

(ix) Religion	Number of prisoners	%
Baptist		
Church of England	357	33
Roman Catholic	281	26
Other Christian denominations	11	1
Muslim	101	9.2
Sikh	1	0.09

Hindu	2	0.1
Buddhist	25	2.3
Jewish	4	0.3
Other	33	3
No religion	273	25
Total	1088	100

Appendix 3: Safety interviews

Twenty prisoners were approached by the research team to undertake structured interviews regarding issues of safety at HMP Risley on 15 and 16 April 2008. This is a small sample (2%) of the total population (approx 1086) and individuals were randomly selected on all spurs, across residential units A, B, C, D, E, F, G and R. Participation in the interview process was voluntary.

An interview schedule was produced for the purpose of maintaining consistency, so all interviewees were asked the same questions. All interviewees were asked to identify areas of concern with regards to safety in Risley, as well as rating the problem on a scale of 1- 4 (1 = a little unsafe – 4 = very unsafe). A 'seriousness score' was then calculated, multiplying the number of individuals who thought the issue was a problem by the average rating score.

Location of interviews

A wing	3 interviewees
B wing	2 interviewees
C wing	3 interviewees
D wing (induction)	3 interviewees
E wing (VP)	3 interviewees
F wing (P-ASRO)	2 interviewees
G wing	3 interviewees
R wing (reintegration)	1 interviewee

Demographic information

- The average age was 30 years, ranging from 22 to 56 years.
- Four interviewees stated that this was their first time in a prison.
- All 20 interviewees were sentenced, of which one was serving life.
- The average sentence length was 5 years 2 months.
- The average length of time spent in prison was 5 years 8 months, ranging from 7 months to 15 years.
- The average length of time spent in Risley was 1 year 3 months, ranging from 1 month to 12 years 3 months.
- Seven interviewees described themselves as being from a black and minority ethnic background.
- All but one interviewee had English as their first language.
- 12 interviewees stated that they did not have a religious faith. Four classified themselves as Christian, three as Muslim and one as Islamic.
- There were no foreign national interviewees.
- One interviewee reported having a disability.
- One described their sexual orientation as bisexual.

Safety questions

The seriousness score is calculated using the number of people who felt that the issue in question was a problem and multiplying it by the average rating score (1 a little unsafe – 4 very unsafe). More than half the interviewees reported the existence of an illegal market and the availability of drugs as a problem for them.

	Number who cited this as a problem	Average rating	Seriousness score
The availability of drugs	12	3	36
Existence of an illegal market	11	3	33
The way staff behave with prisoners	9	2.5	22.5
Gang culture	8	2.5	20
The aggressive body language of prisoners	8	2.5	20
Not enough cameras on the wings	8	2.5	20
A lack of trust in prison staff (confidentiality)	8	2.5	20
Lack of confidence in the staff	8	2.5	20
The layout of the prison	6	2.5	15
Not enough staff on duty in the day	5	3	15
Not enough staff on duty during association	5	2.5	12.5
The aggressive body language of staff	7	1.5	11
Overcrowding	5	2	10
Staff doing favours in return for something	4	2.5	10
The response of staff to fights/bullying/self-harm in the prison	3	3	9
Not enough cameras elsewhere in the prison	5	1.5	7.5
Discipline procedures	3	2.5	7.5
Not enough staff on duty at night	3	2.5	7.5
Discrimination by prisoners based on sexual orientation	4	1.5	6
Movements	5	1	5
Discrimination by staff based on age	2	2.5	5
Detox facilities	2	2.5	5
The healthcare facilities	3	1.5	4.5
Isolation	2	2	4
Discrimination by prisoners based on sentence status	2	2	4
The way meals are served	3	1	3
The lack of information about the regime	2	1.5	3
Discrimination by staff based on sentence status	1	3	3
Discrimination by prisoners based on age	1	3	3
Discrimination by staff based on ethnicity	2	1	2
Discrimination by prisoners based on religion	1	2	2
Discrimination by staff based on religion	1	1	1
Discrimination by prisoners based on ethnicity	0	0	0
Discrimination by staff based on disability	0	0	0
Discrimination by prisoners based on disability	0	0	0
Discrimination by staff based on sexual orientation	0	0	0

Comments

The comments and reasoning behind the answers given by interviewees were noted. Examples of this for the five issues with the top seriousness scores are:

Availability of drugs

'People don't think of consequences when they initially take drugs off people. More in debt hence the re-opening of R1. Someone makes a load of money from it and staff will eventually move that person off the wing.'

'Debt/drugs cause the fights – mainly heavy drug users that would feel unsafe.'

'They come in through visits mainly but some staff bring it in as well. Hooch is a big issue but wouldn't say the consequence is bullying.'

'Cannabis, heroin and tablets- valium and morphine-based.'

Existence of an illegal market

'Not bullying but falling out with one another, A wing is the worst people getting robbed but it has got better here.'

'People rob you for drug money.'

'More chilled than bullying, heroin users have debt and things but cannabis fine. Extortion and blackmail.'

'Blatant drug use, more in your face here. Fine line as to whether you call it bullying though – get in debt with little amounts and both connected to it – drugs and phones.'

'Huge heroin problem, blatant drug taking and making calls on mobiles to get your daily hit.'

The way staff behave with prisoners

'G wing good but they don't do anything they are just lazy. In the office all the time and you have to argue with them to get anything done. Respectful but just can't be bothered it's the conditions that are the biggest issue here.'

'Lazy they don't help – no response they don't put themselves out.'

'I don't respect them now as much as they have all these rules to follow and are consumed by it. At my previous prison they said you will call me boss until I tell you you can call me Mr……Here they try and be your mate and it makes you more wary of them.'

'Majority are ok but couple have an attitude problem. They will be talking to you and then walk away and ignore you mid-conversation. Disrespectful.'

Gang culture

'Yes but don't get involved – it is an area/geographical thing.'

'Some people declare they are in a gang on arrival then it is up to staff where they put them.'

'There is in the seg but they are trying to manage it by building separate exercise spaces. There is no baiting.'

'In a joking way but can sometimes get serious.'

*'Pakistani's and whites, offered me £50 to join, I said no don't need it and going home soon. Someone last week got s***ted up. Both gangs from Manchester fighting within gangs and joining for protection so growing in number.'*

'Staff try to separate them but they don't know who is who.'

The aggressive body language of prisoners

'Once someone tried to bully me but I eventually put him straight. If you can stand your ground you're alright. If you want something doing then go to the junkies and they'll do it.'

'Glaring at you.'

'Some have an attitude problem.'

Particular wing issues

The safety results have been combined across all the wings. The majority of issues permeated across all wings with availability of drugs and existence of an illegal market being the most prominent. A and B wings were cited as the most problematic, linked to debt and victimisation, but interviewees did not see these issues as bullying. Instead, they justified these issues as 'part and parcel' of prison life where drugs and contraband are involved. Detailed instances suggest that staff hold this simplistic view as well. A range of drugs and hooch as well as an abundance of mobile telephones were commonly cited. There were several issues raised by vulnerable prisoners on E wing surrounding bullying by staff because of their offence and age discrimination. Across most of the wings, perceptions of gang culture were attributed to A wing.

Other issues

Other issues with high seriousness scores were not having enough cameras on wings and lack of trust and confidence in staff. Interviewees said cameras on wings would reduce fighting and cell robbing, particularly on A wing. With regards to staff-prisoner relationships, many interviewees mentioned that being labelled a grass had made them lose trust and confidence in staff. However, there were some positive comments, summarising that 'you get to know who you can trust and only turn to these officers for support.' A recurring comment regarding adjudications was an inconsistency in punishment, particularly when mobile telephones were found in cells. Punishments varied from 20 days added to sentence to 30 days without television.

Overall rating

Interviewees were asked to give an overall rating for safety at Risley, with 1 being very bad and 5 being very good. The average rating was 3.

Appendix 4: Wing file analysis

Background

On 15 April 2008, the population at HMP Risley was approximately 1086. A sample of wing history sheets was analysed. Three files were looked at on each wing, excluding segregation, resulting in a total sample of 21 across the site. This represented 2% of the population.

All history sheets were assessed in terms of the frequency and quality of comments and personal officer engagement. Additional forms and information contained in the file were also noted alongside evidence of any vulnerability, mental health and substance misuse issues communicated in entries.

Identification of the prisoner

All history sheets stated the prisoner's name and number. There was no clear means of identifying a prisoner's ethnicity. Photographs were found in 14 of the 21 files. In the majority of these cases, they were attached to wing file entry sheets from previous establishments, notably HMPs Liverpool and Manchester.

Frequency of entries

For prisoners who had been in the establishment for a long period time, only the last six months (from October 2007) of entries were assessed. All entries for prisoners arriving after this date were reviewed.
The average number of days since last entry has not been calculated for each wing due to the small number of cases and the inconsistency of entries, which would skew the averages for each wing. There was massive variation in entries, with the most recent ranging from two days to 143. The average number of days calculated across all wings was 38 days. Therefore, frequency of entries was extremely poor and inconsistent, not just across wings but within.

The average number of entries from each of the three cases on each wing has been calculated. Again, the average number of management checks has not been provided due to the small number of checks recorded, with some wings having no checks made/or unidentifiable.

	Range of days since last entry in file	Average number of entries (within last six months or less)	Number of management checks (within last six months or less)
A wing	4 – 143 days	19	5
B wing	19 – 113 days	13	0
C wing	46 – 103 days	16	2
D wing	6 - 42 days	9	1
E wing	19 – 49 days	7	2
F wing	2 days	18	1
G wing	0-41 days	9	0
Overall (average)	38 days	13	11

Quality of comments

Comments were assessed in terms of the level of interaction with prisoners (entries could be positive or negative in nature but would be categorised as interactional if clear engagement was evidenced). All other comments were noted to be simply observational or functional. Where observational or functional comments were viewed as inappropriate, a record was kept.

	Interactional	Observational	Inappropriate
A wing	15	41	0
B wing	4	35	0
C wing	14	34	0
D wing	4	24	0
E wing	3	19	0
F wing	7	47	0
G wing	7	21	0

Of the total 285 comments assessed, 4% (n = 11) were management checks, 21% (n=60) were assessed as demonstrating constructive and positive interaction with the prisoner. Therefore, 75% (n=214) were deemed to be observational or functional in nature (e.g. 'x complies with the regime' or 'gave x formal warning'). No comments were deemed inappropriate.

Overall, the majority of entries were related to the incentives and earned privileges (IEP) scheme, detailing warnings given and changes to status.

Personal officers

History sheets were assessed in terms of whether it was clear who the personal officer was and the quantity and quality of comments made. In the majority of the files (17), it was clear who the personal officer was. However, this was not necessarily through entries. On both E and F wings, the outside of the overall wing file contained the name of the personal officer. On C wing, files were stored alphabetically under personal officers. Entries from officers were infrequent and lacking in detail. In only two cases were personal officer comments assessed as detailed or descriptive. The remaining comments usually reported the personal officer introducing him/herself and subsequent entries if any were observational and repetitive. On several occasions, a personal officer entry was made only after a management check highlighted the need. Although the personal officer scheme was in place and most prisoners had an allocated officer, wing files suggested the scheme was little more than a box ticking exercise and token gestures were made via entries only when deemed necessary. For example, a management check on A wing made on 09/12/07 identified the need for personal officer entries. On 18/12/07, an entry was made where the personal officer had introduced him/herself and reported no issues. On 29/12/07, a further management check commented on the good entry made by the personal officer.

Comments on bullying

Approximately half of the files analysed made reference to bullying, usually in the form of fighting/ violence with previous cell mates. Much of the information was gleaned from the cell-sharing risk assessment (CSRA) either completed at Risley or from previous establishments. Three files contained bullying incident report (BIR) dossiers, none active at the time of inspection. In only several cases was any further action clearly detailed, usually in the form of

further CSRA reviews or monitoring of behaviour, impacting on employment and IEP status. Entries were usually made in wing files when a BIR dossier was opened and in one case the Muslim chaplain had been called to see a prisoner to talk through his racist views, also included in entries. Once action or monitoring had been implemented, no subsequent entries/updates appear to have been made and again inconsistency in the frequency and type of comments was apparent.

Notes on detoxification/withdrawal

Several cases made reference to detoxification/substance misuse and only one or two cases highlighted any self-harm or vulnerability. Information on substance misuse was normally gleaned from the CSRA and accompanying documentation, usually provided by the prisoner's previous establishment. Two files contained past assessment, care in custody and teamwork (ACCT) documentation and a further two contained entries relating to past suicide attempts but any further action was not documented.

Cell-sharing risk assessments

All 21 wing files contained one or more CSRA and one or more CSRA reviews. All but two of the CSRAs were completed on the day of arrival, but three were only partially completed. Most of the files contained CSRAs from previous establishments.

Additional documentation

Additional documents found in wing files were variable. Common documents included IEP warnings, IEP status compacts and IEP monitoring and reviews. Approximately 13 files contained a variety of induction papers, including reception and first night packs. Other documents included a segregation safety screen, various compacts, certificates from educational, PE and health and safety courses, mandatory drug test results, OASys/sentence planning targets (although the targets section was usually blank) and copies of applications made. Sixteen files contained a wealth of information from previous establishments including CSRAs, induction paperwork and numerous wing file entry sheets providing a detailed history of the prisoner's time in custody. However, this only highlighted the lack of continued input on arrival to Risley. One file contained misplaced information from another prisoner's file.

Overall state of the file

All files were rated with a score from 1 (poor) to 4 (very good). The ratings were based on the level of evidence of interaction with prisoners, evidence of personal officer interaction and the type and frequency of comments.

Files at Risley were rated as either 1 (poor), or 2 (fair). No files were rated as good/very good. The most frequent rating was poor. In total, 71% (n=15) were rated as poor; 29% (n=6) were rated as fair with an overall average of 1.2.

Appendix 5: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a Home Office 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 9 April 2008, the prisoner population at HMP Risley was 1080. The baseline sample size was 150. Overall, this represented 14% of the prisoner population.

Selecting the sample

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

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

Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

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

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

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

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

Response rates

In total, 132 respondents completed and returned their questionnaires. This represented 12% of the prison population. The response rate was 88%. In addition to the nine respondents who refused to complete a questionnaire, five questionnaires were not returned and four were returned blank.

Comparisons

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

Presented alongside the results from this survey, are the comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 37 category C trainer prisons since April 2003. This document also shows statistically significant differences between the responses of prisoners in 2006 and those from prisoners in 2008.

In addition, further comparative documents are attached. One shows statistically significant differences between the responses of white prisoners and those from a black and minority ethnic group. The second shows statistically significant differences between the responses of prisoners held on the vulnerable prisoner wing and those from all other wings.

In all the above documents, statistical significance merely indicates whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading.

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 percentages from previous surveys looking higher or lower. However, both percentages are true of the populations they were taken from, and the statistical significance is correct.

Prisoner Survey Responses HMP Risley 2008

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

Key to tables

Any percent highlighted in green is significantly better than the Category C trainer prisons comparator/ 2006 survey responses

Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator/ 2006 survey responses

Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator, or the 2006 survey

		HMP Risley	Cat. C trainer comparator	HMP Risley 2008	HMP Risley 2006
SECTION 1: General Information (not tested for significance)					
1	Number of completed questionnaires returned	132	3679	132	101
2	Are you under 21 years of age?	1%	1%	1%	0%
3	Are you transgender or transsexual?	0%	0%	0%	
4	Are you sentenced?	100%	100%	100%	100%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	5%	4%	5%	
6	If you are sentenced, are you on recall?	10%	14%	10%	
7	Is your sentence less than 12 months?	5%	7%	5%	5%
8	Do you have less than six months to serve?	39%	37%	39%	27%
9	Have you been in this prison less than a month?	6%	8%	6%	4%
10	Are you a foreign national?	7%	14%	7%	8%
11	Is English your first language?	94%	88%	94%	94%
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	24%	27%	24%	11%
13	Are you Muslim?	9%	12%	9%	
14	Are you gay or bisexual?	2%	5%	2%	
15	Do you consider yourself to have a disability?	19%	14%	19%	
16	Is this your first time in prison?	25%	34%	25%	30%
17	Do you have any children?	57%	55%	57%	53%
SECTION 2: Transfers and Escorts					
18a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	50%	51%	50%	42%
18b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	62%	61%	62%	69%
18c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	15%	20%	15%	13%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	26%	33%	26%	33%
18e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	14%	15%	14%	6%
19	Did you spend more than four hours in the van?	6%	9%	6%	5%
20	Were you treated well/very well by the escort staff?	64%	69%	64%	66%
21a	Did you know where you were going when you left court or when transferred from another establishment?	81%	83%	81%	93%
21b	Before you arrived here did you receive any written information about what would happen to you?	18%	17%	18%	10%
22c	When you first arrived here did your property arrive at the same time as you?	94%	87%	94%	92%

Key to tables

		HMP Risley	Cat. C trainer comparator	HMP Risley 2008	HMP Risley 2006
	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator/ 2006 survey responses				
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator/ 2006 survey responses				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator, or the 2006 survey				
SECTION 3: Reception, first night and induction					
23a	Did you have any problems when you first arrived?	**62%**	**56%**	**62%**	**44%**
23b	Did you have any problems with loss of transferred property when you first arrived?	**7%**	**13%**	**7%**	**13%**
23c	Did you have any housing problems when you first arrived?	**11%**	**14%**	**11%**	**6%**
23d	Did you have any problems contacting employers when you first arrived?	**3%**	**3%**	**3%**	**1%**
23e	Did you have any problems contacting family when you first arrived?	**17%**	**19%**	**17%**	**14%**
23f	Did you have any problems ensuring dependents were being looked after when you first arrived?	**5%**	**5%**	**5%**	**3%**
23g	Did you have any money worries when you first arrived?	**16%**	**16%**	**16%**	**13%**
23h	Did you have any problems with feeling depressed or suicidal when you first arrived?	**21%**	**13%**	**21%**	**10%**
23i	Did you have any drug problems when you first arrived?	**17%**	**12%**	**17%**	**8%**
23j	Did you have any alcohol problems when you first arrived?	**9%**	**5%**	**9%**	**3%**
23k	Did you have any health problems when you first arrived?	**14%**	**16%**	**14%**	**13%**
23l	Did you have any problems with needing protection from other prisoners when you first arrived?	**8%**	**4%**	**8%**	**2%**
24a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	**10%**	**18%**	**10%**	
24b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	**5%**	**20%**	**5%**	
24c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	**8%**	**14%**	**8%**	
24d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	**61%**	**52%**	**61%**	
24e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	**11%**	**18%**	**11%**	
24f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	**17%**	**21%**	**17%**	
24g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	**30%**	**33%**	**30%**	
24h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	**19%**	**30%**	**19%**	
24i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	**21%**	**27%**	**21%**	
24j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	**44%**	**49%**	**44%**	
24k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	**12%**	**20%**	**12%**	
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	**92%**	**88%**	**92%**	**89%**
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	**67%**	**72%**	**67%**	**69%**
26	Were you treated well/very well in reception?	**62%**	**72%**	**62%**	**69%**
27a	Did you receive a reception pack on your day of arrival?	**71%**	**78%**	**71%**	**86%**
27b	Did you receive information about what was going to happen here on your day of arrival?	**36%**	**51%**	**36%**	**36%**
27c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	**35%**	**44%**	**35%**	**32%**
27d	Did you have the opportunity to have a shower on your day of arrival?	**31%**	**45%**	**31%**	**33%**

Key to tables

		HMP Risley	Cat. C trainer comparator	HMP Risley 2008	HMP Risley 2006
	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator/ 2006 survey responses				
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator/ 2006 survey responses				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator, or the 2006 survey				
SECTION 3: Reception, first night and induction continued					
27e	Did you get the opportunity to have a free telephone call on your day of arrival?	**49%**	**47%**	**49%**	**46%**
27f	Did you get information about routine requests on your day of arrival?	**31%**	**38%**	**31%**	**30%**
27g	Did you get something to eat on your day of arrival?	**80%**	**77%**	**80%**	**91%**
27h	Did you get information about visits on your day of arrival?	**30%**	**46%**	**30%**	**31%**
28a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	**52%**	**52%**	**52%**	**43%**
28b	Did you have access to someone from healthcare within the first 24 hours?	**58%**	**73%**	**58%**	**60%**
28c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	**22%**	**36%**	**22%**	**23%**
28d	Did you have access to the prison shop/canteen within the first 24 hours?	**19%**	**27%**	**19%**	**18%**
29	Did you feel safe on your first night here?	**77%**	**85%**	**77%**	**80%**
30	Did you go on an induction course within the first week?	**58%**	**76%**	**58%**	**58%**
31	Did the induction course cover everything you needed to know about the prison?	**53%**	**60%**	**53%**	**67%**
32	Did you receive a 'basic skills' assessment within the first week?	**51%**	**54%**	**51%**	
SECTION 4: Legal Rights and Respectful Custody					
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	**54%**	**48%**	**54%**	
34b	Is it very easy/easy for you to attend legal visits?	**68%**	**55%**	**68%**	
34c	Is it very easy/easy for you to obtain bail information?	**20%**	**20%**	**20%**	
35	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	**49%**	**40%**	**49%**	**23%**
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	**64%**	**63%**	**64%**	**66%**
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	**98%**	**92%**	**98%**	**100%**
36c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	**91%**	**84%**	**91%**	**92%**
36d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	**68%**	**76%**	**68%**	**72%**
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	**24%**	**43%**	**24%**	**17%**
36f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	**59%**	**71%**	**59%**	**69%**
36g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	**21%**	**33%**	**21%**	**19%**
37	Is the food in this prison good/very good?	**24%**	**34%**	**24%**	**36%**
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	**58%**	**47%**	**58%**	**59%**
39a	Is it easy/very easy to get a complaints form?	**92%**	**86%**	**92%**	**87%**
39b	Is it easy/very easy to get an application form?	**95%**	**90%**	**95%**	**92%**
40a	Do you feel applications are sorted out fairly?	**41%**	**49%**	**41%**	**54%**
40b	Do you feel your applications are sorted out promptly?	**42%**	**45%**	**42%**	**48%**
40c	Do you feel complaints are sorted out fairly?	**16%**	**22%**	**16%**	**15%**
40d	Do you feel complaints are sorted out promptly?	**18%**	**23%**	**18%**	**19%**
40e	Are you given information about how to make an appeal?	**26%**	**34%**	**26%**	**36%**
41	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	**14%**	**13%**	**14%**	**8%**
42	Do you know how to apply to the Prisons and Probation Ombudsman?	**47%**	**46%**	**47%**	**51%**

Key to tables

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	Any percent highlighted in green is significantly better than the Category C trainer prisons comparator/ 2006 survey responses				
	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator/ 2006 survey responses				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator, or the 2006 survey				
SECTION 4: Legal Rights and Respectful Custody continued					
43	Is it easy/very easy to contact the Independent Monitoring Board?	**45%**	**42%**	**45%**	**51%**
44	Are you on the enhanced (top) level of the IEP scheme?	**42%**	**52%**	**42%**	**60%**
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	**46%**	**53%**	**46%**	**60%**
46a	In the last six months have any members of staff physically restrained you (C & R)?	**8%**	**5%**	**8%**	**4%**
46b	In the last six months have you spent a night in the segregation/care and separation unit?	**14%**	**13%**	**14%**	**10%**
47a	Do you feel your religious beliefs are respected?	**54%**	**55%**	**54%**	**56%**
47b	Are you able to speak to a religious leader of your faith in private if you want to?	**55%**	**60%**	**55%**	**66%**
48	Are you able to speak to a Listener at any time, if you want to?	**51%**	**67%**	**51%**	**54%**
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	**70%**	**72%**	**70%**	**72%**
49b	Do **most** staff, in this prison, treat you with respect?	**62%**	**76%**	**62%**	**80%**
SECTION 5: Safety					
51	Have you ever felt unsafe in this prison?	**38%**	**27%**	**38%**	**30%**
52	Do you feel unsafe in this establishment at the moment?	**20%**	**15%**	**20%**	
54	Have you been victimised (insulted or assaulted) by another prisoner?	**24%**	**19%**	**24%**	**21%**
55a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	**14%**	**10%**	**14%**	**16%**
55b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	**5%**	**5%**	**5%**	**6%**
55c	Have you been sexually abused since you have been here? (By prisoners)	**2%**	**1%**	**2%**	**0%**
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	**2%**	**4%**	**2%**	**3%**
55e	Have you been victimised because of drugs since you have been here? (By prisoners)	**2%**	**2%**	**2%**	**2%**
55f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	**2%**	**3%**	**2%**	**4%**
55g	Have you ever been victimised because you were new here? (By prisoners)	**4%**	**4%**	**4%**	**1%**
55h	Have you ever been victimised because of your sexuality? (By prisoners)	**1%**	**1%**	**1%**	
55i	Have you ever been victimised because you have a disability? (By prisoners)	**1%**	**2%**	**1%**	
55j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	**3%**	**3%**	**3%**	
55k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	**4%**	**4%**	**4%**	**4%**
56	Have you been victimised (insulted or assaulted) by a member of staff?	**28%**	**19%**	**28%**	**17%**
57a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	**17%**	**10%**	**17%**	**11%**
57b	Have you been hit, kicked or assaulted since you have been here? (By staff)	**2%**	**2%**	**2%**	**1%**
57c	Have you been sexually abused since you have been here? (By staff)	**0%**	**1%**	**0%**	**0%**
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	**4%**	**4%**	**4%**	**5%**
57e	Have you been victimised because of drugs since you have been here? (By staff)	**2%**	**3%**	**2%**	**4%**
57f	Have you ever been victimised because you were new here? (By staff)	**7%**	**4%**	**7%**	**3%**
57g	Have you ever been victimised because of your sexuality? (By staff)	**0%**	**1%**	**0%**	
57h	Have you ever been victimised because you have a disability? (By staff)	**3%**	**2%**	**3%**	
57i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	**2%**	**3%**	**2%**	

Key to tables

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	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator, or the 2006 survey				
SECTION 5: Safety continued					
57j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	5%	4%	5%	3%
58	Did you report any victimisation that you have experienced?	14%	11%	14%	7%
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	30%	21%	30%	22%
60	Have you ever felt threatened or intimidated by a member of staff in here?	17%	17%	17%	15%
62	Is it very easy/easy to get illegal drugs in this prison?	48%	30%	48%	45%
SECTION 6: Healthcare					
63	Do you think the overall quality of the healthcare is good/very good?	42%	45%	42%	37%
64a	Is it very easy/easy to see the doctor?	51%	42%	51%	
64b	Is it very easy/easy to see the nurse?	58%	60%	58%	
64c	Is it very easy/easy to see the dentist?	8%	16%	8%	
64d	Is it very easy/easy to see the optician?	19%	16%	19%	
64e	Is it very easy/easy to see the pharmacist?	42%	35%	42%	
65a	Do you think the quality of healthcare from the doctor is good/very good?	65%	44%	65%	47%
65b	Do you think the quality of healthcare from the nurse is good/very good?	58%	59%	58%	50%
65c	Do you think the quality of healthcare from the dentist is good/very good?	30%	30%	30%	27%
65d	Do you think the quality of healthcare from the optician is good/very good?	31%	24%	31%	23%
65e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	45%	40%	45%	42%
66	Are you currently taking medication?	43%	41%	43%	
67	Are you allowed to keep possession of your medication in your own cell?	41%	37%	41%	
SECTION 7: Purposeful Activity					
69a	Do you feel your job will help you on release?	30%	37%	30%	22%
69b	Do you feel your vocational or skills training will help you on release?	39%	39%	39%	35%
69c	Do you feel your education (including basic skills) will help you on release?	53%	49%	53%	50%
69d	Do you feel your offending behaviour programmes will help you on release?	38%	35%	38%	42%
69e	Do you feel your drug or alcohol programmes will help you on release?	25%	33%	25%	34%
70	Do you go to the library at least once a week?	45%	48%	45%	42%
71	Can you get access to a newspaper every day?	25%	50%	25%	58%
72	On average, do you go to the gym at least twice a week?	43%	56%	43%	37%
73	On average, do you go outside for exercise three or more times a week?	42%	50%	42%	31%
74	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%	20%	5%	7%
75	On average, do you go on association more than five times each week?	83%	73%	83%	86%
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	19%	12%	16%

Key to tables

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SECTION 8: Resettlement					
78	Did you first meet your personal officer in the first week?	**23%**	**32%**	**23%**	**27%**
79	Do you think your personal officer is helpful/very helpful?	**38%**	**47%**	**38%**	**46%**
80	Do you have a sentence plan?	**48%**	**59%**	**48%**	**52%**
81	Were you involved/very involved in the development of your sentence plan?	**31%**	**39%**	**31%**	**39%**
82	Can you achieve all or some of your sentence plan targets in this prison?	**38%**	**37%**	**38%**	
83	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	**18%**	**18%**	**18%**	
84	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	**26%**	**31%**	**26%**	
85	Do you feel that any member of staff has helped you to prepare for release?	**15%**	**19%**	**15%**	
86	Have you had any problems with sending or receiving mail?	**52%**	**36%**	**51%**	**32%**
87	Have you had any problems getting access to the telephones?	**17%**	**22%**	**17%**	**19%**
88	Did you have a visit in the first week that you were here?	**25%**	**25%**	**25%**	**35%**
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	**66%**	**70%**	**66%**	**74%**
90	Did you receive five or more visits in the last week?	**0%**	**0%**	**0%**	
91a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	**24%**	**20%**	**24%**	
91b	Do you think you will have a problem with finding a job following your release from this prison?	**54%**	**44%**	**54%**	
91c	Do you think you will have a problem with finding accommodation following your release from this prison?	**52%**	**42%**	**52%**	
91d	Do you think you will have a problem with money and finances following your release from this prison?	**55%**	**49%**	**55%**	
91e	Do you think you will have a problem with claiming benefits following your release from this prison?	**39%**	**32%**	**39%**	
91f	Do you think you will have a problem with arranging a place at college or continuing education following your release from this prison?	**39%**	**30%**	**39%**	
91g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	**25%**	**13%**	**25%**	
91h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	**22%**	**22%**	**22%**	
91i	Do you think you will have a problem with opening a bank account following your release from this prison?	**42%**	**40%**	**42%**	

Key to tables

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	Any percent highlighted in blue is significantly worse than the Category C trainer prisons comparator/ 2006 survey responses				
	Percentages which are not highlighted show there is no significant difference between the 2008 survey and the Category C trainer prisons comparator, or the 2006 survey				
SECTION 8: Resettlement continued					
92a	Do you think you will have a problem with drugs when you leave this prison?	**15%**	**10%**	**15%**	**8%**
92b	Do you think you will have a problem with alcohol when you leave this prison?	**10%**	**7%**	**10%**	**3%**
93a	Do you know who to contact, within this prison, to get help with finding a job on release?	**33%**	**52%**	**33%**	**51%**
93b	Do you know who to contact, within this prison, to get help with finding accommodation on release?	**34%**	**53%**	**34%**	**54%**
93c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	**25%**	**40%**	**25%**	**35%**
93d	Do you know who to contact, within this prison, to get help with claiming benefits on release?	**38%**	**51%**	**38%**	**52%**
93e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	**32%**	**41%**	**32%**	**38%**
93f	Do you know who to contact within this prison to get help with external drugs courses etc	**42%**	**49%**	**42%**	**46%**
93g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	**39%**	**45%**	**39%**	**42%**
93h	Do you know who to contact, within this prison, to get help with opening a bank account on release?	**43%**	**35%**	**43%**	
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	**50%**	**57%**	**50%**	**61%**

Key Question Responses (Ethnicity) HMP Risley 2008

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

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		31	101
4	Are you sentenced? **(Not tested for significance)**	**100%**	**100%**
10	Are you a foreign national? **(Not tested for significance)**	**19%**	**3%**
11	Is English your first language? **(Not tested for significance)**	**84%**	**97%**
12	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. **(Not tested for significance)**		
13	Are you Muslim? **(Not tested for significance)**	**39%**	**0%**
16	Is this your first time in prison? **(Not tested for significance)**	**40%**	**21%**
20	Were you treated well/very well by the escort staff?	**71%**	**62%**
21a	Did you know where you were going when you left court or when transferred from another establishment?	**78%**	**82%**
23	Did you have any problems when you first arrived?	**61%**	**61%**
25a	Please answer the following question about reception: were you seen by a member of healthcare staff?	**97%**	**91%**
25b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	**72%**	**65%**
26	Were you treated well/very well in reception?	**67%**	**61%**
29	Did you feel safe on your first night here?	**71%**	**79%**
30	Did you go on an induction course within the first week?	**42%**	**63%**
34a	Is it very easy/easy to communicate with your solicitor or legal representative?	**43%**	**57%**
36a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	**60%**	**65%**
36b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	**97%**	**98%**
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	**26%**	**24%**
37	Is the food in this prison good/very good?	**23%**	**24%**
38	Does the shop/canteen sell a wide enough range of goods to meet your needs?	**43%**	**64%**
39a	Is it easy/very easy to get a complaints form?	**84%**	**95%**

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
39b	Is it easy/very easy to get an application form?	**85%**	**98%**
40a	Do you feel applications are sorted out fairly?	**39%**	**42%**
40c	Do you feel complaints are sorted out fairly?	**10%**	**17%**
44	Are you on the enhanced (top) level of the IEP scheme?	**47%**	**39%**
45	Do you feel you have been treated fairly in your experience of the IEP scheme?	**30%**	**51%**
46a	In the last six months have any members of staff physically restrained you (C & R)?	**7%**	**8%**
46b	In the last six months have you spent a night in the segregation/care and separation unit?	**11%**	**16%**
47a	Do you feel your religious beliefs are respected?	**48%**	**55%**
47b	Are you able to speak to a religious leader of your faith in private if you want to?	**37%**	**60%**
49a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	**63%**	**71%**
49b	Do **most** staff, in this prison, treat you with respect?	**60%**	**62%**
51	Have you ever felt unsafe in this prison?	**37%**	**39%**
52	Do you feel unsafe in this establishment at the moment?	**17%**	**21%**
54	Have you been victimised (insulted or assaulted) by another prisoner?	**27%**	**23%**
55d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	**10%**	**0%**
55j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	**7%**	**2%**
56	Have you been victimised (insulted or assaulted) by a member of staff?	**38%**	**26%**
57d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	**14%**	**1%**
57i	Have you been victimised because of your religion/religious beliefs? (By staff)	**0%**	**3%**
59	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	**13%**	**35%**
60	Have you ever felt threatened or intimidated by a member of staff in here?	**24%**	**16%**
61	Is it very easy/easy to get illegal drugs in this prison?	**39%**	**50%**
63	Do you think the overall quality of the healthcare is good/very good?	**31%**	**45%**
64a	Is it very easy/easy to see the doctor?	**48%**	**52%**
64b	Is it very easy/easy to see the nurse?	**60%**	**58%**

Key to tables

	Any percent highlighted in green is significantly better	BME prisoners	White prisoners
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
69a	Do you feel your job will help you on release?	**48%**	**26%**
69b	Do you feel your vocational or skills training will help you on release?	**48%**	**35%**
69c	Do you feel your education (including basic skills) will help you on release?	**74%**	**47%**
69d	Do you feel your offending behaviour programmes will help you on release?	**54%**	**33%**
69e	Do you feel your drug or alcohol programmes will help you on release?	**17%**	**27%**
70	Do you go to the library at least once a week?	**43%**	**44%**
72	On average, do you go to the gym at least twice a week?	**53%**	**40%**
74	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	**3%**	**5%**
75	On average, do you go on association more than five times each week?	**74%**	**87%**
76	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	**3%**	**14%**
78	Did you first meet your personal officer in the first week?	**23%**	**21%**
79	Do you think your personal officer is helpful/very helpful?	**24%**	**41%**
80	Do you have a sentence plan?	**50%**	**47%**
86	Have you had any problems with sending or receiving mail?	**53%**	**50%**
87	Have you had any problems getting access to the telephones?	**10%**	**19%**
89	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	**59%**	**69%**
94	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	**44%**	**52%**